



Bronchoalveolar Lavage (BAL) Sampling Procedure

1. If grossly contaminated clean nostrils prior to procedure.
2. Having checked the tube cuff is ok, pass BAL tube via ventral meatus into proximal trachea. Extending the head and neck will facilitate this. Externally moving the trachea from side to side should enable you to feel the tube within, making contact with the tracheal sides.
3. Combine a mixture of 30mls saline and 12mls lignocaine (without adrenalin)* in a single syringe then instil into proximal trachea (you will need to push this through with 50mls of air). Whilst effect takes place (2-3 mins) tube can either be maintained in situ or removed from horse.
4. Advance tube until firmly wedged in a bronchus then inflate cuff.
5. Instil approx. 250mls saline followed by immediately aspiration, removing as much as possible.
6. If sample is bronchoalveolar in origin surfactant bubbles will be visible, confirming appropriate sampling.
7. Submit the sample which contains the most cellular debris if visible. Submit in EDTA tube for cytology. Often the first true syringe of sample will be contaminated with iatrogenic haemorrhage, avoid using this one if possible.

*Guideline amount for 500 kg horse

Please contact us on 01626 355 655 if you have any questions.

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