



Trans-Endoscopic Tracheal Aspirate Sampling Procedure

1. If grossly contaminated clean nostril prior to procedure.
2. Pre-load endoscope with aspiration catheter, retaining catheter tip inside channel.
3. Pass endoscope via ventral meatus into mid trachea.
4. If a pool of mucopus is visible, maintain endoscope in a position proximal to this. Advance catheter into any mucopus, instil 20mls sterile saline and re-aspirate. If mucopus not visible, instil 20mls saline and then advance endoscope until this fluid is visible, subsequently re-aspirating sample.
5. Bring catheter back just inside the endoscope
6. Remove endoscope.
7. Submit in EDTA tube for cytology.

If wishing to submit a tracheal aspirate sample for culture, use of a double guarded trans-endoscopic catheter or sample collection via trans-tracheal aspiration is advised in order to minimise contamination of the sample with bacteria from the upper airway. In this instance approximately four drops of sample for culture should be transferred into a bacterial swab case with charcoal transport medium and mixed with the swab.

For PCR, additional sample should be transferred to a plain sample pot.

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

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