Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · RESPIRATORY

Bronchiectasis

clearing the airways matters more than antibiotics

Bronchiectasis is permanent widening and scarring of the airways, so mucus pools and becomes infected. It causes a daily productive cough and repeated chest infections, and it is frequently mislabelled as COPD or asthma for years. The single most effective treatment is not a drug — it is daily airway clearance.

Call 999 or seek urgent care if you have

- **coughing up a large amount of blood**, or blood repeatedly
- **severe breathlessness at rest**, or blue lips
- **chest pain with breathlessness**
- **confusion or drowsiness** with a chest infection
- **high fever with rigors** and feeling very unwell
- a **sudden increase in breathlessness with one-sided chest pain**

Coughing blood in bronchiectasis is not uncommon in small amounts, but large or repeated volumes are an emergency requiring hospital assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Recognising it

- a **daily productive cough**, often for years, with large amounts of sputum
- sputum that is **thick, and green, yellow or brown** much of the time
- **recurrent chest infections** — three or more a year needing antibiotics
- breathlessness, wheeze, fatigue and sometimes chest pain
- occasional blood-streaked sputum
- in some, finger clubbing and weight loss
- It is diagnosed on **CT of the chest** — a normal chest X-ray does not exclude it, which is why it is missed

Why it happens

- **Previous severe infection** — childhood pneumonia, whooping cough, measles or tuberculosis. A common cause in people who grew up outside the UK.
- **Immune deficiency**, which is treatable and should always be tested for.
- **Allergic bronchopulmonary aspergillosis**, particularly with asthma.
- **Cystic fibrosis and primary ciliary dyskinesia**.
- **Inflammatory conditions** — rheumatoid arthritis and inflammatory bowel disease.
- **Reflux and aspiration**, and airway obstruction.
- In around 40% no cause is found — but the search is worthwhile, because several causes change treatment.

Airway clearance is the treatment

Mucus sitting in damaged airways breeds infection, which causes more damage, which traps more mucus. **Breaking that cycle with daily airway clearance does more than any antibiotic.** A respiratory physiotherapist will teach you a technique — the active cycle of breathing, autogenic drainage, or a device such as an Acapella or flutter valve — and it takes 10 to 30 minutes once or twice a day, every day, for life. Most people with bronchiectasis have never been shown how, and it is the most valuable referral in the condition.

Managing it

- **Daily airway clearance**, done consistently, including when well.
- **Exercise**, which is itself an effective clearance technique. Pulmonary rehabilitation is recommended.
- **Nebulised saline** before clearance to loosen secretions, in some people.
- **Long-term azithromycin** three times a week reduces exacerbations substantially in people having frequent ones — requires checking hearing, liver function and ECG, and excluding non-tuberculous mycobacteria first.
- **Vaccination** — flu annually, plus COVID and pneumococcal.
- **Treat the cause** where one is found, and treat reflux if present.

Send a sputum sample before starting antibiotics

Bronchiectasis airways are often colonised with specific organisms — *Haemophilus*, *Pseudomonas*, *Staphylococcus* — and the right antibiotic depends on which. **A sputum sample sent before each course guides treatment and builds a picture over time.** Courses are also longer than usual, typically 14 days rather than 5 to 7. If you are given a short course of amoxicillin without a sputum sample, that is worth questioning.

Recognising an exacerbation

- increased sputum volume, or a change in colour or thickness
- increased breathlessness, wheeze or cough
- fatigue, fever, or new chest pain

- Have an agreed **rescue antibiotic pack** and a written plan, and tell us when you use it so it can be replaced and the pattern tracked.

Why come to us. Bronchiectasis is frequently managed as recurrent bronchitis, with short antibiotic courses and no clearance training. We take a proper history, **send sputum for culture, and test immunoglobulins, IgE and aspergillus in-house** to look for a treatable cause. We arrange **CT chest through our CQC-registered partners** — the test that actually makes the diagnosis — give vaccinations here, and refer for respiratory physiotherapy so you are actually taught to clear your chest.

The right test, and someone to teach you clearance

Sputum and immune bloods in-house, CT arranged fast.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Physiotherapy** · **Blood Tests** · **CT Scans** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-247

This leaflet is based on current NHS and British Thoracic Society guidance on bronchiectasis in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.