



[cancer.org](https://www.cancer.org) | 1.800.227.2345

Mediastinoscopy

What is mediastinoscopy?

Mediastinoscopy is a procedure a doctor uses to look inside the mediastinum – the area behind the breastbone and between the lungs. This is done with a **mediastinoscope**, a thin, flexible tube with a light, small video camera and cutting tool on the end. The tube is put through a small cut made just above the breastbone and slowly moved into the mediastinum.

Why do you need to have mediastinoscopy?

Because the lymph nodes or the area between your lungs looks suspicious

Mediastinoscopy is often done to remove or biopsy lymph nodes in the area between the lungs to check for cancer or to stage [lung cancer](#)¹. It can also be used in people with [thymoma](#)² (tumor of the thymus gland), [esophagus cancer](#)³, or [lymphoma](#)⁴ for the same reasons.

What's it like to have a mediastinoscopy?

This is what typically happens before, during, and after a mediastinoscopy. But your experience might be a little different, depending on things like why you're having the test, where you're having the test done, and your overall health. **Be sure to talk to your health care provider before having this test so you understand what to expect and ask questions if you're not sure about something.**

Before the test

Be sure your health care provider knows about any medicines you are taking, including

vitamins, herbs, and supplements, as well as if you have allergies to any medicines.

You might be asked to stop taking blood-thinning medicines (including aspirin) for several days before the test. You might also be asked not to eat or drink anything for at least several hours before the procedure. Your doctor or nurse will give you specific instructions. Be sure to follow them, and to ask questions if you don't understand something.

Getting the test

Mediastinoscopy can usually be done as an outpatient procedure (you don't need to stay overnight in a hospital).

For this test, you will be given drugs through an intravenous (IV) line to put you in a deep sleep (under general anesthesia). A tube will be put into your throat and hooked up to a breathing machine while the procedure is being done. A small cut is made just above the breastbone and the mediastinoscope is slowly moved into the mediastinum. Any abnormal lymph nodes or areas seen through the camera will be removed or biopsied with the cutting tool and then checked in the lab. The mediastinoscope will then be removed and the cuts closed. Once the procedure is complete, you will be woken up gently and taken off the breathing machine.

The procedure usually takes about 60 minutes, but it might take longer, depending on what's being done.

After the test

After the procedure, you will be watched closely to make sure you don't have any problems. As the anesthesia wears off you may be groggy or confused for a few hours. Your mouth and throat will probably be numb for a few hours. You won't be allowed to eat or drink until the numbness wears off. Once the numbness is gone, you may have a sore throat, cough, or hoarseness for the next day or so. You may have pain or numbness in the sites where the cuts were made.

If you had the procedure as an outpatient, you will most likely be able to go home after a few hours, but you will probably need a ride home because of the medicines or anesthesia you received. Many centers will not discharge people to go home in a cab or a ridesharing service, so you might need someone to help you get home. If transportation might be a problem, talk with your health care provider about the policy at your hospital or surgery center for using one of these services. There may be other resources available for getting home, depending on the situation.

Your doctor or nurse should give you specific instructions on what you can and can't do in the hours after the test.

If biopsies were done as part of the procedure, the results typically will be ready within a few days, although results of some tests on the biopsy samples might take longer. You will need to follow up with your doctor after the procedure to get your results.

Possible complications of mediastinoscopy

Mediastinoscopy is usually safe, but there is a small risk of:

- Bleeding
- Pneumonia (infection in the lung)
- Collapse of part of a lung (pneumothorax)
- Hoarseness
- Infection of the incisions (cuts)

Your doctor might order a chest x-ray after the mediastinoscopy to check for pneumothorax (or other lung problems). Some problems might go away on their own, but if they're causing symptoms (such as trouble breathing) they might need to be treated.

Your doctor or nurse should give you specific instructions on when you might need to call the doctor's office (for problems such as chest pain, trouble breathing, coughing up blood, or a fever that doesn't go away). Be sure you understand when you should call.

Hyperlinks

1. www.cancer.org/cancer/lung-cancer.html
2. www.cancer.org/cancer/thymus-cancer.html
3. www.cancer.org/cancer/esophagus-cancer.html
4. www.cancer.org/cancer/lymphoma.html

References

Non-Small Cell Lung Cancer Treatment (PDQ®)—Patient Version.
<https://www.cancer.gov/types/lung/patient/non-small-cell-lung-treatment-pdq>

Liptay MJ and Hong E. Surgical evaluation of mediastinal lymphadenopathy. UpToDate website. <https://www.uptodate.com/contents/surgical-evaluation-of-mediastinal-lymphadenopathy>. Updated February 24, 2018. Accessed October 25, 2018.

Last Medical Review: January 14, 2019 Last Revised: January 14, 2019

Written by

The American Cancer Society medical and editorial content team
(www.cancer.org/cancer/acs-medical-content-and-news-staff.html)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).

cancer.org | 1.800.227.2345