



# LIVING WITH BRONCHIECTASIS

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**Around 1 in  
200 adults in  
the UK have  
bronchiectasis.**



# What is bronchiectasis?

Bronchiectasis is a long-term condition that affects the airways in your lungs. If you have bronchiectasis, your airways are wider and become inflamed with thick phlegm (sputum).

This means your airways may not clear properly. Too much phlegm can cause bacterial infections, which can lead to chest infections. Chest infections should be treated quickly to stop lung damage.

Bronchiectasis is sometimes called non-cystic fibrosis bronchiectasis. This is because bronchiectasis and cystic fibrosis have similar symptoms. However, the treatment and outlook are different for both conditions.

## → How common is bronchiectasis?

Around **1 in 100** adults in the UK have bronchiectasis. It's more common in women than in men. Around **60%** of people diagnosed with bronchiectasis are over 70 years old.

# What causes bronchiectasis?

It's not completely clear what causes bronchiectasis. For up to 50% of people diagnosed, there's no clear cause. However, known causes of bronchiectasis are:

- pneumonia
- tuberculosis
- whooping cough
- measles
- damage in the lung from breathing in a small object
- primary ciliary dyskinesia
- a weak immune system (immunodeficiency)
- inflammatory bowel disease
- rheumatoid arthritis
- acid reflux
- allergic bronchopulmonary aspergillosis (ABPA).



# What are the symptoms of bronchiectasis?

The symptoms of bronchiectasis are not the same for everyone. You may have one or two symptoms, or you may have all of them.

The main symptoms of bronchiectasis are:

- a regular cough that brings up phlegm (sputum)
- repeated chest infections.

Other symptoms and signs may include:

- breathlessness
- feeling tired
- chest pain or tightness
- rounded fingertips (clubbing).

 **Speak to your GP if you have any of these symptoms.**

# How is bronchiectasis diagnosed?

Your doctor will ask you about your symptoms and your medical history. If your doctor thinks you might have bronchiectasis, they will refer you for more tests.

The main way to test and diagnose bronchiectasis is a high-resolution CT scan.

You may have other tests to help with treatment, find out the underlying cause, the severity of the condition, and to look for other conditions.

These tests may include:

- a chest X-ray
- phlegm (sputum) samples to test for bacteria
- blood tests to check how well your immune system is working
- spirometry to measure how well your lungs are working
- bronchoscopy to take samples of tissue from your lungs. This is done under local anaesthetic, so you won't feel anything.

 **If you have bronchiectasis, doctors listening to your chest may hear crackling sounds, normally in the lower lungs.**



# Outlook for bronchiectasis

Some people with bronchiectasis have very few symptoms, and their condition remains stable. Others may have more severe symptoms, and the condition may get worse over time.

We know you may worry about the future, so talk to your healthcare professional. You can ask them any questions you may have. Remember – a lot of people manage very well living with bronchiectasis.

You can also call our Helpline to speak with a respiratory nurse on **0300 222 5800**, 9am-5pm, Monday-Friday (excluding Bank Holidays). They're here to answer your questions and concerns. You can also email them at [helpline@asthmaandlung.org.uk](mailto:helpline@asthmaandlung.org.uk)



# How is bronchiectasis treated?

## 1 Antibiotics

If you get a bacterial chest infection or have a flare-up, you'll take a course of antibiotics, usually for 14 days.

You should give a phlegm sample to your doctor at least once a year, or when you're unwell and notice your symptoms changing. Your doctor might start you on antibiotics without having to wait for phlegm sample results.

### → Finish the full course of antibiotics.

It's important to finish your antibiotics, even if you feel better. This is because stopping early may mean the bacteria aren't treated fully, so the infection could come back.

You will be prescribed antibiotics based on:

- the type of bacteria found in your phlegm (sputum)
- antibiotics that worked for you in the past.

### Long-term antibiotics

You may need to take antibiotics for much longer if you have several flare-ups a year.

Your doctor will discuss if this is the right option for you.

### How are antibiotics taken?

Antibiotics can be taken as tablets or inhaled as a mist through a nebuliser. A nebuliser is machine that delivers medicine quickly through a facemask or mouthpiece.

If you're really unwell, you might be given antibiotics directly into a vein. This is called intravenous antibiotics and they are normally given in hospital but can sometimes be given at home.

## 2 Clearing your chest

A respiratory physiotherapist will teach you airway clearance techniques (ACTs). ACTs will help to:

- remove phlegm (sputum) from your lungs
- control your cough
- reduce chest infections.

Your physiotherapist will tell you when to do your ACTs. They'll usually suggest a routine for when you are well, and changes to make when you're unwell. Some ACTs work better when timed with taking your medicines. Remember to keep hydrated by drinking plenty of water.

The most common airway clearance technique used in the UK is the active cycle of breathing techniques (ACBT).

The Association of Chartered Physiotherapists in Respiratory Care (ACPRC) have more information on the active cycle of breathing techniques at [www.acprc.org.uk/publications/patient-information-leaflets/](http://www.acprc.org.uk/publications/patient-information-leaflets/)

If your phlegm is sticky and hard to cough up, or if you have more than three flare-ups in a year, your healthcare professional may suggest:

- a check-up with a respiratory physiotherapist
- a device to help clear your chest. For example, Acapella or Aerobika positive expiratory pressure therapy (PEP) devices. Speak to your healthcare professional about whether you need one of these
- a medicine to break up the phlegm and make it easier to clear from your lungs. This is called a mucolytic
- a nebuliser to breathe in a salt solution called saline. This may help if you have a lot of infections and find it difficult to clear phlegm from your lungs with physiotherapy. The saline helps break up the phlegm and makes it easier to cough up.



**Speak to your physiotherapist first. Do not attempt to do these exercises without being shown by a trained physiotherapist.**

## 3 Managing breathlessness

Some people with bronchiectasis don't get short of breath, and for others, it's the main symptom. Becoming more breathless can be a sign of a chest infection and you will need to take antibiotics to treat the infection.

If you're feeling more breathless than usual, speak to your healthcare professional as soon as possible.

Keeping active can help with breathlessness too. It makes your muscles stronger, meaning they work better, which can help you manage your breathlessness.

Over time you'll learn what level of breathlessness is normal for you. If you get breathless, pacing your activities can really help.

## 4 Pulmonary rehabilitation

If you get breathless, ask your healthcare professional about pulmonary rehabilitation (PR).

PR is a 6-8 week course led by a respiratory physiotherapist. The course includes:

- a physical exercise programme made for people with lung conditions
- information on looking after your body and lungs
- advice on managing your condition
- information on managing breathlessness.

You don't have to be active before starting PR. The course will help you to become active and build your confidence.

## 5 Help to quit smoking

If you smoke, quitting is the best thing you can do for your health. Your healthcare professional should offer you support to quit every time they see you.

To find out more about quitting scan the QR code or smoking click [here](#).



## 6 Vaccinations

If you have bronchiectasis, it's important to get vaccinated against harmful viruses and infections. Make sure you get:

- a yearly flu vaccination
- coronavirus vaccines and boosters
- a pneumonia vaccine.

## 7 Managing bladder leaks (incontinence)

Living with a lung condition like bronchiectasis can sometimes put extra pressure on your bladder, bottom, and pelvic floor muscles.

Some people with bronchiectasis may pee or sometimes poo when coughing or laughing. Strengthening the muscles used to control your bladder and bottom is a good way of treating incontinence. There are a lot of ways to do this. You can:

- speak to your GP or doctor about referring you to a continence nurse
- try the 'Squeezy' pelvic floor app at [squeezyapp.com](https://www.squeezyapp.com)

## 8 Other treatments

### Surgery

Surgery for bronchiectasis is rare. It can be an option for people who have bronchiectasis in a specific area of the lungs and whose symptoms are not controlled by other treatment.

### Embolisation

If you cough up blood, you may have a scan called bronchial angiography to look at the blood vessels in your lungs. If this shows blood vessels that cause bleeding, a surgery called embolisation can be done to block off the blood vessels that cause the bleeding.

### Lung transplant

A lung transplant is rarely needed in bronchiectasis. It's for people who have very severe lung disease and no other treatment options.

### Oxygen therapy

Most people with bronchiectasis do not require oxygen therapy. However, if your oxygen levels are low you may need to breathe in oxygen through a tube or mask. This might be short-term because of a chest infection, or long-term if your lungs are damaged.

### Check-ups

Make sure you review your treatment with your healthcare professional at least once a year.

At your yearly reviews, you can expect to:

- give phlegm (sputum) samples for testing
- review your symptoms
- review how often you have flare-ups
- change any treatment if needed.



# Self-management

## Self-management plan

You and your healthcare professional should fill in a self-management plan together. This plan should tell you how to look after your bronchiectasis.

The British Thoracic Society (BTS) has a bronchiectasis self-management plan that you can download at [www.brit-thoracic.org.uk/quality-improvement/quality-standards/bronchiectasis/](http://www.brit-thoracic.org.uk/quality-improvement/quality-standards/bronchiectasis/)

## Self-management checklist

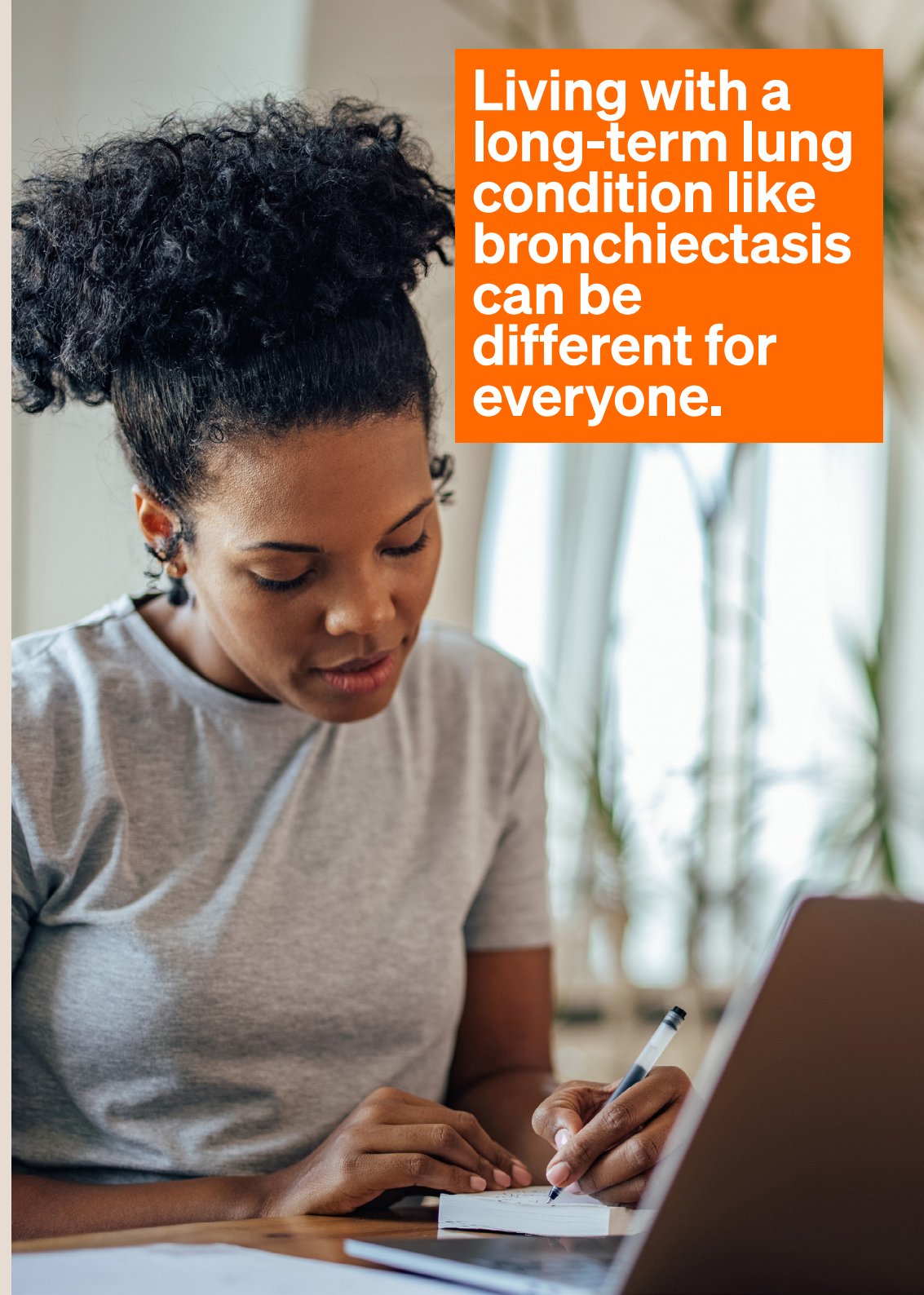
Your plan should cover:

- How and when to clear your chest
- What medications you take and when to take them
- When to re-order medications
- What to do if you get a chest infection. For example, where you keep and when to take your rescue antibiotics, checking the colour of your phlegm
- When to get emergency help
- How to stay healthy, i.e., eating well, drinking plenty of water, staying away from people who are unwell if you can
- If you smoke, advice on how to quit
- Reminders for your annual flu vaccine, your COVID-19 vaccines and boosters, and the one-off pneumonia vaccine
- A reminder of where your phlegm (sputum) pots are kept at home.



You can also fill out our symptom diary as part of your self-management on page 18.

Living with a long-term lung condition like bronchiectasis can be different for everyone.





## Managing flare-ups

Understanding your usual symptoms will help you to notice any changes in your lung health.

If your symptoms have been worse than normal for more than two days, you may be having a flare-up. You might:

- feel generally unwell
- cough up more phlegm (sputum)
- have different colour phlegm
- feel more breathless.

Agree with your doctor about what to do if you have a flare-up. You can write this in your self-management plan. You may be given antibiotics to keep at home.

If you're having a flare-up, you should:

- do your airway clearance exercise at least twice a day
- take your medication as prescribed
- drink plenty of water
- send a phlegm (sputum) sample to your GP or hospital
- start taking your rescue antibiotics if you know when you need to take them. If you're not sure, always talk to your GP or doctor.

## Looking after yourself

### Keep active

Keeping active as much as possible will help to clear phlegm (sputum) from your lungs. Keeping active can also give you more energy and help you to sleep better.

Talk to your doctor or physiotherapist about the right exercises for you. You can also watch our keep active videos, use our keep active handbook, and read our keep active advice online at [asthmaandlung.org.uk/living-with/keeping-active](http://asthmaandlung.org.uk/living-with/keeping-active)

You may also want to find out about pulmonary rehabilitation (PR). PR is a treatment programme that can help you to stay active with bronchiectasis.

## Eat a healthy diet

What you eat is important. A healthy diet can help you stay fit and strong. Getting the right vitamins can help your body to fight infections.

Keeping to a healthy weight is also important because:

- if you are overweight you may feel more breathless than usual
- if you are underweight, you may be at more risk of infections.

We have lots of information on eating well at

[www.asthmaandlung.org.uk/living-with/healthy-eating](http://www.asthmaandlung.org.uk/living-with/healthy-eating)



You can also ask your GP or doctor to see a dietitian who can help you with managing nutrition and weight.



## Emotions

Living with a long-term lung condition like bronchiectasis can be different for everyone. You may have times when you have few symptoms, and times when your symptoms are harder to manage.

Remember that you are not alone. Talking to friends, family, or your doctor can help. It's important to stay active and sociable. Learning about bronchiectasis can also help you to understand and manage your condition.

Find out more about looking after your mental health at [asthmaandlung.org.uk/living-with/mental-health](https://asthmaandlung.org.uk/living-with/mental-health)

## Avoid infections

Bronchiectasis can make you more likely to get chest infections. You can try to avoid infections where possible by:

- avoiding people with colds and chest infections
- washing your hands regularly, and asking people you're with to do the same
- making sure you're up to date with your flu, coronavirus and pneumococcal vaccines.



# Symptom diary

These questions aim to help you understand your usual symptoms. Fill in the symptom diary to describe how you usually feel. You can use your answers to discuss your symptoms with your doctor at your next review. My usual symptoms are:

## Cough

- normally cough most days of the week.
- normally cough 1-2 days of the week.
- I normally cough a few days a month.
- I normally cough only when I have a chest infection.
- My cough is dry.
- My cough is wet.
- My cough is both dry and wet.

## Phlegm (sputum)

- I normally cough up phlegm (sputum) most days of the week.
- I normally cough up phlegm (sputum) 1-2 days of the week.
- I normally cough up phlegm (sputum) a few days of the month.
- I normally cough up phlegm (sputum) only when I have a chest infection.

## My phlegm is normally

- clear
- white
- light yellow or green
- dark yellow or green brown

## I cough up this amount of phlegm (sputum) in a day

- 1 teaspoon
- 1 tablespoon
- half an egg cup
- 1 egg cup

## My phlegm is

- thin and easy to clear
- thick, sticky, and hard to clear

## I get breathless when

- I walk around my home
- I walk outside on flat ground
- I walk up a slope or a flight of stairs
- I exercise or play sport
- I only get breathless when I have a chest infection
- I never get breathless

## My other usual symptoms are

- wheezing
- tiredness
- fatigue
- other (please use space below)

# More support

## Support for carers

Caring for someone with bronchiectasis is different for everyone. As a carer you may need support of your own. We have a lot of information about support you can get as a carer.

If you're a carer, you may help with day-to-day care. This may include giving medications. Or you may provide emotional support. You might also help with self-management. For example, you may be the first one to notice signs of a chest infection in the person you care for.

If you're a carer, getting support from family members, friends and their healthcare team is important. You may also be able to get financial or other support.

## Online support

We have more information online that you may find useful:

- Pulmonary rehabilitation and exercise at [asthmaandlung.org.uk/living-with/keeping-active](https://asthmaandlung.org.uk/living-with/keeping-active)
- How to stop smoking at [asthmaandlung.org.uk/living-with/stop-smoking](https://asthmaandlung.org.uk/living-with/stop-smoking)
- Going on holiday with a lung condition at [asthmaandlung.org.uk/living-with/travel](https://asthmaandlung.org.uk/living-with/travel)
- Looking after your lungs in cold weather at [asthmaandlung.org.uk/living-with/cold-weather](https://asthmaandlung.org.uk/living-with/cold-weather)
- Looking after your lungs in hot weather at [asthmaandlung.org.uk/living-with/hot-weather](https://asthmaandlung.org.uk/living-with/hot-weather)
- Welfare benefits at [asthmaandlung.org.uk/living-with/benefits](https://asthmaandlung.org.uk/living-with/benefits)
- Eating well at [asthmaandlung.org.uk/living-with/healthy-eating](https://asthmaandlung.org.uk/living-with/healthy-eating)

## You can also find more support from other organisations:

- Living your life with bronchiectasis  
[bronchiectasis.azurewebsites.net](https://bronchiectasis.azurewebsites.net)
- Association of Chartered Physiotherapists in Respiratory Care  
[acprc.org.uk/publications/patient-information-leaflets](https://acprc.org.uk/publications/patient-information-leaflets)
- Bladder and Bowel Community  
[bladderandbowel.org/](https://bladderandbowel.org/)

## Bronchiectasis patient passport – your best care checklist

Complete our bronchiectasis patient passport to find out if you're getting the best care for your bronchiectasis, and what to do if you're not.

To fill in our bronchiectasis passport scan the QR code or click [here](#).





# Get help

→ Call our helpline on 0300 222 5800

We are here to help if you want:

- answers to your questions – whether it's about coping with symptoms, treatment options, or finding equipment
- clear and trustworthy information about breathing problems and living with a lung condition
- to get in touch with your local support group.

→ Our friendly team are here Monday to Friday 9am to 5pm

Calls will cost the same as a local call. It's usually free, depending on your call package, even from a mobile.

Or visit **AsthmaAndLung.org.uk** to find support and information or to join our web community

- get support and information about living with a lung condition: **[www.asthmaandlung.org.uk/living-with](http://www.asthmaandlung.org.uk/living-with)**
- find your local Breathe Easy group: **[www.asthmaandlung.org.uk/groups-support](http://www.asthmaandlung.org.uk/groups-support)**
- Join our web community: **[www.healthunlocked.com/asthmalunguk-lung](http://www.healthunlocked.com/asthmalunguk-lung)**

→ Did you find this information useful?

Scan the QR code with your phone's camera to donate today.

Each year over **2 million people** rely on our expert advice to make key decisions about their lung health. And today, you were one of them.

If you found this information useful and would like to help others access our expert advice, please consider making a kind gift. To donate: call **0300 222 5800**, visit **[asthmaandlung.org.uk/leaflets](http://asthmaandlung.org.uk/leaflets)** or scan the QR code. Thank you.





## **Asthma + Lung UK**

Helpline: 0300 222 5800

[info@asthmaandlung.org.uk](mailto:info@asthmaandlung.org.uk)

**[AsthmaAndLung.org.uk](https://www.AsthmaAndLung.org.uk)**

Last reviewed: February 2024

Due for review: February 2027