

# Having a transnasal endoscopy – examination of the oesophagus, stomach and small intestine

## Information for patients

This leaflet explains more about having a transnasal endoscopy (TNE), including the benefits, risks, any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

### **Confirming your identity**

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

## **What is a transnasal endoscopy?**

A transnasal endoscopy is a 10 to 15 minute examination where a thin flexible tube called an endoscope is passed through your nose and down the back of your throat to allow us to look directly at the oesophagus (tube that food passes down to reach the stomach), stomach and around the first bend of the small intestine (duodenum). The tube is thinner than your little finger. It will not get in the way of your breathing at any time, as it passes down your oesophagus and not your windpipe. You can breathe normally throughout the procedure.

A specially trained doctor or nurse, called an endoscopist, does this procedure.

This procedure examines the same anatomy as an oesophago gastro duodenoscopy (OGD) or gastroscopy for short. The main difference is that the endoscope is thinner to accommodate going down your nose rather than your throat. It is possible to take biopsies (small tissue samples) through the endoscope for review in the laboratory if this is required.

## **Will I have an anaesthetic?**

This procedure does not involve any sedation or general anaesthetic as the gagging reflex is minimised by going through the nose. A local anaesthetic spray is applied into the nostrils to numb the upper airways. This means you can go home or return to work straight after the test. You do not need a relative or friend to take you home.

## **Why should I have a transnasal endoscopy?**

Your doctor or specialist nurse has recommended that you have a transnasal endoscopy to find out the cause of your symptoms, such as:

- pain in the upper abdomen (tummy)
- difficulty swallowing
- recurring indigestion
- vomiting
- bleeding
- recurring heartburn
- monitoring of a longer term condition

It can also be used to check a previously diagnosed gastrointestinal condition, such as an ulcer.

A transnasal endoscopy can help to diagnose:

- ulcers
- inflammation
- infection
- the presence of helicobacter pylori (bacteria that can cause ulcers, gastritis and gastric cancer)
- the cause of anaemia
- celiac disease (inability to digest gluten)
- cancer

## What are the risks?

A transnasal endoscopy is a safe test. The most common side-effects are nose soreness or nose bleeding, also known as epistaxis. This tends to settle on its own.

Serious complications are uncommon, but occasionally the endoscope can damage the lining of the oesophagus, stomach or intestine, causing:

- bleeding (1:5,000)
- infection
- rarely, a tear in the oesophagus, stomach or intestine (1:10,000)

If this happens to you, you may need to have a blood transfusion, remain or come into hospital or have surgery to treat the problem.

There is also a risk of chest infection due to aspiration (passage of gastric fluid into the lungs), which requires antibiotics. This is a small risk, as this procedure is not done under sedation.

You may also be allergic to the local anaesthetic spray. Please let our team know on the day of the procedure if you are allergic to lidocaine/lignocaine or phenylephrine.

Your doctor or specialist nurse will discuss the possible complications with you before you sign the consent form.

## Are there any alternatives?

This procedure may also be performed through the mouth (transoral endoscopy). However, a transnasal endoscopy is more comfortable, as gagging is minimised by going through the nose and you are able to talk throughout the procedure, letting us know of any discomfort. As it does not involve sedation, you have a faster recovery and no escort to take you home is required.

Another alternative is to have a barium meal. This involves having an X-ray after drinking some barium liquid. As X-rays can't go through barium, the outline of your stomach shows up on the X-ray picture. However, you may still need an endoscopy if any abnormalities are found. A barium test involves radiation and is less accurate than an endoscopy. Furthermore, samples or biopsies of the gut or polyps cannot be removed during a barium test, so you may still need a transnasal or oral endoscopy.

## How can I prepare for a transnasal endoscopy?

To make sure the endoscopist performing the procedure has a clear view and you do not vomit, your stomach must be completely empty. Therefore, you must not eat any solid food or drink anything for at least six hours before the test. You may take small sips of water up to two hours before your appointment. **If these instructions are not followed, your procedure will be cancelled and rebooked for another day.**

When you arrive in the unit, the receptionist will ask you to sit in the waiting area until you are seen by a nurse, who will ask you about your medical history. Please tell the nurse if you have had any reactions or allergies to other examinations in the past.

You do not need to get changed for the procedure, but we may ask you to put a gown on over your clothes to protect them. Once you are ready, you will be taken to the second waiting area, signposted, 'sub wait area'. Your endoscopist (the doctor or nurse carrying out the procedure) will explain more about the procedure and answer any questions you may still have.

You should have had a chance to discuss any medications you are taking with one of our nurses or doctors before your procedure. If you are taking anti-platelet medication, anticoagulant medication to prevent the formation of blood clots (that is, aspirin, clopidogrel, warfarin, rivaroxaban or dabigatran) or medication for diabetes, please speak to your doctor or call us before the date of your appointment.

Unless instructed to by your doctor, please do not stop taking medication to reduce the amount of acid produced by your stomach (for example, omeprazole, esomeprazole, lansoprazole or pantoprazole). If you were instructed to stop taking any medication, please stop taking it two weeks prior to the procedure. You should continue to take all of your other medications as normal, unless you have been told otherwise by the doctor or endoscopy nurse.

We now have a health questionnaire that we ask you to complete which will help to expedite your admission or pre-assessment. This can be filled in on the day of your admission.

## **Consent**

**We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.**

## **What happens during a transnasal endoscopy?**

A nurse will escort you to the procedure room and you will be asked to confirm your name and other details, as part of a final safety check. You may be asked to remove dentures.

A local anaesthetic will be sprayed into your nostrils and you will be asked to lie down on your left hand side on a trolley.

The endoscope will be gently inserted through your nose. Any excess of saliva in your mouth will be cleared with a sucker. A nurse will stay with you throughout the examination, reassuring you. You may ask to stop the procedure at any time, by saying so or raising your hand. You will be able to talk as normal throughout the procedure.

The endoscopist may pass some air down the endoscope to get a clearer view. This may make you feel slightly bloated but will not be painful.

Sometimes a biopsy (a sample of tissue) will be taken for analysis in the laboratory. The tissue is removed through the endoscope using tiny forceps. On rare occasions, this is uncomfortable, but the discomfort should pass quickly. You will most likely only feel a tugging sensation.

Photographs are usually taken but that does not mean there is something wrong. The test usually lasts between 5 and 15 minutes. When the examination is finished, the endoscope will be removed quickly and painlessly.

## **What happens after a transnasal endoscopy?**

After the procedure you will be taken to the recovery area. You will be discharged when we are sure there is no bleeding or discomfort – this is usually quick (10 to 15 minutes). The results of the procedure will be discussed with you. A copy of the report and a discharge information sheet will also be offered to you.

If it was not possible to pass the endoscope successfully through the nose, we may ask you if we can try through your mouth (transoral endoscopy or OGD) with sedation and provide a new appointment for you. Alternatively, if you are not able to tolerate the endoscopy we will discuss other investigations with you.

## **What do I need to do after I go home?**

You may resume your normal daily activities.

You should consult your GP or go straight to your nearest A&E department if you develop severe abdominal (tummy) pain, a fever or are vomiting or passing large amounts of blood after the test. Please take your endoscopy report with you.

## **When will I get the results?**

The doctor or specialist nurse will often be able to tell you your results before you leave the hospital. A copy of the report will be offered to you on discharge. If you have had biopsies taken, the results may take up to three weeks to become available.

## **Will I have a follow-up appointment?**

If you have a follow-up appointment, this will be posted out to you for the next available clinic or if it is urgent, you will be given your appointment on the same day.

You may be informed after your procedure that your follow up is a virtual clinic. This is when the clinical team review your endoscopy and biopsy results without you being present to make a decision on next steps for you. You and your GP should receive a letter with the outcome of the virtual clinic between four to six weeks after your procedure. The letter will inform you if you need to return to an outpatient clinic or if you can be discharged back to your GP.

## **Delays to your appointment**

We also deal with emergencies. These can take priority over your appointment, meaning we may have to ask you to wait. We apologise in advance if this occurs but please be patient with us and check at the reception desk if you are concerned.

## **Preparation checklist**

- **Make a note of the date of your appointment.**
- **If you are taking medications to prevent blood clots or you are diabetic, please contact us for advice before your appointment.**
- **DO NOT eat anything for six hours before your appointment or drink anything for two hours before.**
- **Wear loose-fitting clothes around the neck on the day of the test.**
- **You do not need an escort on the day of the procedure.**

## Contact us

If you need to **change or cancel your appointment** please call **020 3299 3075**.

If you have any questions, problems or concerns, please contact the Endoscopy Unit staff for advice (**Monday to Sunday, 9am to 5pm**):

- **Pre-assessment nurses' clinic:** 020 3299 2775
- **Endoscopy reception desk:** 020 3299 3075

At all other times, if you have concerns after your procedure please call your GP or local Emergency Department.

## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: [kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact Interpreting Services on 020 3299 4826 or email [kch-tr.interpreting@nhs.net](mailto:kch-tr.interpreting@nhs.net).**