

## Endoscopy Unit

# Transnasal endoscopy (TNE)

**This information booklet is to help you prepare for a transnasal endoscopy. Please read this information carefully and bring this booklet to your appointment.**

You've been advised by your GP or hospital doctor to have a transnasal endoscopy (TNE). This booklet will help you to make an informed decision on agreeing to this investigation. Enclosed with this booklet is your consent form.

## Your consent

**The consent form is a legal document.** Please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form.

If there is anything you do not understand or wish to discuss further, do not sign the form. Bring it with you and sign it after you have spoken to a healthcare professional.

## What is a TNE?

The procedure you will be having is called a transnasal endoscopy (TNE). This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel (duodenum).



## Patient Information

The instrument used in this investigation is called a transnasal endoscope. It's flexible and has a smaller diameter than a little finger. The endoscope has a light source which is directed to the lining of your gut. The findings are relayed to a television screen for the endoscopist to see.

During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis. This is painless. We will keep the samples.

A video recording and/or photographs may be taken for our records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist. We will make the investigation as comfortable for you as possible.

**If your condition deteriorates or symptoms become worse before your Endoscopy appointment, we advise you to contact your GP immediately.**

### **Why do I need to have a TNE?**

You have been advised to have a TNE to try and find the cause of your symptoms. A TNE will provide help with treatment and decide on further investigation if needed.

There are many reasons for this investigation, including; indigestion, anaemia, weight loss, vomiting, passing black motions, vomiting blood, or difficulty swallowing.

A barium meal X-ray examination is an alternative investigation. It's not as informative as an endoscopy and has the added disadvantage that tissue samples cannot be taken.

Upper gastrointestinal endoscopy can also be performed through the mouth (transoral endoscopy). However, there are advantages to having a trans-nasal endoscopy rather than a transoral one.

## Patient Information

These include:

- Patients are more relaxed, as gagging is much less common. This means more successfully completed procedures.
- You can talk during your procedure and tell your endoscopist about any discomfort.
- Less time is needed to recover after the procedure.
- Usually, no sedation is needed, so you can drive home, return to work, and do not need anybody to come with you to your appointment.
- Because no sedation is used, the test findings and next steps in your treatment can be discussed immediately after the procedure.
- After discussion with the admitting nurse, you can also choose to have sedation if you prefer.

## Preparation

### Eating and drinking

We need to have a clear view, and for this your stomach must be empty. Therefore, **do not have anything to eat for at least six hours before the test.**

Small amounts of water are safe up to two hours before the test.

If your appointment is in the morning, have nothing to eat after midnight. You may have a drink at 6am.

If your appointment is in the afternoon, you may have a light breakfast no later than 8am, and small amounts of water until two hours before your appointment.

### Routine medication

**You should continue to take your routine medication.**

**If you are taking any blood thinning medication (anticoagulants) please see below.**

## Patient Information

### **Anticoagulants/Allergies**

Please call the unit on 024 7696 6805/6807 if you are taking anticoagulants such as warfarin, clopidogrel, prasugrel, dabigatran, rivaroxaban or apixaban.

Please telephone for information if you have a latex allergy.

### **Diabetics**

If you have diabetes, controlled on insulin or medication, please ensure that the Endoscopy Unit is aware so that your appointment can be made at the beginning of the list. Make sure you've received a diabetic information leaflet.

### **How long will I be in the Endoscopy Unit?**

This depends on how busy the Unit is. You should expect to be in the Unit for approximately 2-4 hours. The Unit also looks after emergencies, and these can take priority over outpatient lists.

If you have to bring children requiring supervision, please ensure they have someone to supervise them whilst you have your procedure. Staff within the Department cannot assist with the supervision of young children. In these instances, you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements.

### **What happens when I arrive?**

Once you have booked into the Unit at the reception desk, a qualified nurse will meet you and give you a brief medical assessment. This is to establish your medical condition, ask about any past surgery or illness, and confirm that you're fit to undergo the investigation.

Your blood pressure and heart rate will be recorded. If you have diabetes, your blood glucose level will also be recorded.

## Patient Information

If you suffer from breathing problems, a recording of your oxygen levels will be taken.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. If you've not already done so and you are happy to proceed, you'll be asked to sign your consent form at this point.

The procedure will take about 10-15 minutes and you will be awake the entire time, unless you choose to have sedation. Patients rarely choose to have sedation.

You do not need to undress for your transnasal endoscopy. It's recommended that you wear comfortable light clothing that is not tight fitting around your neck. You may feel quite warm during the procedure.

For transnasal endoscopy, local anaesthetic is used to numb the upper airways. This consists of a local anaesthetic spray (Lidocaine and Phenylephrine) which is applied in the nostrils.

### **The TNE examination**

You will be brought into the procedure room. The endoscopist and the nurses will introduce themselves, and you'll have the opportunity to ask any final questions. If you have any dentures, you'll be asked to remove them at this point.

Shortly before the procedure begins, more local anaesthetic is sprayed into the nostril. This helps to numb the nasal passages so the procedure is comfortable.

The procedure can be carried out with you sitting on a chair, sitting up on a trolley, or lying down on your left side. A nurse will make sure of your comfort and dignity at all times.

## Patient Information

Any saliva or other secretions produced during the investigation can be removed using a small suction tube, like the one used at the dentist. But this is not usually needed.

The endoscopist will introduce the endoscope into your nostril. It will then pass into your oesophagus, stomach and duodenum. Your windpipe is deliberately avoided, and your breathing will be unhindered.

During the procedure, samples may be taken from the lining of your digestive tract for analysis in our laboratories. These will be retained. Any photographs will be recorded in your notes.

### **Risks of the procedure**

Transnasal endoscopy is generally a very straightforward and very safe procedure. Although complications are very rare, we wish to draw your attention to them so you can make an informed decision about the procedure. The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.

#### **The main risks of endoscopic examination are:**

- Slight nose or throat pain. This usually settles within a few hours
- Nose bleeds happen in about 1 in 20 people who have a TNE. Most stop without the need for any treatment. But a small number of patients (around 1 in 400 people) may need treatment for their bleeding nose.
- Perforation or tear of the lining of the stomach or oesophagus (about 1 in 2000 cases) and bleeding which could lead to you being admitted to hospital. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.
- Bleeding may happen at the site of biopsy and nearly always stops on its own.

### After the procedure

Discharge after having a transnasal endoscopy is quicker than other endoscopy procedures because sedation is not usually given.

Your blood pressure and heart rate will be recorded. If you have diabetes, your blood glucose will be monitored. A nurse will check you do not have any significant bleeding or discomfort.

Before you leave the Unit, the nurse or doctor will explain the findings. They will give you details of any medication or further investigations required, and you'll be informed if you require further appointments. You'll usually be ready to go home around ten minutes after your procedure is finished.

### General points to remember

If you cannot keep your appointment, please notify the Endoscopy Department on **024 7696 6755** as soon as possible. This will enable us to offer the appointment to another patient.

- To ensure the privacy and dignity of other patients, we do not allow friends or relatives into the clinical area of the Department. If you wish to remain with your friend or relative, you may join them in the primary waiting area once you've been admitted.
- It's our aim for you to be seen and investigated as soon as possible after your arrival. However, the Department is very busy, and your investigation may be delayed. If emergencies occur, these patients will be given priority over the less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you have any problems with persistent abdominal pain or bleeding, please contact your GP immediately, informing them that you've had an endoscopy.
- If you're unable to contact or speak to your doctor, phone the Gastroenterology ward for advice on 024 7696 5375.

If you require hospital transport for your appointment and have used this service before, please contact the Endoscopy Unit on 024 7696 6755 and we will arrange this for you.

If you have not used the hospital transport service before then you may contact hospital transport direct on 01926 310 312.

## Patient Information

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact 024 769 66755 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



#### Document History

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