

# Transnasal Endoscopy (TNE)

Endoscopy

## Introduction

You have been advised that you require investigation of your upper gastrointestinal tract by Transnasal Endoscopy (TNE).

This leaflet tells you why you need the investigation, how to prepare for it, what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the information, please telephone us on the number you will find towards the end of this leaflet.

## What is a Transnasal Endoscopy?

A Transnasal Endoscopy is a test that allows the endoscopist (healthcare professional) to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The endoscope is a long flexible tube (thinner than a finger) with a camera at the end. It is passed through your nose, down your oesophagus, into your stomach and duodenum.

## Consent

You will be asked to sign a consent form to give permission to have the test done. The consent form may be completed in clinic or be sent to you with the appointment details. Please read all the information on the consent form. You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

**If you have no questions, it is important that you sign the consent form at home at least one day before the test, otherwise this will be done prior to the test after you have spoken to a nurse or doctor.**

**Please bring the consent form with you to your appointment.**

## What are the benefits of a Transnasal Endoscopy?

During the test the endoscopist may need to obtain tiny pieces of tissue (biopsies) to help find the cause of your symptoms and/or assess the lining of the gullet, stomach or duodenum further.

All biopsies taken will be sent to the laboratories for analysis. Your endoscopist will advise you on how you will be informed of these results.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## What are the risks of having a Transnasal Endoscopy?

The majority of Transnasal Endoscopies are safe and uncomplicated. However, as with any procedure there is a small chance of complications or side effects. You may suffer from:

- A sore nose or throat – this will usually settle in a few days
- Feel some wind in your stomach

National studies have shown that serious complications are very rare. These include:

- Drug reaction to local anaesthetic
- Nose bleed
- Bleeding from gullet or stomach
- Perforation
- Missed lesions (unable to see an abnormality)

**Bleeding:** occurs in less than 1 in 5000 cases

**Perforation:** (a hole or tear in the gullet or stomach) occurs in approximately 1 in 5000 cases.

**If a serious complication occurs, it may be necessary to stay in hospital and you may require an urgent operation.**

## What are the alternatives to Transnasal Endoscopy?

The transnasal route may not be suitable for patients who suffer from nose bleeds, have a deviated nasal septum, nasal polyps, liver disease or are taking anti-coagulants. If any concerns are identified, the procedure may need to be performed through the mouth (gastroscopy) instead.

Transnasal endoscopy is usually performed using local anaesthetic to keep you comfortable. Sedation is not usually required. If that were the case, a gastroscopy may need to be done instead.

For some conditions it may be possible to perform a CT scan. The disadvantage of this is that in many cases it is not as good at detecting disease and biopsies cannot be taken. The radiation involved in a CT scan is unsuitable for some patients.

Another alternative is a barium swallow and meal. This involves having an X-ray after swallowing some barium liquid.

## What if I do not have a Transnasal Endoscopy?

The choice about which treatment is best for you will be made together with your doctor or clinician. This will be based on the risks and benefits of the treatment and your individual circumstances. The clinician will have explained the different treatment options to you and what will happen if you decide not to have any treatment at all.

## What do I need to do before the procedure?

Your stomach must be empty during the transnasal endoscopy. Please do not have anything to eat for 6 hours before your appointment.

You can drink water until 2 hours before your appointment.

**If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a Diabetic, please telephone 01543 576736 and speak to a Nurse, as we may need to alter your medication.**

You can take all other medications as normal.

## What will happen on the day of the procedure?

When you arrive at the endoscopy unit please report to reception and you will then be asked to take a seat in the waiting area. A nurse will invite you into a room to ask you questions about your health, explain about the transnasal endoscopy and find out what arrangements you have made for going home.

You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with the nurse or your endoscopist.

Please bear in mind that there may be a slight delay before you are taken through for your procedure. One relative or friend is more than welcome to wait with you.

Prior to the procedure you will be required to drink anti-foaming/mucus medications. The purpose of these is to clear any bubbles and mucus away from your gullet, stomach and small bowel, giving the endoscopist improved views. Research has shown the benefits of this medication for detecting abnormalities. Although they are extremely safe, the two medications used are not licensed for this purpose and you do have the option of declining them. You will also be given a medication spray to numb your nasal passages.

## In the examination room

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in) and to remove any false teeth (a denture pot can be provided). Outer clothing such as coats and jumpers will need to be removed. A safety check with you and the team performing your test will be undertaken.

## What happens during Transnasal Endoscopy?

- Two local anaesthetic sprays will be used to prepare you for the procedure. These will be sprayed to the back of your nose and throat. The first is used to numb the upper airway and expands the nostrils to help the endoscope pass through the nasal passage. The second spray is used to numb the back of your throat and has a slightly bitter taste. The effect starts after a few seconds and lasts approximately 30 minutes. Having the spray makes it more comfortable when the endoscope is passed down through your nose
- The transnasal endoscope is gently inserted via your nose into your stomach. This is not painful and will not make breathing or swallowing difficult, but you may feel uncomfortable during the test. Careful continued slow breathing (through mouth or nose) may alleviate any discomfort. The nurse may need to clear saliva from your mouth using a small suction tube. If you gag you will not vomit as your stomach will be empty. The test takes approximately 10-15 minutes
- A biopsy may be taken during the test. You do not usually feel this

## What happens after the Transnasal Endoscopy?

You will be able to go home as soon as your examination is completed. You will have to wait one hour before you can eat or drink.

## When will I receive the results?

Upon completion of the transnasal endoscopy the findings will be discussed with you. We will be able to tell you of any visual findings, however any samples taken will be sent to the laboratory for testing. This can take a few weeks for the results to be available. You will be given your endoscopy report and a copy will be sent to your referring doctor and your GP. If required, a follow up appointment will be sent to you through the post. An aftercare sheet will be given to you which will contain all the relevant information.

## Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the endoscopy unit on the telephone number at the end of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

## Training

The Royal Wolverhampton NHS Trust endoscopy unit is a regional centre for endoscopy training. You may be asked if you would be willing to be examined by a trainee consultant or trainee nurse endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

## Clinical photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

**If you require any further information, please contact us on these numbers:**

**Endoscopy Booking Office**

01902 694052

Monday to Friday, 8:30am – 4:30pm

## Useful external agencies:

**Guts UK**

The Charity for the Digestive System  
3 St Andrews Place, London, NW1 4LB

Tel: 020 7486 0341

Email: [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk)

<https://gutscharity.org.uk/>

**PALS**

(Patient Advisory & Liaison Services)

Patient Information Centre

New Cross Hospital

Wolverhampton, WV10 0QP

Tel: 01902 695362

Email: [rwh-tr.pals@nhs.net](mailto:rwh-tr.pals@nhs.net)

[www.pals.nhs.uk](http://www.pals.nhs.uk)

Open: Monday to Friday, 9:00am – 5:00pm

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。