

# **Patient Information - Transnasal Endoscopy: Having a Transnasal Endoscopy**

## **Transnasal Endoscopy**

### **Patient information leaflet on Having a Transnasal Endoscopy**

## **Endoscopy Department**

Darent Valley Hospital

Darenth Wood Road

Dartford

Kent

DA2 8DA

01322 428100

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

Author: Joanne Goncalves (Clinical Endoscopist)

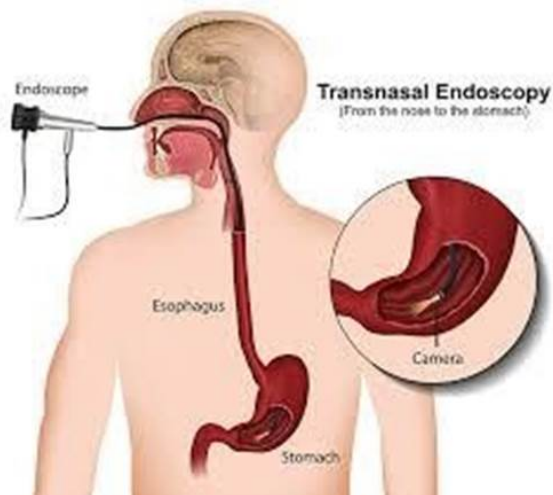
Title: Transnasal Endoscopy

Information accurate at time of going to print.

## **What is a Transnasal Endoscopy?**

A transnasal endoscopy, or transnasal gastroscopy, is a test which allows us to look directly at the upper part of your digestive system – the oesophagus (gullet), stomach and duodenum (small intestine). See figure below

An ultra thin, flexible tube with a camera at the end (called an endoscope) is placed into the nose, and then down your oesophagus and into your stomach. Tissue samples (biopsies) can be taken at the same time if needed. Using ultra slim scopes has been shown to improve patient comfort, as it avoids the gagging sensation, which commonly occurs when the scope is passed through the mouth.



Your nose will be sprayed with local anaesthetic to numb your nose before the procedure. You will be able to speak to the staff throughout the test, which can be reassuring, and you will be able to swallow. The procedure will take between 5 to 10 minutes.

### **Why is it done?**

This procedure is usually done to look for possible causes of a number of symptoms including: indigestion, unintentional weight loss, anaemia, a lump in the throat, heartburn, vomiting, difficulty swallowing (dysphagia).

### **What are the alternatives?**

Gastroscopy (OGD)- gastroscopy is passed through the mouth, rather than the nose. This can be done using the transnasal scope and may be offered to you on the day, if the procedure is unsuccessful. A standard gastroscopy can be done using throat spray or under conscious sedation.

Barium studies - during this procedure, you drink a special liquid (barium) which allows images of your oesophagus and stomach to be taken using x-rays. Unlike an endoscopy, you cannot take biopsies during a barium study.

## **Contra-indications**

Transnasal endoscopy may not be suitable for patients that have a history of the following:

1. Allergy to local anaesthetic (lidocaine spray).
2. Past broken nose or nasal surgery such as a rhinoplasty.
3. Base of skull fracture.
4. Deviated nasal septum.
5. History of nasal polyps.
6. Known to suffer from recurrent nose bleeds.

The procedure may need to be converted to a gastroscopy instead.

## **Risks:**

Complications are rare and there is a 0.2% risk of the following:

1. Minor nose bleeding - this occurs around 1 in every 50 patients and usually stops a minute or two after the procedure.
2. Soreness in your nose - this usually goes away in a few hours,
3. Sinusitis—presenting as persistent facial pain a few days after procedure. If this happens please contact your GP or A&E.
4. Perforation (tearing/whole) of the GI tract, which may require surgery to repair - this occurs in less than 1 in every 10,000 procedures.
5. Bleeding - significant bleeding occurs in less than 1 in every 1,000 procedures.
6. Chest infection.
7. Missed lesion.

## **The procedure:**

Please do not eat or drink for at least **6 hours prior to the procedure**. You can have **sips of water up to 2 hours before the procedure, no tea/coffee/milk.**

If you are taking regular medication i.e., for your blood pressure or your heart, please take this as normal. If you are a diabetic or on anti-coagulation therapy, (blood thinning drugs), please speak to your pre-assessment nurse for further advice.

We want to involve you in the decisions about your care and your treatment. If you decide to go ahead, we will ask for your written consent. This confirms that you agree to have the procedure and understand what it

involves. We will explain the risks, benefits and alternatives during this process. If you are unsure about any aspect of your proposed treatment, please speak to a member of staff.

On the day of your procedure, **please bring a list of all the medications you are currently taking.**

**During the procedure,** we will spray local anaesthetic on the inside of your nose to numb this. We may ask you to drink sips of water with medicine (simethicone/infacol) to help clear any bubbles or mucous from your oesophagus/stomach to ensure the views are clear.

We will put a monitor on one of your fingers, as it will record your heart rate and breathing.

The camera will be passed into your nose, down your oesophagus, into your stomach and small bowel. The camera will take pictures, which will be on the screen next to you. You will be able to watch the procedure if you wish.

The endoscopist will put air into your stomach so that there is a clear view. You may feel bloated during or afterwards but this will usually improve on its own shortly.

### **After the procedure and results:**

After the procedure, we will explain what we have found and what will happen next. We will also give you a copy of the procedure report for yourself and a copy for your GP. You will be discharged and able to go home immediately.

If tissue samples are taken, it can take several weeks for them to be reviewed by the laboratory.

After the procedure, you can take your regular medications as normal, unless we give you different advice on the day.

You should wait until the numb feeling from the anaesthetic spray has worn off before eating and drinking. You will receive an advice sheet with the details of who to contact if you should have any problems or difficulties.

### **Symptoms to watch out for at home:**

1. Severe nose pain or sore throat, chest and abdominal pain (other than gas cramps/discomfort);
2. Persistent passing or vomiting of blood;
3. Persistent nose bleeding - if persistent you must attend the nearest Emergency Department.

**This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners**

## **Patient Information**

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

## **Complaints, Comments, Concerns and Compliments**

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: [dgn-tr.PALS@nhs.net](mailto:dgn-tr.PALS@nhs.net)

# Patient Property

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit [www.kentcht.nhs.uk/service/one-you-smokefree/](http://www.kentcht.nhs.uk/service/one-you-smokefree/)

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site. For drug and alcohol support please speak to your nurse or doctor or

Visit: [www.changegrowlive.org/westkent/help](http://www.changegrowlive.org/westkent/help)

Call: 0330 128 1113

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