

## **TRANSNASAL ENDOSCOPY (TNE)**

This information leaflet should help prepare you for a transnasal endoscopy (TNE). Please read carefully the information contained in this leaflet.

You have been advised by your GP or by one of the doctors working in the hospital to have a TNE. This leaflet will help you to make an informed decision regarding this investigation. Some information may have already been verbally given to yourself during a previous appointment, however it is important to read those again in your own time and in a quiet environment.

If you have any question about the procedure, please call the endoscopy booking team and the telephone number listed at the end of this information leaflet, as we may be able to answer your question or pass the queries to the appropriate staff member.

### **What is a TNE?**

A TNE is an investigation of your oesophagus (food pipe/gullet), stomach and first part of your small bowel (duodenum). In order to check these part of your digestive system, a trained doctor or clinical endoscopist, or sometimes a trainee (healthcare staff training in conducting these procedures) strictly supervised by an expert endoscopist, will use an instrument called endoscope, which will be inserted via one of your nostrils.

An endoscope is a flexible rubber tube, with a diameter similar to a wire connecting a keyboard to a computer. The instrument has a light source and a video camera, which will allow the specialist to check the lining of your gut. The images captured with camera will be transmitted to a screen, like a big TV. Digital or physical copies of the images will be saved in our clinical records.

During the test the specialist will be able to obtain very small tissue samples also called biopsies, which we can send for analysis under the microscope. Your GP or the specialist will share the results with you once they are available, but this can take a few weeks.

**There are many symptoms and conditions that may have led the doctor offering you this camera test, such as abdominal pain, nausea, vomiting, anaemia, etc. If your condition or symptoms become worse before your appointment, we advise you to contact your GP immediately.**

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

A TNE and the results of the test will inform the doctor about the possible causes of your symptoms and what range of treatment is available. Depending on the findings, other investigation may be required, such as scans, further endoscopies, etc.

As stated above, there are different reasons for having this investigation such as anaemia, abdominal pain, weight loss, vomiting, passing black motions, vomiting blood, or difficult with swallowing food or drinks.

At the initial consultation you should also have been told about the alternative investigations, which is called barium swallow and meal (x-ray of your food pipe, stomach and first part of your small bowel), however the x-ray is not as informative and samples cannot be taken.

Upper gastrointestinal endoscopy can also be performed by inserting the camera through the mouth (called transoral endoscopy or OGD), however this can be more uncomfortable, as the camera used is slightly bigger in its diameter.

The advantages of a TNE, compared to a standard OGD, are:

- The patients is usually more relaxed and they can communicating with the doctor about any discomfort.
- There should be less gagging reflex and therefore the procedure should be less uncomfortable.
- No sedation is needed, so you can go home by yourself, go back to work and there is less recovery time before be able to go home.

## **Risks**

For most people, gastroscopy is a safe procedure, however there are some potential risks and complications which may occur. The main risks are related to sedation, usually in people who have a history of breathing problems.

In order to reduce these risks all patients are monitored very closely throughout the procedure. Sometimes extra precautions are taken, such as using very small levels of sedative, heart monitoring and observation of blood oxygen levels.

Many patients choose to have their procedure without any sedation, however this is a personal choice and you may wish to have sedation to help you relax.

Gastroscopy carries a small risk of damage (bleeding or perforation) to the lining of the gullet, stomach or small intestine, which may need to be repaired by surgical operation. The risk is approximately 1 in 10,000 people.

## **Preparing for the investigation**

- On the day of your procedure, please wear comfortable clothing

- If you use inhalers or angina sprays please bring them with you on the day.
- A questionnaire is sent out with the appointment letter, please complete this and bring it with you.

Do not eat 6 hours prior to your appointment time. You may drink water for up to 2 hours before the procedure.

### **What about my medication?**

If you are on blood thinning drugs e.g. Warfarin, Rivaroxaban (Xaralto), Dabigatran (Pradaxa), Apixaban (Eliquis), Edoxaban (Lixiana), Clopidogrel (Plavix), Dipyridamole (Persantin, Asasantin), Prasugrel (Brilique), Ticagrelor (Efient) please contact the endoscopy unit for further information, as you may need to stop taking them days before your gastroscopy appointment.

If you are taking iron tablets, such as Ferrous Sulphate or Ferrograd do not take them on the day of your Gastroscopy.

If you take Epilepsy or anticonvulsant medication, please continue to take your anti-epileptic medication as prescribed.

Any other routine medication should be taken as normal. Please bring any medication you are taking with you.

### **Diabetes**

If you are diabetic please contact the Endoscopy Unit for further advice regarding fasting and your medication. If you are taking insulin you should have been allocated an appointment time at the start of the list i.e. 8.15 am or 1.15 pm. Please bring any insulin or diabetic medication with you.

### **Consent**

You will be asked to sign a consent form before the procedure if you agree to go ahead. This is a legal document which states that you understand what the procedure entails, its benefits and any risks involved and that you agree to go ahead with the procedure.

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

It is difficult to give a precise waiting time, as there are factors that can cause delays during the day, such as emergencies or difficult procedures. However for this type of tests you should expect to be on the unit for about 2/3 hours.

Please if you have children with you ensure someone else of your family/friends will look after them whilst you are waiting for your procedure. Nursing staff cannot assist with supervision of patient's children. As the main reception has a limited amount of chairs available, those should be reserved to patients, therefore we encourage relatives to spend some time outside the Endoscopy Unit before collecting you. There are different catering facilities around the hospital, near the main entrance. If you are unsure the main reception will be able to assist you with locating them.

### **What will happen at my appointment?**

When you arrive in the department please report to Reception. You will then be asked to take a seat in the reception area. Due to capacity in the reception area your relative/friend may not be able to wait with you.

You should expect to be at the department for approximately 2–4 hours. Occasionally due to emergencies, the waiting time may be longer. We will however endeavour to see you as quickly as possible.

A nurse will then take you to a consultation room and carry out some pre-procedural checks with you. The nurse will explain the procedure and confirm your consent with you. You will be given the opportunity to discuss any concerns or questions.

10 minutes before the procedure one of the nurses will apply a local anaesthetic spray in both nostrils, which will reduce the feeling of tube going into the nose. You will also be given a little amount of water mixed with an "antifoam agent" called Infacol (simeticone).

There are a number of different procedure rooms therefore it may seem that patients are seen out of appointment order. If you have any concerns over the length of time you are waiting please bring them to the attention of a member of staff.

### **What happens during the procedure?**

When it is your turn for your TNE, a nurse will take you into the procedure room and stay with you throughout the test. For your comfort and reassurance, a nurse will be with you throughout the procedure. In the procedure room you will be made comfortable on a trolley lying on your left side, or occasionally, you may need to lie on the back, with the head of the trolley upright. A blood pressure cuff may be placed

around your arm and a 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

The endoscope (a soft bendable tube) is passed gently into of your nostrils, to the back of your throat and round into your gullet. The tube is then passed slowly into the stomach and the small intestine. Air is blown gently through the endoscope to allow the endoscopist to see the lining of the gullet, stomach and small intestine. The air may make you feel a little bloated.

### **After the Procedure**

The procedure takes about 10 minutes. Your blood pressure and heart rate may be monitored and once you are recovered in the procedure room. The back of your throat may feel sore for as short while and you may feel a discomfort in your stomach. This is quite normal and settles quickly.

The nurse will provide written and verbal information about the results of your investigation, recovering at home, and arrange any follow-up appointments (if required) before you are discharged. If you would like to be accompanied by a friend or relative during your discharge please inform the nurse.

A letter will be sent to your GP informing him/her of the results of your Gastroscopy and any medication you have been prescribed or that is recommended. If biopsy samples have been taken, the results are sent to your GP.

### **About the Endoscopy Unit**

The Endoscopy Unit is situated on the first floor, E Block, access is gained from the ground floor lift/staircase via the main entrance to the Hospital.

There is a reception area however, due to capacity relatives/friends may be asked to leave the unit and return when you are ready to be collected.

Please do not bring large sums of money or valuables into the Hospital. Although every care is taken to prevent any loss or damage, we cannot accept responsibility for the loss of patients' property.

**If there is anything you wish to discuss prior to your procedure or if you have any further questions then please do not hesitate to contact us on one of the appropriate numbers below:**

**For appointments please contact the Endoscopy booking team on:  
01204 390273 –Mon- Fri 8 am-7pm Sat & Sun 8 am-6pm**

**For Procedure/ Medication advice please contact the Endoscopy nurses on:  
01204 390648- Monday- Sunday 8am -6pm.**

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages, please call 01204 390193 if we can help.