

Having a Transnasal Endoscopy (TNE)

What is a transnasal endoscopy?

During a transnasal endoscopy (TNE) your endoscopist passes a long slim flexible tube, similar to the size of a drinking straw, containing a camera and a light, through your nose, down the back of your throat, down your oesophagus (gullet), into your stomach and the first part of the small bowel (duodenum). This allows your endoscopist to view the lining of these organs and usually takes 10 to 15 minutes. This procedure is not to examine your mouth, nose or throat.

Why would I need this procedure?

A TNE will help your doctor to find out why you are having symptoms and make a diagnosis. If it is related to your upper gastrointestinal (GI) tract it will give your endoscopist a clear view of the lining of upper digestive tract and allows your endoscopist to take tissue samples (biopsies) if necessary.

When would a TNE not be recommended?

The endoscopist will not recommend a TNE if you have had:

- previous nasal surgery, such as rhinoplasty
- a history of nasal bleeding
- a hereditary haemorrhagic telangiectasia (HHT) condition which increases the risk of bleeding

If you have had any of these, the endoscopist will recommend that you have a transoral (through the mouth) endoscopy instead.

What are the potential risks and side effects?

TNE is a safe procedure; the chances of any complications are minimal. The most common side effects are nose soreness or nose bleeding which tends to settle on its own.

Risks include:

- **Perforation** - approximately 1 in every 10,000 procedures.
- It is possible to damage the lining of upper gastrointestinal tract. An operation may be required to mend the tear.
- **Bleeding** - approximately 1 in every 1000 for diagnostic procedures. Risk of nasal bleeding has been reported (in 0-5% of procedures), although this is rare, mild and self-limited.
- **Missed pathology** - failure to see abnormalities is possible if a procedure is incomplete.
- **Adverse effects of medications** - this can usually be reversed with medication. Patients allergic to local anaesthetic spray containing lidocaine, lignocaine or phenylephrine should inform the endoscopy team.

Will I need conscious sedation?

TNE does not usually require conscious sedation as it is more comfortable than having an endoscope passed through your mouth which happens during a standard oral gastroscopy. You will be given the local anaesthetic spray and decongestant, which numbs the back of the throat and reduces nasal secretions, making the procedure more comfortable.

The gagging reflex is rare as the endoscope goes through the nose and you can talk during the procedure to let us know if you are uncomfortable. If sedation is not used then recovery is quicker and you will not require an escort to supervise you.

Should you choose conscious sedation injection you must be aware it is not like having a general anaesthetic. It will make you feel relaxed and drowsy, you will be able to hear and understand what is being said to you. The sedative is given through a cannula that will be inserted in your arm.

What should I do before I come into hospital?

For the TNE to be successful your stomach needs to be empty. It is important that you do not have anything to eat for at least six hours before your procedure and only drink water until two hours before your appointment time.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns, please contact our diabetic liaison nurse in our Endoscopy Unit.

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595
- Opening hours: Monday to Friday - 8.00am to 6.00pm (closed bank holidays)

If you take any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs.

What do I need to bring with me?

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and any allergies you may have.
- If having conscious sedation, bring the name and telephone number of the person who will be collecting you. A responsible adult will need to stay with you for 12 hours following the conscious sedation.
- Reading glasses if worn.

Do not bring any valuables with you, as the Trust cannot take responsibility for any losses.

What will happen when I arrive at the Endoscopy unit prior to my procedure?

A trained nurse will review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken. The nurse will explain the procedure, discuss your preference for conscious sedation or a local anaesthetic spray and will give you the opportunity to ask questions.

If you choose conscious sedation, you will have a small plastic tube (cannula) inserted into a vein in your arm so the medication can be administered. The risks of the procedure will be discussed and if you wish to proceed you will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it. You will then be taken to a pre procedure waiting room where you will wait until you are collected and taken to the procedure room for your TNE.

What happens during the TNE?

You will be asked to lie on your left side or alternatively sit up on the trolley. Should you choose conscious sedation you will be given oxygen. The nurses will monitor you closely during the procedure and will observe your pulse and oxygen saturations.

Before the TNE starts you will be given the local anaesthetic spray and/or conscious sedation injection depending on your choice.

You are unlikely to require suctioning of saliva, but the nurse will have this available. In order to see the lining of the stomach and duodenum, air will be gently blown through the endoscope, this can sometimes feel a little uncomfortable giving you a bloated feeling.

What happens after the procedure?

After a transnasal endoscopy with conscious sedation you will be taken to the recovery area for a minimum of 30 minutes to one hour until you are fully awake. The nurse will monitor your pulse and blood pressure regularly.

If you have the local anaesthetic throat spray, you will be in recovery for approximately 10 minutes for the nurse to record your blood pressure and discharge you. Please note that if the endoscopist has taken oesophageal biopsies you will have to stay in recovery for 30 minutes to ensure you are not bleeding.

The back of your throat may feel sore for the rest of the day and you may feel a little bloated. If you had the sedation, you may feel tired.

When you are ready to go home the nurse or endoscopist will discuss the results of your TNE with you, if you wish to have a family member/friend present please inform the nurse.

After your TNE if you develop any of the following symptoms you need to consult a doctor immediately:

- Vomiting blood
- Trouble swallowing
- Severe abdominal pain
- Difficulty breathing
- Fever
- Chest pains
- Abdominal distension
- Bowel motions turn black

What can I expect following conscious sedation?

The effects of sedation can last up to 24 hours.

- You will need a responsible adult (aged 18+) to collect you from the Endoscopy Unit and stay with you for at least 12 hours after your test.
- You must not drive a car/motorbike, operate machinery (including using your cooker), drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- We advise you to go home and rest.
- You can eat a light diet, drink as normal.
- You can take your usual medication.
- If you have had sedation then you should be able to return to work after 24 hours.

What can I expect following local anaesthetic spray only?

You do not need an escort to take you home. You are able to drive a car/motorbike after your procedure. We advise you to go home and rest. You can eat and drink normally one hour after the spray has been given and take your usual medication.

If you have only had a local anaesthetic spray, you can resume your normal activities as soon as you feel able to.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following have been consulted and agreed this patient information:
Consultant: Mrs. A. Morris

The directorate group that have agreed this patient information leaflet:
Diagnostics Anaesthetics and Surgery Division

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