

# Transnasal Endoscopy (TNE)

## An examination of the oesophagus, stomach and duodenum

This leaflet provides essential information to prepare you for your forthcoming procedure. You have been advised to have a transnasal endoscopy (camera test) to help find the cause of your symptoms. This sheet covers frequently asked questions.

**Please read this information leaflet and complete the medical questionnaire on pages 4 and 5 before you arrive for your procedure.**

## What is a transnasal endoscopy?

A transnasal endoscopy (TNE) is a 10-15 minute procedure that uses a thin, flexible tube (endoscope) passed through your nose to examine your oesophagus (food pipe), stomach and the first part of the small intestine (duodenum).

The endoscope is about the width of a standard pencil (5-6 mm in diameter). It passes down your oesophagus, not your windpipe, so it will not affect your breathing. You will be able to breathe normally throughout the procedure.

A TNE examines the same areas as a standard gastroscopy (oesophagogastroduodenoscopy or OGD), but uses a thinner endoscope passed through the nose instead of the mouth.

If needed, small tissue samples (biopsies) can be taken through the endoscope for laboratory testing. This procedure is not intended to examine the mouth, nose or throat.

## What should you do in preparation for the transnasal endoscopy?

**Please read and follow our instructions carefully:**

- Your stomach must be empty to allow a clear view, therefore you must not eat for **6 hours before** your procedure time, although you may drink sips of water but only up to **2 hours** before your procedure.
- **Pregnancy and breastfeeding** - Please tell us if you are pregnant, think you may be pregnant, or are breastfeeding (refer to contact details on page 6). A TNE can usually be performed safely during pregnancy and while breastfeeding as it is normally carried out without sedation.
- Critical medications (epilepsy and Parkinson's) should not be stopped and should be taken on the day of procedure with only a small amount of water to avoid your procedure being cancelled. If you are taking anti-hypertensive medication (blood pressure tablet), please call the nurse's enquiry line.
- **Insulin dependent diabetic patients** should contact the diabetic specialist nurses before the procedure - see the 'useful contacts' at the end of this information sheet.

- **Tablet controlled diabetic patients**, please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.
- Patients on **anticoagulant medication** (blood thinners), please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.

## What will you need to bring with you on the day?

Wear loose-fitting clothes around your neck on the day of the test. Please bring the following with you:

- Any inhalers and medication needed, and a list of current medication.
- The completed medical questionnaire.
- Please do not bring any valuables with you, apart from your mobile phone if you wish to.
- If you have an exemption certificate, please bring it with you in case you are prescribed medication.
- The waiting areas in the Endoscopy Centre are mixed sex facilities. However, when patients are required to undress, same sex facilities are provided to maintain your privacy and dignity.

## Admission to the Endoscopy Unit

Please report to the reception on your arrival. Your family/carer may now leave you if you have capacity and are independent. They will be contacted once you are ready to be discharged.

The admitting nurse will then complete the admission process and will explain the procedure and ask you to sign a consent form. You will have the opportunity to ask any questions.

**Please inform staff if you are taking blood thinners, have nasal problems, or an allergy to local anaesthetic.**

## Risks and benefits of the procedure

### The intended benefits

- Reduced gag reflex.
- Ability to speak normally during procedure.
- No intravenous sedation required.
- No chaperone needed.
- Immediate return to daily life.

### Possible risks

- Sore nose or nosebleed (usually settles on their own).
- Perforation of the oesophagus, stomach or duodenum requiring surgery.
- Bleeding, requiring transfusion of blood or blood products.
- Infection/ chest infection.
- Adverse reaction to any medication given.
- Small risk of missing anything abnormal.

### Alternative therapy or treatment

- Barium swallow, which requires the use of X-rays.
- Transoral endoscopy / gastroscopy.

## What happens during the procedure?

Before the procedure, you will be given a drink containing simethicone (Infacol/Dentinex) to reduce bubbles in the stomach. A local anaesthetic spray will also be applied to your nose 3 to 4 times to numb and widen the nasal passage, making it easier to pass the endoscope.

During the procedure, you will either lie on your left side or sit on a trolley or chair. You will be able to talk and breathe normally throughout. Your pulse and oxygen levels will be monitored, and suction will be available if needed to clear mucus from your throat.

The procedure is done under local anaesthetic (throat spray) and you will be awake throughout the procedure.

The endoscope used for TNE is thinner than a standard pencil. It will not get in the way of your breathing at any time; it passes down your oesophagus (gullet) and not your windpipe. A nurse will be with you throughout the procedure. You can ask to stop the procedure at any time by saying so or raising your hand.

The endoscopist will pass air down the endoscope to have a clearer view. This might make you feel bloated, but it should not be painful.

## After the procedure

After the procedure, you will walk to the second stage recovery area. After around 15-20 minutes, you will be offered light refreshments.

Your throat may feel slightly sore, and you may feel bloated or windy for the rest of the day.

## Discharge

- You will be discharged by the recovery nurse. They will explain the results of your procedure and you will be advised of your treatment plan.
- Biopsy results are returned to your nominated consultant/endoscopist, they **do not** return to the Endoscopy Unit.
- Your visit to the unit may last between 2 and 3 hours.

## Delays to your appointment

We also manage emergencies in the department, which may occasionally take priority. If this happens, you may be asked to wait. We apologise for any delay and appreciate your patience. If you have any concerns, please speak to a member of staff at the reception desk.

## Medical questionnaire

The next section (on pages 4 and 5) is for you to complete prior to arriving at the Endoscopy Unit.

**Please bring this with you on the day of the procedure.**

**If you had a telephone pre-assessment, there is no need to fill this out.**

It is important that you fill it in accurately so that the nursing staff can provide you with the best care possible. If you have any concerns or questions, please call the nurses' enquiry line - see the 'useful contacts' at the end of this information sheet.

# Medical questionnaire

| <b><u>HEART</u></b>                     | Yes | No |
|-----------------------------------------|-----|----|
| Heart disease                           |     |    |
| Valve surgery, angina, heart attack     |     |    |
| When did you last have chest pain.....  |     |    |
| High blood pressure                     |     |    |
| Rheumatic Fever                         |     |    |
| Stroke                                  |     |    |
| Circulation (e.g) thrombosis)           |     |    |
| Other                                   |     |    |
| Did any of above require anticoagulants |     |    |
| Nursing notes                           |     |    |

| <b><u>LUNG</u></b>                      | Yes | No |
|-----------------------------------------|-----|----|
| Lung Condition (e.g. emphysema, asthma) |     |    |
| Coughing up blood                       |     |    |
| Other                                   |     |    |
| Nursing notes                           |     |    |

| <b><u>LIVER/KIDNEY/URINARY TRACT</u></b>       | Yes | No |
|------------------------------------------------|-----|----|
| Liver Condition (e.g. jaundice, cirrhosis)     |     |    |
| Kidney (e.g. kidney stones, infection)         |     |    |
| Urinary Tract (e.g. infection, blood in urine) |     |    |
| Nursing notes                                  |     |    |

| <b><u>INFECTIOUS DISEASES</u></b>                                                         | Yes | No |
|-------------------------------------------------------------------------------------------|-----|----|
| TB                                                                                        |     |    |
| Hepatitis (B or C)                                                                        |     |    |
| HIV/AIDS                                                                                  |     |    |
| MRSA/ Other                                                                               |     |    |
| Have you ever been notified that you are at risk of CJD or vCJD for public health service |     |    |
| Nursing notes                                                                             |     |    |

| <b><u>GASTROINTESTINAL TRACT</u></b>    | Yes | No |
|-----------------------------------------|-----|----|
| Stomach (e.g. ulcers, hiatus hernia)    |     |    |
| Bowel (irritable bowel, polyps, cancer) |     |    |
| Nursing notes                           |     |    |

| <b><u>OTHER CONDITIONS</u></b> | Yes | No |
|--------------------------------|-----|----|
| Diabetes                       |     |    |
| Epilepsy                       |     |    |
| Anaemia                        |     |    |
| Glaucoma                       |     |    |
| Addison's disease              |     |    |
| Nursing notes                  |     |    |

| <b><u>OTHER DETAILS</u></b>                                                         | Yes | No |
|-------------------------------------------------------------------------------------|-----|----|
| Dentures                                                                            |     |    |
| Hearing Aid                                                                         |     |    |
| Glasses/contact lenses                                                              |     |    |
| Body piercing                                                                       |     |    |
| Metal joints or any bones pinned                                                    |     |    |
| Are you sensitive/allergic to anything? (e.g. antibiotics/latex/foods/adhesive etc) |     |    |
| Nursing notes                                                                       |     |    |

| <b><u>LIFESTYLE</u></b>                                                  | Yes | No |
|--------------------------------------------------------------------------|-----|----|
| Do you smoke                                                             |     |    |
| Do you take any illegal substances?                                      |     |    |
| Do you drink alcohol (If yes – how many units/week – 21 male/ 14 female) |     |    |
| Nursing notes                                                            |     |    |

Have you had any operations? Please give details:

| Name of medicine | Dosage (amount) | Number of times taken per day |
|------------------|-----------------|-------------------------------|
|                  |                 |                               |
|                  |                 |                               |
|                  |                 |                               |
|                  |                 |                               |
|                  |                 |                               |
|                  |                 |                               |

- Endoscopist has been informed of relevant conditions and medication Yes / No
- Transferred to care plan Yes / No

|                               |                    |
|-------------------------------|--------------------|
| Next of kin name and address: | Telephone details: |
|                               |                    |

#### Valuables disclaimer

You are advised not to bring valuables into the hospital. We cannot accept responsibility for lost items.

Patient signature ..... Print ..... Date.....

Primary nurse signature ..... Print ..... Date.....

### Please tick the checklist below to ensure you have read all the information and are ready for your procedure:

I have read this patient information sheet

☐

I have understood the information provided

☐

I have completed the medical questionnaire on pages 4 and 5

☐

I have read the consent form (if given/sent one)

☐

I am aware of when I should stop eating and drinking

☐

I have contacted the diabetes nurse (if required)

☐

I have contacted the anticoagulant clinic (if required)

☐

I have contacted the nurses with any queries

☐

**If you are unsure about anything, please contact us.**

**Your procedure could be cancelled if you have not followed the instructions properly.**

## **Additional information**

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

## **Useful contact details**

### **East and North Hertfordshire Teaching NHS Trust:**

- Website [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)
- Telephone 01438 314333

### **Endoscopy Unit - Lister and New QEII:**

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

### **Anticoagulation Clinic:**

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

### **Nurses' Enquiry Line:**

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm)

### **Diabetic Specialist Nurses:**

- Telephone 01438 28 8301

**This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs.**



## **Leaflet information**

**You can request this information in a different format or another language; please speak to your doctor or nurse.**

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