Endoscopy Unit

# Transnasal Endoscopy

## Please read, contains important information about your procedure and fasting

Your doctor has advised you to have special camera tests to find the cause of your symptoms. This leaflet has been designed to tell you how to prepare for these examinations and to answer some commonly asked questions. It may not answer all your questions, if you have any concerns please contact the Endoscopy unit.

**Huddersfield Royal Infirmary 01484 342000**
**Endoscopy Unit Direct Line 01484 355868**

**Calderdale Royal Hospital 01422 357171**
**Endoscopy Unit Direct Line 01422 223920**

Please inform the unit if you are unable to keep your appointment. The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed. If your procedure is before midday, you may be in the Unit all morning. If your appointment is after midday, you may be in the Unit all afternoon.

If a relative or friend is collecting you after the procedure, it is advisable that you provide the nurse with their contact telephone number so that we can call them when you are nearly ready to leave the Unit; this will prevent them waiting for a long period of time. The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home, please ask them to wait in another area such as the cafeteria so that patients have access to the seats.

The hospital has a training commitment and the Endoscopy Units are training units. Your procedure may be performed by a trainee endoscopist who will be supervised by an experienced endoscopist. If you do not wish to have your procedure performed by a trainee, please let the nurse who is checking you in know this on the day you come for your procedure.

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## What is Transnasal Endoscopy?

A Trans-Nasal Endoscopy is a procedure where a thin flexible tube is passed down through the nose then down over the back of the tongue to examine the gullet /swallowing tube(Oesophagus), Stomach and part of the Duodenum (first part of your small bowel) *(See figure 1)*. It allows the Endoscopist (doctor or nurse specialist who performs the procedure) to look directly at the lining of the oesophagus, stomach and duodenum. In some cases it may be necessary to take biopsies (small samples of tissue) using tiny forceps. The samples are sent to the laboratory for analysis. Taking biopsies is painless and safe. You can breathe normally during this procedure as the tube avoids the trachea (breathing pipe). This test usually takes approximately 5 minutes, but you should expect to be in the department longer due to the waiting time, admission and recovery processes.

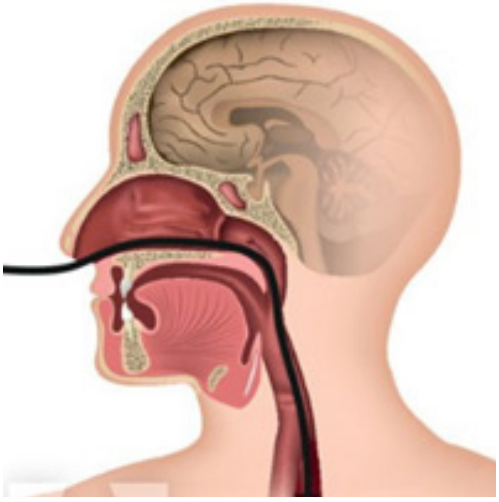


*Figure1.* **Trans-Nasal Endoscopy**

## How may a Trans-Nasal Endoscopy procedure help?

You may have complained of some form of indigestion, heartburn or another problem, such as difficulty swallowing, nausea, vomiting, feeling full quickly when eating or losing weight. Alternatively you may have been found to be anaemic (low blood count), having a review of the gullet lining when a condition called Barrett's Oesophagus has been diagnosed or trying to diagnose, exclude or follow up a condition called Coeliac disease. A Trans-Nasal Endoscopy tells us if there is any obvious reason for your symptoms (e.g. an ulcer) and helps us to work out the best way to treat it. Disease can then be either ruled out or diagnosed accurately. Any obvious abnormalities of the nasal passages noted during the procedure may need follow up by another specialist. Usually, this is done at a later date.

## Local anaesthetic spray

This procedure is performed by a using a spray to numb the nasal passage and the throat. You will usually be able to leave the unit straight away on your own and continue your day without restrictions. You just need to wait for the spray to wear off before you eat and drink which usually takes an hour.

## What are the risks?

Trans-Nasal Endoscopy is generally a straightforward and very safe procedure. The endoscopy team will do everything they can to keep you as comfortable and safe as possible. However, a TNE is an invasive procedure and complications can occur.

The common risks and side effects to be aware of and consider before your procedure are:

- Slight nose or throat pain, this usually settles within a few hours.
- Nose bleeds happen in about 1 in 20 people who have a TNE. Most stop without the need for any treatment.

However, a small number of patients (around 1 in 400 people) may require treatment for their bleeding nose.

Rare serious complications are:

- A small leak can be produced in the wall of the gullet, stomach or duodenum. This is called a perforation and the risk of this is about 1 in every 2000. If this were to happen, you would need to be admitted to hospital and it might require an operation to mend it.
- There is a small risk of bleeding after obtaining biopsies from the gastrointestinal tract. This risk is about 1in every 5000. Bleeding usually settles spontaneously. If further endoscopic treatment is needed this may require the use of a trans-oral endoscopic for which more treatment equipment is available. You may require blood transfusion and in very rare circumstances an operation.

## Alternatives to this Test

The doctor has recommended this procedure as the best way of diagnosing most problems with the upper digestive system.  Upper Gastrointestinal Endoscopy can also be performed through the mouth (Trans-Oral Endoscopy). There are alternatives to these tests e.g. X-ray examinations; however the disadvantage of these tests is that specimens cannot be taken and if an abnormality is seen, you may still need to have an Upper Gastrointestinal Endoscopy.

## Advantages to Trans-Nasal Endoscopy.

- Patients experience is more relaxed and gagging is much less common. This means more successfully completed procedures.
- You will be able to talk to the Endoscopist during your procedure and tell them of any discomfort.
- Less time is needed to recover after the procedure.
- No sedation is used so you can drive home and continue your day as normal.

## Preparation for the Test

### Interpreters

Please inform the Endoscopy Unit if you require an interpreter prior to your appointment date. Failure to do this can result in delays or cancellations on the day. **Family members and friends cannot be used to interpret.**

### Pacemakers & Implanted Defibrillators

If you have a pacemaker or defibrillator, these may need to be checked before your procedure. Please inform the Endoscopy unit prior to your procedure date so the necessary arrangement can be made. Failure to do this may result in delays or cancellations on the day. Please bring your pacemaker identification card with you.

## Allergies

If you are allergic to latex you must let us know as soon as possible as your appointment time may need to be changed and we will need to ensure theatres are free of products with latex. You must inform the nurse if you have any medication allergies.

## Medication

Please ensure you complete the medication form sent with your appointment as your medical notes do not always contain an up-to-date list of your tablets. If you have any problems completing this form, contact your GP surgery who will have this information.

## Blood Thinning Medication

If you are taking medication to 'thin' your blood e.g. Warfarin, Sinthrome, Phenindione, Rivaroxaban, Dabigatran, Apixaban, Clopidogrel or other antiplatelet or anticoagulant. You must contact the Endoscopy unit as you are not able to have the Trans-Nasal Endoscopy, you will be scheduled for a gastroscopy instead.

## Ant-Acid / Indigestion Medication

If you are taking medication to reduce acid in your stomach, e.g. Lansoprazole, Omeprazole, Esomeprazole, Pantoprazole, Rabeprazole Sodium; you need to stop taking them 2 weeks before your test. If you do not receive your appointment in time to do this, just stop your tablets as soon as you receive your appointment and tell the nurse on the day of your procedure.

If your test is a repeat procedure for Barretts Oesophagus or to check for the healing of an ulcer, **DO NOT stop your medication.**

## Other Medication (except diabetic medication, see below)

You may take any other necessary medication as normal even on the day of the test. Take them with a small amount of water. It is particularly important that you take your medication if you suffer from conditions such as epilepsy, heart problems or hypertension (high blood pressure) as your procedure may be cancelled if your blood pressure is too high or your heart rate irregular.

## Diabetic patients

Patients with diabetes will need to adjust or omit their diabetic medication prior to their procedure. **Please see the back of this leaflet for detailed instructions**. The instructions are different depending on the type of medication you take and the time of your appointment. Please take great care to read the instructions that are relevant for you.
If you are unsure please contact the Diabetic Nurse Specialist on :

Huddersfield - 01484 347297  Halifax - 01422 222257

## Consent

You will be asked to sign the consent form on the day of the procedure. Please read this leaflet carefully so you understand what the procedure involves. If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them. The consent form should have been completed with your Consultant in clinic after discussion with the patient and ideally the next of kin or other family member. If this has not taken place, please contact the Endoscopy Unit as soon as possible, as cancellation on the day may occur if there are problems with the consent process.

## On the day of the test

Your Stomach needs to be empty to allow a clear view of the lining of the stomach and prevent vomiting during the procedure. This is important as vomiting during the procedure could allow fluid to enter your lungs.

**Your procedure may be cancelled or delayed if you fail to follow these instructions.**
**You must stop eating and drinking for 6 hours prior to appointment time. You cannot take anything including water, boiled sweets and chewing gum.**

Minimal make-up should be worn when attending and it is also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test. Wear only minimal jewellery e.g. wedding ring.

## Arriving at the Endoscopy Unit

Please report directly to the Reception Desk in the Endoscopy Unit, do not take a seat until you have given your name to the receptionist.

- Huddersfield Endoscopy Unit  Can be found on Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.
- Calderdale Endoscopy Unit  You should access the unit directly through the Endoscopy Unit Entrance off Godfrey Road. You can access the unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

A nurse will check your details with you and complete a short health questionnaire. The nurse will discuss the procedure with you and ask you to sign your consent form. You will be able to ask the nurse any questions you have about the procedure. The nurse will also check your pulse and blood pressure and place an identity band on your wrist.

## In the Endoscopy Room

- Once in the room the staff will introduce themselves and perform a safety checklist, this will involve you confirming your name and other details.
- You may be asked to remove any false teeth, plates or dentures.
- Before the procedure begins the Endoscopist will spray your nasal passage and throat with a local anaesthetic spray to numb the area. This should take a couple of minutes to work.
- The procedure can be carried out with you sitting on a chair or lying on your left hand side on a trolley.
- The Endoscopist will pass the endoscope into your nostril. It will then pass down your oesophagus, stomach or duodenum. You will be able to breathe normally as the tube will avoid the windpipe.
- You may feel bloated during the procedure as air is passed through the endoscope into your stomach. The air will disperse naturally.
- After the procedure has finished you will be discharged from the room once your results have been explained.

## Results

On discharge the nurse will explain the results of the procedure and will give you a short written report. Detailed reports of all tests and any specimens taken will be sent to the doctor who has requested them. If you already have an outpatient appointment you should keep this. If you do not have an appointment, the nurse will give you instructions on discharge. If your GP has arranged the test for you, you should arrange to see your GP in approximately a week.

## Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the morning - before 12 midday

| Once daily insulin | Twice daily insulin | 3-5 times daily insulin |
|---|---|---|
| **Day before test** | | |
| Take diabetes tablets as usual. If on bed-time insulin reduce dose by half (50%) | Take insulin and diabetes tablets as usual | Take insulin as usual |
| **Day of test** | | |
| Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice)<br>Check blood glucose (finger prick) every 2 hours | | |
| Omit AM diabetes tablets.If on AM insulin reduce dose by half (50%) | Omit AM dose of insulin and diabetes tablets | Omit AM fast acting or mixed insulin |
| **After the test** | | |
| Eat and drink normally.<br>Give next dose of insulin as usual. Take next dose of diabetes tablets as usual. | **If able to eat before 11 am:**<br>Give normal morning insulin dose after meal.<br>Take next diabetes tablet as usual.<br><br>**If able to eat after 11 am:**<br>Give half dose (50%) of usual insulin after meal.<br>Omit AM dose of diabetes tablets.<br><br>Give usual PM dose of insulin and tablets. | **If able to eat before 11 am:**<br>Give normal morning insulin dose after meal.<br>Do not take lunchtime dose of insulin.<br><br>**If able to eat after 11 am:**<br>Give normal lunchtime insulin after meal.<br><br>Give usual teatime and bedtime insulin doses. |

# Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the evening

| Once daily insulin | Twice daily insulin | 3-5 times daily insulin |
|---|---|---|
| **Day before test** | | |
| If on bed-time insulin reduce dose by a quarter (25%) | Take insulin and diabetes tablets as usual | Take insulin as usual |
| **Day of test** | | |
| Have a usual breakfast and lunch. Fast from 6 hours before procedure. Clear fluids till 3 hours before procedure (e.g black tea, coffee, clear fruit juice)<br>Check blood glucose (finger prick) every 2 hours | | |
| Omit teatime diabetes tablets.<br>If on AM insulin reduce dose by half (50%) | Reduce AM dose of insulin by a quarter (25%) and omit PM dose of insulin and omit lunchtime doses of diabetes tablets | Reduce lunchtime dose of insulin by half (50%) and omit teatime dose of insulin |
| **After the test** | | |
| Eat and drink normally.<br>Give next dose of insulin as usual. Take next dose of diabetes tablets as usual | **If able to eat <u>before</u> 8 pm:**<br>Take teatime diabetes tablets as usual.<br>Reduce PM dose of insulin by a quarter (25%)<br><br>**If able to eat <u>after</u> 8 pm:**<br>Take teatime diabetes tablets as usual.<br>Reduce PM dose of insulin by half (50%) | **If able to eat <u>before</u> 8 pm:**<br>Give normal teatime insulin dose <u>after</u> meal and usual dose of long acting insulin<br><br>**If able to eat <u>after</u> 8 pm:**<br>Give half dose (50%) of usual teatime insulin after meal and if on bedtime long acting insulin reduce dose by a quarter (25%) |

## Advice sheet for patients with Diabetes (type 1 or type 2) undergoing gastroscopy in the afternoon - after 12 midday

| Once daily insulin | Twice daily insulin | 3-5 times daily insulin |
|---|---|---|
| **Day before test** | | |
| If on bedtime insulin reduce dose by a quarter (25%) | Take insulin and diabetes tablets as usual | Take insulin as usual |
| **Day of test** | | |
| Have a light breakfast. Fast from 7:30 am. Clear fluids till 9:30 am (e.g black tea, coffee, clear fruit juice)<br>Check blood glucose (finger prick) every 2 hours | | |
| Omit AM and lunchtime diabetes tablets. If on AM insulin reduce dose by half (50%) | Reduce AM dose of insulin by half (50%) and omit AM and lunchtime doses of diabetes tablets | Reduce AM dose of fast acting or mixed insulin by half (50%) and omit lunchtime insulin |
| **After the test** | | |
| Eat and drink normally.<br>Give next dose of insulin as usual. Take next dose of diabetes tablets as usual | **If able to eat <u>before</u> 2:30 pm:**<br>Give normal lunchtime insulin dose <u>after</u> meal.<br>Take next diabetes tablet as usual<br><br>**If able to eat <u>after</u> 2:30 pm:**<br>Omit lunchtime dose diabetes tablets<br><br>Give usual PM dose of insulin and tablets | **If able to eat <u>before</u> 2:30 pm:**<br>Give normal lunchtime insulin dose <u>after</u> meal<br><br>**If able to eat <u>after</u> 2:30 pm:**<br>Give half dose (50%) of usual lunchtime insulin <u>after</u> meal<br><br>Give usual teatime and bedtime insulin doses |

# Advice sheet for patients with Diabetes on oral medication(s) undergoing gastroscopy

## AM gastroscopy

### Day before test

Take diabetes tablets as usual

### Day of test

Fast from midnight. Clear fluids till 4:30 am (e.g black tea, coffee, clear fruit juice)
Omit AM diabetes tablets
Following your test take diabetes tablets as usual with food

## PM gastroscopy

### Day before test

Take diabetes tablets as usual

### Day of test

Have a light breakfast. Fast from 7:30 am. Clear fluids till 9:30 am
(e.g black tea, coffee, clear fruit juice)
Omit AM and lunchtime diabetes tablets.
Following your test take diabetes tablets as usual with food

## Frequently Asked Questions

Q. Will the test hurt?
A. The test can be uncomfortable and unpleasant but not usually painful. Most people tolerate the procedure very well with the anaesthetic spray.

Q. Will I be asleep?
A. No, you will not be asleep. This procedure is performed using a local anaesthetic spray to numb the nasal passage and throat.

Q. Will my relative be able to come in with me?
A. Your relative or friend will be able to come in while the nurse asks you some questions but they will not be able to go into theatre when you have the procedure.

Q. Will I get my results on the day of the test?
A. We will tell you as much as we can after the test but may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

**If you have any further questions please do not hesitate to contact the unit.**

Please note the department also has to deal with emergencies that come from other departments and wards in the hospital and this can cause delays at times. We will make every effort to keep you informed of any delays. We would also ask you for your patience.

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## If you have any comments about this leaflet or the service you have received you can contact :

### The Unit Manager at the Endoscopy Unit you attended

Calderdale Royal Hospital Tel: 01422 223920
Huddersfield Royal Infirmary Tel: 01484 355868

www.cht.nhs.uk

## If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obrat'te se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,

ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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براہِ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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