

# Endoscopy Unit

## Patient information

### Transnasal endoscopy

**THIS PROCEDURE REQUIRES YOU TO FAST AND STOP SOME  
MEDICATIONS FOR 14 DAYS BEFORE YOUR PROCEDURE**

**This document contains important information about your upcoming  
investigation and should be read immediately.**

**Please contact the nurse helpline straight away if you:**

- **May be pregnant**
- **Have a pacemaker**
- **Have an implantable cardiac defibrillator**
- **Take Rivaroxaban, Apixaban or Dabigatran**

**Useful contact numbers:**

**Endoscopy Nurses:** 020 8934 3633/2363 (2pm. – 4pm.)

Call for questions relating to your procedure/medication/preparation for your test, which is not included in this leaflet and needs to be answered before you attend your appointment.

**To re-schedule/cancel appointments only.**

Your appointment is valuable, if you need to re-schedule your appointment, please give as much notice as possible, preferably a minimum of 10 days' notice; this allows us to offer this appointment to another patient.

Please note the booking team cannot answer clinical questions relating to your procedure. Endoscopy Booking Team: 020 8934 2099 option 2. Calls taken 09:30-11:30 only

**Kingston Hospital NHS Foundation Trust**  
**Transnasal Endoscopy**  
**Information for patients**

**This information sheet is for patients who are having a transnasal endoscopy investigation. It explains what is involved and any significant risks that there may be.**

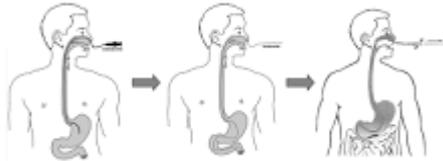
If you have any questions we will be happy to answer those when you come for your appointment, if you wish to discuss any aspect of your clinical care in private then please ask. We always endeavour to see you close to your appointment time to minimise any delays, this may not always be possible; we will keep you informed of any significant delays. Please allow up to 2 hours in total for your visit.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist.

**What is a transnasal endoscopy?**

It is an investigation of the inside of your oesophagus (gullet), the stomach and the duodenum (the first bend of the small intestine). A transnasal endoscope (thin flexible tube) is passed through the nose into the stomach and to the first part of your small bowel called the duodenum. This allows the endoscopist to see what might be causing the symptoms that you are experiencing.

Transnasal endoscopy is NOT intended to diagnose abnormalities or conditions of your nasal passages; the nasal route is used purely to insert the instrument.



**Relative contraindications to a Gastroscopy using the Transnasal route:**

The Transnasal route for a gastroscopy **MAY NOT** be suitable for patients who have a history of a broken nose, have had nasal surgery, have nasal polyps or a deviated nasal septum, are taking anticoagulants or have liver disease.

**If you have any of the above and have been booked for a Transnasal Gastroscopy please ring the Endoscopy Unit on 0208 9343633 immediately to discuss this with the nursing team.**

**Are there alternative investigations?**

Alternative investigations are possible using radiology e.g. barium studies or CT scans, however these can be less sensitive and have the disadvantage that biopsies cannot be taken for further investigation. If an abnormality is found using radiology investigations a subsequent investigation with an endoscopy may be required. It is also possible to examine you using a traditional gastroscope which is passed through the mouth, however, this is sometimes less well tolerated and can cause gagging.

**Are there any risks?**

The investigation is very safe, but there are some risks associated, these include:

- Occasionally the nasal endoscope may cause damage known as a perforation (a tear/hole in the lining of the gullet, stomach or duodenum) it is thought to happen in approximately 1:3000. This is a serious complication and typically requires an operation to repair.
- A small amount of bleeding may occur following a biopsy.

- There is a small risk of developing a chest infection or pneumonia following a trans nasal endoscopy, this is why it is essential to fast before the procedure.
- There is a risk that the scope can cause damage to the delicate lining of the nostril, this may result in slight bleeding from the nose in approximately 1:20 cases, more rarely in approximately 1:400 cases this bleeding may be persistent/heavy and require further treatment.

## PREPARATION FOR TRANSNASAL ENDOSCOPY

### 14 days before the procedure

If you are taking:

- Omeprazole
- Lansoprazole
- Esomeprazole
- Pantoprazole
- Rabeprazole)

Stop this medication 2 weeks before your appointment, unless your doctor has advised otherwise, or you are known to have Barrett's or are having this procedure to follow up ulceration healing.

**It is appreciated that some patients will find it difficult to stop this medication, and may be reluctant to do so. However, it is essential that you do so, if asked, otherwise the investigations are futile. You may take Rennie's and Gaviscon.**

### On the day of your procedure

- You may have a light meal 6 hours before your appointment; you may **SIP water only up to 2 hours before your procedure, after this you must not have anything by mouth.**
- On the morning of the test, please take your regular medications with water (up to 2 hours before your test), unless advised not to.
- Please bring a list of any medications you are currently taking. If you use asthma inhalers or angina sprays it is important to bring these with you.

### Diabetes

- If you have diabetes it may be necessary to adjust your treatment whilst preparing for this test. Please discuss this with your GP or Diabetes nurse specialist at least 3 days before your test.
- If you take **Insulin**, you should have an early morning appointment do not take your Insulin before your procedure.

### On arrival at the hospital

- **Please report to the Endoscopy Unit on level 6 in Esher Wing.**
- A nurse will check your details, blood pressure and pulse.
- The endoscopist will explain the procedure and check you have signed your consent form, which is attached to this information leaflet – please remember to bring these with you.
- You will be asked to remove any spectacles, contact lenses or dentures just before the investigation.

### Will I be awake?

- You will be awake during the procedure. The test is not painful or suffocating but the test may make you want to gag a little.

- Prior to the endoscopy your nasal passage will be sprayed with local anaesthetic spray, this may be a little uncomfortable initially, it will numb your nasal passage and make the passage of the scope easier

### **During the procedure**

- Your heart rate and oxygen levels will be monitored through a clip attached to your finger or ear.
- You will lay on your left side for the procedure.
- The endoscopist will gently insert the nasal endoscope into your nostril and through the back of your throat and by asking you to swallow can pass it into your gullet, stomach and duodenum. This is not painful and will not make breathing or swallowing difficult, but it may feel uncomfortable and unpleasant. You will be able to speak to the endoscopist during the procedure if you need to.
- Air will be passed into your stomach this may make you feel bloated. Most of the air is removed from the stomach at the end of the investigation.
- Biopsies (small samples of tissue), which are painless, may be taken during the investigation to be sent to the laboratory for further tests. Photographs may be taken and kept for your hospital records.
- Afterwards the scope is removed quickly and easily.
- Occasionally it is not possible to pass the scope successfully through the nose, if this happens the endoscopist will discuss alternative methods of investigation with you.

### **After the investigation**

- You will return to the ward area you will be given a copy of your report to take home with you
- Following local anaesthetic throat spray you can have a drink as soon as your swallowing is back to normal (usually within 30 minutes)
- Biopsy results can take up to 6 weeks to be processed. If you are seeing a hospital Consultant the results will be discussed with you during the hospital out-patient appointment, alternatively the consultant may write to you.
- A copy of the report will be sent to your GP and your hospital Consultant (if you have one)

### **Going home**

- You may have a mild sore throat, and or some irritation of your nasal passage this is nothing to worry about and will pass.
- You may feel bloated due to air left in the stomach, this will pass naturally.

### **Consent**

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure.

The consent form is a legal document, therefore please read the booklet carefully.

If having read the information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible before the date of your appointment