

## Endoscopy Unit

# TRANSNASAL GASTROSCOPY with sedation

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

**This document contains essential information about your upcoming investigation and should be read IMMEDIATELY.**

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

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

**Endoscopy Nurses: 020 8934 6614 (2 P.M. – 4 P.M. ONLY)**

**Endoscopy Bookings Team (To Reschedule or Cancel Appointments):  
020 8934 2099 option 2 (9AM – 5PM ONLY)**

We strongly advise to read carefully this information leaflet BEFORE calling the advice line. The answers to your questions may already be contained here.

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves, M. Nobles		Date of this review:	June 2022
	Page 1 of 7	Next review due:	June 2023
Version number: 3			



@KingstonHospNHS  
#KHFTProud



@KingstonHospitalNHSFT  
#TeamKHFT

Living our values every day



**Kingston Hospital NHS Foundation Trust**  
**TRANSNASAL GASTROSCOPY**

We will be happy to answer any questions 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. However, this may not always be possible. We will keep you informed of any significant delays. **Please allow up to 3 hours in total for your visit.**

The procedure will be performed by or under the supervision of a Consultant/Nurse Endoscopist.

## WHAT IS TRANSNASAL GASTROSCOPY?

It is an investigation of the inside of your oesophagus (gullet), the stomach and the duodenum (the first bend of the small intestine). A trans nasal endoscope (thin flexible tube) is passed through the nose into the stomach and to the first part of your small bowel called the duodenum. **(See Figure 1)** This allows the endoscopist to see what might be causing the symptoms that you are experiencing.

Trans nasal Gastroscopy (TNG) is NOT intended to diagnose abnormalities or conditions of your nasal passages; the nasal route is used purely to insert the instrument.

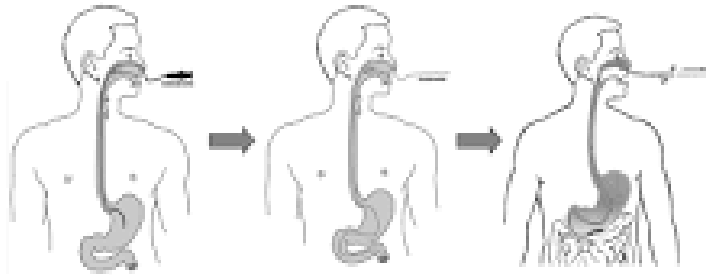


Figure 1

### RELATIVE CONTRAINDICATIONS TO A GASTROSCOPY USING TRANSNASAL ROUTE

The trans nasal route for a gastroscopy **MAY NOT** be suitable for patients who have a history of a broken nose, regular nose bleeds, have nasal polyps or a deviated nasal septum, are taking anticoagulants, have liver disease and suffering from hypertension.

**If you have any of the above and have been booked for a Transnasal Gastroscopy, please ring the Endoscopy Unit on 020 8934 6614 immediately to discuss this with the nursing team.**

### 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.

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves		Date of this review:	June 2022
	Page 2 of 7	Next review due:	June 2023
Version number: 3			



# PATIENT INFORMATION LEAFLET

## 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.

## PREPARING FOR YOUR TRANSNASAL GASTROSCOPY

14 days before the procedure	ACTIONS
<p>If you are taking:</p> <ul style="list-style-type: none"> <li>• Omeprazole</li> <li>• Lansoprazole</li> <li>• Esomeprazole</li> <li>• Pantoprazole</li> <li>• Rabeprazole</li> </ul>	<ul style="list-style-type: none"> <li>• Stop this medication 2 weeks (14 days) before your appointment unless your doctor has advised otherwise.</li> <li>• If you are known to have <b>Barrett's Oesophagus</b> or if you're having this procedure again (Repeat Gastroscopy or via Transnasal Route) to follow up <b>ulceration healing</b>. Please <b>DO NOT STOP</b> taking these medications.</li> </ul>

Occasionally these tests are booked at short notice.

**If you do not have time to stop these meds (listed above) for 14 days because you received the appointment letter at short notice by post or phone call, please STOP this medication as soon as you receive your appointment date.**

**It is appreciated that some patients will find it difficult to stop this medication and may be reluctant to do so. You may take Rennie's and Gaviscon.**

## Warfarin

- If you take **WARFARIN**, this may need to be stopped before your TNG. You will be referred to the anti-coagulation clinic at Kingston Hospital, if required. They will make the necessary arrangements for you. If you have not heard from them 7 days before your colonoscopy is due, please contact them on **020 8934 2030/ 2041/ 3689/ 2321 option 5**.
- Please note that interrupting your anticoagulation therapy may carry a slightly increased risk of a clot forming. (You can discuss with the anticoagulation nurse on **020 8934 3576**). **DO NOT STOP WARFARIN WITHOUT MEDICAL ADVICE.**
- If you take Warfarin, we will check your **INR** with a finger prick test before your procedure.
- If you take any **OTHER** blood thinning medications such as Rivaroxaban, Apixaban, Edoxaban or Dabigatran, please contact the endoscopy unit 020 8934 6614, If you have not been given advice regarding this. It is very important that you **do not stop these medications without medical advice.**

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves		Date of this review:	June 2022
	Page 3 of 7	Next review due:	June 2023
Version number: 3			



@KingstonHospNHS  
#KHFTProud



@KingstonHospitalNHSFT  
#TeamKHFT

Living our values every day



# PATIENT INFORMATION LEAFLET

## 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. **Please see separate sheet for Diabetes leaflet.**
- If you take **Insulin**, you should have an early morning appointment, **IF NOT SO**, please contact the booking team to re-schedule. Adjust your Insulin dosage accordingly before your procedure. **Please see separate sheet for Diabetes leaflet.**

## FASTING PREPARATION

### GENERAL RULE BEFORE YOUR TRANSNASAL GASTROSCOPY APPOINTMENT TIME:

<b>Six (6) Hours before:</b>	<i>You may have a light meal or food.</i>
<b>Four (4) Hours before:</b>	<i>Stop all fluids, only a Glass of water is allowed.</i>
<b>Two (2) Hours before:</b>	<i>Only tiny sips of water are allowed.</i>

**YOU MUST NOT HAVE ANYTHING BY MOUTH BEYOND 2 HOURS BEFORE YOUR APPOINTMENT TIME!**

## Prescribed Medication

- Please take your **OTHER** regular medications with a sip of water (up to 2 hours before your test), unless advised not to.
- BRING A LIST OF YOUR CURRENT MEDICATION.** If you use asthma inhalers or angina sprays, it is important to bring these with you.

## On arrival at the hospital

- Your details, blood pressure and pulse will be checked by your nurse.
- You will be asked to remove spectacles, contact lenses or dentures just before the investigation - **ideally leave jewellery and valuables at home.**
- The Endoscopist will see you before your investigation to discuss and sign the legal consent form

## Will I Be Awake?

The discomfort experienced during a Transnasal Gastroscopy varies greatly from person to person.

You will be awake during the procedure. The test is not painful or suffocating but the test may make you want to gag. Some patients do not feel any discomfort; others feel discomfort to the extent that the procedure has to be stopped.

Prior to the procedure, your nasal passage will be sprayed with:

**Local Anaesthetic Nasal Spray**, this may be a little uncomfortable initially, but it will numb (local anaesthesia) your nasal passage. It acts as a vasoconstrictor as well and makes the passage of the scope easier.

Authors: K. Drawwater, M. O'donnell, M. Woodward	Date first produced: September 2020
Approved by: J. Rivera, R. Greaves	Date of this review: June 2022
Version number: 3	Next review due: June 2023



To help minimise discomfort and/ or pain, we offer as well either: **Local Anaesthetic Throat Spray or an Intravenous Sedation, or both.** A nurse is with you during the procedure.

**A. Local Anaesthetic Throat Spray**, this will numb the back of your throat and numb the nerve-endings that cause gagging. It helps to reduce the sensation of the scope in the throat, although ***IT DOES NOT TAKE AWAY ALL THE FEELING AND YOU MAY STILL GAG A LITTLE.***

A nurse is with you during the Transnasal Gastroscopy.

**Following Nasal Spray and Throat Spray:**

- You can usually leave the unit within 10-15 minutes of your procedure.
- You can drink and eat as soon as your swallowing is back to normal, usually within one (1) hour.
- Do not blow your nose after the procedure, just wipe any secretions with a paper towel which the nurse will provide you.

**THIS IS VERY IMPORTANT:**

**If you chose an Intravenous Sedation**

**YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR 24 HOURS FOLLOWING INTRAVENOUS SEDATION.**

**B. Intravenous Sedation** (Midazolam) will be given via a cannula in your vein. The sedative makes you feel relaxed and a little drowsy. However, it ***DOES NOT ‘PUT YOU ASLEEP’.*** The Endoscopist measures the dose of the medication according to your response and comfort but is guided by national guidance as to how much of this drug you may safely have. **The Endoscopist *CANNOT ‘KNOCK YOU OUT.’***

**Side effects:** Intravenous sedation occasionally cause problems with breathing, heart rate and blood pressure. Normally short lived and can be managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.

**Following Intravenous Sedation:**

- You must arrange to have a responsible adult to take you home and stay with you for 24 hours.
- You will need to rest on the ward for 30-45 minutes.
- Your escort must be **READILY AVAILABLE** upon us contacting them, please arrange for them to be close to the hospital whilst you are having your procedure, or within 30 minutes travel time. ***Nurses on the ward will help you contact your escort as soon as you are back in the recovery area.***
- You may not be allowed to travel by public transport or travel alone in a taxi.
- For 24 hours after the sedative, you CAN NOT drive, return to work, operate machinery (including cookers and kettles), drink alcohol, sign legal documents
- Allow 24 hours to rest before resuming normal activities or work. You CAN NOT be responsible for small children.

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves		Date of this review:	June 2022
	Page 5 of 7	Next review due:	June 2023
Version number: 3			



# PATIENT INFORMATION LEAFLET



## During the procedure

- Your blood pressure, heart rate and oxygen levels will be monitored through a probe attached to your finger or ear.
- You may be given oxygen via a small sponge in your nostril.
- 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, which is through the mouth. You will be given a small plastic mouth guard to bite on. The Endoscopist will insert the gastroscope through this into your mouth and down into your stomach and duodenum. This is not painful and will not make breathing or swallowing difficult, but it can feel uncomfortable and unpleasant.
- Polyps (projections of tissue, a bit like warts) may be removed if found.



## GENERALLY AFTER TRANSNASAL GASTROSCOPY

- If you had sedation or throat spray with sedation, you would need to rest on the ward for 30-45 minutes.
- After recovery, you can eat and drink as normal or when the throat spray wears off (if you have the throat spray as well).
- You may have a mild sore throat and/or some irritation of your nasal passage for 24 hours after the test. This is nothing to worry about and will pass.
- You may feel bloated due to air left in the stomach. This will pass naturally.
- Wait for the copy of your report and discharge instructions. A nurse will briefly explain these reports/instructions to you.
- A copy of the report will be sent to your GP and your hospital Consultant (if you have one), biopsy results will be sent at a later date. Biopsy results can take up to 6 weeks to be processed.
- Please note: it is not possible for patients to access biopsy results from the hospital/endoscopy unit.

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves		Date of this review:	June 2022
	Page 6 of 7	Next review due:	June 2023
Version number: 3			



@KingstonHospNHS  
#KHFTProud



@KingstonHospitalNHSFT  
#TeamKHFT

Living our values every day



## 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 this booklet carefully.

If having read this 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.**

## Useful Contact Numbers:

### Endoscopy Nurses: 020 8934 6614 (2PM – 4PM ONLY)

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.

Make sure you have your hospital number ready before calling together with your full name and date of birth. Have a pen and paper ready too in case you need to write down information.

### To reschedule or cancel appointments.

Your appointment is valuable, if you need to reschedule 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.

Please Call Endoscopy Bookings Team: **020 8934 2099 option 2 (9AM to 5PM)** or Email [khn-tr.endoscopy@nhs.net](mailto:khn-tr.endoscopy@nhs.net)

Authors: K. Drawwater, M. O'donnell, M. Woodward		Date first produced:	September 2020
Approved by: J. Rivera, R. Greaves		Date of this review:	June 2022
	Page 7 of 7	Next review due:	June 2023
Version number: 3			

