Transnasal Endoscopy (TNE)

Information for you
You have been advised by your GP or hospital doctor to have a procedure known as a Transnasal Endoscopy (TNE). This investigation will help to determine the cause of your symptoms, assist with treatment and help your doctor decide if further investigations are required.

This booklet aims to give you an understanding of what a Transnasal Endoscopy (TNE) is and the reasons you may have been asked to attend for one. This information will enable you to make an informed decision before agreeing to have the procedure.

**Consent for the procedure**

A doctor or health professional requires your consent before they examine or treat you. Before attending for your procedure you should read all the information in this pack. This will ensure you have had time to consider the procedure and make a note of any questions you may wish to ask us prior to having it. If you feel well informed and are aware of the benefits and risks and agree to have the procedure please sign the consent form, which is included in this pack and bring it with you.

If you feel you wish to discuss anything further before signing your consent, when you arrive in the unit a staff nurse will discuss your concerns or issues with you and if you are happy to proceed, you can sign your consent form then.

The consent form is a legal document. If you provide written consent then change your mind, you are entitled to withdraw your consent.
When you attend for your procedure a nurse will confirm your written consent with you and ensure you agree and understand the planned procedure, including the benefits, risks and alternatives to it.

**What is Transnasal Endoscopy (TNE)?**

The procedure you have been asked to attend for is called a Transnasal Endoscopy (TNE). The procedure will be performed by, or under the supervision of, a trained doctor or nurse. This person is the endoscopist and will make the investigation as comfortable as possible for you.

A small flexible camera known as an endoscope will be passed through your nose into your oesophagus (gullet), stomach and first part of your small intestine (duodenum). The endoscope relays images back to the endoscopist on a monitor. During the procedure the endoscopist may require to take some tissue samples (biopsies) from the lining of your digestive tract for analysis to help with diagnosis and treatment, this is painless.

Although the endoscope passes through the nasal passages the endoscopist is performing the procedure to diagnose and treat symptoms of the upper digestive tract. 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.
When should you not have a TNE?

Transnasal Endoscopy is not recommended for patients who have a history of a broken nose or previous nasal surgery such as rhinoplasty. If this applies to you please contact the department for advice before your procedure.

Patients taking any medications to help thin the blood known as anticoagulants, for example Warfarin, Clopidogrel, Apixiban should also contact the department for advice before having Transnasal Endoscopy. We need at least ten days notice if you are taking any of these medicines. If you do not tell us you are taking a medication that thins your blood you could have your procedure cancelled when you arrive, as there would be an increased risk of bleeding.

Why have I been asked to attend for TNE?

You have been asked to attend for this procedure to try to establish a cause for your symptoms, help with treatment and decide if further investigations are required.

Transnasal Endoscopy is used to investigate a wide range of symptoms including:

- Indigestion
- Vomiting
- Weight loss
- Vomiting blood or blood in the stools
- Anaemia
• Feeling full after eating
• Loss of appetite
• Difficulty swallowing
• Abdominal pain

Is there any alternative to having TNE?

A barium meal x-ray examination can also be used to investigate the upper digestive tract. Although there are fewer side effects with this it is not as informative or accurate as an endoscopy. Endoscopy is recognised as the best investigation for diagnosing disorders of the upper digestive tract as it lets the endoscopist see directly into the stomach and take pictures/biopsies if required.

Endoscopy can also be performed though the mouth (transoral endoscopy), however there are advantages to having a Transnasal Endoscopy rather than a transoral one. These include:

• Patients are more relaxed, as gagging is much less common.
• This means more successfully completed procedures.
• You will be able to talk during your procedure and tell your endoscopist about any discomfort.
• Less time is needed to recover after the procedure.
• No sedation is used so you can drive home, return to work, and do not require anybody to accompany you to your appointment.
• Because no sedation is used the test findings and next steps in your treatment can be discussed.
Are there any risks/side effects to having TNE?

The doctor who requested the procedure would have considered the risks involved and decided the benefits of investigating and treating your symptoms outweigh the risks involved. However if you have any concerns regarding the risks of the procedure, the nursing staff will be happy to discuss these with you on your arrival to the unit.

Transnasal Endoscopy is generally a safe procedure, however as it is an invasive procedure there is a possibility of complications. The main risks and side effects you should be aware of and consider before your procedure are:

• Slight nose or throat pain, this usually settles within a few hours.

• Nose bleeds happen for about 1 in 20 people who have a Transnasal Endoscopy. 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.

• There is a small risk or perforation (a tear) to the lining of the digestive tract. This is very rare with diagnostic investigations. A perforation would require admission to the hospital for treatment.

How long will I be in the endoscopy unit?

You will be given either a morning or afternoon appointment. The department is very busy and also
looks after emergencies and these can take priority over our outpatient lists. We recommend that you be prepared to be in the department for between two to three hours. You may wish to bring something to read, mobile phones or electronic devices with cameras on them are not permitted within the endoscopy unit due to patient confidentiality. You may bring your mobile phone with you but will be asked to switch it off upon entering the unit.

**Preparation for the procedure**

Your stomach must be empty to allow us to get clear views during your procedure.

If you have a **morning appointment**, no food or drink is allowed from midnight prior to your procedure.

If you have an **afternoon appointment**, you may have a light breakfast (tea and toast) no later than 8am but no food or drinks after that.

Routine prescribed medication e.g. heart tablets, blood pressure tablets should be taken as normal with a small sip of water.

If you take any digestive medication (medication to reduce the acid in your stomach) for example Lansoprazole or Omeprazole please stop it 14 days before your procedure **unless** you are having a repeat endoscopy to check healing of inflammation or an ulcer or if your test is for Barrett’s oesophagus. If these exceptions apply you should continue to take your digestive medication as prescribed right up until the day of your appointment.
Allergies

Please contact the department if you are allergic to lidocaine as this may affect your suitability for the procedure.

Diabetic patients

If you are diabetic please inform the endoscopy unit to allow us to offer you the earliest appointment on the list. You should contact your GP or diabetic liaison nurse for advice on your diabetic medication prior to attending for your procedure.

What happens when I arrive in the endoscopy department?

When you arrive in the endoscopy unit you will be invited by an endoscopy staff nurse into a room to be ‘admitted’ to the unit.

During this process the nurse will ensure you understand the procedure and discuss any questions or concerns you may have.

To ensure you are fit to undergo the procedure the nurse will take a brief medical assessment, asking some questions relating to your general health and any surgery you may have had. The nurse will also check your blood pressure, heart rate and oxygen levels and blood glucose level if you are diabetic.

Please ensure you bring a complete list of all your current medications with you. This is important for the procedure to be carried out safely.
If you have not already signed your consent form and are happy to proceed with the investigation you will be asked to sign it.

The TNE procedure

After admission, you will be shown to an area where you will wait until the endoscopist is ready to see you. Our aim is for you to be seen as soon as possible, however, please remember the endoscopy unit can be very busy and also deals with emergency patients. Sometimes this can cause a delay until the examination is carried out. In these circumstances we will try to keep you informed.

The procedure will take about 10-15 minutes and you will be awake the entire time. You do not need to undress for your endoscopy, however, it is recommended you wear comfortable light clothing, that is not tight fitting around your neck as you may feel quite warm during it.

Shortly before your procedure you will be asked to take a lemon drink that has medication (infacol) in it. This helps to reduce the bubbles in your stomach and allows the endoscopist a clear view during the test.

For Transnasal Endoscopy local anaesthetic is used. This consists of a local anaesthetic spray (lidocaine and phenylephrine) applied into the nostril.

You will be escorted into the endoscopy room where the endoscopist and nurse will introduce themselves. You will be given the opportunity to ask further questions about the procedure before it begins. Shortly before the procedure begins further local anaesthetic (lidocaine)
will be sprayed into the nostril to assist in numbing the nasal passages so the procedure is more comfortable.

The procedure can be carried out with you sitting in a chair or lying on your left hand side on a trolley. The nurse looking after you will place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedure. Although it is not usually necessary, the nurse can remove any saliva produced during the procedure using a small suction tube.

The endoscopist will introduce the endoscope into your nostril. It will then pass down your oesophagus, stomach and into your duodenum. Your windpipe is deliberately avoided and you will be able to breathe as normal. During the exam you may be asked to swallow. You will be able to talk as normal. Small puffs of air or water may be passed into oesophagus, stomach or duodenum this may make you feel a little bloated. If necessary you can belch or burp this air away but the test can be completed faster if you can wait until after it is finished.

As you are awake the results of the tests will be explained to you before you leave the procedure room.

Occasionally it does not prove possible to pass the endoscope successfully through the nose. If this happens the endoscopist will discuss alternative methods of investigation with you.
After the procedure

Discharge after having a Transnasal Endoscopy is quicker than other endoscopy procedures because sedation is not given and local anaesthetic is applied only to the nasal passages and not the throat.

Before you leave the department your blood pressure and heart rate will be recorded. A nurse will check you do not have any significant bleeding or discomfort and you will be given a cold drink. A nurse will ensure you understand any results/information given to you by the endoscopist and answer any questions you may have. You will usually be ready to go home around ten minutes after your procedure is finished.

Before you go home you will be given a discharge information sheet, which details the procedure you have had and advise on aftercare and symptoms to be aware of following the procedure.

Your GP will receive a full written report two to three weeks following your examination.

Because you will have had no sedation for the procedure you do not require someone to accompany you home. There are no restrictions on activities once you are discharged home.
All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Wszystkie nasze publikacje są dostępne w różnych językach, dużym drukiem, brajlem (tylko w wersji angielskiej), na taśmie dźwiękowej lub w innym formacie Twojego wyboru.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clo nas motha, Braille (Beurla a-mhàin), teip claistinn no rìochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्राइल (केवल अंग्रेजी), सूनने वाली कैसेट या आपकी पसंदनुसार किसी अन्य फॉर्मेट (आयप) में भी उपलब्ध हैं।

名為我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

If you would like to comment on any issues raised by this document, please complete this form and return it to: Communications Department, 28 Lister Street, University Hospital Crosshouse, Crosshouse KA2 0BB. You can also email us at: comms@aaaht.scot.nhs.uk. If you provide your contact details, we will acknowledge your comments and pass them to the appropriate departments for a response.

Tell us what you think...

0800 169 1441

Last reviewed: March 2017
Leaflet reference: MIS17-042-GD
PIL code: PIL17-0271