



## Having a Transnasal Endoscopy – Information for Patients

### What is a Transnasal Endoscopy (TNE)?

You have been advised to have a transnasal endoscopy (TNE) to help investigate the cause of your symptoms.

TNE is a technique to directly look at your oesophagus (gullet), stomach, and the first part of your small bowel (duodenum), using a very thin, flexible tube with a light and camera at the tip.

Unlike traditional gastroscopy, the endoscope is passed gently through the nose, not the mouth. This allows for a more comfortable experience and often avoids the need for sedation. Whilst the endoscope is passed through the nasal cavity, this is not an examination of that area specifically, but any significant abnormalities will be referred to an Ear Nose and Throat (ENT) specialist for further advice & guidance.

Tissue samples (biopsies) may be taken painlessly during the procedure for testing.

### What are the risks associated with this procedure?

- You may experience nasal discomfort or a blocked nose for a few hours after the test.
- Mild nosebleeds (epistaxis) occur in up to 5% of cases.
- Sinusitis is an uncommon risk, affecting fewer than 1 in 100 patients.
- Very rarely (fewer than 1 in 1,000), inflammation of the nasolacrimal duct (the tear duct) may occur.
- Bloating and mild abdominal discomfort are also possible for a few hours.
- You may have a sore throat for 24 hours.
- Bleeding or perforation of the esophagus are a very rare complication (less than 1 in 10,000) but may require an operation to repair the damage.
- No test is 100% accurate, and there is a small risk that abnormalities, including cancers, may be missed.

### What are the benefits of this procedure?

The procedure helps to identify the cause of your symptoms in a safe and less invasive way. TNE is often preferred by patients as it avoids the gag reflex and is usually better tolerated by patients overall.

### What are the alternatives?

Alternative tests include oral route gastroscopy, barium swallow, or barium meal. These may be discussed depending on your specific symptoms or findings. However, in the event of failure of a TNE procedure, we may be able to offer an oral route gastroscopy on the same day. However, this will be dependent on availability and in some cases, you will need to be rebooked for another day.

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## Preparing for a Transnasal Endoscopy

Please read the information enclosed carefully. If you have any queries, contact the unit where you will be having your procedure.

If this is your first procedure and you are currently taking any stomach tablets e.g.

- Ranitidine (ZANTAC)
- Cimetidine (TAGAMET)
- Nizatidine (AXID)
- Omeprazole (LOSEC)
- Lansoprazole (ZOTON)
- Pantoprazole (PROTIUM)
- Rabeprazole (PARIET)
- Esomeprazole (NEXIUM)

You should **stop taking** them for **two weeks** before your gastroscopy if time allows.

**If we are repeating your gastroscopy or you have been diagnosed with Barrett's Oesophagus, you should continue to take your tablets up to and including the day of your test**

You may continue to take antacids i.e. Gaviscon or Asilone if required but not within three hours of your test. You may continue to take any other medication.

If you are **diabetic, on blood thinners such as warfarin, clopidogrel, ticagrelor, prasugrel, rivaroxaban, apixaban, or dabigatran and edoxaban** please contact the unit for further information.

**IMPORTANT** – if you take medication for your blood pressure, please make sure you take this as usual prior to your procedure with small sips of water (at least 2 hours before)

Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment. If you are taking a number of tablets please bring in your repeat prescription sheet.

To allow a clear view the stomach must be empty, so please follow these **fasting instructions**:

- Do not have anything to eat for at least **six hours** before the test
- Do not drink milk for four hours before your test. Milk will line the stomach and not allow a clear view of the lining
- You may drink clear fluids (water, black tea or black coffee) up to two hours before the time of the appointment

## When you arrive at the hospital

Please report to the reception desk where a receptionist will check your details and direct you to the waiting area.

Please be aware the appointment time you have been given, will be your admission time. Your procedure will be carried out as near to this time as possible however on occasions due to emergency patients being seen, this may be delayed.

- Please do not bring any valuables to the hospital with you
- Please do not wear any nail varnish, lipstick or jewellery (tongue studs must be removed)
- Please bring a contact number of a relative or friend with you.

A nurse will then explain the procedure to you, to make sure you understand the benefits, and

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possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible and will not mind answering your questions.

Provided you are happy for the procedure to be performed, you will be asked to sign the consent form to confirm your understanding of the procedure. You will be offered a copy of this.

This form also asks for your consent to further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research but you can request that no removed samples be used for this purpose on your consent form.

Just before the procedure you will also see the person who will be performing the test and provided you are happy for the procedure to be performed, they will ask you to confirm your agreement, and they will also sign your consent form.

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact the unit where you will be having the test, as soon as possible.

Please note relatives/friends or children should not be used as interpreters when you are required to sign your consent form. You should contact the Endoscopy Unit who will arrange for an interpreter to be present.

### **Important information for patients arriving by ambulance:**

To ensure you do not miss your appointment and arrive home in a timely fashion, please when booking your transport, give the following instructions:

#### **For morning appointments:**

**Please arrange for the ambulance to collect you at 9 am**

#### **For afternoon appointments:**

**Please arrange for the ambulance to collect you at 12 noon**

On occasions medications are used during this procedure, which are known as 'off license'. This means medicines that are used for clinical situations which fall outside of the terms of their Summary of Products

Characteristics. The use of medicines in this way is seen as a legitimate aspect of clinical practice and is often necessary in many areas of medicine. For further information concerning the use of 'off shelf' drugs, please log onto the Medicines and Healthcare product Regulatory Agency (MHRA) website.

### **Before the test**

Around 10-15 minutes before the test, you will be asked to drink 50mls of water with a product called Simethicone (Infacol), to break up any bubbles and provide better views of the stomach.

### **Nasal Spray / Throat Spray (local anaesthesia)**

TNE is not currently offered with sedation. If you are not comfortable to have the procedure without sedation, please contact the booking team to reschedule your appointment.

We will spray the nostrils and the back of the throat with a local anaesthetic spray and insert a small amount of lubricant gel into the nostrils.

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- The sprays numb the area and reduce the chance of gagging or sneezing; they also widen the nasal passages.
  - As you remain fully awake, you can leave unaccompanied and return to normal activities soon after the procedure.
  - You will need to avoid eating or drinking for approximately 1 hour after the test until the numbness wears off.

## **During the test**

You will stay in your normal clothes. You may be asked to remove dentures or glasses and to loosen tight clothing around your neck.

You will lie on a couch, usually on your back in a semi-upright position, or occasionally you may be asked to lie flat on your left side. The nurse will stay with you throughout the procedure. A very thin endoscope (typically 5–6mm wide) will be inserted via either your left or right nostril and gently advanced into the stomach via the back of the throat.

## **Going home after TNE**

You will be able to leave the unit shortly after the test. Unlike sedated procedures, you can drive, work, and continue your day as normal once the effects of the anesthetic sprays have worn off.

## **When will I know the results?**

Before discharge from the unit, the nurse who has been looking after you will be able to give you a brief outline of the test results. If a biopsy has been done, the laboratory results will take longer, about 4 – 6 weeks. You will be given a Patient Centred Report with the outcome of your test written on it.

The nurse will advise you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. If you have any questions about the test, please contact the unit where you will be having your gastroscopy.

## **Privacy & Dignity**

Delivering same-sex accommodation is a long standing commitment in the NHS as part of the drive to deliver the best possible experience for all patients (DOH 2007). Endoscopy Units within the Heart of England NHS Foundation Trust, maintain these standards either by operating single sex areas or single sex days.

Eliminating mixed sex accommodation is our priority except where it is in the overall best interests of the patient, i.e. in an emergency (they have a life threatening condition) or where delays to that patient's treatment would mean deterioration in their condition. Should a patient of the opposite sex require such urgent care during your visit, we will ensure your privacy and dignity is maintained by screening off the patient of the opposite sex

## **Further information**

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students – this won't affect your care and treatment.

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To contact us by telephone before your appointment **(NOTE this number should NOT be used for booking enquires):**

### **Solihull Endoscopy Unit**

Monday to Friday 8.30am to 5.30pm

Excluding Bank holidays

**0121 424 5394**

An answer phone is available for you to leave your name, telephone number and message. We will return your call.

### **Heartlands Endoscopy Unit**

Monday to Friday 8:30am to 5.30pm Excluding Bank holidays

Nursing/Medical enquiries

**0121 424 0438**

### **Good Hope Hospital - Scoping Suite Treatment Centre**

Monday to Friday 8:30am to 5.30pm

Excluding Bank holidays

**0121 424 9506**

### **Queen Elizabeth Hospital Endoscopy Unit**

**Monday to Friday 8.30 am to 5.30 pm – Excluding Bank holidays      0121 371 3833**

For non-urgent messages an out of hour's answerphone is available. If you leave a message and your contact details a member of staff will contact you when the department re-opens.

### **Accessibility**

To view this information in a different language or use the text-to-speech reader visit [www.uhb.nhs.uk](http://www.uhb.nhs.uk), click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille or audio please email [interpreting.service@uhb.nhs.uk](mailto:interpreting.service@uhb.nhs.uk).



### **How did we do? 😊 😐 😞**

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. Thank you! [www.uhb.nhs.uk/fft](http://www.uhb.nhs.uk/fft)

