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Trans-Nasal Endoscopy

Gastroenterology/Endoscopy Patient Information

Many patients are anxious about needing an investigation in our endoscopy department. The team is comprised of both healthcare staff, nursing staff and endoscopists. They are all focussed on making the experience as safe, comfortable and effective as possible. They will give you information on arrival and will also welcome questions at any point during your appointment.

Please carefully read this leaflet immediately so you are fully informed about the proposed procedure and have time to contact us in advance with any queries.

Please be aware that your arrival time does not reflect your procedure time. Every effort is made to see you promptly, but our sessions run from 09.00 - 13.00 and 13.30 - 17.30. Please be prepared to be in the department for 2 - 3 hours.

Introduction

This booklet has been designed by our endoscopy team, with input from former patients. If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on one of the numbers below.

To cancel or change an appointment: 01282 803541 (administrative staff)

To discuss the test, ask questions about the preparation and medications call:
01282 805721 or 01282 805723 (nursing staff)

If you cannot accept the appointment date it is important that you telephone without delay so that your date may be offered to another patient.

Please be aware this is not the consent; however, it would be appreciated if you complete the following health questionnaire before you arrive for your appointment and bring this booklet with you. We will need it for the admission process.

If you have any health issues, please give details below:

Liver problems:

Kidney Problems

Breathing problems:

Heart problems / cardiac device:

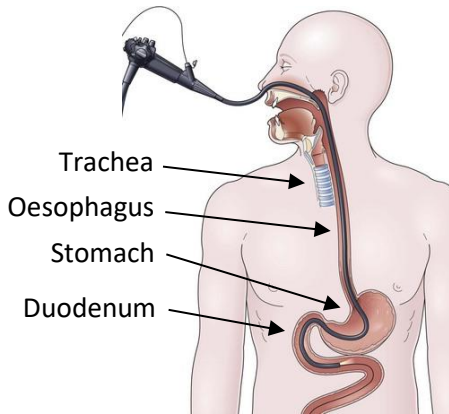
High blood pressure:

Stroke:

Other:

Please list all the medications you are currently taking:

Please list below allergies that you have:



What is Trans-Nasal Endoscopy?

Trans nasal endoscopy is an investigation of the inside of your oesophagus (gullet), the stomach and the duodenum which is the first bend of the small intestine. This procedure is the same as a gastroscopy however the endoscope is passed via the nostril rather than the mouth.

The endoscope that is used is a thin flexible tube (**its width is 6 mm – Which is about the same width as a standard paper clip.**) that 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.

Please Note: It is important to note that the flexible tube passes down your gullet avoiding your trachea (breathing pipe). You can breathe and talk normally throughout the whole procedure. Although the endoscope passes through the nasal passages, the purpose of the procedure is 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 with another specialist.

This test may not be suitable for you if:

- You have had nasal surgery in the past 6 weeks
- You are known to have obstructed nasal passages due to polyps or fractures
- You have more than 2 nose bleeds a week

If you have any of the above and have been booked for a Transnasal Gastroscopy please ring the Endoscopy Unit immediately to discuss this with the nursing team. Contact numbers are available at the end of this letter.

What are the benefits?

- Diagnosis
- Reassurance
- Exclusion of some types of disease
- Guide treatment

Are there any risks to the test?

For most people the test is simple and very safe. The endoscopy team will do everything they can to keep you as comfortable and safe as possible. However, a trans-nasal endoscopy 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, which usually settles within a few hours.
- Nose bleeds happen in about 1 in 20 people who have a Trans-Nasal 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.

Rare serious complications are:

- A small hole 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 patients. If this were to happen, you would need to be admitted to hospital and it might require an operation to treat it.
- There is a small risk of bleeding from the gastrointestinal tract. This happens in about 1 in every 5000 patients. Bleeding usually settles spontaneously. **If further endoscopic treatment is needed this may require the use of a trans-oral endoscopy (through the mouth), to enable specialist treatment.** You may require a blood transfusion and, in very rare circumstances, an operation.
- Death associated with trans-nasal or traditional upper gastrointestinal endoscopy is incredibly rare with a risk of approximately 1 in 25,000 patients.
- There is a small risk of an allergic reaction to the local anaesthetic (numbing) spray administered prior to the procedure. Less commonly, there may be an allergic reaction to the endoscopy equipment or other chemicals and substances used within the endoscopy unit.

The team in the endoscopy unit is highly trained in preventing and dealing with any complications.

Are there any alternatives to the test?

Upper gastro-intestinal endoscopy can also be performed though the mouth (**Trans-Oral endoscopy** known as gastroscopy); the advantages of having a **Trans-Nasal Endoscopy** include:

- Patients are more relaxed as gagging is much less common, so that more procedures are successfully completed.
- 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 immediately after the procedure.

The upper gastro-intestinal tract can also be examined by a barium swallow or meal x-ray test:

- This involves drinking a thick milk-like mixture. The outline of the oesophagus, stomach and duodenum will be seen when x-ray pictures are taken.
- Biopsies cannot be taken with this type of test.
- It is considered to be less accurate than an endoscopy; some problems such as mild inflammation and early disease could be missed.

The preparation.

To allow a clear view the stomach must be empty. **You must not have anything to eat or drink for at least 6 hours before the test, except for your usual medication which should be taken with a sip of water at least 2 hours before the test. Sips of water may be taken up to 2 hours before the test.**

On arrival, please report to the reception.

Please remember that your appointment time is not the time you will have your test carried out. There will be a waiting time between your admission and having your test done.

A nurse will check your personal details, explain the procedure and ask you a few routine questions. They will also want to know about any previous endoscopy you may have had, or of any other medical conditions which you may suffer from and any medication which you may be taking. Your nurse will take and record your blood pressure and pulse.

Please inform the nurse if you have had any allergies or bad reactions to drugs or to other tests.

If you have any worries or questions at this stage do not be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind being answering the queries.

There is no need to undress, but you will be asked to remove glasses and dentures immediately prior to the procedure. You will be asked to read and sign a consent form, so if you wear glasses for reading, please bring them with you.

Please do not bring any valuables to the hospital.

The consent form.

The consent form gives the doctor and the hospital a formal indication that you are agreeing to undergo the procedure being offered.

If you have an appointment confirmed, the consent process is carried out by your doctor or a skilled nurse outside of the theatre environment, who will be happy to answer any questions you might have.

During the test

Just before the test, you will receive a spray to the inside of your nose with a medication to clear the mucus and numb it with a local anaesthetic. You may also receive local anaesthetic spray into the mouth.

For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.

You may be asked to remove any false teeth, plates or dentures. Most patients will then be asked to lie on their left-hand side. The nurse looking after you may place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedure.

When the endoscopist passes the camera, it is important to try to remain calm. If you want the procedure to be stopped at any time, then you should say so or raise your hand. The endoscopist will stop the procedure and withdraw the camera safely.

It may take up to 10 minutes to perform the procedure. During this time some air will be passed down through the tube to distend the stomach and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.

Occasionally it is not possible to pass the camera (endoscope) successfully through the nose. If this happens the endoscopist will discuss alternative methods of investigation with you. **This may include passing the camera (endoscope) through the mouth at the time of the test.**

A number of photographs are taken during an examination; taking these does not mean that anything is wrong. Abnormalities are often also photographed to inform those responsible for your care. These photographs are often added to the endoscopy report.

When will I get the results?

The results of the procedure will be explained to you immediately. A nurse will ensure you understand information given to you by the endoscopist and answer any questions you may have. You will be given a post procedure advice sheet on aftercare, and symptoms to be aware of following your examination. Usually you will be offered a copy of your report to take home, and separate copies will be sent to your General Practitioner and any other health professionals involved in your care. Further details of the test, results of any biopsies and any necessary treatments or medications can be discussed with your General Practitioner (GP). The nurse will tell you before you leave if an outpatient appointment is planned.

When can I go home?

Discharge after having a trans-nasal endoscopy is quicker than a conventional gastroscopy because no sedation is needed. You will be discharged home directly from the procedure room with the results of your test. The department closes at 18:00.

How will I feel after the test?

Your nose or throat may feel slightly sore for the rest of the day, and you may also feel a little bloated due to air remaining in your stomach following the test; all will soon settle and do not require any treatment or medication. You will be able to

breathe and swallow as before but do not eat or drink anything at all for 30 minutes after the examination. There are no restrictions on activities once you are discharged home as you have not been sedated.

Comments, compliments, concerns, or complaints

East Lancashire Hospitals Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. Please ask a member of staff for further information.

Contact numbers.

If you have any questions regarding the test, please ring the Endoscopy Unit at the hospital where you are going to have the test.

Burnley General Teaching Hospital 01282 805721 or 805723

Rossendale Primary Health Care Centre 01706 235360

Royal Blackburn Teaching Hospital 01254 733191

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.

If you require this document in an alternative format or language, please contact:01282 803541

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

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