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Having a transnasal endoscopy (TNE) to examine your upper digestive system

Endoscopy Department

Information for Patients

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Introduction

Your GP or hospital doctor has said that you need a test known as a transnasal endoscopy (TNE).

If you are not able to keep your appointment please call us as soon as possible. This will let us give your appointment to someone else.

What is a TNE?

A TNE (also called ultrathin endoscopy) is a 10 to 15 minute examination. We use a thin flexible tube called an endoscope. We pass it through your nose and down the back of your throat. It lets us look directly at your food pipe (oesophagus), stomach and around the first bend of the small intestine (duodenum). The endoscope is thinner than your little finger. It will not get in the way of your breathing at any time. It passes down your food pipe and not your windpipe. You can breathe normally during the TNE. An endoscopist (a specially trained nurse or doctor) does the TNE. It looks at the same part of your body as an oesophago-gastro -duodenoscopy (OGD) (gastroscopy). The main difference is that this endoscope is much thinner and goes down your nose rather than your mouth.

Why do I need to have a TNE?

- To try to find the cause of your symptoms. These could be pain in your stomach, problems with swallowing, indigestion, anaemia, vomiting/ vomiting blood or passing black poo.
- To look at something seen on an X-ray in more detail.
- Follow-up after an earlier procedure.

Taking a sample of tissue (biopsy) during the TNE

Sometimes the nurse or doctor doing the test will take a small piece of tissue (a biopsy) from the lining of your food pipe, stomach or small bowel. This will be sent to a lab where it can be looked at. It is not usually painful.

How long before the TNE do I need to stop eating and drinking?

Your stomach must be empty. This will let us get clear views. Do not have anything to eat or drink for 6 hours before your test.

If these instruction are not followed your procedure will be cancelled. We will need to re-book you for another day.

What about my medicines?

- Routine medicine: you should take all routine medicine as normal, unless your doctor has told you not to. Please take morning medication before 6am.
- Anatacid or digestive medicine: if you are taking medicine to reduce the acid in your stomach, please stop taking this 2 weeks before the procedure. If you are having a follow-up TNE to check for healing of an ulcer found during the last 2 to 3 months, you can keep taking this medicine right up to the day before your repeat TNE. If you are not sure please phone the Endoscopy Department for advice.
- People with diabetes: where possible we will book you at the beginning of the list. Due to demand for this test, this may not always be possible. If you have not had a diabetes information leaflet, please contact the Endoscopy Department or visit our online store of leaflets www.yourhealth.leicesterhospitals.nhs.uk. Before you go home we will offer you a drink and biscuits. Please bring a snack if you need anything else.
- Blood thinning medication (anticoagulants): if you take any blood thinning medication, please contact the Endoscopy Department or the Endoscopy Booking Team for advice.

How long will it take?

This will depend on how busy we are. It also depends how quickly you recover after the procedure. You can expect to be with us for 2 to 4 hours. This may be longer during busy periods. We do aim to keep waiting times down. We also do emergency procedures. Sometimes these may need to take priority over the outpatient booking list.

What happens when I arrive?

When you arrive please book in at the reception desk. A nurse will take you to an admission room on the ward. We do not let relatives into the unit. This is due to rules and for the privacy of our patients. Relatives are not able to wait in our reception area, unless they are your carer or it is arranged and agreed with endoscopy staff.

Admission:

- A nurse will check your personal details.
- The nurse will confirm the information you have completed before the appointment. This is sent with your appointment letter. It will include

    - medicines you are taking
    - your medical history
    - any operations or illness you have had
    - any current health problems.
- The nurse will need to know if you have any allergies or bad reactions to drugs.
- If you are having sedation, the nurse will check that you have a responsible adult to take you home when you are ready to be discharged. You only need to have someone take you home if you have sedation.
- We will check your blood pressure, heart rate, temperature and oxygen levels. If have diabetes, we will record your blood glucose level.
- You do not need to take off any clothes for this procedure.

For the short time you are with us we want to offer a safe and supportive environment. Do not be afraid to ask any questions at this stage, if you have any worries.

Sedation

Sedation is not needed for a TNE. If you feel very anxious you can talk to the endoscopist about this, before your TNE.

Older people and those with major health problems may need extra checks to see if sedation can be used.

If you have sedation, an adult must take you home. They must stay with you for 12 hours. If you are being transported by ambulance you must have someone waiting at home to stay with you.

It is important that you know the sedative can last longer than you think. It can stay in your body for up to 24 hours. For 24 hours after sedation you should not:

- drive a car, ride a bicycle or climb ladders.
- operate machinery or do anything needing skill or judgment.
- make important decisions or sign any documents.
- drink alcohol.

Anaesthetic spray

We will give you a local anaesthetic spray 10 minutes before the procedure. We spray it 3 to 4 times into the nose. Sometimes we spray your throat. It will numb the upper airways. The spray lets the nostrils expand. This helps the endoscope go down the nose. You will not gag as the tube goes through the nose.

The benefit of having just the anaesthetic spray is that you are fully awake and aware. You can go home by yourself soon after the TNE. You can drive and carry on as normal.

After the spray you will not be able to eat or drink for 45 minutes. Your first drink after the spray must be cold. You must sip it to avoid choking.

What happens during the TNE?

- In the procedure room you will have the chance to ask any final questions.
- You need to take out any dentures.
- We will spray the local anaesthetic spray into your nostrils and the back of your throat. You will be sitting up. We will ask you to swallow this. You will quickly notice that your tongue and throat become numb. You will still be able to swallow and breathe normally.
- The nurse looking after you will ask you to either sit leaning back or lie on your left side. We will put the oxygen monitoring probe on your finger.
- If you decide to have sedation, we will give it at this time. It goes into a thin tube (cannula) in your vein. We will check you blood pressure, oxygen levels and heart rate during the test.
- We will remove any saliva or other secretions made during the procedure using a small suction tube. It is like the one used at the dentist.
- We will gently insert the endoscope through your nose. It will go down your food pipe (oesophagus) into your stomach. Your breathing will not be affected.
- You will be able to talk during the TNE. We can stop the TNE at any time if you ask it to be.
- We may take samples from the lining of your stomach or food pipe. We will send these for testing. This is not usually painful. We may also take photos. This does not mean that there is something wrong.
- If we cannot pass the endoscope through you nose, we may ask you if we can try the same procedure through your mouth. Or we will give you another appointment. If you are not able to cope with the procedure, we will talk to you about other choices.

What happens after the procedure?

- You can rest for as long as you need. We will check your blood pressure, heart rate and oxygen levels. If you are diabetic, we will check your blood glucose levels.
- A nurse will look after you until you are ready to go home.
- If you have not had sedation, you can expect to go home within 30 minutes of the procedure.
- If you have had sedation we will check you in the recovery area for at least 30 minutes but this could be up to 2 hours.
- We will tell you what time you can start drinking again. After the throat spray has worn off, you can eat and drink as normal.
- Before discharging you we will offer you a drink and biscuits. Please bring a snack if you would like anything else.
- If you have had sedation a responsible adult will need to collect you to take you home.

When will I get the results?

You may not see the person who did your procedure before going home. A nurse will tell you the results before you leave. If you have sedation it is best to have someone with you for this. Many people find they forget what has been said to them after sedation.

If we took a sample (biopsy), the result can take a few weeks. We will send the result onto your referring doctor. You may then be given an outpatient appointment to discuss your results or get a letter telling you of the results.

A report of the procedure will be sent to your GP. You will normally get a copy on the day.

What are the risks of the procedure?

The main risks of the procedure are:

- a sore nose or nose bleed.
- hole or tear of the lining of the stomach or food pipe (about 1 in 10,000 cases).
- bleeding (1 in 5000 cases).
- bleeding at the site of a biopsy. This almost always stops on its own.
- chest infection.
- a reaction to the anaesthetic spray or medication used.
- being unable to finish the examination.

Is there another choice?

A gastroscopy is another option to a TNE. We insert the endoscope into your mouth instead of your nose. A TNE is more comfortable as gagging is very rare. You are able to talk during the procedure.

Another option is to have a barium meal exam. You have an X-ray after drinking some barium liquid. This test involves radiation. It is less accurate than an endoscopy. You may still need an endoscopy if any abnormalities are found. Also, we cannot do a biopsy of the gut or abnormal tissue growths (polyps) during a barium X-ray. You may still need to have an endoscopy to do this.

Contact details

If you cannot make your appointment please let us know as soon as possible. We can offer this to someone else.

If you have any queries about your appointment please contact the **Endoscopy Booking Team on 0116 258 6984** (10am to 4pm).

If you have any queries about your procedure please contact the appropriate Endoscopy Department:

Leicester General Hospital:	0116 258 4183
Leicester Royal Infirmary:	0116 258 6997
Glenfield Hospital:	0116 258 3130
Hinckley Community Diagnostic Centre:	0116 502 1614
Loughborough Hospital:	01509 564406
Melton Mowbray Hospital:	01664 854904
St Lukes Hospital Market Harborough:	01858 448344

Trainees and student observers

Leicester's hospitals supports trainees and students. They are from the county's medical school and nurse training school. We hope you will be willing for trainees with the relevant skills to do the procedures under supervision where appropriate, and for student observers to be present. If you would rather not have students or trainees in the room during your procedure, please let us know.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead
or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research

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