Having a Transnasal Gastroscopy

South Tyneside Foundation Trust
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South Shields
Tyne & Wear
NE34 0PL
Tel: (0191) 404 1051
or (0191) 404 1000
ext 2247/2188
Date agreed with hospital: .................................. Time:* ........................................

Consultant: ................................................................................................................................

*This appointment time is for your arrival at the unit, it may be some time after your actual procedure.

Referral Category: Urgent [ ] Routine [ ]

Map of Outpatients
What is a Transnasal Gastroscopy (TNG)

The procedure you will be having is called a transnasal oesophago-gastro-duodenoscopy sometimes known more simply as a gastroscopy or endoscopy. Gastroscopy is usually performed through the mouth (transoral), but in this case a much smaller endoscope is introduced through the nose. This is the only real difference between a “traditional” gastroscopy and the Transnasal gastroscopy.

The purpose of the test is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope. It is flexible and has a very small diameter. The gastroscope relays images back to a monitor. A video recording and/or photographs may be taken for your records.

During the investigation, the doctor may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis: this is painless. The samples may be retained.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. The procedure is carried out with local anaesthetic nasal spray and gel (you are not sedated for the test)

Contraindications to a Gastroscopy using the Transnasal route:

The Transnasal route for a gastroscopy is NOT suitable for patients who have a history of a broken nose, have had nasal surgery, such as Rhinoplasty, are taking Warfarin and/or have liver disease as the Transoral route is recommended under these circumstances.

If you have any of the above and have been referred/booked for a Transnasal Gastroscopy please ring the Unit on 0191 404 1000 ext 1051/2247 immediately to rearrange your appointment for a transoral gastroscopy.

Why is the procedure performed?

There are many reasons why your doctor may have suggested this test. You may have one of the following symptoms:

- Indigestion
- Losing weight without trying
- Blood in the stools or vomiting blood
- Feeling full after eating
- Not feeling like eating
- Anaemia (lack of iron in your blood, which can make you feel tired)
- Difficulty swallowing
- A lump in your upper abdomen
- Other.

What are the benefits of Transnasal Gastroscopy?

- Gastroscopy is the best test for finding out what’s causing indigestion and symptoms such as difficulty in swallowing.
- Gastroscopy lets the doctor or nurse endoscopist see right into the stomach. Pictures might be taken or a small sample of tissue removed (biopsy). This depends on what your doctor/nurse finds.

The advantages of the transnasal approach as opposed to the “traditional” transoral approach are:

- No sedation
- More successful procedures
- Patients are relaxed – no involuntary gagging
- You will be able to talk normally during the test
- Patients can drive home, eat, drink, return to work
- Less time in recovery
- Patient vital signs (blood pressure, pulse etc) remain stable
What are the risks of having a Transnasal Gastroscopy?
For most people the procedure is simple and safe. You will remain alert and should not have any pain although you may notice a slight soreness in your nose and throat for a few hours. Only one person in every thousand may experience complications following Gastroscopy.
There is a small risk of bleeding or perforation (tearing) of the oesophagus, stomach or duodenum. If this does occur you may require an operation.
In addition with Transnasal Gastroscopy, as the camera is passed through the nose, there is a small risk of causing a nose bleed (approx 1:20). Most of these stop without needing anything to be done but a small number (approx 1:400) may need treating.
It is important to note that there is a very small chance that despite having a Gastroscopy serious problems (including cancer) may not be picked up.

What are the alternatives to having a Gastroscopy?
A Barium meal may sometimes be used as an alternative to having a gastroscopy. There are fewer side effects to having this test, however it is not as good at finding out what is wrong with you. The results of a barium may indicate a need for further investigations.

Arranging the appointment for your Transnasal Gastroscopy
If an appointment has not already been arranged, please arrange a time and date for the procedure to be performed. It is important to arrange this appointment as soon as possible, so that any treatment required can take place.
If you prefer you can telephone the Endoscopy booking service, during office hours, to arrange an appointment on 0191 404 1051. If you are unable to keep the appointment please ring the above number and we will happily change it.
Failure to attend, rather than cancelling the appointment, wastes your endoscopists time and prevents someone else wanting the procedure from having your slot. If you do not advise us that you are unable to attend and miss your appointment, will result in no further hospital appointments being issued and you will be referred back to your GP to discuss.
You will receive a Health questionnaire through the post or via the booking co-ordinator (if booking the appointment direct from clinic), Please complete before coming in for your procedure and bring it back when you attend for your appointment. If you have difficulty with this then a nurse will assist when you attend the Endoscopy department.

What you need to do at home to prepare for the Gastroscopy:
• **YOU MUST NOT** eat for 6 hours before the test. You can drink water up to 2 hours before your appointment time, after which you should not drink anything. If you need to take medicine, and you do need to continue with any essential prescribed tablets e.g heart tablets, blood pressure tablets, take them with a small sip of water.
• Tell the nurse or doctor if you have any allergies to Lidocaine or other medicines ending with “caine” as this may affect your suitability for the Transnasal approach.
• Tell us at least 10 days before the test **if you are taking blood-thinners (e.g Warfarin, Clopidogrel)**. If you do not tell us about taking these drugs, you could have your procedure cancelled as there would be an increased risk of bleeding that could be life-threatening.
• **If you have Diabetes**, you may need to adjust your morning dose of insulin/tablets since you will not be eating 6 hours prior to the test. You should talk this over with the diabetic nurse at least 48 hours before your test by telephoning (0191) 202 2161 during office hours. Check your blood sugar in the morning before you come to the unit (if relevant) and bring the result with you.
• If you take tablets to suppress acid production prescribed by your GP (e.g Omeprazole, Lansoprazole) please stop these 14 days before your procedure. You can continue to take indigestion remedies such as Gaviscon, Rennies etc up to 12 hours before your procedure.
UNLESS

- If this is a repeat gastroscopy to test the efficacy of medication on inflammation/ulcers please continue to take the medication.

Please include a list of **ALL** your medications on the health questionnaire.

Ambulance transport

If you require hospital transport to and from the hospital you should book this via your GP or inform the staff when you book your appointment, so they can book this for you in advance. The ambulance service needs at least 72 hours advanced notice.

Special Arrangements

Please advise us before your visit or at the time of booking if there are any special arrangements we can make for you, for example the use of an interpreter or sign guide.

Arranging to come in for your Procedure

You will not be required to change into a hospital gown. However, please wear clothes that are not restrictive around the neck or can be loosened.

You can bring someone with you. However, the waiting area is limited so they may be asked to go along to the hospital restaurant or coffee bar for refreshments whilst you are having your procedure.

Advice for relatives / carers

If you have concerns about your relative's physical / mental well being during their stay with us, which you feel necessitates your staying with them in the unit please advise the nursing staff. They will ensure this request is accommodated.

Support required at home, following your gastroscopy

It is important that when you go home you are accompanied by a relative, carer or friend. You may need someone to stay with you for the next 24 hours at home if you have had sedation, as this stays in the bloodstream for up to 24 hours. If this is not possible to arrange, you may need to stay in hospital overnight.

Attending the Endoscopy Day Unit

The Endoscopy Day Unit is situated near the Outpatients Department and is beside the Oncology Haematology Day Unit. If you are in the Ingham Wing staff at the reception desk will be happy to guide you to the Unit.

Your appointment time is the time for arrival in the unit. There are times when an unexpected emergency occurs, which will delay your appointment for an hour or so. We do apologise if this happens and a member of staff will keep you informed.

Information on arrival

When you arrive at the Endoscopy Day Unit you will be seen by a nurse who will take you to an interview room. She/he will check your medical history, record your blood pressure and pulse. She/he will explain to you about having a gastroscopy and allow time for you to ask any questions or provide further information, and to confirm that you consent to having the procedure. You will then be asked to take a seat back in the waiting area until it is time for you to be transferred to the procedure room.

When it is time to go for your procedure a porter will escort you to another waiting area, alongside the procedure room. A nurse will then come and check your details and escort you into the procedure room.

Consent

Before a doctor or other health professional examines or treats you, they need your consent. You should read the information about the test **BEFORE** coming on the day of the procedure. This will ensure you have had time to consider the procedure and you will be in a better position to ask any questions. If you feel well informed and agree to the procedure please sign the consent form before you come in. Before you have a gastroscopy we need to confirm your written consent to say you agree with the procedure being undertaken. We will ask you to consent for this only after explaining why we think
you need the procedure, the benefits, risks and other alternatives available (if there are any). If you provide written consent, then change your mind, you are entitled to withdraw consent. However if you have received sedation and are hesitant about the procedure continuing, the clinical staff will attempt to find out from you whether you wish to continue.

**The Examination**

The test will be done in the Endoscopy Suite. It will take about 10 – 15 minutes. You will be awake the entire time. You will be seated in a chair and the doctor will numb your nose with a numbing spray (5% lidocaine and 5% phenylephrine). A small tube covered in gel will be passed into your nose to continue the numbing process. The thickness of the tube is similar to that of the transnasal endoscope. If the tube can be inserted into the nostril easily, it means that the transnasal endoscope can also be inserted via the nose with no difficulty. Before the test you will be asked to lie on the couch and the tube removed. The camera will then be passed through your nose down into your oesophagus and into the stomach and duodenum. During the exam you may be asked to swallow or burp. You will be able to talk during the test. Small puffs of air or water will be put into your oesophagus, stomach or duodenum. This might make you feel a little bloated. This can be easily burped/belched, do not feel embarrassed about this. If you can try and prevent yourself belching during the test it will make it easier and quicker to do. As you are awake, the result of the test can be explained there and then.

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**

After the procedure a nurse will check your vital signs and you will be able to be discharged home.

**Getting your test results**

Before you go home you will be given a discharge information sheet that will advise you of initial findings from the test. You will be advised about making an appointment to visit either your GP or Consultant to discuss the findings of the test.

Your GP will receive a written report of the examination within 2 – 3 weeks.

**Instructions for Home**

You will be able to breathe and swallow as before, but do not eat or drink anything for 1 hour after the exam.

There are no restrictions on activities once you are discharged home.

You may feel bloated after the procedure, this is due to air put in during the test, the effects will not last long and the air will pass naturally.

If you develop severe chest or abdominal pain after discharge, please contact the Endoscopy unit during office hours (0191) 404 100 2188. Out of hours, contact your GP or attend Accident and Emergency (0191 404 1046 for Accident and Emergency).