

Trans-Nasal Endoscopy

Gastroenterology/Endoscopy Patient Information

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.

PATIENT NAME

APPOINTMENT DATE

ARRIVAL TIME

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: **01225 821412** (administrative staff)

To discuss the test, ask questions about the preparation and medications call: **01225 821425** or **01225 821788** (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 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:

Heart problems / cardiac device:

High blood pressure:

Breathing problems:

Liver problems:

Seizures:

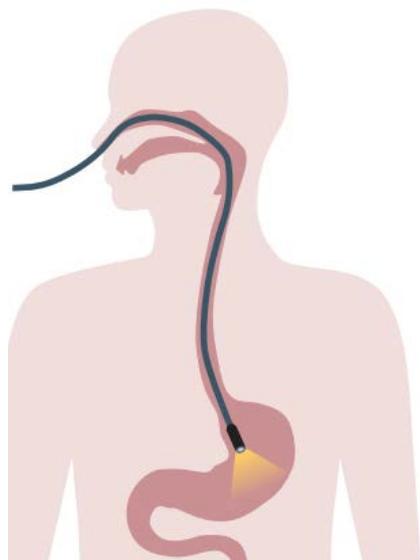
Stroke:

Other:

Please list all the medications and doses below that you are currently taking:

Please list below any allergies that you have:

What is Trans-Nasal Endoscopy?



A Trans-Nasal endoscopy is a procedure where a narrow flexible tube with a light and a camera at the end, is passed down through the nose to examine the oesophagus (swallowing tube), stomach and part of the duodenum (small bowel). The width of the flexible camera is 6mm. The camera sends images back to a monitor where they are viewed by the endoscopist, (doctor or specialist nurse performing the test) throughout the procedure.

In some cases (and often routinely) it may be necessary to take biopsies (small samples of tissue), using tiny forceps. The samples are sent to the laboratory for analysis using a microscope. Taking biopsies is painless and very safe. It is routine for pictures taken during the test to be stored as part of your health record.

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.

Why has my referrer chosen a Trans-Nasal Endoscopy?

A Trans-Nasal Endoscopy allows an assessment of the upper intestinal tract to explore your symptoms, make a diagnosis and guide treatment.

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

Please call our administrative team on 01225 821412 if this is the case, and we will rearrange your appointment for a conventional gastroscopy through the mouth.

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, to enable specialist treatment. You may require a blood transfusion and, in very rare circumstances, an operation.
- Death associated with an 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.

Is the procedure painful?

You may notice a slight soreness in your nose and/or throat for a few hours after the procedure.

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

Prior to admission

If you are suffering from a cold, sore throat or chest infection, you should contact our nursing team as it may be necessary to postpone your test.

It is important that you do not have anything to eat or drink for 6 hours before your appointment, including water.

Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them. You do not need to bring nightwear.

Where are we?

The Endoscopy department is within the Grace Penwarden Gastroenterology and Surgical Unit on the second floor of Zone B. Our department is B57.

Parking

If you intend to be driven to the hospital, parking may be quite difficult when you arrive. Please be prepared to wait at least half an hour for a space and allow for this when setting out for your appointment.

What should I expect?

On arrival at the unit, report to the reception desk. Thereafter a nurse will take you from the waiting area to the consent room, with anyone accompanying you for support. They will check your details and discharge arrangements with you. The nurse will discuss the procedure and complete the consent form with you. If you have any questions, please ask as we want you to be as relaxed as possible.

Thereafter the nurse caring for you during the procedure will collect you from the waiting room and take you to the room where the endoscopy will be performed. It is department policy that your family or friends do not accompany you to the procedure room as it is a theatre environment. We can contact them when you are ready to leave.

The ward and toilet facilities are single sex areas. In exceptional circumstances as a consequence of significant clinical risk it may be necessary to have a mixed sex area. The staff are committed to ensuring your privacy at all times.

Shortly before your procedure you may 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.

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 as stated in the form, you will be offered a copy for your records.

If you have an appointment confirmed, a consent form is included with this booklet for you to familiarise yourself with; please bring it with you on the day of your test. As described, the consent process is carried out by 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 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 17.30.

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

The Royal United NHS Foundation 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.

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656 / 826319.

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