

Endoscopy department

Understanding transnasal gastroscopy

Information for patients, relatives and carers

Name:.....

Hospital number:

Your appointment is on:at:.....

at: Charing Cross / Hammersmith / St Mary's Hospital

If you have any questions or concerns about your appointment or regular medication, please do not hesitate to contact the patient service centre on 020 3312 6010.

Introduction

This leaflet is designed to help you prepare for your transnasal endoscopy and answer any questions you may have.

Checklist

Do not eat or drink anything for 6 hours before your appointment (not even water, sweets or chewing gum)

If you are taking any GLP-1 agonists (Semaglutide) which are used in the management of diabetes and weight loss, please stop these 1 week prior to your test and take **ONLY a LIQUID DIET** the day before your procedure

Please contact us before your appointment if you are taking any medication to thin your blood. We need to know why you are taking this medication. If you are taking aspirin, you do not need to stop this before your appointment.

Please read this this leaflet before your appointment and follow the instructions carefully.

What is a transnasal endoscopy?

Transnasal endoscopy is an examination of the lining of the oesophagus (gullet), stomach and duodenum (small intestine) using a flexible scope.

An ultra slim endoscope, which is thinner than the little finger, is passed through your nostril and down the back of your throat into the oesophagus. Using the ultra slim scopes has been shown to improve patient comfort, as it avoids the gagging sensation, which commonly occurs when the scope is passed through the mouth. This allows us to do the procedures, with ease, without sedation.

Your doctor or nurse will spray the nose and throat with local anaesthetic to numb the area before the procedure.

You will be able to speak to the staff throughout your procedure, which can be reassuring.

If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

Are there any alternatives to this test?

The main alternatives to the test are:

- **transoral endoscopy (OGD)** where the flexible scope is passed through the mouth, rather than through the nose. This can be done using the transnasal scope and may be offered to you on the day, if the transnasal procedure is unsuccessful
- **barium studies.** During this procedure, you drink a special liquid (barium) which allows images (pictures) of your oesophagus and stomach to be seen using X-rays. It is less accurate than endoscopy at detecting inflammation, ulcers and tumours of the oesophagus, stomach and duodenum. Unlike an endoscopy, you cannot take biopsies during a barium study

Please note: a 'capsule endoscopy' (where a pill-sized video capsule is swallowed) is not an alternative to a gastroscopy, as it does not give enough pictures of either the oesophagus or the stomach, and biopsies cannot be taken.

Are there any risks associated with transnasal endoscopy?

Complications are rare. There is a 0.2 per cent risk of the following happening after a transnasal endoscopy:

- minor nose bleeding
- sinusitis – presenting as persistent facial pain a few days after the procedure. If this happens, please contact the department and we will prescribe some antibiotics for you.
- reaction to the sedatives, if used during the test

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- perforation (tearing) of the lining of the gastrointestinal tract, which may require surgery to repair
 - aspiration pneumonia – inflammation of the lungs, caused by inhaling the contents of the stomach. This is why it is important that you follow the instructions about not eating or drinking for at least 6 hours before the test
 - disturbance of crowned teeth or dental bridgework. It is important that you tell us of any crowns or bridgework before we start the test

The risk of complications may increase if you have any pre-existing heart or lung conditions. Your doctor will discuss any increased risks with you before you have the test.

When should you not have a transnasal endoscopy?

A transnasal endoscopy may not be suitable for you if you have:

- allergy to local anaesthetic (lidocaine) spray
- past broken nose or nasal surgery such as a rhinoplasty
- deviated nasal septum
- history of nasal polyps
- known to suffer from recurrent nose bleeds

The procedure can still go ahead but the endoscopist may insert the ultra-thin scope through the mouth instead.

Local anaesthetic spray

For the procedure, you will be given a local anaesthetic spray to numb your nostrils and throat to help reduce any discomfort. The spray wears off after 30 minutes and then you can eat and drink again.

The advantages of having the local anaesthetic spray are that:

- you can go home immediately after the test
- you do not need a relative or friend to take you home
- you will be able to drive yourself home after the test
- you can return to work after the test

If you have diabetes, you should contact your GP or your diabetes nurse specialist for advice before your appointment. Alternatively, you can contact us using the telephone number on the front page of this leaflet for further advice.

What happens on the day of the test?

An empty stomach is important for the best and safest examination, so please do not have anything to eat or drink (not even water, sweets or chewing gum) for at least six hours before your appointment.

If you are taking any GLP-1 agonists (Semaglutide) which are used in the management of diabetes and weight loss, please take **ONLY a LIQUID DIET** the day before your procedure

If you regularly take medicines in the morning, you should take them before 7am on the day of the test, with a small sip of water, if necessary, unless you have been advised otherwise.

The endoscopy will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to say how long individual procedures will take. You may like to bring something to read with you.

Please wear loose-fitting clothes to your appointment. During the procedure, the endoscopist will put air into your stomach; inflating the stomach with air improves the views of the oesophagus, stomach and duodenum, however it can cause bloating afterwards. The bloating will go down, but wearing tight-fitting or tailored clothes will make you more uncomfortable.

Your endoscopist will discuss the procedure, any treatment, possible risks, expectations and side effects with you before asking for your consent, in our pre-assessment room. Please do not feel rushed when you consent to have the test.

About the test

- you do not need to change into a gown, but you may be asked to remove any dentures and glasses in the examination room
- we will give you a 50ml drink prior to the procedure to help the endoscopists to complete a successful examination view
- we will then ask you to lie on your back or your left-hand side for the procedure to take place
- the local anaesthetic throat spray will be sprayed onto your throat and nose in advance of the procedure
- we will place a small probe on your finger to monitor your pulse and blood oxygen level
- the endoscopist will then place the ultra-thin endoscope (a long, flexible tube) into your nostril, down your throat and into the oesophagus. They will slowly put air into your stomach, which will help them to see inside
- if any saliva collects in your mouth, the nurse will clear it with a small suction tube like what is used by dentists

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- the endoscope will not interfere with your breathing or cause you any pain. the test can take up to a maximum of 15 minutes to complete

Please note: Imperial College Healthcare NHS Trust supports the training of medical, surgical and respiratory registrars as well as nurse endoscopists. With your consent the procedure may be undertaken by any of these trainees who are supported and supervised by qualified trainers within the endoscopy department.

What happens after the test?

After having local anaesthetic spray, you will be able to go home almost immediately afterwards.

Do not have anything to eat or drink for half an hour after the test, as your throat may still be numb from the anaesthetic.

When you will get your results

We will give you a copy of the report and discuss the findings.

It can take up to one week for biopsy results to be available and these will be sent to your referring doctor.

Details of the results and any necessary treatment should be discussed with whoever referred you for the test (either your GP or hospital doctor) at your next appointment.

The endoscopy department will not be able to give you any biopsy results.

Symptoms to watch out for at home

Please do not worry if you have a sore throat for the rest of the day. It is normal to experience bloating and mild abdominal (tummy) discomfort for a few days after having a transnasal endoscopy.

However, if you experience any severe pain or persistent bleeding after your tests, please contact the endoscopy department at the site where you had your procedure within working hours (09.00 to 17.00) and ask to speak to the nurse in charge:

- Charing Cross Hospital: imperial.gastrocoordinators@nhs.net
- Hammersmith Hospital: 020 3313 2645
- St Mary's Hospital: 020 3312 6681

Outside of working hours, please phone the hospital switchboard and ask to speak to the gastroenterology registrar on call for further advice:

- Charing Cross Hospital: 020 3311 1234
- Hammersmith Hospital: 020 3313 1000
- St Mary's Hospital: 020 3312 6666

Alternatively you can call your GP or NHS 111.

When you can get back to your normal routine

You should be able to return to work and all your usual activities after your appointment.

How to get to the hospital

You are advised to travel by public transport, if possible. Car parking is severely limited and you may find it very difficult to find a place to park near the hospital.

Getting to Charing Cross Hospital

The nearest tube stations are:

- Hammersmith – District, Piccadilly, and Hammersmith & City lines
- Barons Court – District and Piccadilly lines

Buses that stop outside the hospital are numbers 190, 211, 220 and 295.

Getting to Hammersmith Hospital

The nearest tube stations are:

- East Acton – Central Line
- White City – Central Line

Buses that stop outside the hospital are numbers 7, 70, 72, 272 and 283.

Getting to St Mary's Hospital

The nearest tube stations are:

- Paddington – Bakerloo, Circle, District, and Hammersmith & City lines

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- Edgware Road – Bakerloo, Circle, and District lines

Buses that stop on Praed Street near the hospital are numbers 7, 15, 23, 36 and 436.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on 020 3312 7777 (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf. Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Endoscopy department
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