

Patient information factsheet

Transnasal endoscopy (TNE)

We have given you this factsheet to help you understand what is involved in having a transnasal endoscopy (TNE). If you have any further questions, a member of the endoscopy team will be happy to discuss these with you.

What is a transnasal endoscopy (TNE)?

A transnasal endoscopy (TNE) is a 10 to 15 minute examination. A very slim, flexible tube called an endoscope is passed through your nose and down the back of your throat. This will let us look directly at the oesophagus (the tube that food passes down to reach the stomach), the stomach and around the duodenum (the first bend of the small intestine).

The endoscope tube is similar to the size of drinking straw (5 to 6mm diameter). It will not get in the way of your breathing at any time, because it passes down your oesophagus and not your windpipe. You will be able to breathe normally throughout the procedure.

This procedure examines the same part of your body as an oesophagogastroduodenoscopy (OGD/gastroscopy). The main difference is that the endoscope goes down your nose rather than your throat because it is a thinner tube.

It is possible to take biopsies (small tissue samples) through the endoscope to review in the laboratory if this is needed. In this procedure we are not trying to examine your mouth, nose and throat.

Why should I have a TNE?

Your doctor or specialist nurse has recommended that you have a TNE to find out the cause of your symptoms. These symptoms may include:

- recurring indigestion
- losing weight without trying
- blood in stools or vomiting
- feeling full after eating
- pain in the upper abdomen (tummy)
- anaemia (lack of iron in your blood, which can make you feel tired)
- difficulty in swallowing
- abnormal findings on CT/MRI scan

A TNE can also be used to check a previously diagnosed gastrointestinal condition, such as an ulcer or Barrett's oesophagus.

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When would a TNE not be recommended?

The endoscopist will not recommend a TNE if you have had:

- previous nasal surgery, such as rhinoplasty.
- a history of nasal bleeding.
- a hereditary haemorrhagic telangiectasia (HHT) condition

If you have had any of these, the endoscopist will recommend that you have a transoral (through the mouth) endoscopy instead.

Preparing for your TNE

It is important that you follow the instructions below carefully.

- You must not have anything to eat or drink for **six hours** before the booked time of your procedure, except water, which you may drink up to **two hours** before the booked time of your procedure.
- You may take your regular medication. Please bring a list of your medication with you to the hospital.
- If you are taking **anticoagulant medications** (such as Warfarin, Clopidogrel, rivaroxaban), please tell the endoscopy department well before the test as they might increase the risk of bleeding during the procedure.
- If you are **diabetic**, contact the endoscopy department as soon as you receive your appointment letter. There is a special regimen to follow to make sure you can keep controlling your diabetes. We will also make sure your appointment time is as early in the morning as possible so that you can restart your normal diabetic medication doses.

At your appointment

The doctor or nurse will explain the procedure to you and ask you to sign a consent form to give your permission for the procedure. You will have the opportunity to ask any questions.

We will give you a drink containing a medication called simethicone (also known as infacol) to reduce bubbles in the stomach.

We will also give you a local anaesthetic spray to numb the upper airways. This is applied three or four times into the nose 10 minutes before the procedure. This allows the spray to expand the nostrils, which helps the endoscope to go down the nasal passage.

You will be able to talk throughout the procedure. You will either be lying on your left side or sitting on a trolley or chair. Although there is usually minimal gagging or breath holding, we will monitor your oxygen saturation and pulse throughout.

Most people do not need oral suction (removing mucus from the throat), but it will be available.

Will I have sedation?

This procedure does not involve any sedation or general anaesthetic. Your gagging reflex is not likely to be triggered because the tube goes through the nose.

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Are there any alternatives?

Transoral endoscopy

This procedure may also be performed through the mouth (transoral endoscopy).

A TNE is more comfortable than a transoral endoscopy because gagging is rare and you can talk during the procedure to let us know if you are uncomfortable. Because the TNE does not involve sedation, you will have a faster recovery time and you do not need anyone to travel home with you.

Barium swallow

Another alternative is to have a barium swallow procedure. This involves having an x-ray after drinking some barium liquid.

You may still need to have an endoscopy if any abnormalities are found. A barium test involves radiation and is less accurate than an endoscopy. Also, biopsies of the gut or polyps can't be taken during a barium test, so you may still need to have a transnasal or transoral endoscopy.

What are the risks?

A TNE is a safe test. The most common side effects are nose soreness or nose bleeding (epistaxis), which tends to settle down on its own.

You may be allergic to the local anaesthetic spray. Please contact our nursing team before your procedure if you know you are allergic to lidocaine, lignocaine or phenylephrine.

Serious complications are rare. Sometimes the endoscope can damage the lining of the oesophagus, stomach or intestine. This can cause:

- bleeding (less than 1 in 1000 cases),
- infection
- perforation (a tear in the lining of the gullet or stomach, less than 1 in 3000 cases)

If you have any of these complications, you may need to have a blood transfusion, stay in the hospital, or have surgery to treat the problem.

Your doctor or specialist nurse will discuss the possible complications with you before you sign the consent form.

When will I get the results?

You should receive a copy of the report on the day after the test. The results of the biopsies will take a couple weeks to be processed, so we may need to send a further outpatient appointment or follow-up letter.

Useful links

www.nhs.uk/conditions/endoscopy/

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Contact us

Endoscopy department:
E Level, West Wing
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

Switchboard
Telephone: **02380 777 222**

Endoscopy booking office
Telephone: **023 8120 6066**

Car parking spaces at Southampton General Hospital are limited during peak times so please allow extra time before your appointment. We recommend that you consider coming by public transport or taxi if you can.

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