



Transnasal endoscopy explained: Oesophago-gastro duodenoscopy (OGD)

This booklet tells you about having a transnasal endoscopy – the short name for an oesophago-gastro duodenoscopy (OGD) via the nose. It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

Please bring this booklet with you.

Introduction

- Your GP or hospital doctor has advised you to have a procedure known as a transnasal endoscopy (TNE). This procedure examines the same part of your body as an oesophago-gastro duodenoscopy (OGD/gastroscopy). This entails looking at your oesophagus (gullet), stomach and the first part of your small intestine called the duodenum. Access is gained through the nose, rather than the mouth, in a relatively new way of performing a gastroscopy, using an instrument called an endoscope, which is very small in diameter (5mm) and flexible.
- This leaflet aims to give you enough information to enable you to make an informed decision in relation to agreeing to the investigation.
- If you are unable to keep your appointment please inform us 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. **Any patients failing to attend for their appointment will not routinely be offered another appointment.**
- There is limited free drop off / collection parking and two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0, 1, 2 and 3.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- Please arrive at the time stated in our letter so you can be assessed by the nurse and if necessary, have a blood test taken pre-procedure.
- Please note your appointment time is your arrival time on the Unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the Unit who will arrive after you but are taken in for their test before you, this is for medical reasons or because they are seeing a different endoscopist (doctor).

For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

What is a transnasal endoscopy?

- A transnasal endoscopy, sometimes known simply as a transnasal endoscopy (TNE), is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum, the same area of the body that an oesophago-gastro duodenoscopy (OGD/gastroscopy) would examine. Gastroscopy is usually performed through the mouth, but in this case, a much smaller endoscope (5mm) diameter is introduced through the nose. This is the only real difference between a 'traditional' gastroscopy and the transnasal endoscopy.
- The instrument used in this investigation is called an endoscope and is flexible. The endoscope relays images back to a monitor. During the procedure, the endoscopist 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 endoscopist may take photographs to keep with your records. The procedure usually takes up to 10 minutes.
- The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist (specialist trained to perform examinations or provide treatments using an endoscope) and we will make the investigation as comfortable as possible for you.

Why do I need to have a transnasal endoscopy?

You have been advised to have this investigation to try to find the cause of your symptoms, help with treatment and if necessary, to decide on further investigation.

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

- Indigestion.
- Losing weight without trying.
- Blood in stools or vomiting.
- Feeling full after eating.
- Not feeling like eating.
- Anaemia (lack of iron in your blood, which can make you feel tired).
- Difficulty in swallowing.
- Abnormal findings on CT/MRI scan.

Is there an alternative test to a transnasal endoscopy?

A barium meal X-ray examination is an alternative investigation. It is not as informative or accurate as an endoscopy and has the added disadvantage that tissue samples cannot be taken. An endoscopy can be performed through the mouth (transoral); the transnasal method may be preferred in certain situations, which will have been discussed with you.

What are the benefits of transnasal endoscopy?

The advantages of transnasal approach over the 'traditional' transoral approach are:

- No sedation is usually required; the procedure is carried out by administering local anaesthetic spray to the nose.
- More successfully tolerated by patients.
- Patients are relaxed with less gagging as the endoscope is passed down the back of the throat.
- Patients can drive home and there is no need for an escort after the procedure.
- There is no contact with the teeth and no need to have the plastic mouth guard during the procedure.
- Procedure is performed in semi-sitting position and you will be able to talk during the procedure.
- Shorter recovery time
- Patient vital signs (blood pressure, pulse, etc.) remain stable.

When would a transnasal endoscopy NOT be recommended?

- Previous nasal surgery, e.g. rhinoplasty.
- History of nasal bleeding.
- Conditions that can affect blood clotting, e.g. patients taking warfarin and/or have liver disease.

If you have had any of the above, the endoscopist will recommend an oral endoscopy.

Preparing for the procedure

- It is necessary to have clear views so the stomach must be empty. Therefore, **do not have anything to eat or drink for at least 6 hours before the procedure**. Small amounts of water are safe up to two hours before the test.
- **If you have a morning appointment, do not eat after midnight.**
- **If you have an afternoon appointment, you may have a light breakfast no later than 8am but nothing after that.**

What about my medication?

Routine medication

If you need to take medicine, and you need to continue with any essential prescribed tablets e.g. heart tablets, blood pressure tablets, then take them with a small sip of water.

If you have diabetes, please read the section called 'Advice for people with diabetes undergoing a transnasal gastroscopy' at the end of this booklet.

Anticoagulants and Antiplatelet (drugs that affect the blood):

- Please telephone the Endoscopy Unit on 0118 322 7458 if you are taking anticoagulants such as warfarin, Dabigatran, Apixaban, Rivaroxaban Edoxaban and antiplatelet agents such as Clopidogrel, Prasugrel, Ticagrelor and Dipyridamole.
- **When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be withheld, so please ensure that the number you give to us, will receive our calls.**

How long will I be in the Endoscopy Unit?

This largely depends how busy the unit is. You should expect to be in the unit for up to 4 hours. The unit also looks after emergencies and these can take priority over the outpatient list. It is a good idea to bring something to occupy yourself while you are waiting.

What happens when I arrive?

- On arrival, please report to the main desk where the receptionist will check your personal details.
- You will be greeted by a nurse and escorted to the assessment area. The nurse will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation.
- The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- **Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the Unit who may arrive after you, but are taken in for their test before you. This is for medical reasons or they are seeing a different endoscopist.**
- You will have a brief medical assessment with an endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the investigation.
- If you are happy to proceed, you will be asked to sign your consent form at this point. This will be done electronically.

The procedure

- When it is your turn, you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and a safety checklist performed. You will have the opportunity to ask any further questions.
- The procedure takes up to 10 minutes. You will be positioned in a semi-sitting position on an endoscopy trolley
- For transnasal endoscopy, local anaesthetic will be used. This consists of a local anaesthetic spray (5% lidocaine and 5% phenylephrine) applied into the nostril. No throat spray is used.

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When your nostril and throat are numb, the endoscopist will introduce the transnasal scope into your nostril and through the back of your mouth and by asking you to swallow, can pass it into your oesophagus, stomach and then into your duodenum.

- Your windpipe is deliberately avoided and your breathing will be unhindered.
- The nurse looking after you will then place the oxygen monitoring probe on your finger to monitor your breathing during the procedure.
- Any saliva or secretions produced during the investigation will be removed from your mouth using a small suction tube, like dentists use.
- 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.
- During the procedure, samples (biopsies) may be taken from the lining of your digestive tract for analysis in our laboratories.
- Any photographs will be recorded in your notes.

What are the risks of the procedure?

Upper gastrointestinal endoscopy is classified as an invasive investigation so it has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information when making your decision to consent to treatment.

The doctor who has requested this test will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out.

Risks of the transnasal endoscopy:

- Perforation or tear to the linings of the stomach or oesophagus, which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the tear, certain cases may be treated with antibiotics and intravenous fluids.
- Bleeding may occur at the site of biopsy and nearly always stops on its own.
- There is a small chance of causing nasal bleeding. This is usually self-limiting and will stop with first aid, e.g. pinching the nose.

After the procedure

- After the procedure, a nurse will check your vital signs and you will be discharged home.
- You will be able to breath and swallow as before, but DO NOT eat and drink anything for 1 hour after the procedure
- Before you go home, you will be given aftercare information, which will advise you on eating and drinking after the procedure and a patient copy of the report.
- The patient report will advise on the initial findings from your test.
- There are no restrictions on activities once you are discharged home.
- Your GP will receive a written report of the examination within 1-2 weeks.

Side effects

- You may feel bloated after the procedure; this is due to the gas introduced during the procedure. The effects will not last long and the gas will pass naturally.
- Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact your GP immediately informing them that you have had a gastroscopy.
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7458.
- You can also ring your GP's out of hour's number or ring NHS 111. They can advise if you need to seek immediate medical care or not.
- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7469, as per the advice leaflet you will be given upon discharge.

Summary of important information

- Transnasal endoscopy is a safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you need an interpreter on the day of the test please ring the Endoscopy Unit before your procedure.
- If you are unable to keep your appointment, please notify the Endoscopy Unit on 0118 322 7459 as soon as possible.

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further donations are greatly needed and appreciated.



Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

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Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459.

Checklist

Things to remember before your procedure

- Read the booklet carefully.
- If you would like any of this information translated into another language or in large print format, or you need an interpreter at your appointment, please let us know.
- Note appointment date in your diary.
- Wear loose fitting clothing.
- Nothing to eat or drink 6 hours before your procedure.
- Small amounts of water are safe up to 2 hours before your procedure.
- Bring your medications or repeat prescription with you.
- Please ring the endoscopy unit on 01183227458 if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- Bring this booklet with you to the Endoscopy Unit.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Advice for people with diabetes undergoing a transnasal gastroscopy

The day before the procedure:

- **If not on insulin:**
 - Take your medications as normal
- **If on insulin:**
 - Reduce the dose of long / intermediate acting insulin by 20% (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
 - No change to Rapid acting (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)
 - No change to pre-mixed insulin (*Novomix 30, Humalog 25, Humulin M3*)

On the day of the procedure:

- **If not on insulin:**
 - Omit (leave out) morning dose of all tablets
- **If on insulin:**
 - Reduce dose of morning long acting/ intermediate dose by 20% (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
 - Reduce the dose of your morning pre-mixed dose by half (*Novomix 30, Humalog 25, Hunulin M3*)
 - Omit (leave out) your rapid acting insulin until you're able to eat. (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)

Remember, you are allowed clear sugary drinks if your blood glucose levels are low i.e. below 5 mmol/L.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin):

Please discuss what to do before your procedure with a member of the Diabetes Specialist Team. As a general rule, use a temporary basal rate reduction of 10% (divide by 10) from 6.00am on the morning of the test.

Remember to monitor your blood glucose levels every four hours if you are on insulin. If your blood glucose level falls below 4mmol/L, take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit if your blood glucose level is low.