



**The Leeds
Teaching Hospitals**
NHS Trust

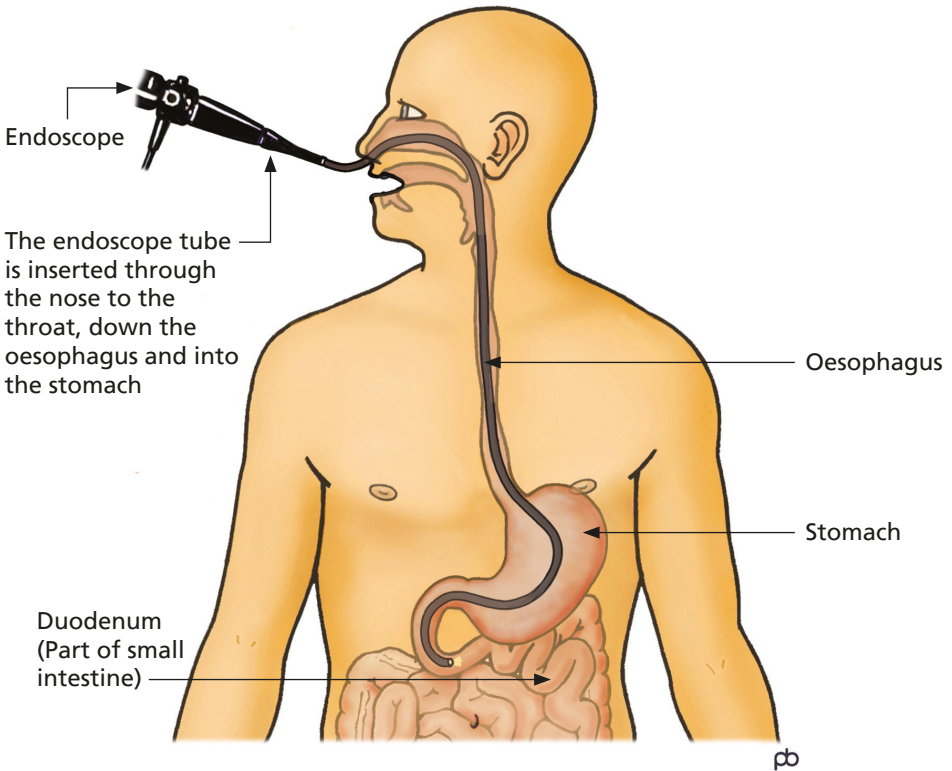
Endoscopy Unit

Transnasal Gastroscopy

A guide to the test

Outpatient
information

Your doctor has recommended that you have a **Transnasal Gastroscopy**. A gastroscopy is normally performed through the mouth but in this case, a much smaller camera is introduced through the nose. This leaflet will explain the procedure and what to expect on the day of your test. If you have further questions, please telephone the department or discuss them with a member of staff on the day of your procedure.



What is a Gastroscopy?

A gastroscopy is a test to examine the upper part of your digestive system - your oesophagus (gullet), stomach and duodenum (small intestine). A flexible tube with a camera on the end is used for this procedure. Pictures from this camera are seen on a television screen by the endoscopist. The test takes between 5 and 15 minutes.

You can expect to be in the Endoscopy Unit about 1½ - 4 hours, depending on whether you have throat spray only or sedation.

Why am I having a Transnasal Gastroscopy?

Your doctor has referred you for a transnasal gastroscopy to investigate the symptoms you have been having such as indigestion, heartburn, stomach pain, difficulty swallowing or to exclude other abnormalities. Although the camera is passed through your nose, we will not be making a thorough examination of the nasal passages, although if pathology is seen, this will be reported to your referring clinician.

During your transnasal gastroscopy, the endoscopist (doctor or nurse practitioner) may take a small piece of tissue (biopsy) to aid diagnosis. Taking biopsies is painless and is achieved by passing a special piece of equipment down the inside of the camera - you will not feel this. Biopsies have to be sent away to the laboratory so the results will not be available straightaway. You will be able to discuss the results of your biopsies with the doctor who referred you.

What are the benefits to having a Transnasal Gastroscopy?

A gastroscopy provides detailed information of the appearances of the lining of the digestive system. The information gained during your test may reveal a cause for your symptoms and will assist your doctor in your further treatment.

The benefits of the transnasal approach as opposed to the traditional approach through the mouth is patients are generally more relaxed during the procedure as the involuntary gag reflex is not stimulated. Patients can talk throughout the test, sedation is often not required and vital signs such as pulse and blood pressure are less likely to be affected.

If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

What are the alternatives to having a Transnasal Gastroscopy?

There are other methods of examining the stomach such as a barium meal or CT scan. These methods; however, do not allow biopsies and photographs to be taken and provide less information about the lining of your digestive tract. Gastroscopy can also be performed through the mouth but the transnasal method may be preferable in certain situations; however, you can have the procedure via the mouth if you prefer it this way.

What are the contraindications for Transnasal Gastroscopy?

The transnasal route for gastroscopy is not suitable for patients who have a history of a severe nasal trauma, recurrent nose bleeds or have had nasal surgery such as Rhinoplasty. If any of these contraindications apply to you, please let us know on the day of the procedure and we will perform your gastroscopy the traditional way (through the mouth).

What are the risks of having a Transnasal Gastroscopy?

The risks associated with your test are detailed on your consent form and below. **Please read this.** If you have any questions, speak to the nurse or endoscopist on the day, or alternatively, ring the Endoscopy Unit. Complications are rare but it is important that you are aware of them before the test begins. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

- Having a gastroscopy carries a small risk of bleeding or making a hole in the digestive system (perforation). The risk of this happening is less than 1: 1000. Although this is a serious complication for which surgery may be necessary, it is rare.
- Using sedation can affect your breathing in up to 1: 500 patients. To reduce this risk, we monitor your pulse and oxygen level. The endoscopist may recommend that you don't have sedation if you are at a high risk of breathing difficulties during the test. This often applies to patients with heart disease and breathing problems such as Asthma and Chronic Obstructive Pulmonary Disease (COPD).

- Some patients can experience abdominal discomfort or bloating during the procedure. If this persists at home or you have signs of bleeding such as black tarry stools, you should contact your nearest Emergency department for further advise and also inform us.
- As the camera is passed through the nose during transnasal gastroscopy, there is a small risk of causing a nose bleed. Most of these stop without anything needing to be done but a small number (1: 400) need treating.
- You also experience some soreness in the nose or throat when the anaesthetic wears off but this should settle quickly.
- Other rare complications include dacryocystitis (an infection of the tear duct), damage to loose teeth, crowns or to dental bridgework.

What preparation will I need?

Transnasal gastroscopy must be performed on an empty stomach, your appointment letter will tell you when you will need to stop eating and drinking.

Do I keep taking my tablets?

You must keep taking any essential tablets **unless your doctor tells you specifically not to**. Please take your tablets early morning with a sip of water for a morning gastroscopy appointment, or at midday with a sip of water for an afternoon gastroscopy appointment.

- Please telephone the Endoscopy Unit if you are **diabetic**, have sleep apnoea or are taking tablets that prevent blood clots. Examples of blood thinning tablets or injections are Warfarin, Dabigatran, Apixaban, Rivaroxaban, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Tigrator (Brilligie), Acenocoumarol (Sinthrome), Tinzaparin or Heparin injection.

What should I bring on the day?

Please bring a list of medication that you take and also any medication that you may require, whilst in the department, such as GTN spray, inhalers and insulin. Please don't bring valuables to the department or wear lots of jewellery. Please can you also ensure that you **remove nail varnish** as this interferes with the signal we receive from our monitors about your oxygen levels.

Choosing how to have the test - what's the difference between throat spray and sedation?

You will need to decide if you want to have throat spray or sedation for your transnasal gastroscopy. Transnasal gastroscopy is often performed with local anaesthetic.

The test is the same whichever way you have it done and will usually take 5 - 10 minutes. The test is not painful; however, you may feel some discomfort from the air that is used to inflate your stomach. Patients having transnasal gastroscopy rarely retch or gag as the back of the tongue is not touched.

Throat spray: This involves numbing the back of the throat with a local anaesthetic spray. You will be awake and aware throughout the test, the nurse taking care of you will talk to you throughout the test and tell you what to expect. You will be able to go home straight after your test as there are no after-effects apart from numbness for up to 1 hour.

Sedation: Sedation is not a general anaesthetic and will not put you to sleep; however, it may make you feel relaxed and possibly, a little drowsy. After the test, you will have to rest in the recovery area so we can monitor your recovery from the sedative, this can take 2 - 3 hours. You must bring someone with you if you have the test this way. You will also have to return home in a car / taxi, not public transport, as you may be unsteady on your feet due to the sedation. You also must have someone at home to care for you for 24 hours and must rest indoors. This means no work, no driving, no alcohol and you shouldn't operate machinery. Sedation will not be given if the above are not arranged before the test.

There are known adverse effects from the intravenous drugs administered during the procedure, ranging from mild and common to rare and serious. These include: headaches, nausea, fainting, depression of respiratory and nervous system, which may result in aspiration pneumonia, anaphylaxis and coma. Although these serious complications are rare, they are common in patients with deeper sedation and / or general anaesthesia.

Please note: Although the choice of sedation / throat spray is yours to make, the endoscopist / admission nurse may advise you on the option that may be more appropriate considering your medical history (see risks associated with sedation).

What will happen on the day of the test?

When you arrive at reception in the Endoscopy Unit, your personal details will be checked. The assessment nurse will collect you and take your medical history, discuss and explain the test, and take your blood pressure and pulse. You will be able to ask any questions and discuss any worries or questions that you have about the test. You will be asked for your consent form (supplied with this leaflet). This will be attached to your notes and taken to the procedure room.

Please make sure that you have read this through before you come for your test as when you sign this form, you are agreeing that this is a test you want. **Remember**, you can change your mind about having this procedure at any time. The endoscopist will discuss the consent form with you.

Please note: every effort will be made to see you at your appointment time; however, due to hospital in-patient emergencies delays may occur. The endoscopy staff will keep you informed of any delays.

What happens in the procedure room?

About 15 minutes before your procedure is due to take place, a nurse will spray some local anaesthetic and decongestant into your nose. This will make passing the camera into your nasal passages easier and more comfortable for you. You will also be given a small drink of medicine that will help to reduce the bubbles from the secretions in your stomach. When this has had time to work, you will be escorted to the procedure room.

You will be greeted by two nurses who will remain with you during the test. The nurses and the endoscopist will complete a checklist to ensure all your information is correct. If you have chosen to have sedation, a cannula will be placed in your vein so that sedation can be administered and you will be given oxygen through a small plastic tube in your nose. If you are having throat spray, your throat will be numbed. You will then be asked to remove any dentures or glasses. All patients pulse and oxygen levels are monitored by a probe placed on your finger during the test.

The test will be performed whilst you are sat up on a trolley. Lubrication jelly is used to help the camera pass easily into your nostril and through the nasal passages to the back of your mouth. You will be asked for a small swallow so that the camera passes into your oesophagus (food pipe). Your windpipe is avoided and your breathing will be unaffected. You will be able to speak to the endoscopist during the procedure if you need to.

During the procedure, air is put into your stomach so that the endoscopist can have a clear view. This may make you burp a little, some people find this uncomfortable. Most of the air is removed at the end of the test. When the procedure is finished, the endoscope is removed quickly and easily. If you become very uncomfortable, the procedure will be stopped. Occasionally, it does not prove possible to pass the endoscope through the nose. If this happens, the endoscopist will discuss alternative methods of investigation with you.

Please note: all hospitals in the trust are teaching hospitals and it may be that trainee endoscopists perform your procedure under the direct supervision of a consultant, registrar or nurse practitioner.

What happens after the test?

You will be transferred to the recovery room after the test. The length of your stay is dependant on if you have had sedation or throat spray.

If you had local anaesthetic spray for your test, you can leave the department after the recovery nurse has checked your blood pressure. You will have to wait 1 hour before you have anything to eat or drink as the throat spray can make swallowing difficult.

If you have had sedation, the recovery nurse will monitor you during your recovery from sedation. This can take 2 - 3 hours.

Remember: if you have had sedation, you will need an escort with you and transport home (not bus or train).

For 24 hours after the test, you must have someone with you and must NOT:

- drive a vehicle;
- drink alcohol;
- operate machinery;
- go to work; and
- sign legal documents.

This applies for sedation only

The recovery nurse will prepare you for discharge home and give you after-care instructions. If you have had sedation, your relative or carer will need to be present at this time as the sedation can cause some amnesia. You may experience a sore throat and feel bloated due to the air left in your stomach. Both sensations are normal and should clear up quickly by themselves.

When will I get my results?

A full report will be sent to your referring doctor and your GP. The endoscopist or nursing staff will usually have the opportunity to speak to you after your test regarding the results. An appointment to see the doctor who referred you for the test will be sent to you in the post or given to you in the department. Any enquires regarding your outpatient appointment should be directed to your consultants secretary. If you feel that you are waiting a long time for an appointment to discuss your results, your GP will also have a report so you can see them too.

This leaflet has been designed as a general guide to your test. If after reading this, you have any questions that you feel have not been answered, please contact the Endoscopy department on the numbers below.

Administration Team: for any enquiry about your appointment including cancellation. Also, contact this number if you require an interpreter or transport.

Telephone: **0113 3920692**

Monday - Friday, 9.00 am - 4.00 pm

Nursing Team: please contact this number if you would like advice on your medication, your bowel preparation, or any other medical question or worry.

Telephone: **0113 3922585**

Monday - Friday, 9.00 am - 4.00 pm



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