

## E13 Transnasal Endoscopy

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If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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## What is a transnasal endoscopy?

A transnasal endoscopy is a procedure to look at the inside of your oesophagus (gullet), stomach and duodenum using a flexible telescope (endoscope). This procedure is similar to an upper gastrointestinal (GI) endoscopy. The main differences are that an upper GI endoscopy is performed through the mouth (transoral), while a transnasal endoscopy goes through the nostril using a thinner endoscope.

Your doctor has suggested a transnasal endoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## What are the benefits of a transnasal endoscopy?

Your doctor is concerned that you may have a problem in the upper part of your digestive system. A transnasal endoscopy is a good way of finding out if there is a problem.

If the endoscopist (the person doing the endoscopy) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

A transnasal endoscopy is often more comfortable than an upper GI endoscopy. You are unlikely to gag because the endoscope enters through the nose and does not touch the tongue. You will be able to speak during the procedure, and your breathing will not be affected. Sedation is not required for a transnasal endoscopy. If you have broken your nose in the past or can't breathe through your nose, let your healthcare team know as this may mean a transnasal endoscopy is not the best test for you.

## Are there any alternatives to a transnasal endoscopy?

Your doctor has recommended a transnasal endoscopy as it is the best way of diagnosing most problems with your upper digestive system.

You can have an upper GI endoscopy through the mouth. However, this can be more uncomfortable and you may need a sedative. Your recovery may also take longer.

A barium meal is an x-ray test of your upper digestive system. This test is not as accurate as a transnasal endoscopy, and if your doctor finds a problem you may still need a transnasal endoscopy to perform biopsies.

A urea breath test can be used to detect a germ (*Helicobacter pylori*) that can cause stomach ulcers.

## What will happen if I decide not to have a transnasal endoscopy?

Your doctor may not be able to confirm what the problem is.

If you decide not to have a transnasal endoscopy, you should discuss this carefully with your doctor.

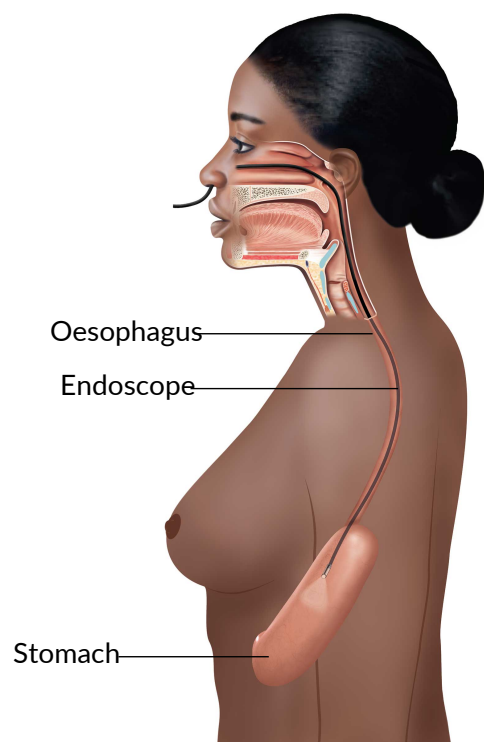
## What does the procedure involve?

### Before the procedure

If you take warfarin, clopidogrel or other blood-thinning medication, let the endoscopist know at least 7 days before the procedure.

Do not eat anything in the 6 hours before your appointment, and only drink small sips of water. This is to make sure your stomach is empty so the endoscopist can have a clear view of your stomach. It will also make the procedure more comfortable. You can continue to drink small sips of water up to 2 hours before the procedure. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the endoscopist and the healthcare team your name and the procedure you are having.



Transnasal endoscopy

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

### In the endoscopy room

A transnasal endoscopy usually takes about 10 to 15 minutes.

Once you have removed any false teeth or plates, the endoscopist may spray the inside of your nose with some local anaesthetic.

The endoscopist will ask you to lie on your left side.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

If at any time you want the procedure to stop, raise your hand and tell the endoscopist. The endoscopist will end the procedure as soon as it is safe to do so. You will also be able to talk as normal during the procedure.

The endoscopist will insert a flexible telescope (endoscope) into your nose. They may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach.

From here the endoscope will pass into your duodenum.

The endoscopist will be able to look for problems such as inflammation or ulcers. They will be able to perform biopsies and take photographs to help make the diagnosis.

The procedure is not painful but your stomach may feel bloated because air is blown into it to improve the view.

### What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 1 in 25,000).

You should ask your doctor if there is anything you do not understand.

The possible complications of a transnasal endoscopy are listed below.

- Sore throat. This gets better quickly.
- Endoscopist is unable to pass the endoscope through the nose.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Breathing difficulties or heart irregularities, as a result of inhaling secretions such as saliva. To help prevent this, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth.
- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected so the risk is low, but let the endoscopist know if you have a heart abnormality or a weak immune system. You may

need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.

- Making a hole in your oesophagus, stomach or duodenum (risk: 1 in 2,000). The risk is higher if there is an abnormal narrowing (stricture) which is stretched (dilated). You will need to be admitted to hospital for further treatment which may include surgery.
- Bleeding from the nose, a biopsy site or from minor damage caused by the endoscope. This usually stops on its own.
- Incomplete procedure caused by a technical difficulty, food or blockage in your upper digestive system, complications during the procedure, or discomfort. Your doctor may recommend another endoscopy or a different test such as a barium meal.

## Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

## How soon will I recover?

You should be able to go home and return to normal activities straight away. Do not eat or drink for at least the first hour after the procedure.

You may feel a bit bloated for a few hours but this will pass.

You should be able to return to work the next day unless you are told otherwise.

The healthcare team will tell you what was found during the endoscopy and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Once at home, if you get chest or back pain, difficulty breathing, pain in your abdomen, a high temperature, or if you vomit, contact the endoscopy unit. In an emergency, call an ambulance or go immediately to your nearest Emergency department. If you get a sore throat or have other concerns, contact your GP.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

## Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

## Summary

A transnasal endoscopy is usually a safe and effective way of finding out if there is a problem with the upper part of your digestive system. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

Reviewer: Rishi Srivastava MD FRCS (ORL-HNS)