Transnasal endoscopy examination (TNE)

This leaflet explains more about having a transnasal endoscopy (TNE), specifically for viewing the oesophagus, stomach and small intestine. This includes the benefits, risks, any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a TNE?
A TNE is a 10-15 minute examination, where a thin 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 (tube that food passes down to reach the stomach), stomach and around the duodenum (first bend of the small intestine). The tube is thinner than your little finger. It will not get in the way of your breathing at any time, as it passes down your oesophagus and not your windpipe. You can breathe normally throughout the procedure.

This procedure is done by a specially trained doctor or nurse, called an endoscopist.

This procedure examines the same part of your body as an oesophago gastro duodenoscopy (OGD/gastroscopy). The main difference is that the endoscope is thinner because it goes down your nose rather than your throat. It is possible to take biopsies (small tissue samples) through the endoscope for review in the laboratory if this is needed.

Will I have an anaesthetic?
This procedure does not involve any sedation or general anaesthetic. Your gagging reflex will not be triggered as the tube goes through the nose.

A local anaesthetic spray is applied 3-4 times into the nose to numb the upper airways, 10 minutes before the procedure. This allows the spray to expand the nostrils which helps the endoscope to go down the nasal passage.

Why should I have a TNE?
Your doctor/specialist nurse has recommended that you have a TNE to find out the cause of your symptoms, such as:

- pain in the upper abdomen (tummy)
- difficulty swallowing
- recurring indigestion
- vomiting (being sick)
- bleeding
- recurring heartburn
- monitoring of a longer-term condition.
It can also be used to check a previously diagnosed gastrointestinal condition, such as an ulcer or Barrett’s oesophagus.

A TNE can help to diagnose:
- ulcers
- inflammation
- infection
- the presence of helicobacter pylori (bacteria that can cause ulcers, gastritis and gastric cancer)
- cause of anaemia
- coeliac disease (inability to digest gluten)
- cancer.

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.

Serious complications are rare but sometimes the endoscope can damage the lining of the oesophagus, stomach or intestine, causing:
- bleeding (1 in 5,000 patients)
- infection
- rarely, a tear in the oesophagus, stomach or intestine (1 in 10,000 patients).

If this happens to you, you may need to have a blood transfusion, stay or come into hospital, or have surgery to treat the problem.

There is also a risk of chest infection due to aspiration (gastric fluid into the lungs), which will require antibiotics. This is a small risk as this procedure is not done under sedation.

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.

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

Are there any alternatives?
This procedure may also be performed through the mouth (transoral endoscopy). A TNE is more comfortable as gagging is rare and you are able to talk during the procedure to let us know of any discomfort. As the TNE does not involve sedation, you have a faster recovery time and you do not need anyone to travel home with you.

Another alternative is to have a barium meal. This involves having an X-ray after drinking some barium liquid. You may still need 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 a transnasal or transoral endoscopy.
How can I prepare for a TNE?
To make sure the endoscopist performing the procedure has a clear view and you do not vomit, your stomach must be completely empty. You must not eat any solid food for at least six hours before the test. You may take small sips of water up to two hours before your appointment.

If these instructions are not followed, your procedure will be cancelled and rebooked for another day.

When you arrive you will be seen by a nurse who will ask you about your medical history. Please contact the nurse’s desk before your appointment if you have had any reactions or allergies to other examinations in the past or discuss on the day if you have concerns.

We will ask you to complete a health questionnaire on arrival. This can be filled in on the day of your admission at the reception.

You do not need to get changed for the procedure but we may ask you to put a gown on over your clothes to protect them. Once you are ready you will be taken to a waiting area. Your endoscopist will explain more about the procedure and answer any questions you may have.

You should have had a chance to discuss any medications you are taking with one of our nurses or doctors before your procedure. If you are taking anti-platelet medication, anticoagulant medication to prevent the formation of blood clots (for example, aspirin, clopidogrel, warfarin, rivaroxaban, dabigatran) or medication for diabetes, please speak to your doctor or call us before the date of your appointment.

You should continue to take all of your other medications as normal, unless you have been told otherwise by the doctor or endoscopy nurse. You may be told to stop taking medications that reduce acid produced by stomach (such as omeprazole, esomeprazole, lanzoprazole, pantoprazole). If this applies to you, stop taking the medication two weeks before your procedure.

Consent – asking for your consent (Adults)
We want to involve you in decisions about your care and treatment. If you decide to go ahead with your procedure or treatment, you will be asked to sign a consent form. This states that you agree to have the treatment and understand what it involves.

If you need more information before signing the consent form, for example if you have questions about recovering after an operation or about side effects of treatment, please speak to a member of staff caring for you.

What happens during a TNE?
A nurse will take you to the procedure room. You may be asked to remove dentures. A local anaesthetic will be sprayed into your nostrils and you will be asked to lie down on your left hand side on the bed.

The endoscope will be gently inserted through your nose. If there is too much saliva in your mouth, it will be cleared with a sucker. A nurse will stay with you throughout the examination, but you may ask to stop the procedure at any time by saying so or raising your hand. You will be able to talk as normal during the procedure.
The endoscopist may pass some air down the endoscope to get a clearer view. This may make you feel slightly bloated but will not be painful.

Sometimes a biopsy will be taken for analysis in the laboratory. The tissue is removed through the endoscope using tiny forceps (scissors). Sometimes this can be uncomfortable, but the discomfort should pass quickly. You will probably only feel a tugging sensation.

Photographs may be taken but that doesn’t mean there is something wrong. The test usually lasts 5-15 minutes. When the examination is finished, the endoscope will be removed quickly and painlessly.

If it is not possible to pass the endoscope successfully through your nose, we may ask you if we can try through your mouth (transoral endoscopy or OGD) with sedation and provide a new appointment for you. If you are not able to tolerate the endoscopy, alternative procedures will be discussed with you.

**What happens after a TNE?**

After the procedure you will be taken to the recovery area. Once we are sure there is no bleeding or discomfort, you will be discharged. This is usually quick (10-15 minutes).

The results of the procedure will be discussed with you on the day. One of the following will happen:
- You may be discharged back to your GP.
- You may need a follow-up appointment in clinic (you will be sent a letter).
- The clinical team may review your results and discuss your care. You and your GP will receive a letter detailing the next steps of your treatment 4-6 weeks after your procedure.

A copy of the report and a discharge information sheet will also be given to you.

**What do I need to do after I go home?**

You may resume your normal daily life activities and can eat and drink once the local anaesthetic spray has worn off.

You should consult your GP or go straight to your nearest Emergency Department (A&E) if you develop severe abdominal pain, a fever or are vomiting or passing large amounts of blood after the test (please take your endoscopy report with you).

**Delays to your appointment**

We also deal with emergencies. These can take priority over your appointment, so we may have to ask you to wait. We apologise in advance if this happens, but please be patient with us and check at the reception desk if you are concerned.

**Other questions?**

Please see our Guy’s and St Thomas’ Hospital Endoscopy or the gastroenterology and hepatology web page regarding other endoscopy frequently asked questions and answers, w: www.guysandstthomas.nhs.uk/our-services/gastroenterology-and-hepatology/overview.aspx
Preparation checklist

- Make a note of the date of your appointment.
- If you are taking medications to prevent blood clots or you are diabetic, please contact us for advice before your appointment.
- DO NOT eat anything for six hours before your appointment or drink anything for two hours before.
- Wear loose-fitting clothes around the neck on the day of the test.
- You do not need someone to take you home on the day of the procedure.

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.

NHS 111
This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111  w: www.111.nhs.uk

NHS website
This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.
t: 0800 731 0319  e: members@gstt.nhs.uk  w: www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk

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