Information for Patients on Transnasal Gastroscopy Your questions answered

If you need this information interpreted into your language, please inform one of the health care staff.

আপনি যদি আপনার ভাষায় এই ডকুমেন্টটির অনুবাদ পেতে চান তবে দয়া করে হেলথ কেয়ার স্টাফদের (স্বাস্থ্যের যত্ন নেয়া কর্মীদের) একজনকে তা জানাবেন।

यदि आप इस जानकारी को अपनी भाषा में अनुवाद कराना चाहते हैं तो कृपया हैल्थ केयर स्टाफ़ (स्वास्थ्य देखभाल कर्मचारियों) में से किसी से संपर्क करें।

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੈਲਥ ਕੇਅਰ ਸਟਾਫ਼ (ਸਿਹਤ ਸੰਭਾਲ ਕਰਮਚਾਰੀਆਂ) ਵਿੱਚੋਂ ਕਿਸੇ ਨਾਲ ਗੱਲ ਕਰੋ।

如需将此等资料翻译成你使用的语言，请通知健康护理人员。

اگر آپ کو اس معلومات کا ترجمہ اپنی زبان میں چاہیے تو صحت کی دیکھ بھال کے عملے کے کسی بھی رکن کو مطلع کیجئے۔

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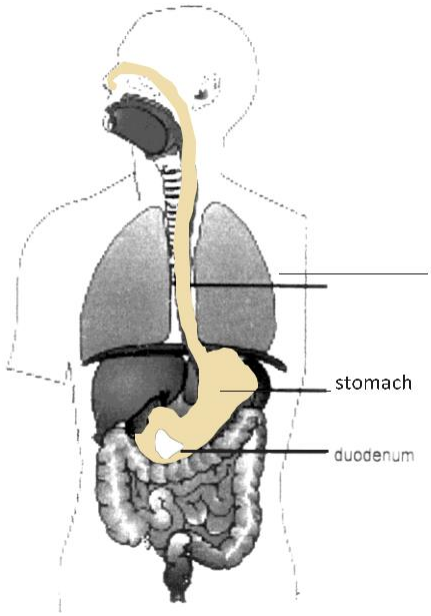
Your consultant has recommended that you have a trans nasal gastroscopy. This is to view the lining of your gullet (oesophagus), stomach and the first part of your bowel. (duodenum)

What is a transnasal gastroscopy?

A trans nasal gastroscopy is carried out using a long thin flexible instrument called an endoscope. This is about 4mm in diameter and is much thinner than standard endoscopes.



The endoscope is passed through your nose to the back of your throat then guided into your gullet stomach and duodenum. This will help us to find out the cause of your symptoms.

During the procedure, a small pinch of tissue (biopsy) may be taken. The tissue is removed painlessly by using tiny forceps which are passed through the endoscope.

What are the benefits and risks?

Your doctor has requested a Trans-Nasal Endoscopy because they feel this is the best way of identifying or ruling out a problem in your upper Gastro-Intestinal tract. There are advantages to having a trans-nasal endoscopy rather than a traditional trans-oral one where the tube is introduced through the mouth. These include:

- You should feel more relaxed, as gagging is much less common
- This means more successfully completed procedures
- You will be able to talk during your procedure and tell your endoscopist about any discomfort
- Less time is needed to recover after the procedure
- As no sedation is used so you can drive home, return to work, and do not require anybody to accompany you to your appointment
- Because no sedation is used the test findings and next steps in your treatment can be discussed immediately after the procedure

However, if you have a **history of a broken nose or previous nasal surgery such as rhinoplasty.** please contact Tyneside Surgical Services (0191 4452474) for advice before your procedure as it may be advisable to have your test via the trans-oral route (Mouth)

As with any medical procedures there are some risks involved. The main risk involved is creating a perforation, which means to make a leak or a tear through the gullet, stomach or small bowel which occurs once in every 3,300 procedures. There is a risk of bleeding due to causing nose bleeds (epistaxis) which occur in 1 in 20 patients which normally stop when the tube is withdrawn and/or following gentle pressure applied to the nose after the procedure. About 1 in 400 patients will have more troublesome nose bleeding which may require nasal packing. There is a very small chance of causing severe bleeding during the examination from the gullet, stomach or duodenum. There is also a small risk you may have a reaction to any of the medications we use. If any of these complications occur, then you may have to stay in hospital, and may receive further investigations and treatments i.e. an operation/blood transfusion/scans/medications.

You should be aware that no test is 100% accurate and abnormalities, including cancers could be missed. In addition, it is not always possible to complete the procedure.

What should I do before the test?

You should stop the following medication for 10-14 days before the test:

- Tagamet (Cimetidine)
- Zantac (Ranitidine)
- Losec (Omeprazole)
- Zoton (Lansoprazole)

Do not stop these medications if you are coming back for a check gastroscopy following the finding of an ulcer.

Your regular medications should be taken as normal before your test.

If you have diabetes you should not take your diabetic medication whilst you are not eating food.

An endoscopy nurse may telephone you before your test, especially if you are taking diabetic medication, warfarin or clopidogrel tablets.

On the day of the procedure

To allow a clear view of your stomach it must be empty:

- Do not have any solid food for 6 hours before your test
- You may have clear fluids (no milk) up to 2 hours before your test
- If you are attending for an appointment after 5pm you must not have solid food 10 hours before your test

It is important that you do not starve for longer than this, unless specifically advised by the doctor / nurse, to avoid dehydration.

On arrival in the endoscopy department, please give your name to the receptionist. Your appointment time is the booking in time, not your procedure time. We will try to start your procedure as soon as possible. You may wish to bring a book, newspaper or magazine to read as you wait. Delays can occur, this is mainly due to clinical reasons including emergency situations. We will try to keep you updated with any delays in the unit.

Before the test, you will be seen by a nurse who will go through the health questionnaire with you. A doctor / nurse will speak to you in a private area of the department before your procedure. This will give you the opportunity to ask any questions.

You will then be asked to sign a consent form indicating you understand the nature and risks of the procedure. You are not required to change out of your usual clothing.

You will be given a **nasal spray** about 5-10 minutes before the test which numbs the nose. Immediately prior to starting the test you will also be given a **local anaesthetic throat spray:** The spray numbs the back of your throat to make it more comfortable to swallow the tube. You will be fully awake whilst the test is being performed. You may leave the department almost immediately following your test. You can drive yourself home and carry on with your usual activities. You will not be able to eat or drink for 1½ hours after the test, until you can swallow as normal.

What should I expect during the procedure?

The nurse caring for you during the test will ask you to lie on your left-hand side on a trolley. If you have spectacles, hearing aids or dentures you will be asked to remove them for the test.

A nurse will monitor your pulse rate and oxygen levels during the test.

During the test air is used to inflate your stomach to allow a clear view. The air is sucked out at the end of the test; however, you may get “windy” type symptoms and a sore throat. This will usually pass within 24 hours.

If you get a lot of saliva in your mouth, the nurse will clear it using a sucker. When the test is finished the endoscope is removed quickly and easily. The test takes approximately 10-15 minutes.

After the procedure

The endoscopy staff will speak to you immediately following your test. You will then be given written information about your test, including when you can next have a drink. Once you have this information you are free to go home or return to work.

How will I know the results of my procedure?

The doctor or nurse endoscopist performing the procedure will often be able to give you some results after the procedure.

Before you are discharged you will be given clear details concerning any follow up arrangements.

A full report will be sent to your GP and your referring consultant.

Contact numbers

If you have any further questions, you should contact the following:

Monday to Friday (9:00am – 5:00pm)

TSS 0191 7371089 or 0191 7371070

If you require ambulance transport please contact your GP surgery.

Frequently asked questions:

Does it hurt and will I be in much pain?

The examination may result in some abdominal discomfort due to the stomach being inflated with air. This discomfort should begin to settle once the procedure is finished.

When will I find out the results?

You will be given most of your results on the day. Biopsy results take approximately 14 days and you can get those results either from your GP or at your follow-up appointment.

Who will be in the procedure room whilst I am having the test?

The doctor and two to three nursing staff are always present during the procedure. You will be asked for your permission to allow the observers in whilst you have the procedure. If you object we will ask the observers to leave and respect your wishes. Please inform the nurse prior to the procedure.

Please do not bring valuables or jewellery with you to the unit as the Trust cannot accept responsibility for any loss of your personal belongings

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

This leaflet can be made available in other languages and formats upon request