

Trans-nasal gastroscopy

Other formats

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What is a trans-nasal gastroscopy

A gastroscopy is a procedure that allows us to examine the lining of the upper part of the gastrointestinal (GI) tract. This includes the oesophagus (the tube that carries food to your stomach), the stomach and the duodenum (the first part of the small bowel). The procedure is useful in diagnosing a range of symptoms and for monitoring pre-existing conditions. A flexible tube smaller than your little finger is passed trans nasally (through your nose), down the oesophagus and into the stomach by a specially trained doctor or nurse, called an endoscopist. We will numb your nose and throat with an anaesthetic spray to minimise discomfort.

Why is it needed?

This examination allows us to look directly at the oesophagus (gullet), stomach and round the first bend of the small intestine (duodenum). This means we can check whether any disease is present and will help us find the cause of your symptoms.

What does it involve?

The endoscopist will spray your nostrils with a numbing anaesthetic spray, before laying you down (on your left hand-side) on a trolley ready to commence the procedure. We will monitor your heart rate and oxygen levels throughout the procedure with a monitor on your finger.

The scope, which has a camera and a light at the end of it, is passed through your nose, down your oesophagus and into your stomach. The lining of the GI tract is examined closely by the endoscopist on the screen in front of them. If we are unable to proceed through your nostrils for any reason, we will need to perform the procedure orally (through the mouth). In this case, your throat will be sprayed with the numbing anaesthetic spray beforehand.

Sometimes, the endoscopist will need to take biopsies. These are small samples of tissue that are removed painlessly, using small forceps that are passed through the endoscope. You will not feel this happening.

The procedure itself takes 5-10 minutes, although it can sometimes take longer.

What are the alternatives?

The main alternatives to the test are:

- An oral Gastroscopy where the flexible scope is passed through the mouth rather than through the nose. This can be done with the trans-nasal scope and may be offered to you on the day if the trans-nasal procedure is unsuccessful.
- Barium studies. During this procedure, you drink a special liquid (barium) which allows images (pictures) of your oesophagus and stomach to be seen using X-rays. It is less accurate than endoscopy at detecting inflammation, ulcers and tumours of the oesophagus, stomach and duodenum. Unlike an endoscopy, you cannot take biopsies during a Barium study.

Please note A capsule endoscopy (where a pill-sized video capsule is swallowed) is **NOT** an alternative to a gastroscopy, as it does not give enough pictures of either the oesophagus or the stomach and biopsies cannot be taken.

Special preparations

Instructions and important information relating to your test:

- It is extremely important that you **do not eat or drink anything for 6 hours** prior to your procedure. This includes chewing gum and boiled sweets.
- You may have sips of water only, up until **2 hours** before your test.
- This is extremely important as it ensures your stomach is completely empty when we perform the examination. We may have to rebook your appointment if it is not.
- Any regular medication may be taken on the morning of the procedure with a very small amount of water.
- Please bring with you a list of all current medications.

Anticoagulant advice: Warfarin

- Make an appointment to have your INR checked within 7 days of your appointment date and bring your results with you.
- If your INR is within the therapeutic range (the range specified for you by your doctor) then continue with the same dose of warfarin.
- If your INR is above your therapeutic range, then you will need to reduce your dose of warfarin to bring it back within its therapeutic range, please consult your GP for advice on how to do this safely. You do not need to stop taking your warfarin.

Anti-coagulants: Dabigatran, Rivaroxiban, Apixaban or Edoxaban

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

Anti-platelets: Aspirin, Dipyridamole (Persantin), Clopidogrel (Plavix), Ticagrelor, Cangrelor or Prasugrel

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.
- If you have any questions relating to your blood thinning medications or you are unsure about stopping them, please feel free to contact us or speak to your GP for further advice.
- If you are taking diabetic medication (insulin or tablets) and need advice, please contact the Diabetic Liaison Nurse on 01271 322726.
- If you have any allergies or bad reactions to drugs or other tests, please tell the nurse on admission and/or doctor.

Your appointment time is NOT your procedure time

What happens before the procedure?

- Please refer to your appointment letter for details of where the procedure is taking place. This will usually be in the Endoscopy unit on level 0 – follow the link corridor
- When you arrive in the department, please report to reception.
- You will be asked to take a seat in the waiting area until the admissions nurse is ready to see you. Although we endeavor to see you at your allotted appointment time, we do sometimes experience a delay in our list. Thank you for being patient, the reception staff and admissions nurse will be able to keep you updated on any delays.
- In the admissions room, the nurse will take some information from you relating to your procedure and talk you through what to expect during your appointment. Once they are satisfied you understand what is going to happen, they will sign your consent form with you. This is a good opportunity to ask any questions you may have regarding the examination.
- The nurse will administer some decongestant into your nose (Otrivne) and you will be given a pre-procedure drink (approx. 30ml of water containing simethicone (Infracol) – an antifatulent), before taking you into the procedure room.
- Once you are in the procedure room, the endoscopist will talk to you about your reasons for having the procedure, you may want to tell them about any symptoms you have been having and how long they have been occurring.

What happens during the procedure?

- For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.
- Once the numbing anaesthetic spray has been administered, you will be asked to lie on the trolley on your left-hand side.

- The scope will be passed through your nose, down the oesophagus and into your stomach.
- When the endoscopist passes the camera, it is very important to try and remain calm. If you want the procedure to be stopped at any time then you should say so or raise your hand. The endoscopist will stop the procedure and remove the camera (scope) safely.
- It may take up to 10 minutes to perform the procedure. During this time some air will be passed down through the scope to distend the stomach and will allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.
- Trans-nasal endoscopy minimizes stimulation of the gag reflex and you are able to talk throughout the procedure.
- Sometimes the endoscopist may need to take biopsies, using small forceps that are passed through the endoscope. You will not feel this happening.
- A number of photographs are taken during the examination. Taking these does not mean there is anything wrong. These photographs are added to the endoscopy report.

What happens after the procedure?

- A nurse will talk you through your report and the aftercare information and let you know what time you can eat and drink safely again, this may be up to an hour from the time you had your nasal or oral spray.
- Biopsies are sent to a laboratory with results taking approximately 4 weeks to come back.
- You may experience mild bloating, and/or slight discomfort in the nose or throat following your procedure.
- Nose soreness or nose bleeding may occur but should settle with no intervention required.
- Once you have received a copy of your report and have spoken with the nurse, you will be free to go home.
- Please note: Although the examination only takes 5-10 minutes you can expect to be at the clinic for about an hour, due to the time it takes to get you admitted and then discharged after your gastroscopy. This does vary from clinic to clinic, but the admitting nurse will be able to give you a better idea on the day. Please bear this in mind when organising people to collect you.

What are the risks?

This is a safe procedure. However, there are some small risks.

- Perforation The risk of a tear in the upper Gastro-intestinal tract is very small approximately 1 in 10,000 cases.

- Bleeding - It is rare for us to cause significant bleeding in the upper GI tract.
- Missed pathology- We can miss abnormalities in up to 5% of cases, sometimes even important ones.
- Aspiration Pneumonia – inflammation of the lungs, caused by inhaling the contents of the stomach. This is why it is important that you follow the instructions about not eating or drinking for at least 6 hours before the test.
- Nose bleeds can occur if the endoscope causes trauma to the nostrils. These almost always stop spontaneously but occasionally further treatment is required.
- Other risks – if the trans-nasal procedure is converted to an oral-gastroscopy, there would be a risk of damage to crowned/capped/loose teeth. Although a mouth guard is used, teeth or dental work such as crowns may be broken, chipped, loosened or completely removed by accident. Please inform the nurse on admission of any loose teeth or dental work they need to be aware of. You will be closely monitored throughout and if there is any cause for concern, the test will be stopped immediately.

When should you not have a trans-nasal endoscopy?

Trans-nasal endoscopy would not be suitable if you have:

- An allergy to local anaesthetic (lidocaine) spray
- Past broken nose or nasal surgery such as a rhinoplasty
- Deviated nasal septum
- History of nasal polyps
- Known to suffer with nose bleeds

Follow up

If a follow-up is required, you will be informed on the day of procedure.

Further information

If you are not able to attend your appointment, please contact the booking team as soon as possible, as we can offer your appointment to another patient.

Doctors and nurses training in Endoscopy at many different levels attend the unit or department and may be involved in your care under the direct supervision of experienced consultants and nurses. If you do not wish to be involved in training these experts of the future, please contact the booking team.

If you have any queries or concerns about your gastroscopy, please do not hesitate to contact the Gemini Endoscopy Suite.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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