

# Transnasal endoscopy explained: Oesophago-gastro duodenoscopy (OGD) performed at the Royal Berkshire Hospital

*Information and consent form*

Please bring this booklet with you

## Introduction

- You have been advised by your GP or hospital doctor to have a procedure known as a transnasal oesophago-gastro duodenoscopy (TNE), also known simply as a transnasal endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small intestine called the duodenum. Access is gained through the nose, rather than the mouth, in a relatively new way of performing a gastroscopy, using an instrument called an endoscope, which is very small in diameter (5mm) and flexible..
- This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigations.
- The consent form in the back of this booklet is a legal document; therefore, please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigations, please sign and date the consent form.
- However, if there is anything you do not understand or wish to discuss further but still wish to attend, do not sign the form, but bring it with you and you can sign it after you have spoken to a health care professional about your concerns.
- If you are unable to keep your appointment please inform us 0118 322 7459 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.
- Any patients failing to attend will not routinely be offered another appointment.
- There is limited free drop off / collection parking and two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0 and 2.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- Please arrive at the time stated on your appointment letter so you can be assessed by the nurse.

- Please note your appointment time is your arrival time on the Unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the unit who will arrive after you but are taken in for their test before you. This is for medical reasons or because they are seeing a different endoscopist.

### For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### What is transnasal endoscopy (TNE)

The procedure you will be having is called a transnasal endoscopy oesophagogastro duodenoscopy sometimes known simply as a transnasal endoscopy (TNE). This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum. Gastroscopy is usually performed through the mouth, but in this case a much smaller endoscope (5mm) diameter is introduced through the nose. This is the only real difference between a "traditional" gastroscopy and the transnasal gastroscopy.

The instrument used in this investigation is called an endoscope and is flexible. The gastroscope relays images back to a monitor. During the procedure the endoscopist may need to take some tissue samples (biopsies) from the lining of your upper digestive tract for analysis. This is painless. The samples may be retained. The endoscopist may take photographs to keep with your records. The procedure usually takes up to 10 minutes.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist (specialist trained to perform examinations or provide treatments using an endoscope) and we will make the investigation as comfortable as possible for you.

### Why do I need to have a transnasal endoscopy?

You have been advised to have this investigation to help find the cause for your symptoms to help decide on your treatment, and if necessary, to decide on further investigations.

There are many reasons why your doctor may have suggested this investigation. You may have one of the following symptoms:

- Indigestion.
- Losing weight without trying.
- Blood in stools or vomiting.
- Feeling full after eating.
- Not feeling like eating.
- Anaemia (lack of iron in your blood, which can make you feel tired).
- Difficulty in swallowing.
- Abnormal findings on CT/MRI scans.

### Is there an alternative test to transnasal endoscopy?

A barium meal X-ray examination is an alternative investigation. It is not as informative or accurate as an endoscopy and has the added disadvantage that tissue samples cannot be taken. An endoscopy can be performed through the mouth (transoral); the transnasal method may be preferred in certain situations which will have been discussed with you.

### What are the benefits of transnasal endoscopy?

The advantages of transnasal approach over the “traditional” transoral approach are:

- No sedation is usually required; the procedure is performed by administering local anaesthesia spray to the nose.
- More successfully tolerated by patients.
- Patients are relaxed with less gagging as the endoscope is passed down the back of the throat.
- Patients can drive home and there is no need for an escort after the procedure.
- There is no contact with the teeth and no need to have the plastic mouth guard during the procedure.
- Procedure is performed in semi-sitting position and you will be able to talk during the procedure.
- Shorter recovery time
- Patient vital signs (blood pressure, pulse, etc.) remain stable.

### When would a transnasal endoscopy **not** be recommended?

- Previous nasal surgery e.g. Rhinoplasty.
- History of nasal bleeding.
- Conditions which can affect blood clotting e.g. patients taking warfarin and/or have liver disease.

If you have had any of the above the endoscopist will recommend transoral endoscopy.

### Preparing for the investigations

#### Eating and drinking

- It is necessary to have clear views and for this the stomach must be empty. Therefore, **do not have anything to eat for at least 6 hours before the procedure.**
- If your appointment is in the morning have nothing to eat after midnight. If your appointment is in the afternoon you may have a light breakfast no later than 8 am
- Small amounts of water are safe up to two hours before the test.

## What about my medication?

### Routine medication

If you need to take medicine, and you need to continue with any essential prescribed tablets e.g. heart tablets, blood pressure tablets, then take them with a small sip of water.

### Digestive medication

If you are having a follow-up OGD to check for healing of an ulcer found during the last 2-3 months, then please continue your acid reducing medications right up to the day before your repeat endoscopy.

## Diabetes

If you have diabetes please follow advice at the end of this booklet.

## Anticoagulants and Antiplatelet (drugs affecting the blood).

Please telephone the Endoscopy Unit on 0118 322 7458 if you are taking anticoagulants such as warfarin, Dabigatran, Apixaban, Rivaroxaban Edoxaban and antiplatelet agents such as Clopidogrel, Prasugrel, Ticagrelor and Dipyridamole.

## How long will I be in the Endoscopy Unit?

This largely depends how busy the unit is. You should expect to be in the unit for up to four hours. The unit also looks after emergencies and these can take priority over the outpatient list.

You may want to bring something to read whilst you are waiting.

## What happens when I arrive?

- On arrival, please report to the main reception desk where the receptionist will check your personal details.
- You will be greeted by a nurse and escorted to the assessment area. The nurse will ask you a few questions and you will have an opportunity to ask further questions about the procedure.
- You will have a brief medical assessment when an endoscopy nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had in the past and will confirm that you are fit to undergo the investigation.
- Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded.
- If you suffer from breathing problems a recording of your oxygen levels will be taken.
- If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

PLEASE NOTE: your appointment time is your arrival time on the unit, not the time of your procedure. Your procedure will happen sometime later. There may be other patients in the unit who may arrive after you, but are taken in before you. This is for medical reasons or there are seeing a different doctor.

### The transnasal endoscopy

- When it is your turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any further questions.
- The procedure takes up to 10 minutes. You will be positioned in a semi-sitting position on an endoscopy trolley
- For transnasal endoscopy local anaesthetic will be used. This consists of a local anaesthetic spray (5% lidocaine and 5% phenylephrine) applied into the nostril. No throat spray is used. When your nostril and throat are numb, the endoscopist will introduce the transnasal scope into your nostril and through the back of your mouth and by asking you to swallow, can pass it into your oesophagus, stomach and then into your duodenum.
- Your windpipe is deliberately avoided and your breathing will be unhindered.
- The nurse looking after you will then place the oxygen monitoring probe on your finger to monitor your breathing during the procedure.
- Any saliva or secretions produced during the investigation will be removed from your mouth using a small suction tube, like the one used at the dentist.
- Occasionally, it does not prove possible to pass the endoscope successfully through the nose. If this happens, the endoscopist will discuss alternative methods of investigation with you.
- During the procedure, samples (biopsies) may be taken from the lining of your digestive tract for analysis in our laboratories.
- Any photographs will be recorded in your notes.

### Risks

Upper gastrointestinal endoscopy is classified as an invasive investigation and because of this it has the possibility of associated complications. These are very rare but it is important that we tell you about them so you can consider this information when making your decision to consent to treatment.

The doctor who has requested this test will have considered this carefully. The risks must be compared to the benefits of having the procedure carried out.

## Risks of the transnasal endoscopy

- Perforation or tear to the linings of the stomach or oesophagus, which could entail you being admitted to hospital. Although perforation generally requires surgery to repair the hole, certain cases may be treated with antibiotics and intravenous fluids.
- Bleeding may occur at the site of biopsy and nearly always stops on its own.
- There is a small chance of causing nasal bleeding. This is usually self-limiting and will stop with first aid, e.g. pinching the nose.

## After the procedure

- After the procedure a nurse will check your vital signs and will be discharged home.
- You will be able to breath and swallow as before, but DO NOT eat and drink anything for 1 hour after the procedure
- Before you go home, you will be given a discharge information sheet, which will advise you on eating and drinking after the procedure and a patient copy of the report.
- The patient report will advise on the initial findings from your test.
- There are no restrictions on activities once you are discharged home.
- Your GP will receive a written report of the examination within 1-2 weeks.

## Side effects

- You may feel bloated after the procedure; this is due to the gas introduced during the procedure. The effects will not last long and the gas will pass naturally.
- Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat.
- If you have any problems with a persistent sore throat, worsening chest or abdominal pain, please contact your GP immediately informing them that you have had a gastroscopy.
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7458.
- You can also ring your GP's out of hours number or ring NHS 111. They can advise if you need to seek immediate medical care or not.
- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7469, as per the advice leaflet you will be given upon discharge.

## Summary of important information

- Transnasal Endoscopy is a safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible on 0118 322 7459.

## **Checklist**

### **Things to remember before your procedure**

- Q Read the booklet carefully.
- Q Note appointment date in your diary.
- Q If you would like any of this information translated into another language or in large print format or you need an interpreter at your appointment, please let us know.
- Q Wear loose fitting clothing.
- Q Nothing to eat for 6 hours before the procedure
- Q Sips of water up to 2 hours before your test.
- Q Bring your medications with you.
- Q Please telephone the Endoscopy Unit on 0118 322 7458/5249, at least 5 days before your procedure if you are taking Anticoagulants and Antiplatelet (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- Q Bring this booklet, and consent form with you to the Endoscopy Unit.

## Advice for people with diabetes undergoing an upper endoscopy (gastrointestinal procedures)

### Before your upper endoscopy

You will be asked to have nothing to eat for at least six hours before the test. However, you are allowed small sips of water up to two hours before the test.

If your diabetes is treated with tablets, **do not take your diabetes tablets on the day of the test**. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with injections of either Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia) or Bydureon: **do not take the injection 24 hours prior to the examination**. Resume once you are eating normally again.

### If your diabetes is treated with insulin:

For once daily insulin only e.g. Lantus (Glargine), Levermir (Determir), Tresiba (Degludec), Toujeo (New insulin glargine), Insuman Basal, or Insulatard and Humulin I: if your insulin is due on the morning of the test **take two-thirds of your insulin dose**. Take the normal dose the following morning after your test and once you are eating.

For twice daily long acting or intermediate acting insulin such as Lantus (Glargine), Levermir, Insulatard, Humulin I or Insuman Basal: **take two-thirds of your normal dose in the morning**. Take the normal dose after the test when it is next due once you resume your normal diet.

For twice daily mixture insulin e.g. Humulin M3, Humalog mix 25, Humalog Mix 50, Novomix 30, Insuman Comb 15, Insuman Comb 25, Insuman Comb 50: **take one-third of the normal dose in the morning**. Resume your regular dose in the evening once you are eating normally.

For four or more injections a day: **omit the quick acting insulin** (Novorapid, Humalog, Apidra, Humalog 200(new), Humulin S, Actrapid or Hypurine neutral, Insuman Rapid) **while you are on clear fluids only**. **Take two-thirds of the long acting insulin in the morning** if it is due and resume the normal evening dose as soon you are able to have a meal after your procedure.

For people with Type 1 diabetes who normally take long acting insulin at night: **take 20% less of the regular dose the night before the examination**.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin): This can be discussed with a member of the Diabetes

Specialist Team but as a general rule **use a temporary basal rate reduction of 10% from 06.00 on the morning of the test.**

Remember to **monitor blood glucose levels four hourly if you are on insulin.** If your blood glucose level falls below 4mmol/L take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit.

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

P2P3714TEE

Endoscopy Unit

Royal Berkshire NHS Foundation Trust, June 2019

Review due: June 2021



Patient details

## Consent form

Patient agreement to endoscopic  
investigation or treatment

**Name of procedure(s)** *(include a brief explanation if the medical term is not clear)*

Transnasal Oesophago-gastro-Duodenoscopy (TNE)

Inspection of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy and photography).

Biopsy samples will be retained.

### Statement of patient

**You have the right to change your mind at any time, including after you have signed this form.**

***I have read*** and understood the information in the attached booklet including the benefits and any risks.

***I agree*** to the procedure described in this booklet and on the form.

***I understand*** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

**Signed**

**Date**

**Name (print in capitals)**

**If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional**

**Confirmation of consent** *(to be completed by a health professional when the patient is admitted for the procedure).*

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

**Signed**

**Date**

**Name (print in capitals)**

**Job title**

**If your patient requires further information please complete last page**

Patient details

## Consent form

Patient agreement to endoscopic  
investigation or treatment

**Statement of health professional** *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

### The intended benefits

1. To diagnose and treat a possible cause of your symptoms.
2. To review the findings of any previous endoscopy.

### Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth.

Sedation or throat spray risks: Adverse reaction to any of these agents.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

**Signed**

**Date**

**Name (print in capitals)**

**Job title**

**Statement of interpreter** *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand.

**Signed**

**Date**

**Name (print in capitals)**