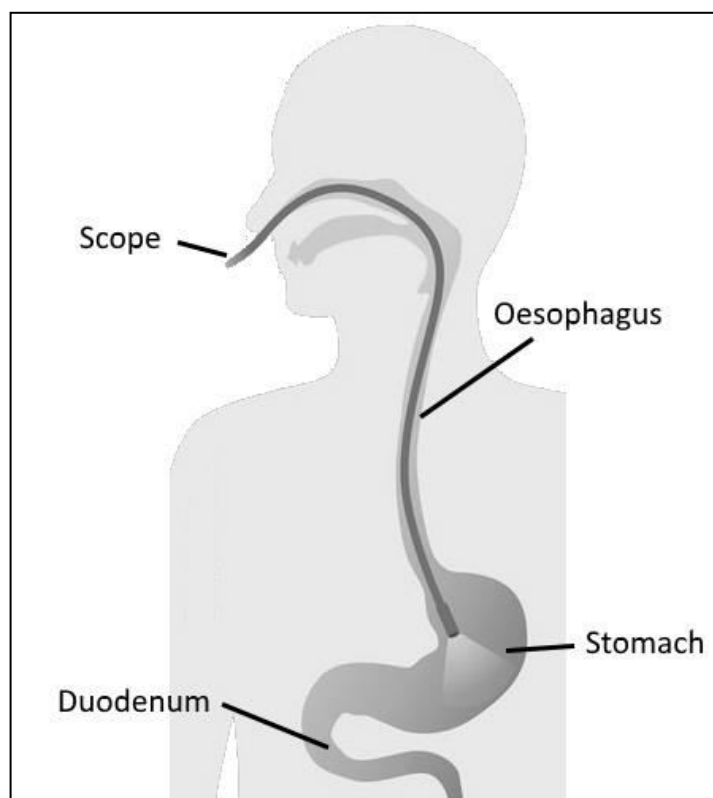


Information for Patients

Gastroenterology and ENT Dysphagia Clinic: Your Trans-Nasal Endoscopy



Please Note:

Your test will take place at Trafford General Hospital in the afternoon.

You may need to start preparing for your test up to one week before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

Introduction

You have been referred with difficulty swallowing which can be a symptom of Throat or Oesophageal Cancer. In the majority of cases there is another explanation for these symptoms and our aim is to rule out cancer. If cancer is found the patient can be supported and further investigations arranged. Where no cancer is found the patient will be discharged back to the GP with advice.

Based on the referral from your GP, you are suitable to have a test called a Trans-Nasal Endoscopy (TNE).

This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please contact our Navigator on 0161 934 8366.

What is a TNE?

A TNE is a test to look at the upper throat including the voice box (Larynx) and lining of your gullet (Oesophagus), stomach and the first part of your small bowel (duodenum). A thin flexible tube is passed through your nose and down over the back of your tongue. The test will be carried out by a doctor or specialist nurse, called an endoscopist.

Why do I need the test?

Your symptoms may be caused by a problem in your throat, gullet, stomach or small bowel. The test will help your doctor to find any problems and then plan your treatment.

Preparation for the test

It is important that your stomach is empty for the test to be successful. Therefore:

- You must not have anything to eat or drink for at least 6 hours before your test.
- You may then have sips of water only, up to 2 hours before your test.
- Then, you must not eat or drink anything until after your test when you have been advised that it is safe to do so by a member of staff.

Should I take my usual tablets or medications?

Blood Thinning Tablets

Before stopping any of the below medications please seek advice from your GP to ensure that it is safe to do so

Tablet Name	Advice
Warfarin Synthron	Please contact your anticoagulant clinic and ask them to check your clotting levels within 1 week of your test. The anticoagulant nurse will advise you if your dose needs changing. Do not stop taking it unless you are specifically told to do so.
Apixiban Edoxaban Fondaparinux Rivaroxaban Dabigatran	Do not take on the day of the procedure. Some patients may need to stop taking these medications for a longer period of time. You should have been advised at your outpatient appointment. If you require further advice, or did not receive this advice, please call us.
Asasantin Clopidogrel Dipyridamole Ticagrelor Prasugrel	You should have been advised at your outpatient appointment whether you should continue or stop taking these prior to your test. If you require further advice, or did not receive this advice, please call us.
Clexane Dalteparin Enoxaparin Inhixa	Please call us. We may need to speak to your doctor for advice.

Aspirin does not need to be stopped.

If you are a diabetic treated with insulin or tablets:

- You will be seen as early as possible in the afternoon
- You may have a light breakfast with half of your usual insulin or tablets.
- Please monitor your blood sugars throughout the morning.

If you have unstable diabetes please inform us as we may need to arrange for you to have an alternative investigation that can be done in the morning.

All other medication normally taken in the morning may be taken before 10am.

Medical History

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please contact the unit using the phone number on your appointment letter. Please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Have a history of broken nose, previous nasal surgery or Hereditary haemorrhagic telangiectasia (HHT)
- Are pregnant
- History of Barrett's oesophagus
- Issues with memory loss
- Mobility issues
- Have had a heart attack within the last six weeks
- Are waiting for heart surgery
- Are waiting for coronary angioplasty
- Have a tracheostomy or laryngectomy
- Are on peritoneal dialysis

How long will I be in hospital?

Your length of stay can vary, but on average you should expect to be in the department for up to three hours. If your test and recovery is complete, you may be ready to go home sooner.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. We will endeavour to keep you informed of any major delays.

Do I need to bring anything with me?

Please bring a copy of your most recent prescription or a list of your medication.

Please do not bring any valuables with you. We cannot be responsible for loss or damage to personal property.

Visitors

Our Endoscopy Units are very busy and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the department. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has specific additional needs or requirements
- The patient is 16 to 18 years of age
- The patient requires support with communication needs

During your test, friends and relatives can make use of on-site facilities for refreshments. If you are having sedation you will need to be collected from the department. Staff will contact friends and relatives by phone when you are ready if necessary.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Department.

What happens when I arrive?

The receptionist will ask you a few questions and ask you to take a seat in the waiting room. A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained, and your questions answered.
- Arrangements for going home will be checked.
- If you are a diabetic, your blood sugar level will be checked before and after your test.
- If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
- You will be asked to take a seat in the sub-waiting area.

Our aim is to maintain your privacy and dignity at all times. Please raise any concerns or issues with endoscopy staff.

Before the test

Your admitting nurse, or the endoscopist, will make sure you understand the test before asking you to sign a consent form.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

Shortly before your test, you may be asked to take a drink containing Infacol (simeticone). This helps to reduce the bubbles in your stomach, allowing clear views during the test.

Immediately before your test, a local anaesthetic spray (Lidocaine and Phenylephrine) is applied into the nostrils.

What happens during the test?

- When you enter the procedure room, additional checks will be completed (For example, your name, date of birth, allergies, medical history etc.).
- If you have dentures, you will be asked to take them out. We will give you a pot to put them in.
- Your nostrils will be sprayed with a local anaesthetic to make them numb.
- You will be asked to sit on a trolley.
- A probe will be clipped on to your finger to monitor your breathing and heart rate.
- The flexible tube is passed through your nostrils, then down over the back of your tongue and into your stomach. The tube does not enter your windpipe and you will therefore be able to breathe normally, and talk if required.

- Air is gently blown inside to expand your stomach to allow good views.
- We may take internal photographs. These images are only used for medical purposes. Your privacy will be respected.
- Tiny samples of tissue may also be taken. This is painless.
- Anything unusual, which we can treat during your test, will be treated unless you ask us not to before the test begins.
- Normally the test will take less than 10 minutes. At the end of your test, the flexible tube is easily removed.

Who will be present during my test?

As a minimum:

- Endoscopist
- Gastroenterology and ENT team members
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- *A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- *A student nurse or medical student on placement.

*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

After your test

- Your blood pressure will be checked again.
- The appropriate doctor will talk to you about the findings of your test and any follow-up. If you would like someone with you whilst receiving results, please inform the nurse. You will also be given written information about this and a discharge advice sheet. If we have taken biopsies (samples) during your test, you will be informed of the results either at a future out-patient appointment or by letter.
- Again, you will be able to ask any questions you have.
- You will then be able to go home.

Problems following your test are unusual. When you leave the unit, we will provide you with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

Depending on the treatment carried out during your test, we may advise you to avoid lifting or strenuous activity, for up to two weeks after your test. On rare occasions we may also advise that you do not fly. Please can you contact the endoscopy unit if you are due to fly within two weeks of your appointment date for further advice or rescheduling of your appointment.

What are the benefits of having the test?

The test will give us the information we need to treat your condition. If we find anything unusual, we may be able to treat it during your test.

What are the possible risks or complications of having this test?

The test is usually very safe. However, as with any procedure, there is a small risk of side effects or complications. These may include:

- Slight nose or throat pain, which should settle within a few hours.
- Nose bleeds (1 in 20 risk). Most stop without the need for any treatment. However, a small number of patients (1 in 400) may require treatment.
- Failure to complete the test.
- Changes in your heart rate and breathing. To avoid this, we may give you some oxygen and monitor your oxygen levels carefully throughout the test.
- Missed lesions (1 in 100 risk).
- Bleeding (1 in 5000 risk).
- A hole in the gut wall (1 in 5000 risk).

If you experience these complications, they can be minor and resolve themselves fairly quickly without treatment. However, sometimes you may need to stay in hospital for observation, have a blood transfusion, undergo an endoscopic test or radiological test, or have an operation to repair damage.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- A severe nose bleed that will not stop despite first aid measures
- Severe stomach pain worsened by moving or coughing.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.

What are the discomforts of the test?

Your gag reflex will not be triggered because the tube goes through the nose. Therefore, the test does not involve any sedation or general anaesthetic.

The local anaesthetic applied to your nostrils will numb and expand the nasal passages allowing the scope to pass easily.

You may feel bloated as air is blown into your stomach during the test. We remove as much air as possible when the test is complete.

Is there an alternative test?

A similar procedure can be performed through the mouth (Gastroscopy). However, Trans-Nasal Endoscopy is more comfortable, gagging is rare, and you can talk to us to let us know of any discomfort. Recovery from Trans-Nasal Endoscopy is faster because it does not involve sedation.

A Barium Swallow/Meal is a special X-ray of the gullet and stomach. It can be used to give some information about your condition. However:

- This test may not show minor inflammation, small polyps and tumours.
- Samples of tissue cannot be taken and tested.
- Polyps cannot be removed.
- Treatments cannot be carried out during the test.
- The test involves X-ray radiation similar to the amount received naturally from the environment in 12 to 18 months.

What will happen if I don't have the test?

This will vary depending on your individual circumstances. If you do not have the test your doctor may not be able to find the cause of your symptoms. Should you have any questions about this, please speak to your doctor.

Research

Manchester University NHS Foundation Trust is at the forefront of research into a variety of conditions. You may be asked to consider taking part in a clinical trial. If approached, further information will be provided and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

No Smoking or Vaping Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

For some great information go to: www.nhs.uk/smokefree

Violence, aggression and harassment

We are committed to the wellbeing and safety of our patients and staff. Please treat others with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

Comments, complaints, concerns and compliments

The Trust collects feedback from service users in order to give assurances we are providing the best patient care. During your visit, we will ask you to provide feedback on the service you have received by completing either a Friends and Family Test or What Matters To Me survey.

You will also be asked to complete our endoscopy specific patient survey form. This can be completed online or via a paper form which you can post back to us (a stamped addressed envelope will be provided). The endoscopy unit utilises this information to improve our service.

Other ways in which you can provide feedback are:

- Ask to speak to the ward or department manager. If you would like to discuss a concern or make a complaint, they may be able to help straight away.
- Complete the Family and Friends Test (FFT) online at mft.nhs.uk/fft. Please make sure that you select the correct hospital and ward/unit.
- Contact the Patient Advice and Liaison Service (PALS):
 - Telephone (0161) 276 8686.
 - Email pals@mft.nhs.uk.
 - Ask for a PALS information leaflet.

Check list

- Are you able to keep your appointment? If not have you phoned to cancel or change it?
- If you are worried or have any questions to ask, have you contacted us?
- If you are taking anticoagulants, such as Warfarin or Sinthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within one week of your appointment?
- If you are a diabetic treated with Insulin or tablets, have you got an early afternoon appointment? If not, please call to change it.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. If you require an interpreter for your test, please call to let us know.

These translations say “If you require an interpreter, or translation, please ask a member of our staff to arrange it for you.” The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排

