

Transnasal Gastroscopy

The Procedure Explained

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Twitter and Facebook
@mwlInhs
www.merseywestlancs.nhs.uk

Author: Consultant
Department: Gastroenterology
Document Number: MWL1838
Version: 1
Review Date: 01 / 07 / 2026

Introduction

You have been advised to have an investigation known as a transnasal gastroscopy (TNG).

This procedure requires your formal consent and this booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation.

If you are unable to keep your appointment, please notify the department as soon as possible and they will be able to arrange another date for you.

What is a transnasal gastroscopy or TNG?

This is a slim small flexible camera which passes through the nose and gently over the back of the tongue to allow examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

The instrument used in this investigation is a flexible tube which enables light to be directed onto the lining of your upper digestive tract and relay pictures back to the endoscopist onto a television screen.

During the investigation, some tissue samples (biopsies) from the lining of your upper digestive tract can be taken for analysis: this is painless. The samples will be retained.

Photographs may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you.

This procedure is carried out with local anesthetic nasal spray .

Insulin pump		Continue usual basal rates and start to bolus once oral intake has resumed	Continue usual basal rates and start to bolus once oral intake has resumed
You should resume taking your normal tablets the morning after the procedure. However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist. If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).			

How to adjust my insulin before a Transnasal gastroscopy

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
3,4, or 5 injections daily (eg. an injection of mixed insulin 3 times a day or 3 meal time injections of short acting insulin and once or twice daily background)	No dose change	Omit your morning dose of short acting insulin if no breakfast is eaten. If you normally take a long acting basal insulin in the morning you should take 80% of your normal dose. If you normally take a pre-mixed insulin the dose should be halved. Omit your lunchtime dose. Resume your normal insulin with your evening meal.	Take usual morning insulin doses Omit lunchtime dose Your blood glucose will be checked on admission Resume your normal insulin with your evening meal

Why do I need to have an TNG?

This investigation is to try and find the cause for your symptoms or help with treatment and if necessary, to decide on further investigations. There are many reasons for this investigation including indigestion, anaemia, weight loss, vomiting, passing black motions, vomiting blood or difficulty swallowing.

What are the alternatives?

A barium meal x-ray examination or CT scan are alternative investigations. They are not as informative as an endoscopy and have the added disadvantage that tissue samples cannot be taken.

Occasionally it is not possible to pass the camera through the nose. If this happens the endoscopist will discuss alternative methods of investigation with you, which may include passing the camera through the mouth at a later date.

Preparation

It is necessary to have clear views and for this the stomach must be empty. **Do not have anything to eat or drink for six hours before the test**

What about my medication?

Your routine medication should be taken until you need to stop eating and drinking. It would be helpful to bring along a list of your current medications. If you need any essential medication (e.g. medications for epilepsy, blood pressure or Parkinson's disease) please take with a sip of water.

Digestive medication

If you are presently taking tablets to reduce the acid in your stomach please discontinue them two weeks before your investigation.

Anticoagulants

If taking a direct oral anticoagulant (DOAC)- Dabigatran (Pradaxa), rivoroxaban (Xarelto), apixaban (Eliquis), edoxaban (Savaysa), betrixaban (Bevyxxa) please **do not** take the morning of the procedure.

Diabetics

If you are a diabetic controlled on insulin or medication please ensure the endoscopy department is aware so that the appointment can be made at the beginning of the list. Please see guidelines printed in the back of this booklet.

What happens when I arrive?

You should expect to be in the department for approximately one to two hours.

When you arrive in the department you will be met by a trained endoscopy nurse who will ask you a few questions. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

The nurse may ask you to drink a medication (infacol), this helps reduce bubbles in your stomach and allows the endoscopist to have clear views during the test.

Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®)	30units, take 24units instead)	(for example, if you are on 30units, take 24units instead)	Halve your usual dose in the morning Your blood glucose will be checked on admission Resume your normal insulin with your evening meal
		(for example, if you are on 30units, take 24units instead)	Halve your usual dose in the morning Your blood glucose will be checked on admission Resume your normal insulin with your evening meal
	30units, take 24units instead)		No dose change
Twice daily (Novomix 30®, Humulin M3®, Humalog Mix 25®, Humalog Mix 50®)			

How to adjust my insulin before a Gastroscopy

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Once daily (evening) (Toujeo / Lantus® / Glargine or Levemir®/ Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®)	Your dose will need to be reduced by 20% (for example, if you are on 30units, take 24units Instead)	No dose adjustment necessary	No dose adjustment necessary
Once daily (morning) (Lantus® / Glargine or Levemir®/	Your dose will need to be reduced by 20% (for example, if you are on	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission

The endoscopy nurse will ask questions regarding your medical health and make an assessment to confirm that you are sufficiently fit to undergo the investigation. If you are insulin dependent diabetic, your blood glucose level will also be recorded.

If you agree to proceed, you will be asked to sign your consent form at this point.

Anesthetic nasal spray

Local anesthetic spray numbs the nasal passages and back of your throat.

The benefit of choosing throat spray is that you are fully conscious and aware and can go home unaccompanied almost immediately after the procedure. You are permitted to drive and carry on life as normal.

However, you must not have anything to eat or drink for one hour after the procedure, until the sensation in your mouth and throat has returned to normal. Your first drink should be a cold drink and should be sipped to ensure you do not choke.

The transnasal gastroscopy (TNG) examination

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 final questions.

The nurse looking after you will ask you to sit on the bed or chair and will then place the oxygen monitoring probe on your finger.

For TNG a local anesthetic is used. This is a spray which is applied into each nostril and the back of the throat can take up to 2 minutes to have effect.

When the endoscopist passes the camera into your nose it is important to stay calm, one of the advantages of TNG is that if relaxed gagging is less common, you will be able to talk through the procedure and inform us of any discomfort, sedation is not required, and less time is needed to recover.

The procedure may take up to 10 minutes, during this time air is passed down through the camera to inflate the stomach and allow the endoscopist clear views, this may make you feel bloated and uncomfortable for a short time.

Occasionally it is not possible to pass the camera through the nose. If this happens the endoscopist will discuss alternative methods of investigation with you, which may include passing the camera through the mouth at a later date.

<p>SGLT-2 inhibitors (e.g. dapagliflozin, canagliflozin)</p>	<p>Take as normal</p>	<p>Take as normal after procedure</p>	<p>Omit</p>	<p>You should resume taking your normal tablets the morning after the procedure. However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist.</p> <p>If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).</p>
---	-----------------------	---------------------------------------	-------------	---

How to adjust my non-insulin diabetes medication before a Transnasal Gastroscopy

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
DPP-IV inhibitors (eg. sitagliptin, saxagliptin, vildagliptin, alogliptin, linagliptin)	Take as normal	Take as normal	Take as normal
GLP-1analogue (eg. Exenatide, liraglutide, Lixisenatide, semaglutide)	Take as normal	Take as normal after procedure	Omit

The risks and discomforts of the procedure

This test is classified as an invasive investigation and therefore there is a possibility of complications. These occur extremely infrequently but we wish to draw your attention to them. The clinician who has requested the test will have considered the risks and must be compared to the benefit of having the procedure carried out.

Frequent risks:

- Sore nose and throat, abdominal discomfort (2 people in every 100)
- Epistaxis (nose bleeds) (1-5 people in every 100)
- The procedure cannot be completed (1 person in every 100).

Serious risks:

Uncommon (1 person in every 100–1000)

- Aspiration pneumonia (stomach fluids cause chest infection)
- Adverse reactions to drugs or equipment.

Rare (1 person in every 1000–10000)

- Significant bleeding (1-2 people in every 10000), requiring a blood transfusion
- Perforation (1 person in every 2000) or higher (1-2 people in every 100) with dilatation, requiring admission and potential surgery
- Cardiac irregularities including heart attack and stroke, requiring admission.

Very rare

- Death (1 person in every 25,000).

After the procedure

Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. They will also inform you if you require further appointments. Any biopsy results will take up to 4 –6 weeks to return.

Your nose or throat may feel sore for the rest of the day and you may feel bloated in your stomach, all this will soon settle.

You can eat and drink after 1 hour.

You can blow your nosed after 2 hours .

Your first drink should be a cold drink and should be sipped to ensure you do not choke.

If you wish you can take home a copy of the endoscopy report and a copy will also be sent to your GP.

General points to remember

1. If you are unable to keep your appointment please notify the endoscopy unit as soon as possible
2. It is our aim for you to be seen as soon as possible after your appointment time. However, there may be delays as emergencies can occur and these patients are given priority
3. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

	<p>If taken once a day in the morning – omit this dose</p> <p>If taken twice a day omit both doses</p>	Take as normal
	<p>If taken once a day in the morning – omit this dose</p> <p>If taken twice a day – omit the morning dose</p>	Take as normal
	Take as normal	Take as normal
<p>Sulphonylureas (eg. , glipizide, gliclazide/gliclazide MR, glimepiride)</p>		<p>Thiazolidinediones (pioglitazone)</p>

How to adjust my non-insulin diabetes medication before a Transnasal Gastroscopy

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Acarbose	Take as normal	Omit morning dose if you have been told to fast from midnight	Take your morning dose if eating breakfast. Do not take your lunchtime dose
Meglitinide (eg. repaglinide or nateglinide)	Take as normal	Omit morning dose if you have been told to fast from midnight	Take your morning dose if eating breakfast. Do not take your lunchtime dose
Metformin / Glucophage MR	Take as normal	Take as normal	Take as normal

Frequently asked Questions (FAQs)

Hopefully this leaflet has answered all your questions. The Trust website does have further information and includes a number of questions asked by other patients.

Guidelines for people with diabetes undergoing a Trans nasal Gastroscopy (TNG)

Instructions for your appointment

Please check your appointment information. Your appointment should be early morning. If not please contact the Endoscopy Unit on 0151 430 1293 for an alternative appointment time.

How to adjust Diabetes Treatment

Preparing for a TNG will involve a brief period of fasting.

This means your diabetes medications may need to be adjusted.

If you take medications to control Diabetes please follow the instructions in the table on page 12:

'How to adjust my non-insulin diabetes medication before a Trans nasal gastroscopy or TNG.

If you take insulin to control Diabetes please follow the instructions in the table on page 16:

'How to adjust my insulin before a trans nasal gastroscopy or TNG'

Please check the tables carefully. If you have any problems or require further advice contact your diabetes specialist.

If you are a St Helens resident, contact 01744 646200, select option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).

Hypoglycemia Advice

If you have any symptoms of a low blood sugar such as sweating, dizziness, blurred vision or shaking please test your blood sugar if you are able to do so.

If your blood sugar is less than 6mmol/L take 4 glucose tablets or 150ml of the sugary drink.

Please tell staff at the hospital that you have done this.

- Following your procedure you will be advised when it is safe to eat and drink
- If you are eating and drinking normally you should resume taking your normal tablets.

Your blood glucose levels may be higher than usual for a day or so.

Eating and Drinking Whilst Preparing for a transnasal gastroscopy or TNG

On the day of the procedure

If your procedure is in the **morning**:

- Do not eat any food after midnight. No fluids 6 hours prior to the test

If your procedure is in the **afternoon**:

- Eat breakfast before 7am. Do not eat any food after this. No fluids 6 hours prior to the test

Important things to bring to hospital with you

- Glucose tablets or a sugary drink
- Blood glucose testing equipment (if you usually monitor your blood glucose)
- The tablets and insulin you usually take for your diabetes.