Transnasal Esophagoscopy (TNE)

New super-thin, flexible transnasal endoscopes are being used at KU Medical Center for transnasal esophagoscopy (TNE), a procedure that is used to examine patients who have a mass in the neck, throat or esophagus. Patients suffering from gastroesophageal reflux disease (GERD) may also benefit from TNE.

For patients with GERD and asthma symptoms such as chronic cough can be investigated through TNE. The procedure allows physicians to view the effects of GERD in the throat; effects which are more common than previously recognized, and which may increase the patients’ risks for cancer of the larynx and hypopharynx.

The endoscope is inserted through the nose and down the throat to view the vocal folds, larynx, esophagus, and other structures. The new endoscopes are better tolerated by patients than previous models, making sedation unnecessary. Therefore, the risk of complications is lower than with conventional endoscopy. The most common complication associated with TNE is nosebleed.

TNE is also used to examine patients with swallowing difficulties (dysphagia) caused by mechanical
problems or obstructions. In one study, TNE led to correct diagnosis of the cause of dysphagia in 100% of patients.

**Preparation**

- Patient should not eat or drink 4 hours prior to the TNE

- The patient’s throat will be numbed, so expect not to eat or drink for about 1 hour after the procedure.

- Roughly 5% of patients are unable to undergo or tolerate the TNE, due to nasal anatomy (the nose is too narrow for the scope to pass without discomfort).

- The procedure takes about 5-10 minutes, unless multiple biopsies are necessary.

- Although sedatives are not given for the procedure, it may make the patient feel abnormal or dizzy.

- Since air is used to hold open the esophagus and stomach for visual inspection through the scope, a gassy, bloated feeling may be temporarily noted by the patient.

- The procedure is usually very well tolerated, with minimal to no discomfort.