Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

JAG Accreditation
Quality and safety requirements for transnasal endoscopy (TNE)

Purpose of this statement

This statement is to advise services undertaking transnasal endoscopy (TNE) on the minimum quality and safety requirements necessary as part of the accreditation process. This statement is specifically aimed at services where TNE is performed outside of the endoscopy unit.

Background

There has been a steady growth in TNE over recent years. Increased waiting times and growing service demands have led to many services re-evaluating their use of both resources and capacity within existing environments.

TNE is generally a comfortable procedure with no requirement for sedation and often performed with the patient seated. There is less cardiovascular stress with no sedation related risk, making TNE a good option in high-risk patients and the elderly. Patients do not need to be accompanied and discharge may be immediately post procedure, without the need for recovery. Patients can drive immediately and return to normal activities and work as desired.

Without the basic requirement for sedation less staff are required to run the service, as there are no intensive monitoring requirements and no requirement for a recovery area. This also has the advantage of allowing the procedure to be performed in an outpatient setting away from the endoscopy unit.

However, the preparation and procedure time is the same as for transoral gastroscopy and JAG will assess all gastrointestinal endoscopy procedures including TNE as part of the accreditation process. This includes those performed outside of the unit.

What are the JAG requirements for a TNE service?

If undertaken within an outpatient setting there remains the same requirement to ensure that the respect and dignity of patients is maintained at all times, as with standard endoscopy. As patients are not changed out of their clothes and provided sedation is not used then gender segregation is not a requirement.

A full risk assessment must be carried out to ensure that facilities are available to support patients who experience complications including perforation and bleeding (including epistaxis) or in the event of a failed procedure or where sedation is required. Although there is minimal gagging or breath holding, and sedation is not used routinely, it is seen as good practice to monitor oxygen saturation (O2) and pulse throughout. Oral suction is not usually required but must be available.

All TNE procedures should be entered onto an electronic reporting system, uploading to the National Endoscopy Database (NED) and patients should be given a copy of their report at discharge along with follow up information.

There should be SOPs in place to manage the patient pathway including pre-assessment, consent, periprocedural care, discharge and follow up, equipment requirements (including reprocessing) and management of complications.

There is the potential risk of transmitting CJD in addition to VCJD in that there is a risk of breaching the olfactory mucosa in unskilled hands. This needs to be considered when pre-assessing patients, re-processing endoscopic equipment and in training.

TNE should only be performed by endoscopists who are registered with JAG to perform transoral gastroscopy and there should be evidence of additional training to demonstrate understanding of the differences in technique required to negotiate some aspects of the anatomy. Although there is as yet no formalised training programmes JAG will expect to see, as a minimum, involvement of ENT surgeons at local service level to understand the anatomical approach, management of complications and for mentoring.

All staff supporting TNE should have demonstrable competencies for the roles they are undertaking as with standard endoscopy procedures. Whilst care may be delegated according to competence, patient assessment, periprocedural care and discharge remain the overall responsibility of a registered health care professional throughout.

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