

## Information for patients, families and carers

# Nasendoscopy

### Who is this information for:

This information is for patients, families and carers of patients who may need to undergo a nasendoscopy during their consultation with a MEG ENT surgeon.

### What is a Nasendoscopy:

A lot of ENT is all about managing the internal spaces of your head and neck region – your Ears, Nose & Throat.

Whilst ears and mouths can generally be looked at using bright lights and magnification, to view the narrow and dark spaces of your sino-nasal cavity and upper aero-digestive tract (throat, voice box and upper swallowing pathway), your ENT surgeon needs to use a flexible, controllable, high definition, illuminated camera – this is called a **Nasendoscopy**, also known as a **Flexible Nasendoscopy (FNE)**, or **Nasopharyngoscopy...**

Nasendoscopy is a very common part of an ENT consultation, and usually takes little more than 5 minutes.

### Reasons You might need Nasendoscopy:

Not all conditions you might see your ENT for will require a nasendoscopy, but some common symptoms / conditions include:

#### Nose:

Nasal obstruction

Nasal discharge / bleeding

Sinus disease

#### ‘Throat’

Snoring / sleep apnoea

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Difficulty swallowing

Voice change

Breathing difficulty

Lump in throat, pain or discomfort

In younger children, it may not be advised or tolerated, because the difficulty involved and minor distress it causes may outweigh the benefits.

But, more often than not, it is a very useful additional diagnostic tool to help fully evaluate your ENT condition

### How is it performed?

#### Position:

Generally, you are seated in a chair, though sometimes the procedure is performed with you semi-reclined, or lying down on your back.

#### Local Anaesthetic:

More often than not, your ENT Surgeon will spray your nose with a numbing Anaesthetic spray to decrease the sensation and minor discomfort in the nose and throat. (it is however possible to have the examination without local anaesthetic)

This spray has a slight bitter taste, but at MEG we have a range of custom flavoured anaesthetics to minimise the unpleasant taste.

As the numbing sets-in, you will feel like your throat is 'swollen' or 'thick' and you will find it a little hard to swallow – This is just a trick of sensation; your throat is completely normal, but but a numb throat finds it hard to initiate a swallow.

This will last for 20-30 mins, and we advise you not to consume any hot food or drink until

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your sensation has returned to normal, just so that you don't burn yourself.

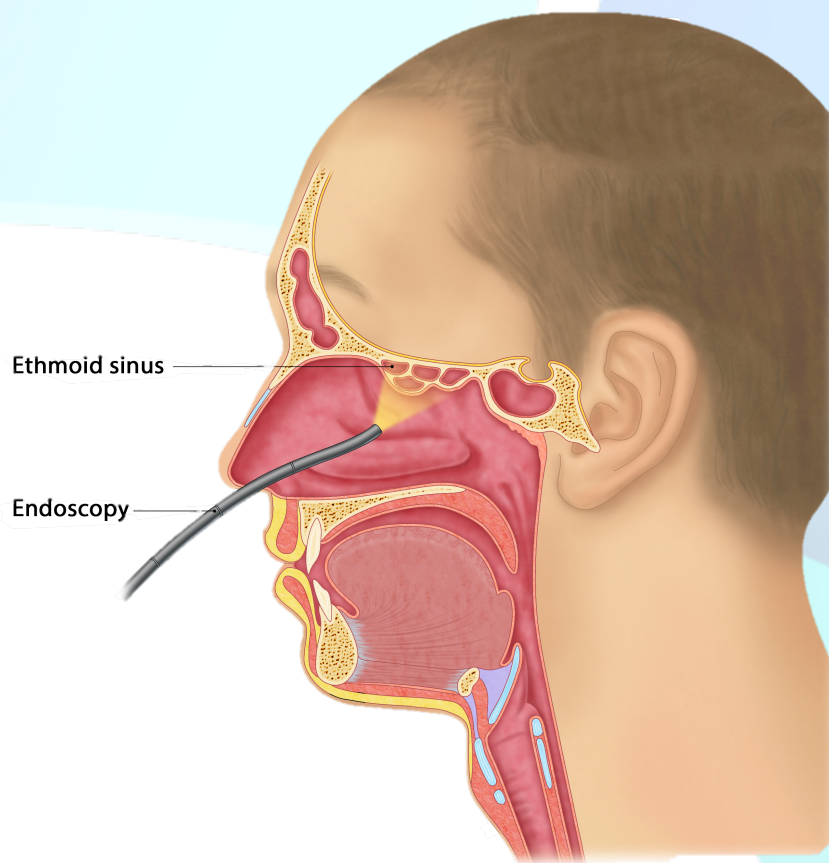
### The scope:

The scope is a 2-5mm diameter flexible, controllable tube with built-in camera and illumination.

It may be connected to a screen / monitor so that you can see what your surgeon sees.

Photos and/or video recordings may also be taken.

The surgeon will gently pass the scope into one or both nostrils to look at the nasal cavity and sinus openings on both sides.



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Your surgeon will generally then choose a nostril to continue the evaluation, travelling down the back of your nose, past your palate and into the throat, from where the larynx (voice box) and opening to the oesophagus

Your surgeon will look for masses & sores, and any asymmetries, and the general health of the lining tissues

Your surgeon will also look at the normal movements of all the structures in the upper aero-digestive tract – such as the palate, vocal cords and swallowing muscles.

### Things your surgeon may ask you to do:

Breathe quietly / Breathe vigorously

Cough / clear your throat

Make certain sounds

generally prolonged vowel sounds, *e.g. "eee" "oooo" "aaaah"*

Counting from 1-10

A few short, sharp sniffs

Swallow

Try to breathe inwards with a closed mouth and nostrils – to simulate snoring/sleep apnoea positions

### +/- Advanced features:

**Stroboscopy** – a form of specialised imaging used to evaluate the vibration properties of the vocal folds, this can be done during the nasendoscopy using the same scope. Your MEG surgeon will explain in further detail if/when this is required.

**Trans-nasal tracheoscopy** – additional local anaesthetic is sometimes used if your MEG surgeon wants to pass the Nasendoscope beyond the vocal cords to directly evaluate the trachea (wind-

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pipe) and proximal bronchi. Your MEG surgeon will explain in further detail if/when this is required.

### What will I experience:

Mild discomfort during placement of the scope

Mild foreign body sensation, and perhaps an urge to swallow or cough.

Sometimes patients may have a strong gag or coughing reflex.

### What are the risks:

Generally minimal

Small chance of blood stained mucous or blood nose.

Small chance of feeling faint or even fainting

Infection risk – a flexible endoscope is a

Sterilization and decontamination protocols are followed to minimize the chance of transmitting viruses and bacteria from one patient to the next.

### What are the benefits:

Nasendoscopy gives your ENT surgeon, unsurpassed direct vision of the internal spaces of your nose/sinuses/larynx or voice box/and pharynx.

It also gives your ENT surgeon a view of how things move – for example your vocal cords when there is a concern about your voice or breathing, or your tongue, tonsils and palate when there is a concern about snoring or obstructive sleep apnoea, or swallowing.

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### Are there any alternatives:

Imaging such as Lateral Neck XR, CT, or MRI can be used in certain cases instead of nasendoscopy – **e.g. In children – adenoid XR**

The benefits of using imaging or nasendoscopy vs the small risks associated with radiation need to be considered.

**Indirect mirror exam** – a simple, and long used technique of using a small mirror, placed through the mouth and peering down at the voice box like a ‘reverse periscope’ can be used to visualize the voice box and surrounding areas of the throat. This exam is limited in what it can see (e.g. can’t see the recesses of the nasal cavity or post-nasal space), but is useful where nasendoscopy is not possible, and a view of the surfaces and movement of the larynx (voice box) are important.

### Further Information

You can contact your ENT Specialist at the Melbourne ENT Group (MEG):

- Phone: 1300- 952-808
- Email: [admin@melbentgroup.com.au](mailto:admin@melbentgroup.com.au)
- Website: [www.melbentgroup.com.au](http://www.melbentgroup.com.au)



Your GP is also the best contact for ongoing care and concerns.