

## ENT NASENDOSCOPY

This procedure is generally well tolerated, takes about 30 seconds to do and is done in the clinic without sedation. Most patients don't benefit from LA in the nose but it will be available and can be requested if anyone finds passing the scope through the nose too uncomfortable. Most junior doctors will offer it whereas the more senior ones tend not to need it.

THE ENT SCOPES ARE SIGNIFICANTLY THINNER THAN THE UPPER GI ONES AS THERE IS NO BIOPSY CHANNEL IN OURS.

We do understand that a few patients may require a GA examination of the throat particularly if they have had a history of being abused in the past.

ENT nasendoscopy examines the nose, postnasal space(nasopharynx), oropharynx ,the hypopharynx (also known as the laryngopharynx , includes the pyriform fossae and the postcricoid region) and the larynx itself (supraglottis and glottis , with limited view of the subglottis)

The remainder of an ENT examination covers the oral cavity, neck and ears

WE DO NOT SCOPE BEYOND THE CLAVICLES

PATIENTS WHO LOCALISE SYMPTOMS TO THE SUPRASTERNAL NOTCH ARE MORE LIKELY TO HAVE A PROBLEM IN THE OESOPHAGUS (except simple globus ie FOSIT with no dysphagia)

The procedure that upper GI do is **Transnasal upper GI endoscopy**. Isolated dysphagia cases should be referred for that no matter where the patient localises the dysphagia to.

However if the patient has a neck lump, hoarseness, unexplained otalgia or a tonsil abnormality with dysphagia they should be referred USOC to ENT

If they have an oral mass ie tongue or buccal lesion with dysphagia they should be referred USOC to Maxillofacial surgery