

## Having an Oesophageal Dilatation

**If you need an interpreter, please contact us as soon as possible so that we can arrange for a qualified person to attend your appointments.**

It has been recommended that you have an oesophageal dilatation. An oesophageal dilatation is the stretching of a stricture or narrowing of your oesophagus (gullet) to improve swallowing. A flexible tube (an endoscope) and a similar tube (a dilator) are passed through the mouth into the oesophagus and down to the stricture. Gentle pressure is then applied to push the dilator through the stricture. This is repeated using larger dilators until the narrow area has been stretched. Alternatively, a special balloon may be used on the end of the tube to stretch the narrowing.

An oesophageal dilatation requires the use of a **sedative drug**. The type of sedation used is called conscious sedation and is **not** a full general anaesthetic. This means that although you will feel sleepy, relaxed and may not remember the examination, you will still be able to respond to verbal instructions, i.e., you are awake, but drowsy. Sedation is given through an intravenous cannula, which is a small tube that is put into a vein in the back of your hand.

After having **sedation**, you **must** have someone who can take you home **and** look after you for the rest of the day.

### Are there any risks involved?

The procedure will be performed by a highly trained doctor, who will take every care to reduce any risks.

- A perforation (a tear in the lining) is an extremely rare but serious complication, which will involve your having to stay in hospital. The risk of this happening is between 1 – 2%. It may require remedial action including further endoscopy to close the defect, or to place an oesophageal stent, and in some cases it may be necessary to undertake a surgical operation to rectify the perforation.
- Bleeding is a rare complication that usually does not need any further treatment. A small amount of bleeding, noticed in vomit or as black stools, is not unusual and should not cause alarm. This may occur up to several days after the procedure. If heavier bleeding occurs (equal to more than a cupful) further treatment in hospital may be needed.
- The use of a sedative drug can, in a very small number of patients (1 in 1,000), cause the breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use one.

## Special precautions

- If you are asthmatic, please bring your inhalers with you and let the nurse know.
- If you are taking any regular medication for **diabetes**, please refer to a separate leaflet available by telephoning 01753 634157. It explains how to control your blood sugar around the time of your procedure as it is important to maintain a blood sugar above 5 mmol/l. Check your blood sugar level and if necessary suck some glucose tablets ahead of your procedure to achieve this. Please bring your diabetic pills or insulin with you to your appointment.
- For patients on clopidogrel or **ticagrelor**, stop taking it 7 days prior to your procedure. You may restart it after your procedure unless otherwise advised. However if you have had a **coronary stent** inserted less than 12 months ago please do not stop the clopidogrel and let us know by telephoning 01753 634157.
- For patients on warfarin, stop taking this drug 5 days before. However, if you are taking warfarin for a metallic heart valve, previous venous thrombosis (blood clot) or pulmonary embolism, please do not stop taking it and telephone us on 01753 634157 as we will need to make alternative plans to thin your blood around the time of your procedure
- For patients on dabigatran, rivaroxaban or apixaban stop taking this drug 3 days before your procedure. However, if you are taking this for a **metallic heart valve**, previous **venous thrombosis** (blood clot) or **pulmonary embolism**, please do not stop it and call us on 01753 634157. We will need to make alternative plans to thin your blood around the time of your procedure.
- If you have a heart murmur, have had a heart valve replacement, suffer from kidney failure, are in **poor health** or **very frail**, please contact us for advice by telephoning 01753 634157.
- **Aspirin** in low doses is allowed. In the 7 days leading up to the procedure, do not take more than 75mg per day of aspirin.
- If you are taking any other regular medications, please continue to take them.
- Do let us know if you are pregnant, breastfeeding or trying to conceive since this examination involves the use of x-rays.
- If you have a cough or a cold, please telephone us on 01753 634157 as it may be necessary to postpone your appointment.

## General information

- Please do not bring any items of value such as jewellery or credit cards. We cannot accept any responsibility for their loss.

## Preparing for your dilatation

Do not have anything to eat or drink from midnight of the night before the examination, otherwise food or liquids will obscure the view and the examination will not be possible. You may, if you wish, have a small glass of water before 8am on the day of your examination.

## What does the procedure involve?

It will not be necessary for you to undress for the procedure. In the endoscopy room you will be made comfortable on a couch, lying on your left side. A nurse will stay with you throughout the test. A plastic mouthpiece will be placed gently between your teeth or gums

to keep your mouth open. When the endoscopist passes the endoscope through the mouthpiece and into your stomach, it should not cause any pain, nor will it interfere with your breathing at any time. During the examination air will be passed down the endoscope to distend the stomach. This is done to give the endoscopist a clear view and may cause some discomfort. When the examination is finished the endoscope is removed quickly and easily and the air is sucked out. Throat spray will numb the back of the throat and help to make it less sensitive.

### **On arrival at the Unit**

The receptionist will ask for your questionnaire. A nurse will then call you to complete a form about your medical history and take your blood pressure, etc. The nurse will also explain the procedure and the risks involved, and will answer any questions you may have. You will also be asked to sign a consent form.

### **Informed consent**

Prior to the procedure, you will be required to sign a consent form. Before signing it, the healthcare professional will discuss with you what the procedure is likely to involve, the intended benefits, alternative investigations, significant, unavoidable or frequently occurring risks and any extra procedures which may become necessary. All of the information which will be discussed with you is included in this leaflet.

### **The examination**

A nurse will stay with you throughout the examination. You will be made comfortable on a couch, resting on your side. For your comfort, your throat will be sprayed with local anaesthetic and you will be given sedation to make you sleepy and relaxed. You will be asked to remove your spectacles and dentures. X-ray equipment may be used and the staff will then be wearing protective x-ray aprons. The amount of x-rays you receive will be strictly controlled for your safety.

### **After the examination**

You should expect to stay in hospital for 3 - 4 hours. Your throat may feel slightly sore. After resting for at least 2 hours, you will be given a drink and some biscuits. The results and plans will be explained to you before you go home.

If you have had a sedative injection, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide-awake. For this reason, you must have someone who can collect you from the Unit, take you home and look after you for the rest of the day. However, you may resume eating as normal, unless otherwise informed.

If you have had **sedation, for 24 hours** after your procedure **you must not:**

- Drive
- Operate potentially dangerous machinery

For **8 hours after sedation**, you should also not:

- Use potentially dangerous appliances, such as a cooker or kettle
- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Sign any legal documents
- Drink any alcohol, take sleeping tablets or recreational drugs

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:  
**Frimley Park Hospital**  
**Telephone:** 01276 526530  
**Email:** fhft.palsfrimleypark@nhs.net  
**Heatherwood Hospital**  
**Telephone:** 01753 633365  
**Email:** fhft.palsheatherwood@nhs.net  
**Wexham Park Hospital**  
**Telephone:** 01753 633365  
**Email:** fhft.palswexhampark@nhs.net

<p><b>Frimley Health NHS Foundation Trust</b>  <b>Frimley Park Hospital</b>          Portsmouth Road          Frimley          Surrey          GU16 7UJ</p> <p><b>Hospital switchboard:</b>          01276 604604  <b>Website:</b> www.fhft.nhs.uk</p>	<p><b>Frimley Health NHS Foundation Trust</b>  <b>Heatherwood Hospital</b>          London Road          Ascot          SL5 8AA</p> <p><b>Hospital switchboard:</b>          01344 623333  <b>Website:</b> www.fhft.nhs.uk</p>	<p><b>Frimley Health NHS Foundation Trust</b>  <b>Wexham Park Hospital</b>          Wexham          Slough          Berkshire          SL2 4HL</p> <p><b>Hospital switchboard:</b>          01753 633000  <b>Website:</b> www.fhft.nhs.uk</p>
--	--	---

<b>Title of Leaflet</b>	Having an Oesophageal Dilatation				
<b>Author</b>	Dr Sass Levi Fiona Ruszkowski	<b>Department</b>	Lady Sobell GI Unit		
<b>Ref. No</b>	H/010/7	<b>Issue Date</b>	July 2018	<b>Review Date</b>	July 2021

**Legal Notice**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

