

Having an Oesophageal Stent

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.

What is an Oesophageal Stent?

A stent is a tube of flexible metal mesh which, once in position across the narrowed area of your oesophagus (foodpipe), expands to allow fluid and food to pass through to the stomach more easily.

It is put in position with an endoscope which is a long thin flexible tube about the thickness of your little finger. The endoscope will be passed through your mouth and into your oesophagus. X-rays are used when placing the stent.



What does the procedure involve?

You will be asked to remove your top and put on a hospital gown. 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. Throat spray will numb the back of the throat and help to make it less sensitive.

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 test some 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.

Sedation is given through an intravenous cannula (a small tube put into your vein). It is a sedative, not an anaesthetic, and will make most people feel drowsy and relaxed. 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.

Are there any risks involved?

Placing an oesophageal stent is a skilled procedure, which is performed by a highly trained doctor who takes every care to reduce any risks.

- A perforation (a tear in the lining) is an extremely rare, but serious complication which may require surgery and will involve having to stay in hospital.
- **Bleeding** is a rare complication that usually does not need any further treatment. A small amount of bleeding noticed in vomit or black stools is not unusual and should not

cause alarm especially following a biopsy. It may occur up to several days after the procedure. If heavier bleeding occurs (equal to more than a cupful) it may require further treatment in hospital.

- 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.
- 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

- You will need to take some time off work and you can expect to be in hospital for 3-5 hours post procedure. However some patients require an overnight stay for assessment and monitoring of progress. The results will be discussed with you before you leave.
- Please bring a dressing gown, slippers, a toothbrush, toiletries and night clothes as you will need to stay in hospital overnight, perhaps even for a few days. You may wish to bring something to read.
- Please do not bring any items of value such as jewellery or credit cards. We cannot accept any responsibility for loss or damage.

Preparation

Do not have anything to eat or drink from midnight on the day before the examination otherwise food or liquids will obscure the view and the procedure may not be possible. If you wish, you may have a small glass of water before 8.00am on the day of your procedure.

On arrival at the unit

The receptionist will ask for your questionnaire. A health care professional will then complete a form about your medical history and take your blood pressure. The health care professional will also explain the risks involved in the procedure and you will have the opportunity to ask questions. You will then be asked to sign a consent form.

After the examination

You will be transferred to the ward. Your throat may feel slightly sore and you may feel a little bloated due to air blown in through the tube. This will quickly pass. It may take many days for swallowing to improve as the stent gradually expands in the tight part of the food pipe. Once the tube has been placed, it is permanent. It may initially cause some mild discomfort, pain, or hiccups. These symptoms usually wear off with time.

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

**Large
Print**



Easy to Read



Translation



Audio



Braille

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

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

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