

# Having an Oesophageal Dilatation

## Patient information factsheet

This leaflet has been designed to help you understand what is involved when you have an Oesophageal Dilatation. If you have any further questions, please call one of the numbers written at the end of this factsheet and one of the team will be happy to help. Please also see the RUH “Having an Upper Gastrointestinal Endoscopy” factsheet in conjunction with this leaflet.

### What is an Oesophageal Dilatation?

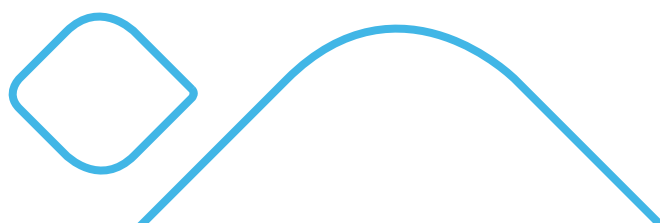
The oesophagus (gullet) is the tube that connects your mouth to your stomach. If there is a narrowing then this can cause food to get stuck, which can lead to chest discomfort and vomiting. Oesophageal dilatation aims to open (dilate) this narrowing with a procedure called a Gastroscopy (please see “Having an Upper Gastrointestinal Endoscopy” factsheet) to enable food to more easily pass into the stomach.

### What do I need to do before the procedure?

If you haven't had a Gastroscopy before, please read the “Having an Upper Gastrointestinal Endoscopy” factsheet for more information.

If you are on any blood thinning medications (e.g. Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Edoxaban, Dabigatran, Prasugrel, Ticagrelor) please let the endoscopy unit know as soon as possible, as some of these medications may need to be adjusted prior to therapy. Please do not stop them unless asked to by the endoscopy unit.

**Nil by mouth** – this is very important to allow a clear view and to reduce the risk of chest infections after the procedure.



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- Nothing to eat for 6 hours prior to your appointment time. You may have sips of clear water up to 2 hours prior to your appointment time with your regular medications.
  - If you are having a dilatation for a condition called **Achalasia or other complex problems** then you must only consume clear fluids for 24 hours prior to your procedure. You will be told if you need to do this.

## What to expect during the procedure?

After checking into the endoscopy unit, one of our nurses will see you to explain the procedure and answer any questions you may have. You will then sign a consent form. It is important to understand that you can withdraw your consent at any time, even after signing the form.

After inserting the gastroscope, the endoscopist will look at the area and assess if a dilatation is required and safe to proceed.

The endoscopist will then pass the balloon through the gastroscope and into the area that needs dilatation. The balloon is then expanded to stretch the narrowing. This can be repeated a number of times.

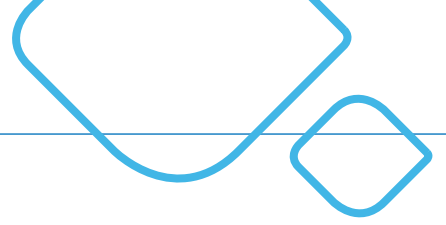
There may be some mild discomfort during the dilatation, but it should not be significantly painful. Prior to the procedure you will be offered sedation or pain relief through a vein in your arm to help with any discomfort that may occur.

The procedure will last approximately 15-30 minutes.

## What are the risks of the procedure?

Serious risks and complications are rare, however as with any procedure, there are some potential risks for you to be aware of:

- Perforation (tear) – approximately 1 in 200 people will have this rare complication where a small tear (perforation) can occur in the oesophagus (gullet). The majority of these tears are treated with antibiotics and resting the gullet but larger tears may need an operation to repair. If you are currently receiving high dose chemotherapy or radiotherapy, your risk of perforation is higher, and we may advise a dietary strategy, until you are recovered and at less risk. **If you get severe chest or tummy pain in the days after the procedure please seek medical assistance.**
- Indigestion/ chest pain - Some people have some indigestion-like discomfort in the centre of the chest. If mild, this is normal and can be treated with medication from your local pharmacy. This is more likely if you have a condition called eosinophilic oesophagitis.
- Bleeding – There is a low risk of a small amount of bleeding. Severe bleeding is very rare.
- Infection – There is a small risk of having a chest infection after the procedure.
- If you have any crowns or dental bridgework, please let the nurses know as there is a slight risk of damage to teeth during the procedure.
- Sedation – The medication to make you drowsy during the procedure can reduce your blood pressure or breathing rate, however you will be closely monitored for this.



## What to expect after the procedure?

After the procedure you will be moved to the recovery area where you will be looked after by our nursing staff. You will not be able to eat or drink for 1 hour after the procedure and then you can have sips of water. Normally you will be discharged home after around two hours.

On discharge, you may be advised to have a soft/liquidised diet for the next 48 hours, specific instructions will be given by the endoscopy unit team. After this time you may be able to resume a normal diet.

You will have some sedation during the procedure (see “Having an Upper Gastrointestinal Endoscopy” factsheet) and so for 24 hours after the procedure you must **not**:

- You cannot legally drive.
- You must not use or operate machinery and electrical appliances.
- You must not drink alcohol.
- You should not sign any important documents or papers that you may not want to agree to at a later time.
- You must not look after anyone who needs your help to manage, such as young children or older members of the family.
- You must have someone to supervise you at home and accompany you during your discharge from the hospital.

Some people experience some mild discomfort in the centre of the chest after their dilatation. If it remains mild then this can be managed with simple pain relief from your local pharmacy. However, if this pain becomes severe then please seek urgent medical attention.

Repeated dilatation procedures are often required to achieve or maintain effective swallowing.

## Alternatives to the procedure?

If you are not sure that this is the correct procedure for you then you can speak to the nurses before the procedure or contact the doctor who arranged this for you.

Some patients may be suitable for surgery or alternative feeding options.

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If you have any queries regarding the information or instructions in this booklet, please do not hesitate to call the department on the number below and a member of the nursing staff will be only too pleased to help you.

To cancel or change an appointment: 01225 821412

To discuss the procedure or ask questions about the preparation and medication: 01225 821425 or 01225 821788.

If you cannot accept this appointment date, it is important that you telephone as soon as possible so that your date may be offered to another patient.

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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