

Oesophageal Variceal Banding

Patient information factsheet

This leaflet has been designed to help you understand what oesophageal varices are, and what is involved in investigating and managing them. If you have any further questions, please call one of the numbers at the end of this factsheet and one of the team will be happy to help.

What are oesophageal varices?

Oesophageal varices are veins in your oesophagus (gullet) that have become enlarged, much like varicose veins. These can bleed heavily, causing you to become unwell, therefore it is important for us to treat them. In most cases these are treated with medication (Carvedilol), however some people cannot take this medication due to medication intolerance, previous bleeding from varices, and other medical conditions. Therefore, in these cases variceal banding can be offered.

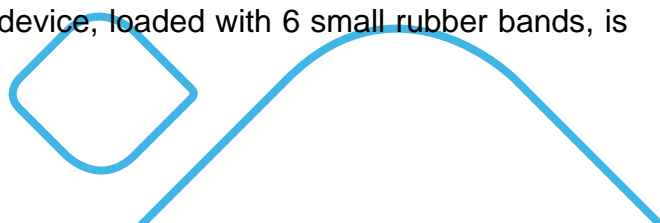
If variceal banding is required, then an endoscopist will treat them during a gastroscopy (upper gastrointestinal endoscopy). You can read through the “Having an Upper Gastrointestinal Endoscopy” factsheet for more information on gastroscopies; please let the endoscopy unit know if you are on any blood thinning medications (e.g. Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Edoxaban, Dabigatran, Prasugrel, Ticagrelor) as many needing adjusting in advance, if therapy to varices is planned.

How do we treat oesophageal varices?

Varices are treated by applying rubber bands during a gastroscopy to compress them at the bottom of your oesophagus (gullet) and cause them to shrink.

The procedure will last up to 20 minutes; you will be offered sedation for the gastroscopy.

Usually a normal gastroscopy to examine the oesophagus is performed. If varices have been identified the gastroscope is removed, and a small device, loaded with 6 small rubber bands, is



fitted to the endoscope. We then repeat the gastroscopy to deliver the therapy. The enlarged veins are identified, suction is applied via the endoscope and the bands are applied.

It will often take more than one procedure before all the varices have been treated and you will have the procedure every two to four weeks until all the varices have been eradicated. Once the varices have been treated you will have another gastroscopy after three months to ensure the gullet looks healthy. After this investigation, if you have never had problems with bleeding from your varices, you will have a gastroscopy every year to ensure that the varices do not recur. If you have previously bled from your varices, you will have this surveillance gastroscopy every six months.

After your varices are banded

Often you will have 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.

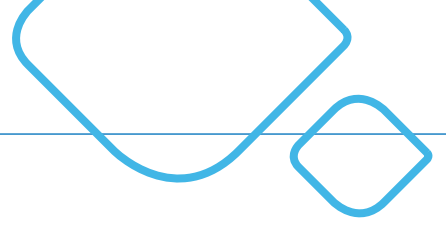
2-3 days after your procedure a clot forms in each treated blood vessel, which causes them to shrink.

Some people experience some mild discomfort in the centre of the chest after banding. 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.

What are the risks of this procedure?

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

- Indigestion: Some people have indigestion-like discomfort in the centre of the chest. If mild, this is normal and can be treated with medication from your local pharmacy.
- Bleeding: There is a low risk (one in a hundred) of bleeding from the banding, either from the band itself or from an ulcer developing afterwards. If you vomit blood, have severe abdominal pain or pass black stools up to two weeks after your varices have been banded, you must seek urgent medical advice.
- 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.



What are the alternatives to this procedure?

As mentioned above, medication is often the first choice for treating varices and banding is only offered if you are unable to take this medication or if you have already bled from your varices.

If you would like to discuss this decision, then please contact the clinician who referred you for the procedure.

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 test, 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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