

Having an Oesophageal Dilatation

Information for Patients

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Introduction

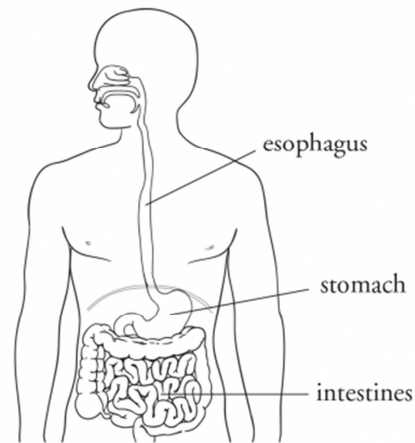
This leaflet tells you about having an oesophageal dilatation. It explains what is involved and what the possible risks are.

If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Interventional Radiology department.

What is an Oesophageal Dilatation?

The oesophagus, or gullet, is the tube that takes food down from the mouth to the stomach. If it becomes narrowed or blocked, there will be a problem with swallowing.

Oesophageal dilatation is a procedure that widens a narrowing in your oesophagus using a special catheter (long, thin tube) with a balloon attached. Dilatation should stretch the narrowing and make it easier for you to swallow.



What are the benefits of an Oesophageal Dilatation?

Dilatation should stretch the narrowing of your oesophagus and make it easier for you to swallow. More than one dilatation may be needed over several appointments depending on how much stretching your oesophagus will require.

Are there any risks?

Serious risks and complications of having an oesophageal dilatation are very rare. However, as with any procedure, some risks or complications may occur.

- There is a small risk of a perforation (tear) of your oesophagus (in the region of 1 in 300 cases). This is greater if you are currently having high dose chemotherapy or radiotherapy. Small perforations can heal with rest from feeding and antibiotics. Larger holes may require an operation to repair them.
- A small amount of bleeding may occur, but more significant bleeding is very rare.
- There is a slightly increased risk of developing a chest infection after this procedure.

The use of X-ray guidance during the procedure helps to minimise the risk of complications. The radiologist (specialist X-ray doctor) performing the procedure will discuss the risk factors relevant to your condition with you before starting and will be happy to answer any questions you may have.

Are there any alternatives?

There is no alternative procedure that can be done to stretch the oesophagus to allow you to swallow better.

What do I need to do to prepare for the procedure?

You will need to have a blood test about one week before the procedure. Your doctor or clinical nurse specialist will tell you about this and how to arrange it when they recommend an oesophageal dilatation.

If you are taking Warfarin, Clopidogrel, aspirin or other blood thinning medications please inform the Radiology department at least one week before the procedure, as these may need to be withheld temporarily before the examination.

You can come into hospital, have an oesophageal dilatation, and go home the same day. You will need to arrange for a responsible adult to take you home in private transport, and to stay with you overnight. We do not recommend that you use public transport, as you will have had medication to sedate you for the procedure.

You will not be allowed to eat or drink for 6 hours before the procedure. You can drink sips of water up to 2 hours before your procedure. If you have diabetes, please phone the Radiology department for specific advice on 01225 824375.

On admission you will be informed of the approximate time of your procedure. However, this may change due to unforeseen circumstances.

If you are pregnant, or think you may be pregnant, you must tell the imaging staff so that appropriate protection or advice can be given.

What happens before the procedure?

When it is time for the procedure you will be taken on your bed to the Radiology department, where you will be welcomed by the radiology staff:

- The Radiologist is a doctor specially trained to interpret X-rays and scans and to perform image-guided procedures.
- Radiographers are specially trained health professionals who move and control the radiographic equipment during the procedure.
- Radiology Nurses work with the radiologists and care for the patient during interventional procedures.

A nurse will check your details. If you are allergic to anything (such as medicine, skin cleansing preparations, latex, plasters) please tell the nurse.

You must tell the nurse if you have any loose teeth, caps or crowns, as there is a risk they could become dislodged.

The radiologist will explain the procedure answering any questions you or your family may have. When all your questions have been answered you will be asked to sign a consent form for the procedure.

Before the procedure you will be asked to change into a hospital gown and to remove dentures, glasses and neck or ear jewellery.

What happens during the procedure?

You will be taken into the Interventional radiology room and helped onto the X-ray table.

A cannula (needle) will be inserted into a vein in your hand/arm. This allows us to administer a sedative and painkillers. You will not be fully unconscious during the procedure but you should be drowsy and relaxed. The back of your throat may be sprayed with a local anaesthetic to numb it.

The nursing staff will attach ECG leads and a finger monitor to you to check your heart rate and breathing. A cuff will be placed on your arm to monitor your blood pressure (please inform the nurse if there is a reason why a certain arm cannot be used).

You will be asked to lie on your right hand side. A small mouthpiece will be placed in your mouth and you will be given oxygen via tubing under your nose or, if you have a tracheostomy, via a mask over this.

The radiologist will pass a fine catheter (long, thin tube) through your mouth and down your oesophagus until it has crossed the narrowing. This is then exchanged for a balloon catheter (with a balloon attached). The radiologist uses imaging machines to follow the progress of the catheter and see when the balloon is in the correct position. When it is, the balloon will be expanded to stretch the narrowing. This may be repeated a number of times.

The nurse may need to clear saliva from your mouth using a small suction tube.

What happens when the procedure is finished?

You will be taken to the recovery room or your ward, where you will need to rest for at least 2 hours. You will have your pulse, blood pressure and if necessary your temperature taken to ensure there have been no complications.

You will not have anything to eat or drink for at least one hour afterwards or until the nurse or Radiologist are happy with your recovery. If you are comfortable and there are no obvious complications you will first be given clear fluids and then allowed to eat and drink again.

Your throat may feel sore. Please tell the nurse if you have any other pain or discomfort.

The radiologist will discuss the procedure with you. If a further oesophageal dilatation is required you will be given details of your next appointment before you go home.

Going Home

The medicines used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the radiologist has said to them afterwards. It is essential that you arrange for a friend or relative to take you home and stay with you for the next 24 hours. **You must not** drive, drink alcohol, operate machinery (including the oven or kettle), sign important documents, or look after children or dependents alone for 24 hours following the test.

You may have a sore throat, but this will pass and is nothing to worry about. You should eat a soft diet only for 24 hours following the procedure. Take some fizzy drink with your food.

If you get any pain in your neck, chest or abdomen, stop eating and/or drinking and attend your nearest Accident and Emergency Department taking with you any information you have been given.

Any questions?

We will do our best to make your visit as comfortable and stress free as possible. If you have any questions or suggestions for us, please contact the Interventional Radiology department on 01225 824375.

More information

For general information about Radiology departments, visit The Royal College of Radiologists' website: <https://www.rcr.ac.uk/public-and-media/what-expect-when>

For information about the effects of x-rays read the National Radiological Protection Board (NRPB) publication: 'X-rays how safe are they?' on the website: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947388410

How do I make a comment about my examination?

If you have any concerns or suggestions following your examination, please contact the [Patient Advice and Liaison Service \(PALS\)](#),
Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG.
Email: ruh-tr.PatientAdviceandLiaisonService@nhs.net
Tel: 01225 821655 or 01225 826319