

Having a Colorectal Dilatation

Information for Patients

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Introduction

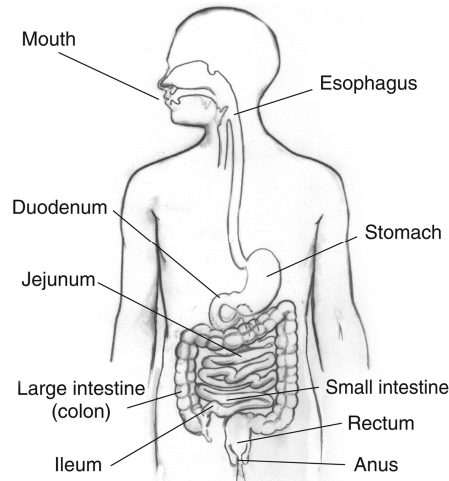
This leaflet tells you about having a colorectal dilatation. It explains what is involved and what the possible risks are.

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 a Colorectal Dilatation?

The colon and rectum are the lowest part of the bowel (large bowel). When there is a narrowing in the colon or rectum it may be difficult to pass bowel motions and may cause pain, bloating and vomiting.

Colorectal dilatation is a procedure that widens a narrowing in your large bowel using a special catheter (long, thin tube) with a balloon attached. This catheter is introduced through the anus to the narrowed part of the large bowel and the balloon is inflated to stretch the bowel.



What are the benefits of a Colorectal Dilatation?

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

Are there any risks?

Serious risks and complications of having a colorectal dilatation are very rare. However, as with any procedure, some risks or complications may occur (1-2% overall).

- There is a small risk of a perforation (tear) of your large bowel (in the region of 1 in 300 cases). 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.
- Infection or fever may occur.

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?

The main alternative to colorectal dilatation is surgery to remove the narrowed part of the bowel. Colorectal dilatation is less invasive than surgery and is the preferred option for treating a benign narrowing of the large bowel.

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 a colorectal 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.

If you are taking any medication containing iron, such as ferrous sulphate or multi vitamins containing iron, please stop these seven days before your admission. Please ensure you take any medication for heart or blood pressure throughout your preparation, as well as any other regular medication.

You can come into hospital, have a colorectal 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 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.

You will be given an enema immediately prior to the procedure to empty your lower bowel. Before the procedure you will be asked to change into a hospital gown.

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.

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.

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 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 and you will be given oxygen via a mask or tubing under your nose.

The radiologist will pass a fine catheter (long, thin tube) through the anus and rectum until it has crossed the narrowing of your large bowel. Occasionally a camera called an endoscope is inserted through your back passage in order to pass a wire through the narrowed bowel. The tube or wire is then exchanged for a balloon catheter (tube 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. You may feel some discomfort as the balloon is expanded but this should be short-lasting.

Every patient is different but the procedure usually takes between 30 and 60 minutes to complete.

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 4 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 normally again.

The radiologist will discuss the procedure with you. If a further balloon dilatation is required you will be given details of your next appointment before you leave the Radiology department.

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 some bowel discomfort, but this will pass and is nothing to worry about. You should eat a soft diet only for 48 hours following the procedure.

If you get any pain in your 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