Having a Colonic Stent

Information for Patients

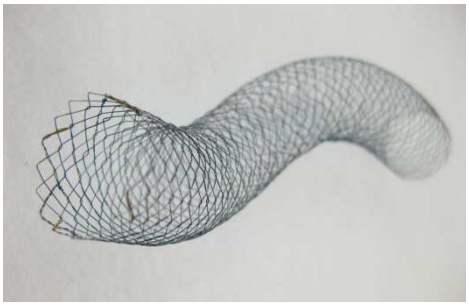
In this leaflet:

Introduction

This leaflet tells you about having a colonic stent insertion. 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 Colonic Stent?

A stent is a hollow tube made of a flexible alloy mesh. Stents can be rolled up tightly to the size of a pencil to allow them to be inserted through the blockage or narrowing (stricture) of the bowel. Once in place, the stent expands and holds the narrowed area open. This will hopefully improve your symptoms.



What are the benefits of a Colonic Stent?

When there is a narrowing in the colon it may be difficult to pass bowel motions and may cause pain, bloating and vomiting. A stent widens the narrowing to allow the bowel to empty normally.

Stents can be used for the following reasons:

- Before an operation to remove the blockage. The aim of the stent is to allow the operation to be performed as a planned procedure rather than as an emergency. Having the stent may allow your physical condition to improve before your operation and so possibly improve the outcomes.
- To relieve symptoms of bowel obstruction on a long-term basis if surgery is considered too high-risk because of other medical conditions you may have.

Are there any risks?

Most people will not have any serious complications as a result of the procedure. Before you give your consent, your doctor and specialist nurse will explain the possible risks, which include:

Perforation: The main risk of colonic stent insertion is causing a tear in the bowel wall, otherwise known as a perforation. This is uncommon (2-4%) but it can be serious and life threatening. If perforation does occur, emergency surgery is usually required to remove the part of the bowel that has been damaged. A stoma (when the bowel is diverted to the skin surface and bowel motions are collected in a bag) may be necessary.

Migration: Occasionally, after successful stent placement, the stent can slip out of position. This happens in around five per cent of patients (1 in 20) and if this occurs you may experience pain and the feeling of urgently wanting to open your bowels. You may need to have the stent removed and a new one inserted.

Bleeding: A small amount of bleeding may occur after the procedure but this usually settles in a few days.

Pain: Although most patients cannot feel the stent after it is inserted correctly, a few patients have reported some degree of discomfort, particularly in the first two weeks after insertion. If you experience ongoing discomfort, bloating and/or bowel spasms, you should contact your colorectal nurse or doctor.

Re-obstruction: Over time, in about 1 in 10 patients the stent may become blocked. If this occurs, you may experience symptoms of obstruction, such as difficulty passing motions, abdominal pain, bloating or vomiting.
If this happens you should contact your colorectal nurse or doctor.
This may require insertion of another stent.

Finally, occasionally it is not technically possible to place a stent as planned. Your doctor would discuss this with you after you have recovered from any sedation.

Are there any alternatives?

Not having a stent inserted will very likely lead to complete blockage of the bowel. Alternatives options are:

- Major surgery may be an option but carries the risk of a general anaesthetic and complications such as infection.
- A stoma (a false opening made into the bowel via the skin) can be used to divert the flow of stools away from the blockage. Often, a stoma will be permanent in a patient who is medically unfit or who has a tumour that has spread.

Your doctor has recommended a colonic stent as the best option for you but if you would like more information on surgery, please speak to your doctor.

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.

If you are taking Warfarin, Clopidogrel, aspirin or other blood thinning medications please inform your doctor at least one week before the procedure, as these may need to be stopped for a number of days before the examination.

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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 may already be an inpatient or, if not, you may be admitted into hospital on the previous day or the day of your procedure. On admission you will be informed of the approximate time of your procedure. However, this may change due to unforeseen circumstances. You will usually need to stay in the hospital overnight.

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

You will be given an enema immediately prior to the procedure to empty your lower bowel. Occasionally, oral bowel preparation will be given if it is considered safe to do so.

A cannula (needle) will be inserted into a vein in your hand/arm. You will be given antibiotics through the cannula. This cannula will remain in your hand/arm until you have recovered from the procedure.

What happens before the procedure?

When it is time for the procedure you will be collected by a porter and taken 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, 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. You will be asked to lie on your left hand side.

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You may be given a sedative and painkillers though the cannula in your hand/arm. 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 (please inform the nurse if there is a reason why a certain arm cannot be used). You will be given oxygen via a mask or tubing under your nose.

A camera called an endoscope is inserted through your back passage until it reaches the obstruction. A guidewire is passed through the endoscope and then through the narrowing in your bowel. Using the wire as a guide, the stent is placed across the narrowing in its collapsed state. The radiologist uses imaging machines to follow the progress of the guidewire and see when the stent is in the correct position. When it is, the stent is released and will expand the narrowing of your bowel. The guidewire and endoscope are then withdrawn leaving the stent in place.

Sometimes the procedure may be performed without an endoscope. The radiologist will pass a fine tube (catheter) through your back passage to cross the obstruction and place the stent.

Every patient is different and the procedure can take between 45 and 90 minutes to complete.

Sometimes, it may take more than one attempt to position the stent. Occasionally it is not possible to do the procedure, in which case, your doctor will discuss an alternative plan with you.

What happens when the procedure is finished?

You will be taken back to the your ward, where you will need to rest. You will have your pulse, blood pressure and if necessary your temperature taken to ensure there have been no complications.

The stent will reach its maximum diameter within 24 hours. It will only stretch as far as the narrowing allows, up to maximum of 3 cm. Your bowel function will therefore be dependent upon the degree of expansion achieved.

You will require an x-ray to assess the position of the stent and to rule out perforation. You will be able to go home once the doctors are happy that the stent is in the correct position and that the bowel is working again.

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Going Home

You may experience some bleeding from your bowel in the first two days after insertion but this should stop. The bowel may feel uncomfortable, possibly painful for up to three days. Please ask for painkillers if you need them.

It is important to follow dietary guidelines and drink plenty of fluid if the stent is to remain open. It generally helps to eat a soft/low fibre diet; as a guide this means eating foods that do not need a lot of chewing. Please ask for a low fibre diet sheet. A daily dose of softening laxative is recommended to help the bowel motions remain loose and easy to pass. It is important to continue to drink plenty of fluids.

It is important to monitor your bowel function and report any continued or new episodes of pain and/or bleeding to your Consultant or Colorectal Nurse immediately.

If you need to have a rectal examination or any X-rays, CT or MRI scans you should tell the doctors that you have a stent in place. The stent should not interfere with any of your normal activities.

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

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