

Having an Oesophageal Stent

Information for Patients

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Introduction

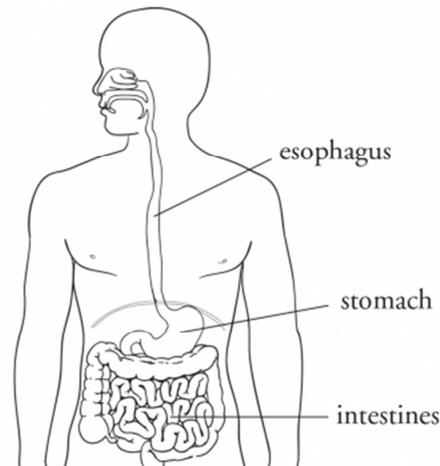
This leaflet tells you about having an oesophageal stent insertion. It explains what is involved and what the possible risks are.

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 an Oesophageal Stent?

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.

An oesophageal stent is a metal mesh tube, which may have a fabric covering. The stent is passed by mouth into the oesophagus and positioned across the area that has narrowed. It gently expands to allow fluid and foods to pass down to the stomach more easily.



What are the benefits of an Oesophageal Stent?

The stent should expand the narrowing of your oesophagus and make it easier for you to swallow.

Are there any risks?

Oesophageal stent insertion is generally a safe procedure. 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 be managed conservatively and can heal with rest from feeding and antibiotics. Larger holes may require an operation to repair them or another stent inserting.
- 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.
- Some people get heartburn and acid reflux after the procedure. This can be controlled with simple medicine if necessary.
- Rarely, the stent may slip out of position and the procedure may need repeating.

- Occasionally it may not be possible to fit or place a stent for technical reasons. If this is the case, your doctor will discuss this with you.

Are there any alternatives?

Sometimes surgery will be recommended, but this is usually if the narrowing in your oesophagus is caused by cancer. For some patients a tumour in the oesophagus can be treated with alcohol injection and burning. X-ray therapy (radiotherapy) or chemotherapy may sometimes be alternative options.

Your doctor has recommended an oesophageal stent as the best option for you but if you would like more information on alternative treatments, 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 withheld temporarily before the examination.

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

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

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. 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 will 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.

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 tube with the stent attached. The radiologist uses imaging machines to follow the progress of the catheter and see when the stent is in the correct position. When it is, the stent will be released from the tube and will expand the narrowing of your oesophagus.

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 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.

Your throat may feel sore. You may get some pain or discomfort in the gullet for a few days after the procedure as the stent expands. We recommend that you take painkillers that dissolve in water until this discomfort goes away.

You will not have anything to eat or drink until the nurse or Radiologist are happy with your recovery. If you are comfortable and there are no obvious complications you will be allowed to drink clear fluids. When you do start to eat, it is important to follow the advice given to you by nurses or doctors. If you experience any pain, please tell your nurse.

Going Home

After discharge if you experience any of the following symptoms, you should return to the Accident and Emergency department immediately:

- Difficulty breathing
- Severe chest pain
- Vomiting blood, food or fluids

Acid reflux with heartburn may occur when the stent is placed from the gullet into the stomach. To make sure you are comfortable at night, sleep with extra pillows to raise your head. You may be prescribed an acid reducing tablet such as Omeprazole or Lansoprazole, which you should take regularly and antacids to take after each meal and before going to bed.

It is advisable to begin by eating liquidised meals and progress to soft, moist foods if you feel comfortable. The dietician will advise you about what foods to avoid to prevent food blockage of your stent. It is important that you follow this advice and chew your food well. Try to have small frequent nourishing meals. Frequent drinks may help to keep your stent clear.

If you find that you cannot swallow food or fluids the stent may be blocked. Stop eating and try standing up and walking around the room. Take small sips of a fizzy or warm drink. If this does not work or you are unable to swallow after a couple of hours, contact your doctor or Clinical Nurse Specialist for advice.

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