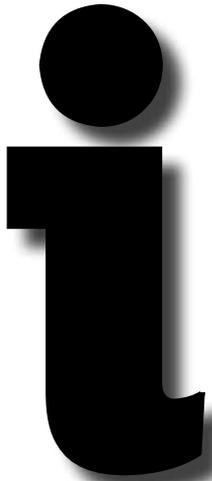


# **Information for patients requiring an oesophageal stent (1 of 4)**



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer care@salisbury.nhs.uk](mailto:customer care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

Please read this information carefully. If you have any questions you will be able to ask the doctor at your appointment. You will also be able to talk to a nurse when you arrive at the Endoscopy Unit.

## **Why do some people need an oesophageal stent?**

The oesophagus, or gullet, is a hollow, muscular tube that takes food from the mouth to the stomach. If it becomes narrowed or blocked as a result of a tumour, then swallowing food becomes difficult. By putting in a specially designed tube called a stent through the narrowed or blocked area of the gullet, swallowing can be improved and food can then pass more easily into the stomach. In rare circumstances, a stent may be placed for a narrowing of the oesophagus when this is caused by inflammation only. We call this procedure an oesophageal stent insertion.

## **What is a stent and what is it made of?**

A stent is a tube made of a flexible metal mesh covered in plastic. The stent is collapsed down and fed over a fine wire into the required position and then released. When it is released from the wire it expands and stretches the oesophagus to its original width. This allows food to pass easily again.

## **Are there any other options?**

You have been referred for an oesophageal stent because you have been experiencing difficulties swallowing due to a blockage.

The doctor will have also considered alternatives such as an operation, but a stent insertion has been suggested as the best treatment in your case. You should make sure that you have had the opportunity to discuss the matter, in detail, with your own GP and the doctors at the hospital. If you feel uncomfortable about having this procedure, then you can decide against it. Your decision will be fully respected and your doctor will be happy to discuss alternative options with you.

## **Who will put the stent in?**

Doctors with special expertise in the procedure and with an understanding of X-ray images will put the stent in. They will do it with X-ray guidance.

## Is there any special preparation for the procedure?

- You should keep taking all your medications **but** if you take medications to make your **blood thinner** such as warfarin, clopidogrel, rivaroxban, apixaban, dabigatran or aspirin or if you are **diabetic** you must let your doctor and us know as soon as you receive your appointment. Contact details are at the end of this leaflet.
- If you have any allergies you must let the nursing staff and doctors know.
- You should **have nothing to eat for 6 hours before your appointment**. You may drink clear fluids (for example water, black tea, black coffee) up until 2 hours before the procedure, unless you have been advised differently.
- This procedure is usually done on Monday afternoon or Thursday morning in our room next to the cardiac suite, on level 4 in the main hospital. You will be asked to book in there.
- If you are on a ward a porter will take you on your bed to the Cardiac Suite.
- When you arrive on the cardiac suite, the staff will check all your personal details. You will be seen by a doctor who will explain the procedure to you and answer any questions you may have. You will then be asked to sign a consent form. The doctor will also sign this form and a copy of the form will be given to you to keep for your own records.
- You will be asked to undress and to put on a hospital gown which should be done up with the ties at the back. Before putting on the gown you will need to undress completely except for your pants/underpants. A nurse will be there to help you if required.
- The doctor/nurse will place a small needle in your arm (called a cannula) so that sedative drugs can be given to you during the procedure to keep you comfortable.

## What happens during the oesophageal stent insertion?

- For safety reasons you will be asked to remove any false teeth, hearing aids, spectacles, or contact lenses. This can be done just before the examination begins.
- In the procedure room you will be made comfortable on the X-ray table, resting on your left side.
- We will give you some sedation, this will be given as an injection through the cannula in your arm. Sedation will make you feel sleepy and relaxed and although most patients have little or no memory of the procedure it is not an anaesthetic.
- Sedation does have some risks. The risks are: breathing less effectively and problems with heart rate and blood pressure.
- The endoscopist will assess the right dose of sedation for you to reduce the risk of these complications happening. The nurses will monitor your oxygen levels, heart rate and blood pressure throughout the procedure.
- A fine soft tube will be placed in your nostrils to give you oxygen to breathe during the procedure
- A plastic mouthpiece will be placed gently between your teeth or gums, to keep your mouth slightly open, so that the endoscope (a flexible, thin telescope) can move freely.

- The staff wear protective aprons because of their repeated exposure to X-rays.
- The endoscope is passed through your mouth down the oesophagus, through the blockage and into your stomach. Sometimes your oesophagus needs to be stretched first so that the endoscope can pass through the blockage.
- The stent is passed down over a guide wire into the blocked area. Its position is carefully checked by X-ray. The guide wire and endoscope are then removed.

## What happens after the oesophageal stent insertion?

- You will stay in the recovery area until the nurse is satisfied that you have recovered sufficiently to return to the unit. Your oxygen levels, pulse and blood pressure will be monitored regularly until you are fully awake. You will continue to receive oxygen via the soft plastic tube to your nostrils. If you are not an inpatient you may be able to go home from the unit.
- Before you leave the unit you will receive a visit from the dietician or clinical nurse specialist who will assess you and give you detailed dietary advice.
- You may feel some mild to moderate chest pain while the stent expands but this will usually settle in 24 - 48 hours. You will be given pain killers to help ease this.
- Heartburn may occur after stent insertion. If you are not already on it you will be prescribed medication to relieve this.
- You will be allowed to have a drink within an hour or so after the procedure.
- After sedation you must not drive or operate heavy machinery for 24 hours (your insurance will not cover you in the case of an accident). If you are going home someone will need to collect you and remain with you overnight.
- It will be necessary to have a soft, moist diet for a few days after the procedure, gradually building up to a more normal diet. You may need to continue mashing and mincing some foods for 5 - 10 days but generally patients can enjoy a light soft diet, avoiding crusty bread, chips or tough meat. We advise that you take small bites, chew well and drink water or fizzy drinks during meals.

## Looking after your stent

- eat in an upright position
- take small mouthfuls of food
- eat slowly and chew food well
- use plenty of sauces, gravy and butter to moisten food
- if your appetite is poor try to have small frequent nourishing meals
- try to have warm drinks and fizzy drinks (soda water, lemonade) to prevent the tube from blocking.

Please note that your swallowing will be better afterwards but it will not return to normal and you will need a modified diet.

## What are the risks or complications?

Oesophageal stent insertion is a safe procedure but, as with any medical treatment complications can arise.

- Occasionally a little bleeding can occur during the procedure particularly if the oesophagus needs stretching. This generally stops without the need for any action. The risk of severe bleeding is 0 - 6 per every 100 patients.
- Very rarely, the placement of the stent may cause a tear in the oesophagus. The risk of perforation (tearing) is 1 in 200 to 2 in 100 patients. This risk is higher in those patients who have previously had radiotherapy or chemotherapy. If this happens you will be not be able to eat or drink for a few days, you will be given antibiotics until the tear heals and kept in hospital. If the tear does not heal you may need a second stent insertion or an operation.

## What are the possible longer-term complications?

- The stent may slip out of position in the weeks or months after it is put in. This happens in about 1 in 20 patients. It will usually be obvious that this has happened, because you will again suddenly experience difficulty with swallowing. You will need to have an X-ray or another gastroscopy to assess the situation and a new stent may need to be placed.
- Food may occasionally stick in the stent. If this happens you will probably start to vomit and will be unable to keep food or drink down. You may require an endoscopy procedure under sedation to remove the blockage.
- After a period of time your swallowing problems may recur. This is usually as a result of the underlying tumour growing above or below the stent. This may be treated by placing another stent through the old one and once again opening up the oesophagus.
- In 4% - 18% of patients who have had a stent inserted tumour overgrowth can occur, this can result in blockage of the stent. If this does occur another stent can be placed.

Despite these possible complications, the procedure is normally safe and will almost certainly result in a great improvement in your swallowing and food intake.

## What to do if your swallowing becomes difficult, painful or you start to vomit?

If you experience difficulty in swallowing, pain or start to vomit you should contact your Clinical Nurse Specialist or the endoscopy unit. Out-of-office hours contact Pembroke Ward.

### Contact numbers during normal work hours (8am - 5pm)

Clinical Nurse Specialist	01722 336262 bleep 1457 or 01722 425194 (Monday - Thursday)
Endoscopy Unit	01722 425161

### If you need advice out-of-office hours, please telephone

Pembroke Ward	01722 336262 ext. 3106 or 3181
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