

Oesophageal Stent insertion

What is an Oesophageal Stent?

Patients with a blockage in their oesophagus or stomach that cannot be relieved by an operation may be offered the option of having an oesophageal stent inserted. This is a specifically designed short tube, usually made of metallic mesh, which holds the gullet open and relieves any swallowing problems.

A gastroscope will be passed down into your gullet, this is a long flexible tube (thinner than your little finger) with a bright light at the end. A very fine wire is then passed through the gastroscope and the stent device is then passed over this wire. The stent gently expands to allow the food to pass through the stent into the stomach. This will make swallowing easier.

Why do I need an Oesophageal Stent?

The results of a previous Gastroscopy test or barium swallow examination have shown you have a blockage or narrowing in your gullet. Other alternatives would have been considered, but a stent insertion has been proposed as the best treatment option for you.

What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.

Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going in to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again as well as the risks and benefits.



If you are happy to go ahead with the procedure you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure.

Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions. They will also check if you have any allergies and confirm your discharge arrangements with you. The procedure will then be explained to you and you will then be shown where to wait for your procedure.

Preparation for the procedure

To allow a clear view of the stomach please do not eat anything for **six hours**. You may drink clear fluids up to **two hours** prior to the test.

You will stay overnight following the procedure, so please bring some overnight belongings with you.

Please bring with you to your appointment:

- Your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking. It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Please remove any nail polish from your fingers.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them.

Medication

You may continue to take your usual medication up to the day of your test, but you must stop taking certain tablets. In some instances, your doctor may have asked you to stop medication for your stomach for two weeks



prior to your test. If you are taking any blood thinning medication such as **Warfarin Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication, you should have been informed of what to do. Please take any blood pressure tablets as normal. If you are diabetic and you have not received an information leaflet, please telephone the department to confirm if you are on tablets, insulin, diet or a combination. The department will then send you a leaflet providing you with guidance.

How long will I spend in the department

The procedure may take place on the endoscopy unit or in the X-ray department. If you are not already an inpatient, you will be admitted to the endoscopy unit before your procedure. The procedure itself takes about 20 - 30 minutes. Following the procedure, you will be transferred to a ward to stay overnight.

The time on your appointment letter is for your pre-procedure assessment and not your appointment time. Occasionally we sometimes have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens to you. We will keep you fully informed and make sure you know the reasons for the delay.

Is there an alternative procedure I could have?

Alternatives to an oesophageal stent could include an operation, or APC (Coagulation treatment). These options would have been considered, but an oesophageal stent is felt to be your best treatment option.

What happens during the procedure?

All your belongings will either stay with you or taken to a bed space in recovery. You will need to remove any false teeth just before the test begins.

Throat spray: You will be given a local anaesthetic spray to numb your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow. This is normal following the throat spray. The sensation of the spray lasts about 15-20 minutes.



Sedation: For this procedure, most patients have sedation. Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short-term amnesic effect, which means you may not remember having the procedure. Please do not take any sleeping tablets on the day of your procedure.

The endoscopist will spray your throat with the local anaesthetic throat spray and you will be asked to lie on your left hand side.

A cannula will be inserted into a vein (if this has not been done previously), usually into the arm or back of the hand and the sedative injection will be administered through the cannula. You will feel relaxed and may not remember the procedure, but you will still be awake.

You will be given some oxygen through a little piece of foam placed into one of your nostrils. A small clip will be placed on your finger to monitor your heart rate and oxygen levels throughout your procedure.

To keep your mouth open during the procedure, a plastic mouth guard will be placed between your teeth. When the endoscopist passes the gastroscope into your gullet, it may feel uncomfortable, but should not cause you any pain; nor will it interfere with your breathing. A fine wire will then be passed through the endoscope down the oesophagus, and through the blockage. The endoscope will then be removed. The stent will then be passed over the wire and left in the correct position across the blockage. The stent will gently expand to allow food and fluids into the stomach. Sometimes it is necessary for some small tissue samples to be taken from your stomach lining. You are unlikely to feel this.

The procedure usually takes between 20 - 30 minutes. During the procedure, air will be passed down the endoscope to gently distend the stomach to ensure the endoscopist has clear views. If you get a lot of saliva in your mouth, the nurse will clear it using suction.

What happens after the procedure?

Once completed you will be taken back to the recovery ward. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. Once the nurses in the recovery area are satisfied you have recovered, you will then be taken to your ward.



You will need to rest, and the nurses will advise you when you can eat and drink.

When can I get back to normal activities?

You should be able to go home on the day following the procedure. You will be seen by the dietician department and the upper GI clinical nurse specialist before you are discharged. You should rest until you feel back to normal.

Can there be complications or risks?

Oesophageal stent insertion is generally a very safe procedure, but as with any medical treatments there are some risks.

These can include:

- The sedative can affect your breathing making it slow and shallow. This is more of a risk if you already have a heart or lung problem. If this were to happen you will be monitored on the ward.
- You may suffer from a sore throat or feel some wind in your stomach. These will settle after a few days.
- There is a small risk of damage to crowned teeth or dental bridgework.
- Occasionally a little bleeding can occur during the procedure. This generally stops without further treatment.
- Some people get heartburn and acid reflux afterwards. This can be controlled with medication.
- Rarely the stent may slip out of position. If this happens it may be necessary to insert another stent.
- Very rarely, the placement of a stent may cause a tear in the oesophagus. This happens in about 1% - 2% of patients. This is a serious condition and may need an operation to repair the tear, or insertion of another stent.

Despite these complications, the risks are small. The procedure is generally safe and will result in a great improvement in your ability to eat. After a few days you should not be aware of the stent being there.

Please telephone the department if you experience any problems. Alternatively contact your GP. If it is out of hours, contact the out-of-hours GP service or Accident & Emergency.



Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case, you will be told of any student involvement beforehand. You do not have to let students be part of your care; please tell us if you do not want them involved.

Frequently asked Questions and Answers

- 1. Will the procedure hurt?** You may feel some discomfort from the air that is pumped into your stomach during the procedure. You may experience some chest and back pain until the stent fully expands. This usually settles after a couple of days.
- 2. How soon can I eat and drink?** Most patients can have a drink after four hours.
After six hours you can start on a very soft diet and then gradually begin to eat more after a few days.
- 3. What kind of food can I eat?** It is advisable to begin by eating liquidised meals. If you feel comfortable you can gradually progress to soft, moist foods. There are some foods that can cause difficulty in swallowing and you should avoid them as they can block your stent. You will be given a dietary advice leaflet containing all of the information you may need.
- 4. What do I do if the stent gets blocked?** If you have difficulty swallowing, this could be a sign that the stent may have become blocked. In this case, stop eating. Take some fizzy drinks and walk around, this may unblock the stent. If the blockage persists contact your GP or your nurse specialist. To unblock the stent, an endoscopy may have to be done.
- 5. How do I look after the stent?**
 - Eat in an upright position.
 - Take small mouthfuls of food.
 - Eat slowly and chew your food well.
 - Use plenty of sauces, gravy and butter to moisten food.
 - If you have a poor appetite, try to have small and frequent nourishing meals.
 - Try to have warm drinks whilst eating to prevent the stent from blocking.



Contact details

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:

Doncaster Royal Infirmary

Tel: 01302 366666 Ext. 4720

Upper GI CNS: Tel:01302 553115 (Monday-Friday)

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Email: pals.dbh@dbh.nhs.uk.

