

Advice after Oesophageal Stent Placement
Post procedure Advice

If you have had biopsies

Results can take up to 21 days. The results will go to the endoscopist who performed the test. Please do not contact the endoscopy unit they will not have your results. The endoscopist will write a letter to you and your G.P with the results once they are available. You may have an outpatient appointment to discuss any results. Alternatively, if you have not heard about the biopsy result by 28 days, please contact the secretary to the endoscopist (named on the report).

If you have throat spray

Time of Throat Spray:

You can start with sips of cold water 1 hour after the procedure. If the sensation in your throat has returned to normal you may increase fluid intake gradually. It is necessary to have a fairly liquid diet for a few days until starting on soft foods. Starting with small sips and build up the quantity as you feel confident. (Commencement to a normal diet may vary depending to Dietitian/ Upper GI CNS/Consultant's decision and patient's tolerance), advice will be given prior discharge.

Time of sedation:

If you have sedation

- Rest for the remainder of the day
- You must have a responsible adult with you for 24 hours.

Things you MUST NOT do for 24 hours.

- Drive ANY motorised vehicle **(This is a legal requirement)**
- Operate machinery.
- Drink alcohol **(can react with sedative medication)**
- Sign ANY legal documents or make important decisions.
- Take sleeping tablets **(can react with sedative medication)**
- Go to work.
- Look after young children.

After effects

- Most examinations are carried out without any problems. You may have a slight feeling of bloating and a sore throat.
- On rare occasions the endoscopy may cause damage to the lining of the gut. This may cause bleeding and rarely perforation (tear in the gut wall).
- It is not uncommon to 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. If you do experience pain, we advise to take pain relief regularly as instructed. If you are not already on it, you will be prescribed medication for the relief of heartburn which may occur after stent insertion.
- If you are taking warfarin or other blood thinning medication and you were asked to stop for your procedure, please follow the instructions given to you by the endoscopy staff when you were discharged.

What can I eat?

- It will be necessary to initially have a fluid diet and as tolerated to move to a soft diet for the few days after the procedure; gradually building up more normal diet. It can take a day or two for the stent to fully expand, so take it slowly.
- Drinking a warm or fizzy drink after a meal can help keep the stent clear.

For the first few days:

Stage 1: Fluids only – water, squash, tea, coffee, watered down fruit juice (no bits), milk. Start with small sips building up the quantity as you start to feel more confident.

Stage 2: Smooth pureed foods – such as soups (with no lumps), smooth yoghurts, ice cream, custard, jelly and any oral nutritional supplements you might be on, for example; Complan, Fortisip, Fortijuce, Aymes shakes etc (speak with your Dietitian if you have any concerns).

Stage 3: Increase the texture of your food to a soft consistency as you feel your swallowing becomes easier and your confidence builds, for example, scrambled eggs, steamed fish, mashed potato, mashed banana and custard. Try to include a wide variety of foods and fluids in your diet so you get back to as near a normal diet as possible.

Please follow link for the booklet: What can I eat now I have an Oesophageal stent?

https://www.bostonscientific.com/content/dam/bostonscientific/endo/general/gastro-specialty/eso_stent_patient_nutrition.pdf

What foods can you eat and what should you avoid?

Food group	Foods to choose	Foods to avoid
Meat and poultry	Tender meat cooked in sauce/gravy. Minced meat and poultry	Tough, stringy/fibrous meats or poultry skin
Fish	Flake fish in a sauce (remove all bones), Poached,/steamed fish with sauce	Battered fish or dry fish or fish skin
Nuts	Ground nuts/flour mixed with water/milk/smoothies. Smooth peanut butter/nut butters.	Chopped, flaked or whole nuts. Crunchy Peanut butter
Eggs	Scrambled, poached, omelette or mashed eggs, (for example mashed in mayonnaise)	Hard boiled on their own Fried egg white
Bread	Toast with butter/spread	All bread
Cheese	Cottage cheese Cream cheese/cheese spread, Grated cheese	Chunks of cheese or any varieties that contain nuts or hard fruits. Stringy melted cheese
Cereals	Porridge/oat-based cereals. Cereals (no dried fruit or nuts) with plenty of milk to ensure is soft	Cereals with dried fruit or nuts e.g. muesli Coarse cereals e.g., shredded wheat
Potatoes and starchy foods	Mashed potatoes, baked potato without skin, well cooked rice and pasta with sauce	Hard chips or roast potatoes and skins of jacket potato.
Vegetables	Soft, well cooked Mashed if needed	Raw vegetables, stringy vegetables e.g. celery, French beans. Vegetables with tough or coarse skins.hucks, e.g. sweet corn, green salads

Fruit	Soft, peeled fruit Tinned or stewed. Fruit juice	Tough/stringy or hard fruit skins, pips, pith or raw hard fruit (oranges/pineapple) Dried fruit
Snacks	Crisps that 'melt in the mouth', e.g. skips, quavers, Wotsits Pom bears, Ritz crackers Boiled sweets/chocolate sucked until it melts	dried fruit/nuts Hard crisps

- Chew food well, wear dentures as needed and eat slowly while on upright position to help bring the food down by gravity. Avoid eating up to 1 h prior going to bed.
- You will be contacted from the Dietitian or Clinical Nurse Specialist before and/or after the procedure who will give you dietary advice following the procedure. You are encouraged to contact them if you have any concerns or questions.

If you experience any of the following after your oesophageal stent insertion

- Severe pain in your neck, chest or abdomen, particularly if it becomes gradually worse or different and more intense to any 'usual' pains you may have.
- Firm or swollen abdomen
- Fever
- Trouble breathing,
- Vomiting blood or black tarry stools
- Develop worsening of existing swallowing problem
- You think your stent is blocked.

Contact Numbers during normal work hours (08.00 - 17.00 Monday - Friday).

Clinical Nurse Specialist 01722 336262 ext. 2194. Bleep 1457

Endoscopy Unit 01722 336262 Ext 2804/2161

If you need urgent advice out of office hours, please contact:

Pembroke Ward 01722 336262 ext. 5070

Acute Oncology 24-hour line 01722 341930

Show a copy of the report to a health professional if they ask to see you.

Alternatively, for urgent matters, advice can be obtained from 111, local accident and emergency department or GP and 999 for medical emergencies.

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 have trouble 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, your swallowing problems may recur. This is usually because 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 the oesophagus.

Acid reflux may happen because the stent is usually positioned across the stomach/gullet opening. To make sure you are comfortable at night, place a few extra pillows, blankets, or something similar to elevate head of bed.

Please continue to take PPI tablets as prescribed or antacid tablets as prescribed, regularly at home. If, however you continue to get central chest pain through to your back, please talk to your GP or use the contact numbers mentioned above.

What do you do if you think your stent is blocked?

If you think your stent is blocked, stay calm and don't panic. Stop eating, don't try and force it down. Try taking sips of warm water or fizzy drinks, and walking around can be helpful.

If the blockage does not go, you may need to be admitted and you may possibly need another endoscopy.

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What should you do to avoid problems following stent insertion?

- Take small mouthfuls of food and chew for longer than usual.
- Crush large tablets if you take any (check with GP or pharmacist as you might be able to take liquid medications)
- Drink plenty of water during and after meals
- Have plenty of gravy/sauces with food to make it slide down easier.
- Try not to rush your meals and take your time.
- Sit up straight during meals and try to stay sat up for half an hour after meals.

What to do if you think you're losing weight

- Have nourishing drinks between meals e.g., milk, hot chocolate, Horlicks, complan
- Make your food as nourishing as possible e.g., add cream, butter, cheese where possible.
- Aim for 1 pint of full fat milk a day e.g., in drinks or puddings.
- Have snacks between meals e.g., biscuits (soft), chocolate, yoghurt/puddings.
- Have frequent but smaller meals, snacks or nourishing drinks per day than large meal at a time.
- Contact Clinical Nurse Specialist or Dietician if you are worried you are losing weight.

Advice and information on a wide range of gastrointestinal conditions is available at <https://www.nhs.uk/conditions/>

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Other support network contact number/links:

Macmillan Cancer Support

Specialist Nurses provide information and support by telephone, email, and letter.

They publish booklets and fact sheets on all aspects of Cancer and its treatment.

Visit: www.macmillan.org.uk Telephone: 0808 80800 00

Oesophageal Patient Association

<https://www.bsir.org/patients-1/>

If you would like to comment on the care or service, you have received the Patient Advice and Liaison Service (PALS) can be contacted on ext. 4044 or email: sft.pals@nhs.net

Patient feedback from our annual patient survey is used to continually improve our service. This is distributed randomly to capture patients undergoing different procedures. If you have been asked to take part, please return your questionnaire promptly.

Last Edited on 2021 by VC

Recently edited and reviewed by: Leah Cordova , Helen Moss (Dietitian), Lynne Kempen (Upper GI CNS) (August 2024)

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