

Oesophageal stent

This booklet contains information about the examination and preparation.

PLEASE READ THIS LEAFLET CAREFULLY, AS FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELLED ON THE DAY.

Your appointment time is the planned time of your admission in to the unit not your procedure time.

CHECKLIST (tick off as completed)

- Note appointment date and time.
- Read all procedure information.
- Telephone the booking number straightaway if you have not been advised about anticoagulation:
- If taking anticoagulation (blood thinners) you will need to be advised by an Endoscopy health professional before your procedure.
- If you have a pacemaker.
- If tablet controlled diabetic.
- Contact your diabetic nurse if taking insulin.
- Arrange for someone to drive you home and stay with you for 24 hours if having sedation.
- Bring this booklet and consent form with you to your appointment.

Your appointment

Please write in your appointment date and time here

Date:

Time:

Salisbury District Hospital, Endoscopy booking office telephone 01722 345543

(8am – 5.30pm Monday – Friday)

If we are unable to answer your call please leave a message and we will call you back.

- If after reading this leaflet you have decided not to go ahead with your procedure please telephone the booking office immediately to cancel your appointment and contact the medical professional who requested your appointment to discuss your decision. Patients who do not attend their appointments cost the NHS approximately £450 per procedure. Please help us to use our NHS resources wisely. If you fail to attend without notifying us then you may not be offered another appointment.
- Please telephone the above number if, due to unexpected circumstances, you are unable to keep your appointment. This will enable staff to arrange another date and time for you and give your appointment to someone else.
- Your procedure may be observed by students. If you prefer not to have a student involved in your care please let us know.
- Salisbury NHS Foundation Trust is an endoscopy training center. We regularly have trainee endoscopists working on the unit. Please discuss any concerns or issues you may have with the admitting nurse.
- On occasion company representatives may be present in the department for development purposes. If this is the case, you will be informed by nursing staff when you are admitted. If you do not wish a representative to be present during your care please tell the admitting nurse.

Introduction

You have been advised to have an oesophageal stent to help alleviate your symptoms. **A formal written consent is required before we can carry out your procedure.** This booklet helps explain how the procedure is carried out and what the risks are. This will help you to make an

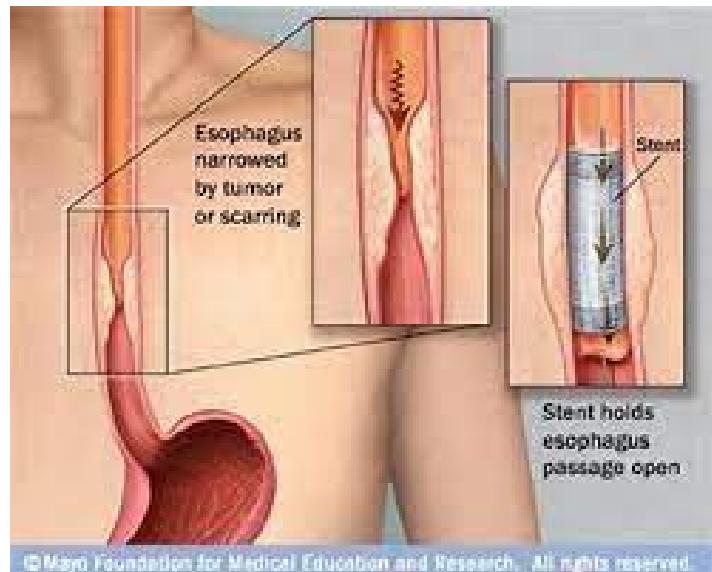
informed decision when agreeing to the procedure and about conscious sedation and throat spray. The endoscopist will go through the consent form when you arrive in the unit or this may have been discussed at an outpatient appointment or on the ward if you are an inpatient.

If there is anything you do not understand or anything you wish to discuss further, please discuss this with the admitting nurse or endoscopist.

The consent form is a legal document- please read it carefully.

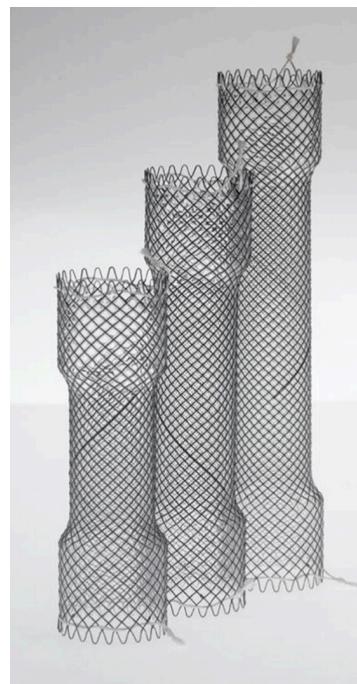
What is an oesophageal stent?

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. The placing of the stent is called 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.



How is a stent inserted?

In order to place the oesophageal stent you will also require an examination called a gastroscopy. This is an examination of your gullet through your mouth. It is carried out by (or under the direct supervision of) a trained healthcare professional called an Endoscopist. A gastroscopy is a very accurate way of looking at the lining of your upper digestive tract, to establish whether there is any disease present and to perform treatment. The instrument used is called a gastroscope (scope) and is a thin flexible tube. The scope has a light and small camera in the tip which sends live

images to a screen where it is viewed by the Endoscopist during the whole procedure. The endoscopist also has an understanding of X-ray images. The stent is inserted with X-ray guidance.

During the examination the Endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope by a special doctor called a Pathologist. The tissue sample and associated clinical information will be kept. Excess tissue may be used for teaching or research purposes aimed at improving diagnosis and treatment of digestive diseases. This may benefit other patients in the future. If you do not wish us to keep the excess tissue for this purpose or have any questions or concerns, please ask the admitting nurse before signing the consent form. Images from the gastroscopy will be retained in your healthcare notes. During your procedure the endoscopist can perform treatment aimed at alleviating or treating your condition.

What are the alternatives to an oesophageal stent?

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. However you should make sure that you have had the opportunity to discuss the matter, in detail, with your own GP and the doctors and nurses 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.

What are the risks or complications?

An oesophageal stent is a safe procedure for most people. Serious problems are rare. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself as well as from the sedation. If you are elderly, frail or have certain pre-existing medical conditions these risks may be increased.

The main risks are:

- Bleeding can occur during the procedure particularly if the oesophagus needs stretching. This generally stops without the need for any action.
- Very rarely, the placement of the stent may cause a tear in the oesophagus. If this happens you will not be able to eat or drink for a few days, 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.
- Aspiration – gastric juices or saliva entering the lungs. A small suction tube is used to minimise this risk.
- Short term problems with breathing, heart rate and blood pressure (related to sedation or procedure). This happens to less than 1 in 200 people. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example people with serious breathing difficulties or heart conditions) may be at higher risk of complications.
- Heart attack or stroke (related to the sedation or procedure) – though this is rare.
- Damage to teeth or bridgework.
- Pain after the procedure – This is related to the treatment of your condition and should get better on its own or you may need to take simple pain relief for 1-2 days.
- The procedure may not be able to be completed and it may need to be repeated or other investigations/procedures arranged.

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 conscious 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.

Options for undergoing the procedure?

We routinely offer conscious (awake) sedation and pain relief injection to help you relax as your procedure is likely to take longer than a diagnostic procedure and it may be more uncomfortable. The medication will be injected into a cannula (thin tube) inserted into a vein in your hand or arm. **It will make you lightly drowsy and relaxed but will not put you to sleep. It may make you forget all or part of the procedure.** You are likely to be aware of what is going on around you and will be able to follow simple instruction during the examination. We will monitor your breathing and heart rate throughout the examination. We also offer the addition of throat spray. This will be discussed with you either by the admitting nurse or the endoscopist.

In exceptional circumstances the endoscopist will advise you to have a general anaesthetic. This may be due to the type of treatment you will be having. The anaesthetist will see you before your procedure and discuss the risks of a general anaesthetic with you.

If you have conscious sedation or general anaesthetic you will not be allowed to drive home. You must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so we can contact them when you are ready to go home.

You will need a responsible adult to stay with you for 24 hrs after your procedure. If you are an inpatient you will be monitored on the ward.

Preparation instructions

6 hours before the examination

- Do not eat any food after this time or have any milk
- You may have a light meal before this time. Do not eat a fatty or heavy meal.

2 hours before the examination

- You may have as much clear fluid (fluid you can see through) as you like up to 2 hours before your examination. Do not drink anything after this time.

It is important your stomach is empty to enable the endoscopist to see the lining of your digestive tract clearly. It also minimises the risk of aspiration (fluid or gastric contents entering the lungs).

Failure to follow these instructions could lead to your procedure being cancelled on the day.

What about my medicines?

You should continue to take all your routine medicines unless instructed otherwise by telephone or in a letter from the endoscopy unit.

Please continue taking indigestion tablets such as Omeprazole, Pantoprazole, Esomeprazole, Lansoprazole, Rabeprazole, and Ranitidine. You may also continue to take peptac liquid or Gaviscon.

Patients with Diabetes

If you use insulin please telephone your diabetic nurse for instructions about your medication
If you use tablets only, please telephone the endoscopy booking office.

Taking Warfarin, Clopidogrel, Dabigatran, Rivaroxaban or Apixaban or medication you have been told thins the blood.

- You may require a blood test before your procedure.
- If you have not already been informed by telephone or letter please telephone the Endoscopy booking office at least 2 weeks before your appointment.
- You may be asked to stop these medications but this must first be checked with an Endoscopy health professional. After you have telephoned to tell us, a nurse from endoscopy will telephone you back to advise you.
- Please do not stop your Aspirin if you take it.

What to bring with you

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive in the unit?

Please book in for your procedure at the radiology reception. If you are an inpatient you will be taken to radiology on your bed by a porter. **The time on your appointment letter is the time you will be admitted in to the unit. Please remember that your appointment time is not the time you will have your procedure. There will be a waiting time between your admission and having your procedure.** Soon after you arrive you will be admitted by a nurse who will go over your health questionnaire with you. This is to confirm that you are fit enough to undergo the procedure. The nurse will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood glucose level will be checked. **If there are concerns about your health when you are admitted, your procedure may need to be postponed to reduce any risks of complications during or after the procedure.**

The endoscopist will check you understand the procedure and will be able to answer any further questions or concerns you have. When you are comfortable, you will be asked to sign the consent form. By signing this form you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the examination stopped at any time.

You will be asked about your arrangements for getting home after your procedure. If you have conscious sedation, you must be accompanied home and have a responsible adult stay with overnight (see page 6)

The procedure room nurse will collect you from the admission area.

What happens during the oesophageal stent insertion?

You will be escorted into the examination room. A safety checklist will be completed and you will have the opportunity to ask any final questions. The nursing staff and endoscopist will be wearing lead aprons to protect them from repeated xray exposure (the risk to you is minimal). For safety reasons you will have to remove any false teeth, hearing aids, spectacles, or contact lenses. This can be done just before the examination begins.

If you are having conscious sedation, a cannula will be placed in a vein in your hand or arm. Local anaesthetic throat spray is administered whilst you are sitting up. You will be asked to lie on your left hand side and the sedative will be given. A mouth guard will be placed in your mouth to guide the scope. The Endoscopist will move the gastroscope through your mouth into your gullet, through the blockage and into your stomach. Air is passed gently into your digestive tract to make moving the scope around easier. You may feel slightly full as the Endoscopist passes air through the scope. 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.

It is very important you take slow deep breaths throughout the procedure. If you would like the procedure to stop at any time please raise your right arm. The endoscopist will stop and explain how much longer the examination is likely to take. If you still would like the examination to stop raise your right arm again and the examination will be abandoned. This will mean that we will not be able to insert the stent and it is likely that you will need to have the examination repeated at a later date.

You may feel some discomfort when the stent begins to stretch the narrowing in your gullet. This discomfort will be kept to a minimum by the sedative and pain relief. An oesophageal stent insertion takes approximately 15-30 minutes.

How long will I be in the unit?

You should expect to be in the unit for 2-6 hours. Some patients may be admitted overnight for observation.

The unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

After the oesophageal stent insertion

We will monitor you in the recovery area until the nursing staff or endoscopist have assessed you are recovered enough to return to the ward or to be discharged home. After an hour you will be offered a drink. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be checked.

- 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 would 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.
- It will be necessary to have a fluid-soft 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. You may find you vomit after eating following the stent so we advise that you take small bites, chew well and drink water or fizzy drinks during meals.
- 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.

Please note that your swallowing will be better afterwards but it will not return to normal.

If you have sedation or general anaesthetic you must be collected from the unit and accompanied home. You must arrange for a responsible adult to stay with you for 24 hours. A nurse will ring them to ask them to return when you are ready to go home.

For 24 hours after the sedation/general anaesthetic you must not:

- Drive (This is a legal requirement)
- Drink alcohol
- Go to work
- Operate machinery
- Sign any legally binding documents
- Look after young children alone

Most people feel back to normal after 24 hours.

In order to respect the privacy and dignity of our patients, friends and relatives are unable to come onto or wait in the unit.

Author: Upper GI CNS & Dr K Barakat

Written: April 2021

Review date: April 2024

Reviewed by: Leah Cordova (July 2024)

Next Review date: July 2026
version: 2