

Oesophageal Stent Insertion

Introduction

This leaflet tells you about the procedure known as oesophageal stent insertion, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

If you are having the procedure done as a pre-planned operation, then you should have plenty of time to discuss the situation with your consultant and the radiologist who will be doing the oesophageal stent insertion, and perhaps even your own GP. If you need the procedure as a relative emergency then there may be less time for discussion, but none the less you should have had sufficient explanation, before you sign the consent form.

What is oesophageal stent insertion?

The oesophagus, or gullet, is a hollow, muscular tube which takes food from the mouth down to the stomach. If it becomes blocked, then there will obviously be a problem with swallowing. One way of overcoming this problem is by inserting a metal, mesh tube, called a stent, down the oesophagus and across the blockage. Food can then pass down the gullet through this stent and this should make swallowing easier. This procedure is called oesophageal stent insertion and is usually very helpful in relieving symptoms of oesophageal blockage.

Why do I need an oesophageal stent insertion?

Other tests that you probably have had done, either an endoscopy (telescope test) or else a barium swallow, have shown that your oesophagus has become blocked. Your doctor will have discussed with you the likeliest cause of the blockage and the possible treatments. It is likely that an operation has been ruled out and that a stent insertion is considered the best treatment option for you.

Who has made the decision?

The doctors in charge of your case and the radiologist doing the oesophageal stent insertion will have discussed the situation, and feel that this is the best treatment. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out then you can decide against it.

Who will be doing the oesophageal stent insertion?

A specially trained doctor called an Interventional Radiologist. Radiologists have special expertise in using x-ray equipment and also in interpreting the images produced. Interventional Radiologists have additional expertise in handling and manipulating catheters. They need to look at these images while carrying out the procedure.

Where will the procedure take place?

Generally in the x-ray department, in a special "interventional radiology" room, this is adapted for specialised procedures. It may be done in an operating theatre, using mobile x-ray equipment.

How do I prepare for oesophageal stent insertion?

You need to be an in-patient in the hospital. You will be asked not to eat for six hours beforehand, though you may be allowed to drink some water. You may receive a sedative to relieve anxiety. You will be asked to put on a hospital gown. If you have any allergies, you must let your doctor know. A member of the clinical team will put a needle in a vein in your arm, this is for any sedative or painkillers required during the procedure. Once in place, this needle does not cause any pain.

What actually happens during an oesophageal stent insertion?

You will lie on the x-ray table, generally on your right side. You may also have a leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on a finger to record the oxygen levels in your blood. Oxygen may be given through a small tube in your nose if appropriate.

The Radiologist will spray the back of your throat with local anaesthetic to make the procedure more manageable for you and will probably give you a sedative. To start with a fine tube (catheter) is passed through your mouth, down the gullet, and through the blockage. A flexible wire is placed through the catheter which is removed to allow the stent to be passed over the wire and into the correct position across the blockage. The wire is then withdrawn.

Will it hurt?

Unfortunately, it may hurt a little, for a very short period of time, but any pain you have should be controlled with painkillers. Some discomfort may be felt in your throat, but this should not be too sore.

There will be a nurse, or another member of clinical staff, standing near to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have more painkillers through the needle in your arm. Generally, actually placing the stent in the oesophagus does not take very long.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It will probably be over in 30 minutes, but occasionally it may take an hour. As a guide, expect to be in the x-ray department for about an hour altogether.

What happens afterwards?

You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered. You may feel some discomfort in your chest for up to 24 hours as the stent opens fully.

How soon can I eat and drink, and what happens next?

Most patients will be able to start on fluids within a few hours. It is then necessary to have a fairly liquid diet for a few days, until starting on soft solids. More solid food should be chewed properly before swallowing. Depending on how well the stent has overcome the blockage, you may be back on a fairly normal diet within a week or so, but you will be given advice by a dietician.

Are there any risks or complications?

Oesophageal stent insertion is a very safe procedure, but there are some risks and complications that can arise, as with any medical treatment. It is possible that a little bleeding occurs during the procedure, but this generally stops without the need for any action. It is not unusual to feel mild to moderate chest pain while the stent "beds in", but this normally settles in a day or two. Some patients get heartburn afterwards and need to take medicine for this.

Very rarely the stent may slip out of position, and it is necessary to repeat the procedure. Very, very rarely, putting the stent in may cause a tear in the oesophagus. This is a serious condition and may need an operation, or insertion of another stent. Despite these possible complications, the procedure is normally very safe and will almost certainly result in a great improvement in your medical condition.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Oesophageal stent insertion is considered a very straightforward procedure. There are some slight risks and possible complications involved, and although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

Sources of information

This leaflet is based on information from Clinical Radiology Patients Liaison Group (CRPLG) of The Royal College of Radiologist and the British Society of Interventional Radiology (BSIR) who have given their permission for it to be reproduced.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team on 01323 417400 Ext: 5860 or by email at: **esh-tr.patientexperience@nhs.net**

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Dr Giles: Consultant Radiologist, Dr Neal Barlow: Consultant Radiologist, Dr Mo Faris:
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The directorate group that have agreed this patient information leaflet:
Julia Barbour: Specialist Matron, Interventional Radiology, Dr Justin Harris: Consultant
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Next review date: August 2019
Responsible Clinician: Tracianne Walter: Specialist Sister, Interventional Radiology

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