

Post Procedure Advice following Oesophageal Dilatation

Following your examination today you are advised to go home and rest

Your procedure will normally have been carried out with a conscious sedative injection or a general anaesthetic, therefore it is important for the next 24 hours **you do not:**

Drive a car/motorbike or ride a bicycle
Operate any domestic appliances or machinery
Look after young children alone

Sign any legal documents
Drink alcohol
Take sleeping tablets

One of the effects of sedation is that you may not remember having the procedure, this is normal.

The same or another responsible adult that collects you from the Endoscopy Unit should stay with you for the next 12 hours.

What can I eat?

Ideally you should take a soft diet (puree consistency) for example soups, yoghurts, mashed potato and pasta. Avoid hot drinks for 24 hours; warm/cold drinks are acceptable.

How will I feel after the procedure?

The back of your throat may feel sore for the rest of the day, and you may still feel a little bloated.

If your procedure was carried out with sedation you may feel sleepy for the remainder of the day.

When should I seek help/advice?

Serious side effects are rare however if any of the following occur within 48 hours after your dilatation, consult a doctor immediately:

Vomiting blood
Severe abdominal pain
Severe bloating
Chest pains
Passing blood from rectum

Trouble swallowing
Difficulty breathing
Fever
Bowel motions turn black

Conquest Hospital contact numbers:

Endoscopy Unit – Tel: 0300 131 5297 – Monday to Friday 8:00am to 6:00pm (except bank holidays).

Eastbourne District General Hospital contact numbers:

Endoscopy Unit – Tel: 0300 131 4595 – Monday to Friday 8:00am to 6:00pm (except bank holidays).

Alternatively, after 6:00pm and at weekends please contact your GP, attend your nearest Accident and Emergency Department or ring NHS 111.

Sources of information

www.nhs.uk

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

We are 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 our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

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:
Consultant: Mrs A. Morris Endoscopy Clinical Lead

Next review date: July 2026
Responsible clinician/author: T. Holmes-Ling

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Endoscopy Discharge Report:

- ☐ You will be sent an outpatient appointment.
- ☐ You will be sent an appointment for a CT scan.
- ☐ You will be sent an appointment to have this procedure again in approximately..... weeks.
- ☐ Biopsies have been taken which will take approximatelyweeks to be analysed by the histopathology department. Results will be sent to your consultant who will contact you or arrange a follow up appointment.
- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ You have been given an information leaflet.
- ☐ You have been spoken to by an endoscopist/nurse regarding the results of your procedure.
- ☐ You can begin to eat and drink as normal from.....

If you have any further questions please ask a member of the nursing staff who will be happy to explain anything you are unclear about.

Completed by:

Print Name: Designation:

Signature: Date: