

Interventional Oesophageal Dilatation

Your doctor would like you to have an Oesophageal Dilatation and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

- Conquest Hospital Appointments – Tel: 0300 131 4500 Ext: 147422
- Eastbourne DGH Appointments – Tel: (01323) 414917

What is an Oesophageal Dilatation?

The oesophagus or gullet is a hollow muscular tube which takes food from the mouth down to the stomach. If it becomes narrowed, then this can lead to problems with swallowing. One way of overcoming this problem is by stretching the narrowing with a balloon. Food can then pass more easily down the gullet to the stomach.

Who will be doing the Oesophageal Dilatation?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the x-ray department. This is similar to an operating theatre into which specialised x-ray equipment has been installed.

How do I prepare for Oesophageal Dilatation?

You will need to be admitted to hospital either as a day case or for an overnight stay.

- **For morning admissions, please do not eat or drink anything from midnight – you can drink water for up to four hours before the procedure.**
- **For afternoon admissions, you may eat a light breakfast but please do not eat anything after 6.00am - you can drink water for up to four hours before the procedure.**

If there is possibility you could be pregnant, please inform the radiology department before the procedure.

Take your medications as normal with a sip of water unless your doctor or nurse tells you not to.

If you have allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain X-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

What actually happens during an Oesophageal Dilatation?

Before the procedure, the interventional radiologist will explain the procedure and related risks, and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative and/or painkillers should this be necessary. Once in place, this will not cause any pain.

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

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 narrowing. A flexible wire is placed through the catheter which is removed to allow the balloon to be passed over the wire and into the correct position across the narrowing. The balloon is then inflated and the wire and balloon removed.

Are there any risks?

Oesophageal dilatation is a safe medical procedure, but there is always a small risk of complication.

- It is possible that a little bleeding may occur during the procedure but this generally stops without the need for any action.
- It is not unusual to feel mild to moderate chest pain following the dilatation, however, this settles within a day or two.
- Very rarely, the procedure may cause a tear in the oesophagus. This is a serious condition and may need an operation or insertion of a stent.

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 standing near to you and looking after you during the procedure. If the procedure does become painful for you then they will be able to give you some painkillers through the needle in your arm. Generally, the procedure 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.

What happens afterwards?

You will be taken back to your ward. 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 stay in bed until the effects of the sedation have worn off. You will remain nil by mouth for 2

hours and then be allowed to start taking sips of water, building up slowly to a soft diet. The nurses on the ward will be able to give you any pain relief you may require.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stay with you overnight because of the sedation you have been given
- Continue with your normal medications as prescribed, and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.

What do you do if I have a problem at home?

If you have severe pain or are concerned please go to your nearest emergency department.

Sources of information

British Society of Interventional Radiology

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 4500 Ext: 135860 or by email: 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: 0300 131 4500 Email: 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:

Dr Mo Faris, Consultant Interventional Radiologist, ESHT

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The directorate group that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

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