

## Having an Oesophageal Dilatation during a Gastroscopy

### What is an Oesophageal Dilatation?

During a Gastroscopy your endoscopist passes a long flexible tube containing a camera and a light through your mouth, over the back of your tongue, down your oesophagus (gullet), a deflated balloon is inserted into the narrowed area. It is then inflated with water which stretches the stricture (narrowing). Your endoscopist may want to take a look further into your stomach and duodenum (first part of small bowel) to view the lining of these organs.

### Why would I need this procedure?

Your doctor has referred you for an oesophageal dilatation because you have a benign stricture (narrowing) that is stopping food and fluids entering your stomach. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

### What are the alternatives?

Oesophageal dilatation through the gastroscopie is by far the best and safest treatment for benign oesophageal strictures and in some cases maybe the best treatment for cancerous strictures. Another alternative would involve major surgery which comes with much higher risks.

### Will I need conscious sedation?

You will be given an intravenous conscious sedation and a pain relieving injection and occasionally a local anaesthetic throat spray maybe used to numb the back of your throat. The conscious sedation injection will make you feel drowsy and relaxed for the procedure.

### What are the expected benefits of treatment?

The aim of dilatation is to improve your ability to swallow. This may involve more than one dilatation over several appointments depending on how much stretching your oesophagus requires.

### What are the potential risks and side effects?

Oesophageal dilatation is a safe procedure, the chances of any complications are minimal, although potential risks, include;

- **Perforation-** overall 2-3% .  
It is possible to damage the lining of the oesophagus and make a small tear.
- Bleeding- approximately 1 in every 250 cases.
- **Adverse effects of medications-** this can usually be reversed with medication.

### What should I do before I come into hospital?

Do not have anything to eat for at least 6 hours before your procedure; you may drink only water until two hours before your appointment time.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns, please contact our diabetic

liaison nurse in our Endoscopy Unit. If you are taking any blood thinning medication such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs.

- Conquest Hospital Endoscopy Unit - Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit - Tel: 0300 131 4595

Opening hours: Monday to Saturday – 8.00am to 6.00pm

## **What do I need to bring with me?**

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and any allergies you may have
- Bring the name and telephone number of the person who will be collecting you. A responsible adult will need to stay with you for 12 hours following the conscious sedation.
- Reading glasses

Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

## **What will happen when I arrive on the Endoscopy unit prior to my procedure?**

A trained nurse will review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken.

In order to administer the conscious sedation, you will have a small plastic tube (cannula) inserted into a vein in your arm so the medication can be administered. The risks of the procedure will be discussed and if you wish to proceed you will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it. You will then be taken to a pre procedure waiting room where you will wait until you are collected and taken to the procedure room for your gastroscopy.

## **What happens during the Oesophageal Dilatation?**

Any dentures will need to be removed before the procedure begins. You will be asked to lie on your left side. You will be given oxygen nasally. a small. The nurses will monitor you closely during the procedure and will observe your pulse and oxygen saturations.

Before the gastroscopy starts you may be given a local anaesthetic throat spray. An injection of medication to provide conscious sedation and pain relief is given. A mouth guard is placed in your mouth prior to passing the gastroscope. Your endoscopist will ask you to swallow to allow the gastroscope to pass into your oesophagus and down towards your stomach. You may cough at this point any saliva in your mouth will be suctioned away by a nurse. A deflated balloon is inserted via the gastroscope into the narrowed area; it is then inflated with water which stretches the stricture (narrowing).

## **What happens after the procedure?**

After the dilatation, you will be taken to the recovery area to rest for up to an hour. You may feel tired. You may not remember having the procedure due to the sedation this is normal. It is quite likely that you will feel a little bloated and your throat will feel slightly sore. It is important to tell the nursing staff if you have any pain.

Nursing staff will closely monitor your blood pressure, pulse, oxygen levels and respirations. Before discharge the nurses will ensure that you are able to swallow satisfactorily.

When you are ready to go home the nurse or endoscopist will discuss the results of your dilatation with you in a private room. If you wish to have a family member/friend present, please inform the nurse.

## **What can I expect following conscious sedation?**

The effects of sedation can last up to 24 hours.

- You will need a responsible adult (aged 18+) to collect you from the Endoscopy Unit and stay with you for at least 12 hours after your test.
- You must not drive a car/ motorbike, operate machinery (including using your cooker), drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- We advise you to go home and rest.
- You can eat a light diet, drink as normal.
- You can take your usual medication.
- You should be able to resume normal activities 24 hours after the oesophageal dilatation.

## **What should I do when I go home?**

Following your procedure, you are advised to go home and rest.

Ideally over the next 24 hours 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.

## **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](mailto: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](mailto: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.

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## Reference

The following have been consulted and agreed this patient information:

**Consultant:** Mrs Morris and Dr A. Jeevagan

**Endoscopy Unit nurses:** T Holmes-Ling and H Foster

Next review date: November 2023

Responsible clinician/author: T Holmes-Ling

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