

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 and down your oesophagus (gullet). A deflated balloon is inserted into the narrowed area, it is then inflated which stretches the stricture (narrowing). Your endoscopist may want to 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 a gastroscope is an effective and safe 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 intravenous conscious sedation and a pain-relieving injection, a local anaesthetic throat spray maybe used to numb the back of your throat.

The conscious sedation injection makes 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-** it is possible to damage the lining of the oesophagus and make a small tear, which may require endoscopic or operative intervention should it occur, risk is cited as up to 5%.
- **Bleeding-** a small amount of bleeding may occur, but significant bleeding is rare risk is cited as up to 5%
- **Aspiration pneumonia-** is a rare complication of up to 1%, where inflammation of the lungs is caused by inhaling or choking on contents of the stomach.
- **Acid reflux and heartburn and pain-** are symptoms of balloon dilatation, there are medicines that can be taken to relieve these symptoms. Chest pain/ back pain may be experienced, this usually settles within a couple of days, pain relief medication can be taken to help you feel more comfortable.

- **Adverse effects of medications** – on occasion sedation can become deeper than intended this can reduce breathing, usually this is reversed with medication. On rare occasions, patients may have an allergic to the medication used, should this occur the endoscopist would give medication to manage this reaction.

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 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, although we would advise medication for blood pressure is taken as usual.

If you are diabetic, or you are taking any blood thinning medication such as warfarin or clopidogrel, we will discuss your medication management with you prior to your procedure. Please contact our pre-assessment team in our Endoscopy Units for further advice as you may have to stop these drugs prior to your procedure.

- Conquest Hospital Endoscopy Unit - Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit - Tel: 0300 131 4595
- Opening hours: Monday to Friday - 08.00 hours to 18:00 hours (except bank holidays)
- Email both departments at esht.endoscopypreassessment@nhs.net

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 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 for my procedure?

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, as well as a recovery period afterwards. Expect to be at the hospital for 2 to 2.5 hours.

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

The nurse will explain the procedure, discuss your preference for conscious sedation and will give you the opportunity to ask questions. The risks of the procedure are 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.

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 given.

Once prepared you will wait in the pre-procedure waiting room until you are collected and taken to the procedure room.

What happens during an oesophageal dilatation?

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

Before the procedure 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. A deflated balloon is inserted via the gastroscope into the narrowed area; it is then inflated with water that 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 and may not remember having the procedure due to the sedation this is normal. It is quite likely that you will feel bloated and your throat will feel 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 procedure.
- 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 a sedative.
- We advise you to go home and rest.
- 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.

Consent

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

Sources of information

UK guidelines on oesophageal dilatation in clinical practice. Sami SS, et al. Gut 2018;0:1–24

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 on 0300 131 4784 or 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 have been consulted and agreed this patient information:

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