

Having an Oesophageal Stent Insertion during a Gastroscopy

What is an 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 narrowed or blocked this can lead to problems with swallowing.

One way of overcoming this problem is by inserting a metal, mesh tube, called a stent. During a gastroscopy your endoscopist passes a long flexible tube containing a camera and a light source through your mouth, over the back of your tongue, down your oesophagus and across the blockage. Food can then pass down the gullet through this stent and this should make swallowing easier.

During your procedure 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?

You are likely to have had other tests done which have shown that your oesophagus had become narrowed or 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.

What are the potential risks and side effects?

Oesophageal stenting is usually straight forward and the chances of any complications are minimal, although potential risks, include;

- **Pain:** Either during the procedure or following the procedure. Following oesophageal stenting you may experience pain/ discomfort as the stent can take 24 hours to expand, in most cases this can be managed with simple pain medication. Occasionally hospital admission is required for stronger pain killers until pain resolves or is managed effectively.
- **Bleeding:** Bleeding can occur but this is usually self limiting.
- **Perforation or tearing**
- **Difficulty swallowing**
- **Adverse effects of medications:** This can usually be managed or reversed with medication.

What are the expected benefits of treatment?

The aim of oesophageal stenting is to improve swallowing and ability to eat and drink.

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 you have concerns and require advice about

managing your diabetes, 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 (please note endoscopy units are closed on bank holidays)

Will I have an anaesthetic?

Insertion of an oesophageal stent can be uncomfortable therefore 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 will make you feel drowsy and relaxed for the procedure.

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 if worn

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 temperature, blood pressure, pulse, respiration rate 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 stent insertion?

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. The nurses will monitor you closely during the procedure and will observe your pulse and oxygen levels.

Before the gastroscopy starts you may be given a local anaesthetic throat spray to make your throat numb. 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 (gullet) and down towards your stomach. You may cough at this point, any saliva in your mouth will be suctioned away by a nurse.

The endoscopist will pass the stent through the endoscope and deploy it into the appropriate part of the oesophagus, the endoscope will be removed leaving the stent to gradually open to relieve the obstruction.

How long will I be in hospital?

After the stent insertion, you will be taken to the recovery area to rest until you are recovered enough for discharge. 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 oesophageal stent insertion with you in a private room. If you wish to have a family member/friend present, please inform the nurse.

How will I feel afterwards?

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.

How will I introduce food and drinks after the procedure?

DAY 1 - When given permission by the medical staff, start with sips of fluid. Build up the quantity as you feel more comfortable and are able to tolerate.

DAY 2 – Begin by introducing food that is smooth, runny and easily swallowed e.g. soup, yogurt and custard.

DAY 3 – Introduce semi soft diet that is moist, use gravy and sauces to ensure food is moist which will make it easier to swallow.

Gradually you can build up a greater texture to the food you eat and discover which you can tolerate. **Note:** Bread and toast can cause the stent to block.

Tips when eating:

- Chew food well, chew each mouthful for twice as long as usual. Wear dentures if needed.
- Eat slowly and try to relax.
- Sit upright to eat, allowing gravity to help food pass down the tube into your stomach.
- Keep sitting upright for at least ½ hour after eating.

- **Sip drinks during your meals.** Fizzy drinks or warm drinks are recommended. This is important to help keep the stent clear.
- Avoid eating up to one hour before going to bed.
- Bend your knees when picking anything up from the floor, rather than bending from the hips, this will help to stop acid reflux.

If you are finding it painful to swallow you can take a painkiller such as Paracetamol- follow the manufacturer's recommendations.

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

www.nhs.co.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 4784 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: 0300 131 4434 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:

Consultant Gastroenterologists: Dr A. Jeevagan

The directorate group that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery

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