

Having an oesophageal banding of varices during a gastroscopy

What is an oesophageal banding of varices?

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). The oesophagus is a hollow muscular tube that takes food from the mouth down to the stomach. During this procedure, the endoscopist places small rubber bands onto enlarged veins in the oesophagus known as varices. 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 banding because you have dilated sub-mucosal veins in the lower third of the oesophagus known as oesophageal varices. These varices can develop bleeding, so treatment with bands aims to destroy the dilated veins (although repeat treatments may be required) which may prevent future bleeding from these veins.

What are the alternatives?

Oesophageal banding through the gastroscope is by far the best and safest treatment for oesophageal varices. An alternative would be to have the oesophageal varices injected. A consequence of oesophageal varices being left untreated is that they may bleed which could become life threatening. If you prefer not to be investigated and treated, we advise you to discuss the implications with your doctor.

What are the potential risks and side effects?

Oesophageal banding is usually straightforward, and the chances of any complications are minimal, although potential risks, include;

Difficulty swallowing and pain when swallowing - either during the procedure or for a few days following the procedure. This is temporary and is related to the drawing in of tissue and veins by the bands. For a few days after the procedure, you may experience pain/discomfort when swallowing. Rates are cited as 30%. This can be managed with pain-relieving medication.

Perforation - it is possible to damage the lining of the upper gastrointestinal tract and make a hole, this increases when the equipment for banding is attached to the end of the gastroscope and banding takes place. Although it is rare, rates are cited as less than 1%.

Bleeding - Bleeding can occur immediately after the procedure or up to two weeks following because an ulcer has formed where the rubber band was put on. Rates are cited as 10%.

Oesophageal ulcers - small ulcers can form under the banded areas. Rates are cited as 10%.

Stricture - in 2-5% of cases a narrowing of the oesophagus can occur due to scar tissue forming, this can occur many months after the procedure.

Infection - Although rare, there is a small risk of infection at the site of the banding procedure. Symptoms may include fever, pain, and inflammation.

Aspiration pneumonia - a rare complication of 1%, where inflammation of the lungs is caused by inhaling or choking on contents of the stomach.

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.

The risks of the procedure will be discussed; if you wish to proceed you will be asked to sign a consent form. This confirms that you understand the procedure and want to go ahead with it.

Will I need conscious sedation?

Banding of oesophageal varices can be painful, you will be given conscious sedation and pain-relieving medication and 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 should I do before I come for my procedure?

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

If you are diabetic, we will discuss your diabetic management with you prior to your test. If you are taking any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the endoscopy unit for further advice as you may have to stop these drugs.

Please contact our endoscopy units;

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595
- Email both departments at esht.endoscopypreassessment@nhs.net

Opening hours: Monday to Friday, 8am-6pm (except bank holidays)

On the day of your procedure, you may take your usual medication 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.

What do I need to bring with me?

Do not bring any valuables with you, as the trust cannot take responsibility for any losses. Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and any allergies you may have.
- 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 you use them.

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 about two hours.

A nurse will review your medical history, medications and any allergies. Your temperature, blood pressure, pulse, respiration rate and oxygen saturations will be recorded. 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. Procedure risks 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. Once prepared you will wait in the pre-procedure waiting room until you are collected and taken to the procedure room.

What happens during the banding of varices?

Any dentures will need to be removed before the procedure begins. You will be asked to lie on your left side. The nurses will monitor you closely during the procedure, oxygen is given nasally and your pulse and oxygen levels observed. Local anaesthetic throat spray is given to make your throat numb. An injection to provide conscious sedation and pain relief is given.

A mouth guard is placed in your mouth, the endoscope is passed through this, the 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 is suctioned away. Once the varices are identified, the endoscope will be removed and a special cap containing rubber bands will be attached to the end, before the endoscope is passed again down the oesophagus. The dilated veins at the bottom of the oesophagus are sucked into the cap and a rubber band released, it is the intention that the dilated vein will clot and then scar, reducing the risk of bleeding.

How long will I be in hospital?

After the procedure, you will be taken to the recovery area for monitoring until you are recovered enough for discharge. 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 a little bloated and your throat will feel slightly sore. It is important to tell the nursing staff if you have any pain. Before discharge, the nurses will ensure that you are able to swallow satisfactorily.

When you are ready to go home we will discuss the results of your procedure 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 procedure.
- You must not drive a car/motorbike, operate machinery (including using your cooker) or drink alcohol. You may take your usual medication, but avoid taking sleeping tablets
- You should not look after any young children alone.
- You should not sign a legal document within 24 hours of having a sedative.

What should I do when I go home?

Following your procedure, we advise 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. If you are finding it painful to swallow you can take a painkiller such as paracetamol, follow the manufacturer's instructions.

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

American Association for the Study of Liver Diseases (AASLD) – Guidelines on the management of variceal bleeding.

European Association for the Study of the Liver (EASL) – Clinical practice guidelines on portal hypertension.

British Society of Gastroenterology (BSG) – Management guidelines for variceal haemorrhage.

De Franchis, R. (2022). "Baveno VII Consensus on Portal Hypertension." Journal of Hepatology.

Garcia-Tsao, G. et al. (2017). "Management of Varices and Variceal Haemorrhage in Cirrhosis." New England Journal of Medicine.

Important information

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

Your comments

We are always interested to hear your views. If you have any comments, please contact (0300 131 4784 or email 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 0300 131 4434 or 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 Gastroenterologist: Dr A. Jeevagan

The directorate group that have agreed this patient information leaflet: Medicine

Next review date: September 2025

Responsible clinician/author: Tara Holmes-Ling, JAG Lead Nurse

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk



View hospital appointments, clinical letters and pathology results using our secure online system - www.esht.nhs.uk/mhcr

