

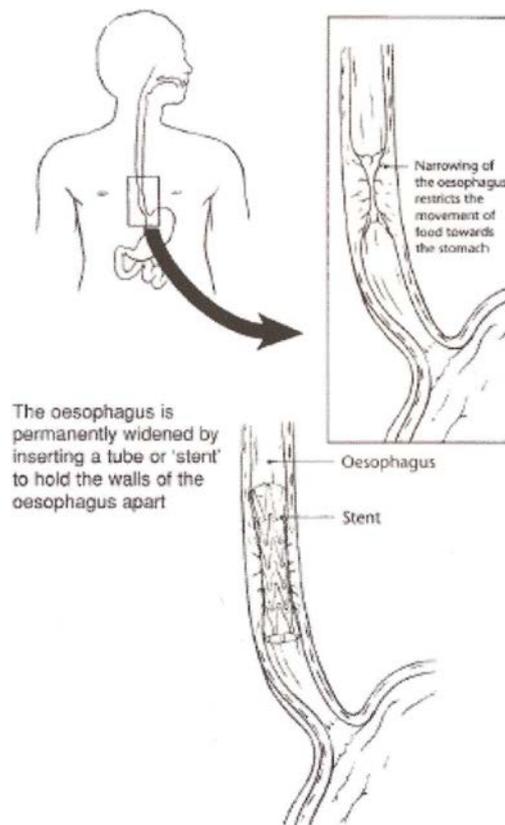
INFORMATION ABOUT GASTROSCOPY AND THE INSERTION AND CARE OF AN OESOPHAGEAL STENT

This information sheet is for patients who are having an oesophageal stent inserted to improve their swallowing. The sheet explains what a stent is, how it is inserted, the risks of having a stent inserted and advice on eating once a stent has been inserted.

A stent is a small tube inserted into the oesophagus (gullet) at the site of a blockage or narrowing. See the diagram.

The stent will help keep the oesophagus open and should allow you to eat more comfortably.

The stent is a metal tubular frame covered with layers of polyethylene.



What is involved

It is a similar procedure to having a gastroscopy. A gastroscope is passed through the mouth into the gullet and then the stent is introduced using the gastroscope. We use an x-ray monitor to view the accurate positioning of the stent.

The procedure involves a short stay in hospital.

Does the stent stop the tumour from growing?

The stent prevents the tumour from blocking the oesophageal canal, but it does not prevent the disease from progressing and the tumour will continue to grow; so overgrowth can occur above and below the stent. This can often be treated with a further gastroscopy.

The stent offers an improvement in your quality of life, so that you will be able to eat and drink more normally.

Preparation before the procedure

- Please do not have anything to eat from midnight. You may drink clear fluids until two hours before your appointment.
- You may take any routine medication swallowed with a small amount of water.
- If you are taking warfarin or clopidogrel or if you have diabetes please inform the specialist nurses as soon as possible, by phoning 01582 497971, (Monday - Friday, 9am - 5pm). You may be asked to follow specific instructions.
- Please bring your completed medical assessment form and the consent form, which you should have read and may already have signed, with you to the hospital.

On the day of the procedure

- You should not have anything to eat from midnight. You can drink clear fluids until two hours before your appointment.
- On arrival at the hospital report to the Endoscopy Unit.
- The doctor or nurse will explain the examination.
- A nurse will go through your medical history with you, check your pulse and blood pressure, and ask some necessary additional questions. Please do not hesitate to ask any questions you may have.
- The doctor or nurse will go through the consent form with you, to confirm that you understand the procedure and agree to go ahead with it, and the form should be signed.
- Before the test is started you will be asked to remove dentures, spectacles/ contact lenses. It is better to leave most of your valuables at home.

- The procedure will take place in the x-ray department.
- A nurse will stay with you throughout the procedure.
- You will have a local anaesthetic throat spray which numbs the throat, and you will be given a painkiller and a sedative injection. This will make you feel sleepy and often induces sleep after the procedure making it a hazy memory.
- While you are lying comfortably on your left side on the examination trolley, a small mouthpiece will be placed in your mouth, and the doctor will gently insert a small flexible tube (gastroscope) through into your oesophagus. This is not painful and will not make breathing or swallowing difficult.
- The nurse may need to clear saliva from your mouth with suction.
- Oxygen is given through a tube in the nose.
- It may be necessary to stretch the oesophagus (gullet) with a balloon to allow the gastroscope through the narrow area to be able to insert the stent into the best position.
- Afterwards the gastroscope is removed quickly and easily.
- It takes less than an hour.

After the procedure

- You will return to the ward to recover. This will allow time for the stent to expand and open up the oesophagus.
- Afterwards you may have some discomfort in your chest and middle of your back and often a sore throat. Please do not hesitate to ask the nurses for painkillers. The discomfort may settle quickly and usually within a week or so.
- Approximately 2 to 4 hours after the procedure you will be taken to the Imaging department for a chest x-ray to check the position of the stent.
- If the stent position is satisfactory you will be allowed to have sips of water. Providing you are not experiencing difficulties in swallowing you will be allowed unrestricted fluids. You can usually start a soft diet that evening.
- You should be able to return home within a day or two.

At home

You should be able to gradually build up the foods that you can eat.

- If you have pain take your painkillers as directed, soluble tablets or elixirs are easier to take.
- If you feel sick you can get medicine to help; ask your GP.
- If you get hiccups or need to cough or vomit, none of these things will affect your stent.

General advice

- Sit up straight when you eat or drink.
- Chew food well.
- Take your time over meals, spread them out, for example have your lunch at midday and your pudding at 2pm.
- You must have fizzy drinks with all meals and snacks, (anything with bubbles in it).
- Keep your teeth and dentures in good order so that chewing is effective.
- Clean your stent after eating by drinking soda water or lemonade.
- If you feel that the stent is blocked, stop eating, drink a little water and walk around a bit. If the blockage persists, contact the hospital, the upper GI nurse specialist (01582 497971) during working hours. Out of hours contact Ward Eleven (on 01582 497134). It is possible you may need another gastroscopy.

The risks of the procedure

Insertion of an oesophageal stent is a safe procedure, with a only a small percentage resulting in complications.

The main ones are:

- **Perforation** - a small tear in the lining of the gullet. This will require a longer stay in hospital.
- **Bleeding** may occur following treatment. In exceptional cases this may require a blood transfusion.

- **Sedation** can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur, they are usually short-lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.
- **Heart attack or stroke** (related to sedation). These are very rare and are more likely to affect elderly patients (heart attack) or patients already at risk of having a heart attack or stroke.

Please speak to your specialist doctor before the procedure if you have any concerns about these risks.

Further information

Please phone the Upper Gastrointestinal specialist nurses on 01582 497971 (direct line), or 01582 491166 and ask the switchboard to bleep 222 (Monday - Friday 9am - 5pm).

Or the NHS Choices website: www.nhs.uk