Having a tube (oesophageal stent) inserted in your food pipe when it is narrowed or blocked

Department of Radiology

Information for Patients

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Introduction

This leaflet tells you about the procedure called oesophageal stent insertion. Please read it carefully as it contains important information and instructions.

Oesophagus is pronounced ee - sof - uh - gus

Oesophageal is pronounced ee - sof - uh - jee - ul

What is an oesophageal stent insertion?

The **oesophagus** is the name of your food pipe. It is a hollow, muscular tube that takes food from your mouth down to your stomach. If it becomes narrowed or blocked there will be a problem with swallowing.

An **oesophageal stent** is a small and flexible metal mesh tube which is put down into the oesophagus across the blockage or narrowing. The stent gently expands to open up the narrowing. This should make it easier for food and drink to go down. The procedure is called oesophageal stent insertion.

Why do I need an oesophageal stent?

Other tests that you may have had done, such as an endoscopy (telescope test) or a barium swallow, have shown that your oesophagus has become blocked.

Your doctor will have talked to you about the likeliest cause of the blockage and the possible treatments. It is likely that an operation has been ruled out and that a stent is considered the best treatment option for you.

Having an oesophageal stent should make it easier for you to swallow.

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a hospital doctor or a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Important information

Please tell the X-ray staff when you arrive if:

- **you are allergic to rubber (latex)**, have any other allergies or have asthma.
- **you have diabetes.**
- **there is any possibility that you may be pregnant.**

Blood thinning medication

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice by phoning the number on your appointment letter as soon as possible. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred your for this procedure. Please still call the radiology department so we can check this.

How do I get ready for the procedure?

Eating and drinking instructions:

Do not eat or drink for 6 hours before your procedure.

Coming to the hospital and getting ready:

You will be admitted onto one of the hospital wards on the day of the procedure. The nurses on the ward will help you get ready for the procedure.

If there is no bed ready on a ward, you may be asked to come straight to the interventional radiology department while we wait to confirm there is a bed available for after your procedure

You will have had a blood test to make sure that you do not have an increased risk of bleeding. You will be asked to take off your clothes and put on a hospital gown.

What happens during the procedure?

- The procedure will usually take place in the X-ray department. You will lie on the X-ray table, generally on your back or side.
- A small flexible needle (cannula) will be put into a vein in your arm so that a sedative can be given to help you feel more relaxed.
- You will be attached to a blood pressure monitoring machine and have a small monitoring device (peg) attached to your finger to check your heart rate (pulse).
- Some spray will be used to numb the back of your throat.
- You will be given a small amount of a clear liquid called contrast to drink from a syringe. This liquid will show up on the X-rays.
- A thin tube (called a catheter) with a guide-wire inside is passed through your mouth, down the oesophagus. The guide-wire can be seen on X-rays. The doctor will use the X-ray machine to put the catheter and guide-wire through the blockage .
- When the guide-wire is in the correct position the catheter is removed. The stent is then passed over the guide-wire and into the correct position. When the doctor releases the stent it opens up the blockage. The guide-wire will be removed.
- You may feel some discomfort in your throat or chest, but this should not be too sore. There will be a nurse or another member of staff looking after you. If the procedure becomes painful for you they will be able to arrange for you to have painkillers through the needle in your arm.
- Generally, placing the stent in the oesophagus does not take very long.

How long will the procedure take?

Every patient's situation is different. It is not always easy to know how complex or how straightforward the procedure will be.

It will probably be over in 45 minutes, but sometimes it may take 1 hour.

As a guide, expect to be in the X-ray department for about 1 hour 30 minutes altogether.

What happens after the procedure?

You will be taken back to your ward. Nurses will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems.

You will stay in bed for a few hours until you have recovered. You will stay in the hospital overnight. If you have any problems after the procedure please speak to the staff on the ward or your radiology nurses.

You can go home the day after the procedure. If you usually drive, you can drive home if you feel well enough. If you have any problems from the procedure and need more time to recover from the procedure, you may need to stay in hospital for longer.

When can I eat and drink after the procedure?

You will be given a booklet about the sorts of foods you can and cannot eat.

For the first 4 hours after the procedure:

You will not be able to eat or drink for 4 hours after the procedure.

Stage 1: Fluids only (nothing for the first 4 hours, then fluids only for 24 hours)

You will not be able to eat or drink for 4 hours after the procedure. After this time, your doctor will tell you that you can start to drink clear fluids and then move on to other fluids such as tea, coffee, milk and soup.

You should avoid acidic fluids such as fruit juice at first as these may cause discomfort after the procedure.

Stage 2: Semi - solid foods (after 24 hours, follow this stage for 1 or 2 days)

After 24 hours, if you have been able to manage drinking fluids you can then move onto stage 2 which is semi-solid foods. Start to include foods such as jelly, smooth yoghurts, mousse, custard, Ready Brek®, smooth soups, milky drinks and any nutritional supplement products (if you are already prescribed these). On the ward, you will be advised to order meals from the level 5 (minced and moist) and level 6 (soft and bitesize) menus.

You should follow stage 2 and have semi-solid food for 1 to 2 days. If you manage these smooth foods well you can move on to stage 3.

Stage 3: Softer mashed foods (to continue long term)

This is the final stage. Softer mashed foods should have a soft/tender texture and be able to be squashed/broken apart with a fork. A softer mashed diet should be continued long term.

If you struggle to move to stage 3, please ask your doctor or nurse to refer you to a dietitian who can give you with more support and advice.

You will be given a leaflet about the sorts of foods you can and cannot eat.

Here are a few helpful tips:

- Chew food well. It should be smooth with no lumps, before swallowing. If there are any lumps left, do not be afraid or embarrassed to spit these out. To help with this, cut up food into small pieces and have small mouthfuls at a time
- Have food with plenty of sauce to make it moist and easier for you to swallow.
- Eat small portions more often. Aim to eat small amount 5 to 6 times a day.
- Do not rush meals. Sit down for your meal. Sit upright when you eat and stay sitting for 30 minutes after eating.
- Have a drink with your meal (water, squash, tea, fizzy drinks). Take small sips while you are eating and after your meal. This will help the food move through the stent and keep it clear.
- If you wear dentures, make sure they are fitted correctly so you can chew properly. If they do not fit well, speak to your dentist.

Please follow the food advice from the dietitian and the eating and drinking advice leaflet after you have had your stent.

Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Bleeding** - Bleeding can happen in around 3 to 8 patients in 100 (3 to 8%). It is possible that a little bleeding may occur during the procedure. This generally stops without the need for any action.
- **Pain and heartburn** - Most people will have discomfort in the chest for a few hours after the stent is put in place while the stent “beds in”. This normally settles in 1 or 2 days. Some patients get heartburn afterwards and need to take medicine for this. Prolonged chest pain may happen in 1 in 7 patients (14%). Please tell your nurse if you are in pain.
- **Stent movement or blockage** - The stent may move or block over time due to treatment or disease progression. If this happens, the procedure may need to be done again.
- **A hole in your food pipe (perforation)** - There is a small risk that putting the stent in may cause a tear (or perforation) of your food pipe (oesophagus). This is a serious condition and may need an operation or another stent putting in.
- **Risk of death** - There is a risk of death following an oesophageal stent procedure. This rate is less than 2 patients in every 100 stent procedures performed (up to 1.4%).

Despite these possible complications, the procedure is normally very safe and will almost certainly result in a great improvement in your medical condition.

At all times during and after the procedure the staff will be monitoring your responses to this treatment in order to minimize the effects of any complications.

If you have any problems when you go home, please see your GP.

What are the risks from exposure to radiation in this examination?

The main risk from exposure to X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination that uses X-rays gives a dose on top of this natural background radiation. The risks of radiation are slightly higher for an unborn child so we must ask some patients aged 10 to 55 years about their periods and possibility of being pregnant.

The benefits of this examination are likely to outweigh any potential risk and the risk from not having the examination could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

What if I need to talk to someone?

You may have a visit on the ward by nursing staff from radiology before the procedure.

During the procedure a member of staff will be with you throughout the procedure to reassure you.

After the procedure you may talk to the medical or nursing staff in the radiology department or on the ward.

You will be given a leaflet about what to eat with an oesophageal stent. This will have more contact phone numbers you can use when you are at home.

Upper GI specialist nurse or key worker - telephone: 0116 258 5809

Previous reference: IMA081-0317

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