Your guide to having an oesophageal stent placement

Issued by the Endoscopy Department
This information is about a procedure known as an oesophageal stent placement. It will help you to have an informed discussion with your doctor or nurse specialist before your procedure and help you to understand the benefits and risks involved.

**What is an oesophageal stent?**

The oesophagus or gullet is a hollow, muscular tube, which takes food from the mouth down to the stomach. If the oesophagus becomes narrowed or becomes blocked, swallowing and eating can be difficult. One way of overcoming this problem is to place a metal mesh tube, called a stent, down the oesophagus and across the blockage. This widens the blocked area. Food is then able to pass down the oesophagus through the stent and should make eating and drinking easier.

![Diagram of the oesophagus with stent placed]

**Why do I need an oesophageal stent placement?**

The results of the endoscopy (telescope test) have shown that your oesophagus is blocked.

Your case has been discussed by the specialists and yourself and a stent is considered to be the most appropriate treatment for you. The stent will allow you to eat and drink more easily and gain
sufficient nourishment. If you are unsure, speak to your specialist nurse or doctor and ask for more information.

**Who will do the procedure and where?**

A consultant endoscopist with special expertise in this procedure will carry out this procedure and ensure that the stent is positioned correctly.

The procedure will be done in the X-ray department.

**What does the procedure involve?**

You will be asked to lie on your left side. A small needle (cannula) will be put into a vein in the back of your hand or your arm, so that the doctor can give you the sedative and the painkillers. The doctor may spray the back of your throat with local anaesthetic to numb your throat before this. You will be very drowsy but not fully asleep. We will attach an oxygen monitoring device to your finger and you will also receive oxygen through a small tube to your nose.

An endoscope (a narrow flexible tube, approximately the thickness of your little finger) is passed through your mouth into the oesophagus (gullet) and passed through the blockage. Sometimes it may be necessary to dilate (stretch) the oesophagus until the endoscope can fit through. A fine guide wire is passed through the endoscope, into the stomach and a stent will then be passed over this guide wire and into the correct position across the blockage. An X-ray will be taken to check the stent is in the correct position. The stent slowly expands over the next 24 hours to allow food and fluids into the stomach.

The procedure usually lasts 20 to 30 minutes. After you have recovered from the sedation you will be taken back to the ward. Your pulse and blood pressure will be monitored for a few hours to make sure that there are no problems. Most patients are able to return home the same day.
Will it be painful?

There can be chest or back pain until the stent fully expands. In the majority of cases the discomfort settles within a day or two. **It is important that you let your nurse or doctor know immediately if you have any pain so you can be assessed to see if painkiller or further investigation is required.**

What is the preparation for the procedure?

If you are not already an in-patient you may be admitted to hospital the day before or the same day of the procedure.

**Eating** – Your stomach needs to be empty, so you will be asked not to eat at least six hours before the procedure.

**Drinking** – You may drink small amounts (half a small glass) of water up until 2 hours before the procedure.

**Medication** – Your nurse specialist will discuss the stent insertion beforehand with you. Please tell them if you are on any of the following medications as these may need to be stopped beforehand and alternatives given.

**Warfarin, Phenindione, Acenocoumarol, Rivaroxaban, Dabigatran, Apixaban, Clopidogrel/Plasugrel**

All patients on these drugs, or any other anticoagulant (blood thinning) medication **must** make sure their nurse specialist is aware that they are taking these drugs to make sure you know what to do.

If you are on warfarin, phenindione or acenocoumarol we will check your INR on the day of the procedure. Please bring your yellow anticoagulation record book when you attend for your procedure.
If you are unsure what to do contact the Endoscopy Unit for advice.

**Aspirin** and **Dipyridamole** are safe to take as normal.

Tablets for all other conditions such as angina, asthma and epilepsy should be taken as normal. If you are on an oral contraceptive pill, please take your pill as normal.

**Please bring all your medications with you.**

**Allergies/Medical Conditions** – It is important that if you have any allergies (including shellfish), or if you suffer from asthma, diabetes, heart or kidney problems, you must inform the doctor or nursing staff.

**What are the risks?**

Oesophageal stent insertion is normally a very safe procedure, but as with any medical treatments there are some risks:

- Sometimes you may experience some pain in the area. This will gradually settle, but simple painkillers such as paracetamol can be beneficial.

- Occasionally a little bleeding can occur during the procedure. This usually stops without further treatment.

- Some people get heartburn and acid reflux afterwards. This can be controlled with antacid medication.

- Rarely the stent may slip out of the position. If this happens it may be necessary to insert another stent.

- Very rarely, the placement of a stent may cause a tear in the oesophagus (a perforation) particularly if the gullet needs stretching beforehand. This is a serious condition, and may need an operation to repair the tear, or insertion of another stent.
What are the benefits?

The risks of these complications occurring are small, the procedure is normally safe and will result in a great improvement in your ability to eat. After a few days you should not be aware of the stent being there.

How soon can I eat and drink?

Most patients will be able to start drinking clear fluids once the effects of the local anaesthetic throat spray has worn off, usually within a few hours. The next day you will be able to start a soft diet. More solid foods are gradually introduced, making sure they have been thoroughly chewed before swallowing. It is important that you drink plenty of fluids before and after each meal. This helps the stent to remain open. You should try to eat in an upright position and have small, but frequent meals. You will be given a post-procedure leaflet, which will outline further dietary and general advice. Most will also be given a strong antacid medication to prevent you from developing acid reflux and heartburn.

It is advisable to sip fluids after mouthfuls of food and a fizzy drink at the end of each meal to keep the stent clean.

What will I feel like after the procedure?

Following the procedure you may have a sore throat; this should be slight and should pass off quickly. You may vomit a small amount of blood stained fluid on the day of the procedure, again this will settle.

Any stomach ache will be due to the air put into your stomach during the procedure and will usually be brief.
As you were sedated you may have difficulty remembering the procedure and the information given to you afterwards. Your ability to think clearly and make decisions may be affected for up to 24 hours even though you may feel wide awake. For this reason you need to have someone to accompany you home and stay with you overnight.

After the test and for the next 24 hours, you should not:

- drive a vehicle or motorbike
- use potentially dangerous appliances such as a cooker
- operate any potentially dangerous machinery
- have a bath without someone being there to help you
- look after children, or anyone else you usually look after, on your own
- sign any legal documents
- drink any alcohol.

Further information
If you have any questions or queries, please contact one of the following:

**Nurse Specialists**
01670 567171

**Endoscopy Unit Telephone Numbers**
North Tyneside General Hospital 0191 293 4319
Wansbeck General Hospital 01670 529 063
Alternative Formats
If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118

Other sources of information

NHS 111

NHS Choices
www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

Patient Advice and Liaison Service (PALS)
Freephone: 0800 032 0202
Text: 01670 511098
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust
General Enquiries 03 44 811 8111
www.northumbria.nhs.uk

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