

Service:
Imaging

Oesophageal stent insertion



Introduction

This leaflet tells you about the procedure known as oesophageal stent insertion, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

If you are having the procedure done as a pre-planned operation, then you should have plenty of time to discuss the situation with your consultant and the radiologist who will be doing the oesophageal stent insertion, and perhaps even your own GP. If you need the procedure as a relative emergency, then there may be less time for discussion, but none the less **you should have had sufficient explanation before you sign the consent form.**

What is 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 blocked, then there will obviously be a problem with swallowing.

One way of overcoming this problem is by inserting a metal, mesh tube, called a stent, down the oesophagus and across the blockage. Food can then pass down the gullet through this stent, and this should make swallowing easier. This procedure is called oesophageal stent insertion, and is usually very helpful to people.

Why do I need an oesophageal stent insertion?

Other tests that you probably have had done, either an endoscopy (telescope test) or else a barium swallow, have shown that your oesophagus has become 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.

Who has made the decision?

The doctors in charge of your case, and the consultant clinician performing the oesophageal stent insertion will have discussed the situation, and feel that this is the best treatment. However, you will also have the opportunity for your opinion to be taken into account, and if, after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be doing the oesophageal stent insertion?

A specially trained Radiologist or Gastroenterologist who has special expertise in using x-ray equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure, to make sure that the stent is positioned correctly.

How do I prepare for oesophageal stent insertion?

- The procedure uses x-rays and the amount of radiation used is small, however if you think you may be pregnant please inform the Imaging department before attending the appointment.
- You should eat nothing for 6 hours before your appointment. You may drink water until the time of your appointment.
- You will arrive at the Imaging Department (Gate 19) and be accompanied into our day case area.
- You may take your normal medication unless instructed otherwise.
- Please inform us if you are allergic to anything.
- You will be asked to change into a hospital gown and a small plastic tube (cannula) may be put into your arm in case you need painkillers or sedatives during the procedure.
- A doctor will discuss the procedure with you. You will be given an opportunity to ask questions. If you want to go ahead with the procedure you will be asked to sign a consent form.
- Once all the checks have been performed and consent signed, you will be taken to the angiography suite on the trolley. There will be a doctor, nurse and radiographer with you throughout the procedure.

What actually happens during an oesophageal stent insertion?

You will lie on the x-ray table, generally on your back. You will also have a monitoring device attached to your chest and finger, and will probably receive oxygen through small tubes in your nose.

The clinician will spray the back of your throat with local anaesthetic to make the procedure more manageable for you, and will probably give you a sedative. To start with a fine tube is passed through your mouth, down the gullet, and through the blockage. The stent is then passed over this fine tube, and into the correct position across the blockage. The fine tube is then withdrawn.

Will it hurt?

Unfortunately, it may hurt a little, for a very short period of time, but any pain you have should be controlled with painkillers.

Some discomfort may be felt in your throat, but this should not be too sore.

There will be a nurse, or another member of clinical staff, standing next to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have more painkillers through the needle in your arm. Generally, actually placing the stent in the oesophagus does not take very long.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It will probably be over in 45 minutes, but occasionally it may take an hour.

What happens afterwards?

You will be taken back to the daycase on a trolley. Nurses there will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

How soon can I eat and drink, and what happens next?

Most patients will be able to start on fluids within a few hours. It is then necessary to have a fairly liquid diet for a few days, until starting on soft solids. More solid food should be chewed properly before swallowing. Depending on how well the stent has overcome the blockage, you may be back on a fairly normal diet within a week or so.

Things to remember:

- Do not continue to eat or drink if you feel something is stuck at the back of your throat.
- If you feel your swallowing difficulty recurs, seek your GP's advice, as there is a likelihood that the stent may be blocked and requires a further examination or treatment.

Are there any risks or complications?

Oesophageal stent insertion is a very safe procedure, but there are some risks and complications that can arise, as with any medical treatment -

- It is possible that a little bleeding occurs during the procedure, but this generally stops without the need for any action.
- It is not unusual to feel mild to moderate chest pain while the stent “beds in”, but this normally settles in a day or two. Some patients get heartburn afterwards, and need to take medicine for this.
- Very rarely the stent may slip out of position, and it is necessary to repeat the procedure.
- Very, very rarely, putting the stent in may cause a tear in the oesophagus. This is a serious condition, and may need an operation, or insertion of another stent.

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

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. **Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.**

Oesophageal stent insertion is considered a very straightforward procedure. There are some slight risks and possible complications involved, and although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

Dietary Advice and Consideration:

Remember to chew your food well before swallowing and have fluid available when having your meal.

Supplementary high nutritious drink may be necessary to maintain your weight.

Example:

Meat: Cut into small pieces, or minced.

Cheese: Grated or in sauce.

Puddings: Creamy yoghurt, custard etc

Fruit & Veg: Well cooked, pureed or liquidised,
Smoothies.

Cereals: Porridge, Ready Brek.

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