

Oesophageal Stent Insertion

Endoscopy Unit Clinical Support Services

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.





Introduction

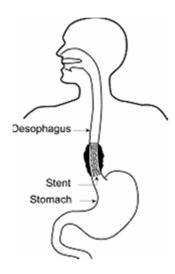
This leaflet gives you information about the procedure on having a stent (a soft flexible tube which helps swallowing easier) inserted into your oesophagus to help with your symptoms. This leaflet is in addition to the on-going discussions that you will have with the consultants and nurses involved in your care. It is important that you understand the procedure before you sign the consent form.

What is an oesophagus?

The oesophagus (gullet) is a hollow muscular tube that carries food and liquids from the mouth to the stomach. It is part of the digestive system.

What is insertion of an oesophageal stent?

Part of your gullet (oesophagus) has become blocked or narrowed and due to this you are having difficulty in swallowing. One way of overcoming this problem is by inserting a soft flexible tube called a stent which is passed through the mouth into the oesophagus and through the blocked area. The procedure to place the stent is called oesophageal stent insertion (see diagram). The stent gently expands to allow the food to pass through the stent into the stomach. This will make swallowing easier.



A diagram of the oesophagus

Why do I need an oesophageal stent insertion?

The results of the gastroscopy or barium swallow examination that you have had done have shown that a tumour has blocked your oesophagus. Other alternatives to improve the swallowing such as an operation have also been considered but a stent insertion has been proposed as the best treatment option for you. If however after discussions with your doctor you do not want the procedure carried out then you can decide against it.





Who will be doing the procedure and where?

A gastroenterology consultant with special expertise in this procedure will ensure that the stent is positioned correctly. The procedure is done in the Endoscopy Unit where you may have already had a Gastroscopy examination of the gullet. On this occasion the endoscopy will be repeated and a stent inserted.

What is the preparation for the procedure?

If you are not already an in-patient you will be admitted to hospital on the morning of the procedure. Your stomach needs to be empty so you will be asked not to eat or drink at least six hours before the procedure.

Individual instructions will be sent to you before the procedure. The staff will take you to the Endoscopy Unit and a small needle will be placed in a vein to give any drugs. You may receive a sedative to relieve anxiety. You will be given a sedative intravenously just before the procedure starts to make sure that you are kept comfortable throughout your test.

You should continue all your medications but if you take any medications that make your blood thinner (anticoagulants) such as warfarin or if you are diabetic on insulin you must let the pre-assessment nurse know at least 3 days in advance. If you have any allergies you must let the nursing staff know.

What happens during the procedure?

You will lie on the examination couch on your back or on your left side. You need to have a needle put into a vein so that the doctor can give you the sedative. We will attach a probe to your finger to allow us to monitor pulse and the amount of oxygen in your blood. You will also receive oxygen through small nasal prongs.

The doctor may spray the back of your throat with local anesthetic to numb your throat. A gastroscopy will be performed and your oesophagus may need some stretching in order for the scope to pass through the blockage. A fine wire will then be passed through the endoscope down the oesophagus and through the blockage. The gastroscope will be withdrawn and the stent will then be passed over this fine wire left behind and into the correct position across the blockage. The stent will gently expand enough to allow food and fluids into the stomach.

The procedure usually lasts 20 to 30 minutes.

After you have recovered from sedation you will be taken back to the recovery room. Your pulse and blood pressure will be monitored for a few hours to make sure that there are no problems. You may be required to stay at the hospital overnight so that we can continue to monitor you.





What are the risks and benefits?

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

- Occasionally a little bleeding can occur during the procedure. This generally stops without further treatment
- Some people get heartburn and acid reflux afterwards. This can be controlled with medication
- Rarely the stent may slip out of the position. If this happens it will be necessary to insert another stent
- Very rarely the placement of a stent may cause a tear in the oesophagus particularly if it needs stretching beforehand. This is a serious condition and may need an operation to repair the tear or insertion of another stent

Despite these complications the risks are small; the procedure is generally safe and will result in an 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 drink fluids within a few hours. You can then gradually begin to eat more the dietician will advise you on this.

Solid food should be chewed properly before swallowing. Big chunks of meat or other solid food should be avoided as they can block the stent.

Try to have small but frequent meals.

It is important to 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. Most patients are back on a fairly normal diet within a week. You will also be given a strong antacid medication to prevent you from developing acid reflux and heartburn.

At home if you have difficulty in swallowing this is a sign that the stent may have blocked. In this case do not panic! Stop eating. Take some fizzy drinks and walk around this may unblock the stent. If the blockage persists contact your GP or your nurse specialist in the hospital immediately to have the stent unblocked. To unblock the stent an endoscopy will be done.

What kind of food can I eat?

It is advisable to begin by eating liquidised meals. When you feel comfortable gradually progress to soft moist foods. There are some foods that may cause difficulty in swallowing and you should try to avoid them as they can block your stent.

It can be very helpful to talk to a dietician before or soon after your stent insertion. They can advise you in making changes to your diet.





While you are in the hospital the staff on the ward your consultant or your nurse specialist can arrange for you to meet a dietician.

At home your GP may also be able to refer you to a community-based dietitian.

Looking after your stent

- Eat in an upright position
- Take small mouthfuls of food
- Eat slowly and chew your food well
- Use plenty of sauces, gravy and butter to moisten food
- If your appetite is poor try to have small and frequent nourishing meals
- Drink some mouthfuls of fizzy drinks (sparkling water cola etc) after each meal; this will help the stent to remain open

Important Information:

Please contact the pre-assessment nurse if any of the following apply to you (The contact numbers for the pre-assessment nurses are under 'Concerns and Queries').

- If you are diabetic
- Taking Warfarin or Aspirin
- Allergic to latex

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care or contact the Pre-assessment Nurses on:

Diana, Princess of Wales Hospital: 03033 303078
Scunthorpe General Hospital & Goole District Hospital: 03033 302221

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518 Email: nlg-tr.PALS@nhs.net





There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.





Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital Scartho Road Grimsby DN33 2BA

Scunthorpe General Hospital Cliff Gardens Scunthorpe DN15 7BH

Goole & District Hospital Woodland Avenue Goole DN14 6RX

03033 306999 www.nlg.nhs.uk

Date of issue: August, 2017 Review Period: August, 2020

Author: Endoscopy Unit Manager

IFP-737 v1.1

© NLGFT 2017



