

Radiology Department

Colonic Stent

Information for patients



This leaflet gives you further information that will add to the discussion you have with your doctor about having a colonic stent. It is important that you have enough information before you sign the consent form.

What is a colonic stent?

This is a flexible, metallic tube specially designed to hold open a part of your bowel that is either partially or totally blocked. The blockage reduces the flow of waste products along the bowel. Having a colonic stent placed across the blockage will hopefully mean you can avoid the need for an operation at this time.

What does the procedure involve?

This is usually a combined procedure performed in the X-ray department by your surgeon and a radiologist.

Your surgeon will start by using a colonoscope (a long flexible tube to look inside the colon) to help the radiologist place a small guide wire into your back passage (rectum), beyond the blockage, using X-ray guidance. A small catheter (a thin flexible tube) will be positioned over the wire. X-rays are then taken while contrast medium (a special dye that allows the body tissues to be seen more clearly) is injected in to the bowel to show the exact position of the blockage. The first catheter is removed and a catheter with the stent on it will be placed in the exact position. The catheter is then removed and the stent left in place.

What happens before the procedure?

You will change into a hospital gown for the procedure. A cannula placed into a vein in your hand arm so that during the procedure you can be given sedation to help you relax and pain killers to relieve any discomfort. We will give you oxygen via a mask before the sedation.

You will not be allowed to eat anything or drink for 4 hours before the procedure.

You may have had a barium study before the procedure.

What happens after the test?

Afterwards you will feel rather sleepy for a couple of hours. It is recommended that you drink plenty of fluids with your meals and have smaller but more frequent meals to get enough nutrition. You may be prescribed a stool softener to help you go to the toilet. You should eat a light diet for 48 hours after the procedure. If you need to have any X-rays, scans or MRI scans you should tell the doctors that you have a stent. The stent should not interfere with any of your normal activities.

What are the risks of having a colonic stent?

The main complications are:

- movement of the stent which may require a procedure to remove the stent and placement of a second stent (10%)
- blockage of the stent requiring a second stent (10%)
- uncommonly, bowel perforation (2-4%); this may require an urgent operation.

What are the alternatives?

There are 2 main reasons for placing a stent:

1. Before an operation to remove the blockage. The aim of the stent is to allow the operation to be performed as an elective procedure rather than as an emergency procedure. Having the stent may allow your physical condition to improve before your operation and so possibly improve the outcomes.
2. To relieve symptoms of bowel obstruction on a long-term basis if surgery is considered too high-risk because of other medical conditions you may have.

How to contact us

If you have any questions or concerns, please speak to your doctor or nurse on the ward.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Sister Anne Miles
Dr Mark Bratby, Consultant Vascular and Interventional Radiologist
Version 1, April 2010
Review, April 2013
Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU
www.oxfordradcliffe.nhs.uk