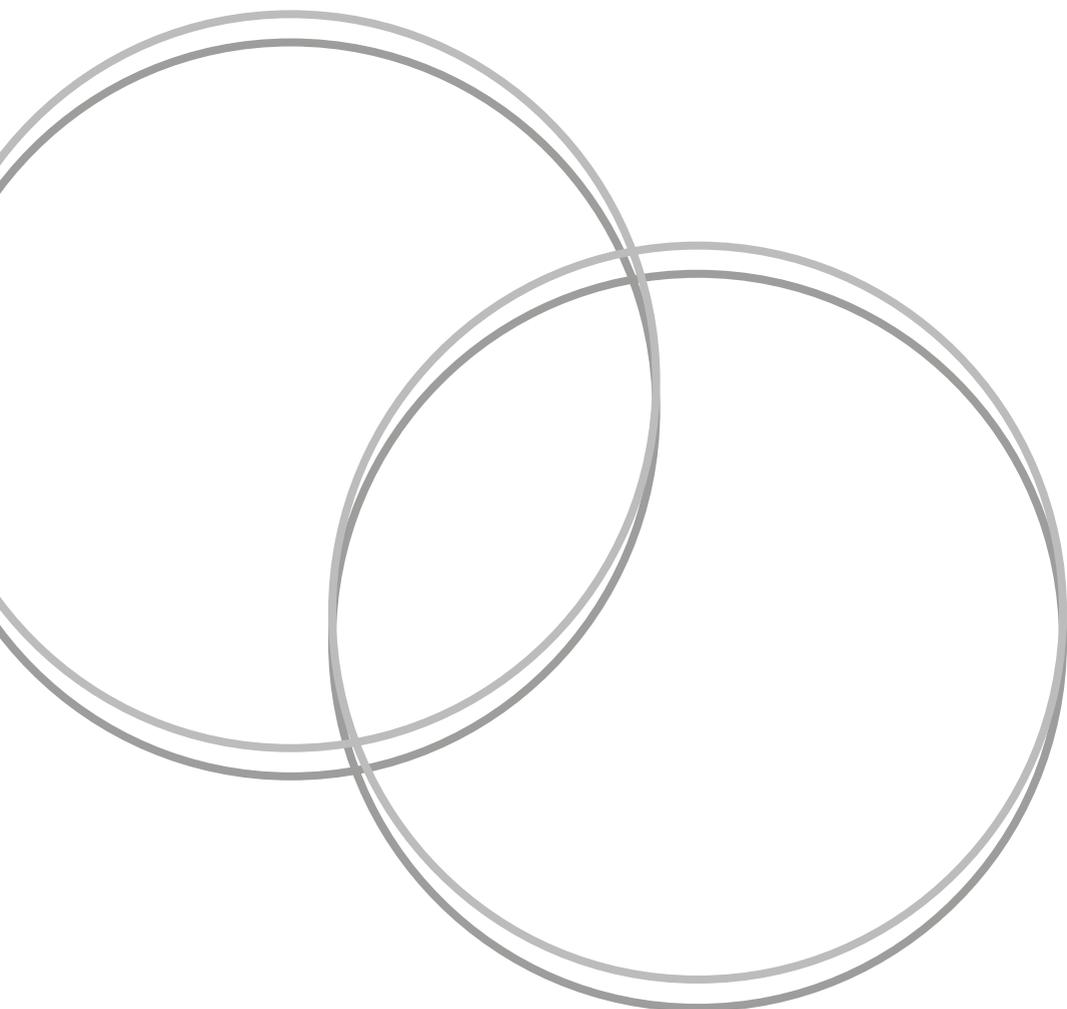




Oxford University Hospitals  
NHS Foundation Trust

# Insertion of an oesophageal stent

Information for patients

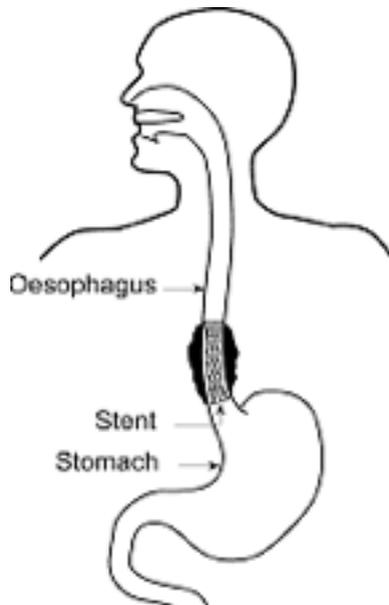


# Introduction

This leaflet should answer questions you may have about a procedure known as **oesophageal stent insertion**. This information should help you to understand the benefits and risks involved and allow you to have an informed discussion with your doctor or specialist nurse before the procedure.

## What is an oesophageal stent?

The oesophagus, or gullet, is a muscular tube which takes food from the mouth down to the stomach. If the oesophagus becomes narrowed or blocked, swallowing and eating can be difficult. One way of overcoming this problem is to insert a metal mesh tube, called a stent, into the oesophagus. This will help to hold open any narrowing or blockage. Food is then able to pass down the oesophagus through the stent and should make eating and drinking easier.



# Why do I need an oesophageal stent?

Before having an oesophageal stent inserted, other tests such as an endoscopy (camera test) or a barium swallow (X-ray of the oesophagus) will have shown that your oesophagus has become blocked or narrowed. Your doctor or specialist nurse will explain to you what the cause of the blockage is likely to be.

# Who has made the decision?

The doctors in charge of your case will have discussed the most appropriate treatment options for you. You should have the opportunity to discuss your treatment options with your doctor or specialist nurse. This will help you to decide if you wish to have the stent insertion carried out or not. If you are still unsure, speak to the specialist nurse or doctor and ask for more information.

# Who will be doing the oesophageal stent insertion?

A specially-trained doctor called an **interventional radiologist** will insert the stent in the X-ray or Radiology Department. Radiologists have special expertise in using X-ray equipment and also in interpreting the images produced. They need to look at these images at the same time as carrying out the procedure, to make sure the stent is positioned in the right place.

# How do I prepare for the procedure?

If you are an outpatient (not admitted to hospital), you may be sent an appointment to attend the X-ray Department for a barium swallow test. This test is usually carried out before the stent insertion if we need further information about where the blockage/narrowing is and what might be causing it. The liquid you swallow during this test helps to show up where the narrowing or blockage is more clearly on the X-ray.

You will be admitted to hospital either the day before or on the same day as the procedure. If you are being admitted to the

hospital on the morning of the procedure, please follow these instructions unless directed otherwise:

**Eating** – you will be asked not to eat or drink for 4 hours before the procedure.

**Medication** – most people can continue to take their usual medication. If you are a diabetic and you take insulin, or if you take warfarin, please contact the specialist nurse or doctor before coming into hospital.

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

**Allergies/Medical conditions** – it is important that you tell the interventional radiology team if you suffer from asthma, diabetes, heart or kidney problems. If you know you are allergic to X-ray contrast or iodine, please contact the department in advance, as special precautions may be needed.

## **What does the procedure involve?**

You will be taken to the X-ray Department and asked to lie on your side on an X-ray table. A cannula (small flexible tube) will be inserted into a vein in the back of your hand so that the radiologist can give you a sedative to relax you or give you painkillers if necessary. You will be very drowsy but not fully asleep. You will also have an oxygen-monitoring device attached to your finger and you will receive oxygen through a small tube placed in your nostrils.

The radiologist will spray the back of your throat with local anaesthetic to make the procedure more comfortable for you. He/she will then inject the sedative into the cannula in your hand.

A fine tube is passed through your mouth, down your oesophagus and through the blockage. The stent is then passed over this fine tube and into the correct position across the narrowing/blockage. The fine tube is then withdrawn.

## **How long will it take?**

Every person is different and it is not always easy to predict how complex or straightforward the procedure will be. The procedure will take approximately 45 minutes but occasionally it may take an hour. As a guide, you should expect to be in the X-ray department for about an hour and a half altogether.

## **Will it hurt?**

This procedure may cause some discomfort afterwards but any pain should be controlled with painkillers and ease after 24-48 hours.

A nurse or another member of clinical staff will stand next to you throughout the procedure. If it does become painful for you then he/she will give you more painkillers through the cannula in your hand.

## **What will happen afterwards?**

You will be taken back to your ward on your bed. Nurses on the ward will check your pulse and blood pressure to make sure there are no problems. You will be asked to rest in bed for a few hours until you have recovered.

## **How soon can I eat and drink?**

You should be able to start drinking clear fluids once the effects of the local anaesthetic spray on your throat has worn off, usually within a few hours.

If you are able to drink fluids without any difficulty, you will be able to start a soft diet. More solid foods can be gradually introduced – make sure that they have been thoroughly chewed before swallowing. Depending on how well the stent has overcome the narrowing/blockage, you may be back on a fairly normal diet within a week or so.

Before leaving hospital you will be visited by a specialist dietitian who will advise you on the type of foods you should be eating and foods to be avoided. A detailed leaflet about diet with an oesophageal stent will be given to you.

If there are difficulties with swallowing or increased pain after the procedure, a barium swallow test may be performed to check the position of the stent.

## **How soon can I leave hospital?**

You should be able to go home once you, the doctors, the nurses and the dietitian are satisfied that you are eating and drinking comfortably again. It can take a couple of days after the insertion of the stent to establish this.

## **Are there any risks or complications?**

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

- It is possible that a little bleeding may occur during the procedure but this usually stops without the need for any action.
- It is not unusual to feel mild to moderate chest pain while the stent expands and pushes the oesophagus open. This normally settles down after a day or two and you will be given painkillers to help you cope with this.
- Some people may experience heartburn or reflux after the procedure and will be prescribed an appropriate medicine for this.
- Sometimes the stent may slip out of position, making it necessary to repeat the procedure.
- More rarely, the oesophagus can tear during insertion of the stent. This can be a serious complication, which may mean that another stent needs to be inserted.

Despite these possible complications the procedure is normally safe and hopefully your swallowing will improve.

# How to avoid your stent becoming blocked

After the insertion of the stent you will be seen by a dietitian, who will discuss your diet with you.

- To help prevent food sticking and possibly blocking your stent or tube, drink regular sips of fluid with your food. However, try to avoid filling up on drinks instead of food.
- If you feel the tube or stent has become blocked, do not panic. Try standing up and taking sips of fluid.
- Warm or fizzy drinks may help to clear the blockage.
- If the blockage does not clear, seek medical advice.
- Do not continue to eat if you feel that your stent or tube may be blocked.

If your appetite is poor or you are unable to manage enough food to maintain your weight, your dietitian will be able to offer advice. A referral can be made through your doctor, specialist nurse or other health professional.

## How to contact us if you have questions or concerns

We hope that some of your questions have been answered by this leaflet. Remember that this is only a starting point for your discussion with the doctors, nurses and dietitian looking after you. Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Do not hesitate to contact the specialist nurse or your doctor if you need more information. Contact numbers can be found on the back of this leaflet.

# Contact Numbers

Please leave a message on the answer phone and we will get back to you as soon as possible.

## Upper Gastrointestinal Specialist Nurses

Tel: 01865 235 058

## Specialist Dietitian

Tel: 01865 235 421

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

*Making a difference across our hospitals*

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



Oxford Upper Gastrointestinal Centre & the Radiology Department  
Anne-Margrethe Phillips, Upper Gastrointestinal Specialist Nurse  
Approved by: Robert Marshall, Consultant Oesophagogastric Surgeon  
Jane Phillips-Hughes, Consultant Interventional Radiologist

Approved by SUWON Patient Information Coordinator and Lead

October 2019

Review: October 2022

Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

