

# **INFORMATION FOR PATIENTS UNDERGOING OESOPHAGEAL STENT INSERTION**

## **Introduction**

This leaflet is intended to provide answers to common questions that you may have about oesophageal stent insertion.

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. 95% of people improve their swallowing after insertion of a stent.

## **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 radiologist doing 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 doctor called a radiologist. Radiologists have 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.

### **Where will the procedure take place?**

Generally in the x-ray department, in a special "screening" room, which is adapted for specialised procedures. It may be done in an operating theatre, using mobile x-ray equipment.

### **How do I prepare for oesophageal stent insertion?**

You need to be an in-patient in the hospital. You will be asked not to eat for four hours beforehand, though you may be allowed to drink some water. You may receive a sedative to relieve anxiety. You will be asked to put on a hospital gown. If you have any allergies, you must let your doctor know.

### **What actually happens during an oesophageal stent insertion?**

The exact technique may vary slightly but the general outline of the procedure is as follows.

You will lie on the x-ray table, generally on your back. You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative to relax you, or painkillers. Once in place, this needle does not cause any pain. 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 radiologist may 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. As a guide, expect to be in the x-ray department for about an hour and a half altogether.

### **What happens afterwards?**

You will be taken back to your ward on a trolley. Nurses on the ward 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.

### **What are the any risks or complications?**

Oesophageal stent insertion is a 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.

Sometimes(perhaps in about 1 in 10 patients) the stent may slip out of position, and it is necessary to repeat the procedure. More 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.

The chances of complications depend on the position of the blockage in the gullet. Blockages nearer the mouth are more likely to have problems than blockages near the stomach.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in an improvement in your ability to swallow things

### **Finally...**

This leaflet should have answered some of your questions, 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.

This leaflet is produced with grateful acknowledgement to the Patients' Liaison Group of the Royal College of Radiologists. The current leaflets are largely based on their work.

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