

PATIENT INFORMATION

OESOPHAGEAL STENT INSERTION



This leaflet tells you about having an oesophageal stent insertion. It 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 discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

WHAT IS AN OESOPHAGEAL STENT?

The oesophagus, or gullet, is a hollow muscular tube, which takes food from the mouth down to the stomach. If it becomes narrowed or blocked, then there will be a problem with swallowing. One way of overcoming this problem is by inserting a metal mesh tube called an oesophageal stent. Food can then pass down the gullet through this stent, and this should make swallowing easier.

WHY DO YOU NEED A STENT?

Other imaging you have had done has shown that your oesophagus has become narrowed or blocked. Your doctor will have discussed with you the likeliest cause of the blockage and the possible treatments. It is likely that an operation is not possible and that a stent insertion is considered the best treatment option for you.

ARE THERE ANY RISKS?

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

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 migrate out of position and it is necessary to repeat the procedure.

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

WHO HAS MADE THE DECISION?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?

Oesophageal stent insertion is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

WHO WILL YOU SEE?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

WHAT HAPPENS DURING THE PROCEDURE?

The procedure is performed using local anaesthetic and often sedation.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm.

You will lie on the X-ray table, generally on your side. You may have a needle put into a vein in your arm. Once in place, this needle does not cause any pain. You may have monitoring devices attached to your chest and finger and may be given oxygen. The interventional radiologist may spray the back of your throat with local anaesthetic to make the procedure more manageable for you. A fine tube is passed through your mouth, down the gullet, and through the blockage. The stent is passed over a guide wire, placed through the fine tube, into the correct position across the blockage. The guide wire is then withdrawn.

WILL IT HURT?

Some discomfort may be felt in your throat, but this should not be too sore. You may feel the tube at the back of your throat which may make you retch.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

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 and are ready to go home.

HOW SOON CAN I EAT AND DRINK?

Most patients will be able to start on fluids within a few hours. Your doctor may want you to have an X-ray to assess your swallowing before you start eating. 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.

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.

CONTACT

British Society of Interventional Radiology
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LEGAL NOTICE

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2020

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