



Luton and Dunstable  
University Hospital  
NHS Foundation Trust

# Information about oesophageal stents

*Endoscopy Department*

PATIENT NUMBER

## INFORMATION ABOUT OESOPHAGEAL STENTS

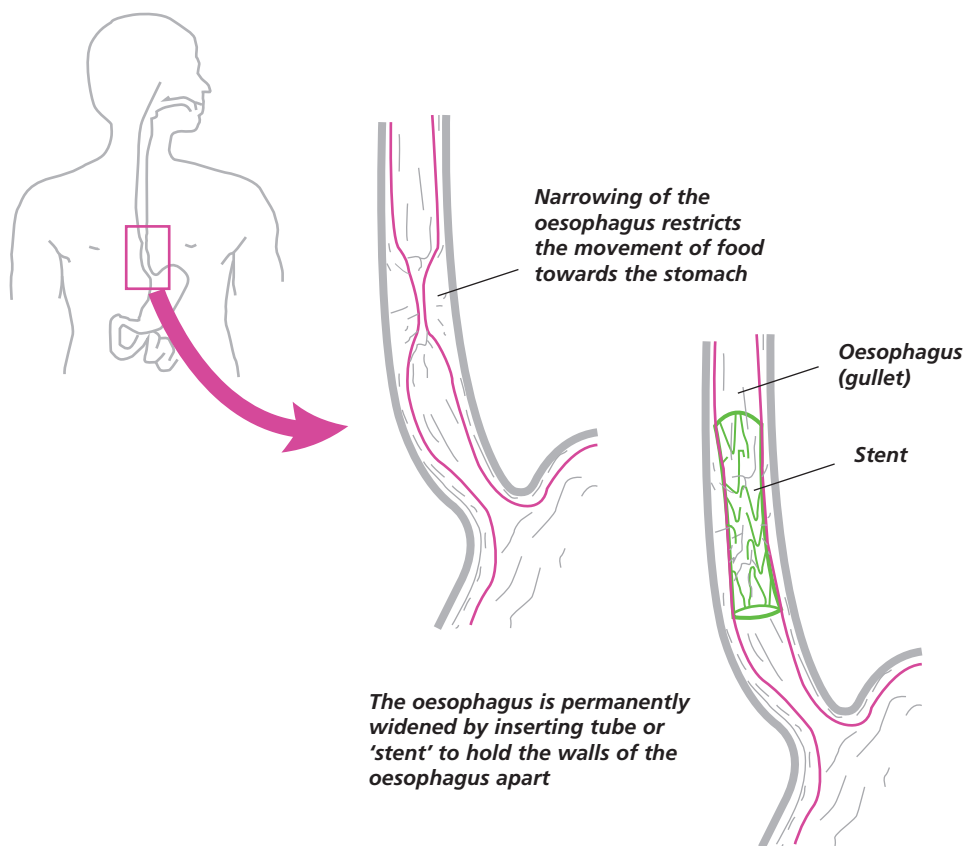
This information leaflet is for the patients who are undergoing oesophageal stent insertion. This leaflet explains the reasons for the stent, what is involved and any possible risk and side effects.

### What is a stent for?

A stent is a small tube inserted into the oesophagus (gullet) at the site of a blockage or narrowing.

The stent will help keep the oesophagus open and should allow you to eat more comfortably.

The stent is a metal tubular frame covered with layers of polyethylene.



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## What is involved?

Having an oesophageal stent is a similar procedure to a **gastroscopy**. A small, flexible tube called an endoscope is passed through the mouth into the gullet and then the stent is introduced using the endoscope. We use an X-ray monitor to view the positioning of the stent. Prior to inserting the stent, the gullet narrowing may need to be stretched with a small balloon passed down the endoscope.

Most patients will be discharged the same day however an overnight stay in the hospital may sometimes be required.

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## Does the stent stop a tumour from growing?

The stent prevents the tumour from blocking the oesophageal canal but it does not prevent the disease from progressing and the tumour will continue to grow; so overgrowth can occur above and below the stent. This can often be treated with a further gastroscopy.

The insertion of the stent offers an improvement in your quality of life so that you will be able to eat and drink more comfortably.

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## Preparation before the procedure

- Please do not have anything to eat or drink for at least 6 hours prior to the procedure. You may drink clear fluids up to two hours before your appointment
- You may take any routine medication swallowed with a small amount of water
- If you are taking blood thinning tablets (**warfarin, clopidogrel, ticagrelor, dabigatran, rivoraxaban, edoxaban or apixaban**) or blood thinning injections (**tinzaparin, dalteparin, enoxaparin or heparin**) or if you have Diabetes please inform the endoscopy unit by phoning **01582 718486** immediately for advice.

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- Please read and complete your medical assessment form in advance of your procedure. You will also be sent a consent form which a nurse will discuss with you on the day.
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### On the day of the procedure

- Please **go straight to the Endoscopy Unit** and ring the bell to let the staff know you have arrived
- You will be admitted by a **Registered Nurse** and the procedure will take place in the X-ray department
- Your doctor will explain the examination and ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it
- You will be given a hospital gown to wear and an identity band, which you should check for accuracy
- Before the examination you will need to remove any dentures, glasses, contact lenses or jewellery. We recommend that you leave any valuables at home.
- A nurse will stay and care for you throughout the procedure
- You will be given pain killers and a sedative injection prior to the procedure. Sedation may make you feel sleepy but for most patients it induces sleep after the examination, rather than during it. We will monitor your heart rate and breathing throughout
- The procedure usually takes **less than one hour to complete**

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## After the procedure

- You will **return to the endoscopy unit to recover**. This will allow time for the stent to expand in the oesophagus
- Afterwards you **may experience some discomfort in your chest, middle of your back and often a sore throat**. Please ask the nurses for painkillers
- Approximately 2 to 4 hours after the procedure you may be taken to the Imaging department for a chest x-ray to check the position of the stent
- If the stent position is satisfactory **you will be allowed to have sips of water and increase the amount as you feel comfortable**. When you are starting to manage fluids well you can progress to a soft moist diet the following day. You will be given an information leaflet regarding dietary advice before being discharged
- **You should be able to return home the same day**. The sedative effects (if administered), may last for 24 hours. Even though you may feel alert **you must be accompanied home and must not drive yourself or operate machinery for that period**. If you had the sedative injection and/or analgesia, you must have a responsible friend or relative to take you home and stay with you for 24 hours. If this is a problem, please telephone the department as soon as possible.

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## On Discharge

- Please ask the person collecting you to phone the Endoscopy reception at **01582 497298** regarding your discharge time.
- On discharge you will be given pain killers, anti-sickness and acid reducing medications

### At home

- You will receive a follow up phone call from your Clinical Nurse Specialist and Dietician
  - **If you have pain**, take your painkillers as directed. Soluble tablets or liquids are easier to take
  - **If you feel sick** you can take the anti-sickness medication to help
  - **If you get hiccups or need to cough or vomit**, none of these things will affect your stent
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### General advice

- Sit up straight when you eat or drink
  - Chew food well
  - Take your time over meals.
  - It is advisable to have fizzy drinks with meals and snacks (anything with bubbles)
  - If you feel that the stent is blocked, remain calm, stop eating, sip warm or fizzy drinks to help disperse the blockage and stand up and walk around. If the blockage persists, contact your Clinical Nurse Specialists, GP or go to A&E. It is possible that you may need another endoscopy procedure.
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## The risks of the procedure

An insertion of an oesophageal stent is a safe procedure, with a small percentage resulting in complications.

The main ones are:

- **Perforation** – a small tear in the lining of the oesophagus. The risk of this happening is 1 in 100.
- **Bleeding** may occur following treatment. It is rare to have a large amount of bleeding. In exceptional cases this may require a blood transfusion. The risk of this happening is 1 in 100.
- **Stent migration** – the stent slips from its position. This will potentially require a further procedure. The risk of this happening is 3 in 100.

After the procedure if you experience severe chest pain, severe stomach pain, swelling in the neck, shortness of breath or a large amount of bleeding please attend your nearest Accident and Emergency department. Do not drive.

## For further information

Call the Upper GI Clinical Nurse Specialist on 01582 497971 or phone the hospital on 01582 491166 and ask switchboard to bleep 222 (Monday to Friday 9am-4pm).

If you have any questions please contact us between 8am–6pm on **01582 718486**. Alternatively, you can call our **24 hour emergency advice line** on **07815178199**.

