

Oesophageal Stent

Endoscopy Department

A thick green horizontal line with decorative, curved ends that tapers slightly towards the right side.

This information leaflet contains information about your procedure including the risks, benefits, alternatives to the test and what you might expect when you come to the hospital. If, after you have read it, you have any queries or concerns, please talk to us about any worries and ask any questions you may have.

The aim of this booklet is to enable you to make an informed decision when you come for your procedure. It is important to us that you have understood the procedure, its risks, and benefits before we ask you to sign your consent form. We will need to have your formal written consent before we can perform your procedure.

Your appointment time in the Endoscopy Unit is approximate, as some procedures may take longer than expected. We also deal with emergencies, and these can take priority over patients with outpatient appointments. You should expect to be in the department approximately for most of the morning or afternoon.

Preparation for the procedure

Eating and Drinking

You must not eat anything for at least **six hours** before your procedure because the food in your stomach can prevent the Endoscopist from having a good view of your stomach. It can also increase the risk of inhaling the contents of your stomach into your lungs which can cause severe pneumonia.

You can have a few sips of water up to **two hours** before your test.

Medicines

Unless you have been advised otherwise, you should take your usual medicine normally with a few sips of water.

If you have diabetes, either on tablet or Insulin, please telephone us on 01932 722231 / 01932 722747 for advice at least one week before your endoscopy appointment.

If you are on any blood thinning medication like Warfarin, Dabigatran, Edoxaban, Apixaban, Rivaroxaban or anti platelet medication like Clopidogrel, Dipyridamole, Prasugrel and Ticagrelor, please inform us as soon as possible as it may be necessary for you to stop taking your tablets for a limited time before the procedure.

What is an Oesophageal Stent?

An oesophageal stent is a fabric covered metal mesh tube inserted down the oesophagus and across the blockage. It is passed by mouth into the oesophagus and positioned across the area that has narrowed. It gently expands to hold the narrowing in your oesophagus open and allows fluid and foods to pass down to the stomach more easily.

Why do I need an Oesophageal stent?

Your doctor is concerned about the symptoms you have been having with swallowing difficulties. You would have had other tests such as Gastroscopy or Barium swallow to confirm a narrowing or a stricture. Putting a stent in will help to hold open any narrowing or blockage in the gullet which can make eating and drinking easier.

What options are available to help me during the procedure?

Anaesthetic throat spray - A local anaesthetic spray is given at the back of your throat – this has an effect very much like a dental injection. This medicine will numb your throat allowing the gastroscopist to go down with ease.

Pain relief via a needle - A pain relief injection will help you tolerate the procedure.

Sedation via a needle - A sedative injection can help you relax if you are particularly anxious about the procedure. It can sometimes make you drowsy which can help you tolerate the procedure. A sedative is different to general anaesthetic, its purpose is to help you relax and not 'knock you out'.

Because you will be given a sedative and pain relief via injection, you will not be permitted to drive home or take public transport. You must arrange for a family member or a friend to collect you

from the Endoscopy Unit and you must have an adult to stay with you overnight.

There is a considerable variation in the way people react to this procedure and the sedation. The procedure is safe but may be unpleasant and at times uncomfortable. We aim to use the sedation to help you relax within safe limits. We do NOT aim to send you to sleep but we will do our best to make the procedure as comfortable as possible.

What are the alternatives?

Your doctor usually recommends an oesophageal stent when he considers it the best option for you.

You may not be fit for the alternative of major surgery.

Radiotherapy is slow to become effective and its benefits are not sustained.

What are the possible risks of this procedure?

Serious risks and complications of having an oesophageal stent put in are rare. However, as with any procedure, some risks or complications may occur.

- Small tear or damage to the lining of the gut, (less than 1 in 100 cases) following which surgery may be necessary to repair it.

If any of these complications occur, you may need to stay in hospital for treatment.

What will happen when I come in?

When you come to the Department, please present yourself at the reception where they will confirm your details with you. Please note that we have a limited amount of space in the Department and there may not be an available space for a friend or relative to accompany you during your appointment.

A member of staff will bring you in the Admissions area to go through your health questionnaire with you. He/she will be taking your blood pressure, pulse and temperature and record it your booklet. An intravenous cannula will be placed in your arm/hand; this will be used as an access so the Endoscopist can give you the sedation before the start of the procedure. Your admission nurse will make sure that the procedure is thoroughly explained and that you understand the procedure before you sign your consent form. This will be an opportunity for you to ask any questions you may have. We will be asking you to sign your consent before you can be taken into the procedure room where your endoscopy will be done.

The member of staff will also ask you about your arrangements for getting home after your procedure. Because you will be given sedation via an injection, a responsible adult must be available to take you home and stay with you overnight, as the sedation can impair your reflexes and judgment.

Please note that your procedure will be cancelled if you do not have an escort arranged to collect you from the Department.

Who will place my stent?

An experienced doctor will insert the stent.

What happens during the procedure?

Your procedure will be carried out in one of the procedure rooms where experienced members of the team will be always with you.

A local anaesthetic throat spray will be given whilst you are sitting up (if you have any dentures, you will be asked to remove them first), the results are rapid, and you will immediately experience loss of sensation at the back of your throat. A member of staff will put a blood pressure cuff on your arm and a probe will be placed on your finger to check your oxygen level throughout the procedure and a plastic cannula will also be placed in your nostrils. You will be asked to lie on your left-hand side; sedation will be given at this point.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the Endoscopist to pass the endoscope (camera), which is no bigger than the tip of your finger.

The Endoscopist will start the test by placing the lubricated endoscope into your mouth. The Endoscopist will then push the

gastroscope gently down into your oesophagus and through the blockage or narrowing. A stent will go over a thin wire which is pushed past the narrowing, once the correct position is achieved, your Endoscopist will release the stent.

What happens after the procedure?

After your procedure, you will be taken to the Recovery Area where you will be given time to sleep and rest quietly until the immediate effects of this have worn off which should take about two hours. During this period, you will not be allowed to have something to eat and drink.

You will have your blood pressure, pulse, and oxygen saturations checked at least every fifteen minutes. If you are diabetic, we may need to check your blood sugar again.

After a couple of hours, we will be able to offer you some fluids.

The plastic cannula used to give you the sedation will also be removed. The sedative can make you forgetful and can make you feel intermittently tired and drowsy for at least 24 hours, this is why we strongly recommend that you arrange someone to stay with you overnight. For 24 hours following your sedation, you must not drive, drink alcohol, operate any heavy machinery or sign any legal document. If the person collecting you has left the Department, a member of staff will telephone them when you are ready to go home. Once your escort has arrived, you will be taken to a private room where a member of staff will go through all your

discharge information with you. After this and you feel ready, you could be discharged from the Department.

A copy of your endoscopy report will be given to you.

Dietician on the Endoscopy Unit

Before you are sent home, a specialist dietician will see you in the department to advise you on your diet following your stent placement.

How soon can I eat and drink?

You should be able to drink fluids two hours after the procedure. We will then put you on fluids only for a further 6 hours to allow the stent to settle. If you can drink fluids without any difficulty, you will be able to start on soft diet. Depending on how well the stent has overcome the narrowing, you will be able to introduce more solid food in your diet.

How to look after your stent

When you eat and drink always follow these guidelines:

Day 1 After your procedure the doctor will recommend that you take fluids only, with no solids.

Day 2 If you can drink and swallow well, you may start taking a soft diet. Start with small amounts, chew it well and eat slowly.

These foods could include soup, scrambled eggs, steamed/baked fish, yoghurts, mashed banana, well mashed potato, pate, shepherd's pie, custard, and ice cream.

Day 3 If you have been able to swallow, you can start to try more solid food. These foods could include soft vegetables, baked beans, pasta, rice pudding, and omelettes.

What you can eat

- **Meat / Fish**

These foods will be easier to swallow if small amounts are added to a sauce/gravy. Meat should be minced or pureed. Gristle should be avoided.

- **Fruit and Vegetables**

These are a good source of vitamins and are important to keep you healthy. Include fruit juice or a vitamin C drink daily. Tinned fruit and soft fresh fruits are easily tolerated. Fruits can be eaten mashed or blended. Mashed potato can be eaten but avoid crispy chips and crispy roast potato.

- **Food supplements**

These can be helpful if you need extra nourishment or build-up. Complan and Nutroplus, in various flavours, are on sale at most chemists / pharmacies.

- **Rice and Pasta**

To remove excess sticky starch, wash cooked rice and pasta thoroughly with boiling water.

- **Dairy Products**

Milk, cheese, yoghurt, and cream are very nutritious and should be included in your diet on a regular basis.

Foods to Avoid

- Fish with Bones
- Fried egg white and hard-boiled egg
- Fruit skins and pith of grapefruit and orange
- Green salads and raw vegetables
- Hard chips and crisps
- Nuts and dried fruit
- Shredded and puff wheat
- Tough meat and gristle that is not minced
- White bread - crusty and toast

Special points to remember

- Chew well and eat slowly. Do not rush your eating
- If you have problems, continue with the soft diet until you feel able to slowly introduce more solid foods. Do not tackle large lumps of food, cut them into small pieces and chew well.
- Take frequent sips of fluid throughout your meal.
- Sit upright when eating.
- Always have a fizzy drink after eating. This will help to keep your stent clear of food debris.
- Keep your teeth and dentures in good order so that chewing is effective.
- If you need to take something for pain, use a dissolvable tablet or capsule such as Soluble Paracetamol. This can be bought from a chemist.
- Eat a wide variety of foods to ensure you have a healthy diet.
- If you feel the stent has blocked, stop eating, drink a little fluid and walk around.

- If you are unable to swallow for more than 3 hours, and you feel that your stent is blocked with food, try not to panic. Contact the Endoscopy Nurses by telephone on **01932 722747** (Monday to Friday between the hours of 08.00 and 18.00) or visit the Accident and Emergency Department.

Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text.
Use the Relay UK app on your phone, tablet or PC.
You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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