

Oesophageal Stent Insertion

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Patient Information

Following your recent clinic appointment or inpatient assessment, it has been recommended that you have a stent inserted into your oesophagus (gullet or foodpipe).

This leaflet tells you about the procedure, what is involved and what the possible risks are. It will help you make an informed decision but it is not meant to replace informed discussion between you and your doctor.

If you are unable to keep your appointment for this procedure, please notify the Endoscopy Department as soon as possible. This enables staff to offer your appointment to somebody else and also to rearrange another appointment for you.

Introduction

What is an oesophageal stent?

Stents are widely used to treat disease; you may have heard of a stent being used in arteries of the heart that have become narrowed or blocked - in these cases, the stent enables the circulating blood to flow through the arteries.

The oesophagus, or gullet, is a hollow muscular tube which carries food from the mouth down to the stomach. If it becomes narrowed this will lead to problems with your swallowing. One way of overcoming this problem is by inserting a metal mesh tube, called a stent, into the oesophagus and across the blockage. Food can then pass down the oesophagus through the stent and into the stomach.

An oesophageal stent is a flexible hollow tube, usually made of fine wire which is woven into a mesh, and may be covered in a plastic membrane.

Why do I need to have an oesophageal stent?

Tests that you have already undergone have shown that your oesophagus has become narrowed. Your doctor or specialist nurse will have explained the most likely cause of the narrowing and that a stent is the most appropriate treatment for you.

What is the preparation for the procedure?

Oesophageal stent insertion is generally a day case procedure and you will be able to go home after a few hours. In some circumstances, such as if you live alone or if you need other treatment, you may need to stay in hospital overnight.

Eating and drinking

Your stomach needs to be empty so that you do not vomit during the procedure, therefore, you must not eat any food for at least six hours prior to the procedure. You may drink water only up to two hours before the procedure.

Diabetes

Please inform the Endoscopy Unit if you have diabetes. This will enable the staff to ensure your appointment is timed appropriately.

Anticoagulants (blood thinners)

To reduce the risk of bleeding during and after the procedure, you will need to stop your blood thinners as per the instructions below. You will be advised when you can start taking them again after the procedure:

Warfarin should be stopped five days prior to the procedure. Your consultant or anticoagulant specialist nurse should advise you if you need to take an alternative.

Dabigatran should be stopped three to five days prior to the procedure. You will be advised by your doctor.

Direct oral anticoagulants (DOACs) such as rivaroxaban, apixaban, edoxaban should be stopped 72 hours prior to the procedure.

The doctor or specialist nurse who has referred you for the procedure will explain what you should do about your specific medication.

If you have any concerns, please contact the Endoscopy Unit for advice on 01493 452370.

Antiplatelets

Aspirin does not need to be stopped prior to the procedure and may be taken as usual.

Clopidogrel, ticagrelor or prasugrel should be stopped seven days before the procedure. The referring doctor will advise whether you need to take aspirin as an alternative for that time period. However, if you have had a coronary artery stent inserted in the last 12 months, your consultant will need to discuss this with a cardiologist. If your consultant has not discussed this with you, please ring your consultant's secretary.

If you have ever been told that you are at high risk of CJD (Creutzfeldt Jakob Disease) or vCJD please ring the Endoscopy Unit as soon as possible.

Medical devices

If you have a pacemaker or implantable cardioverter defibrillator (ICD), please ensure it has been checked within the last six months and make a note of the date. If your medical device has not been checked within the last six months please contact the Endoscopy Unit as soon as possible.

Other Medication

Please take all other routine medications as prescribed by your GP.

What happens before the procedure?

A nurse will complete the admission documents, check your personal details and ask about your medical history, medication and any allergies you may have. The nurse will check your pulse and blood pressure as well as your blood sugar (if you have diabetes) and a blood test if you are taking blood thinners.

The doctor who will perform the procedure will explain what will happen during the procedure, as well as the risks and benefits and what to expect afterwards. They will ask you to sign the consent form.

You will have the opportunity to ask any questions about the procedure.

You will be asked to change into a gown.

You will have a cannula inserted into your hand or arm so that we can administer medication, including sedation and pain relief.

What happens during the procedure?

You will be taken to the procedure room on a trolley. In the room, the team members will introduce themselves. The procedure is performed under x-ray guidance and the x-ray machine and radiographer will be in the room too.

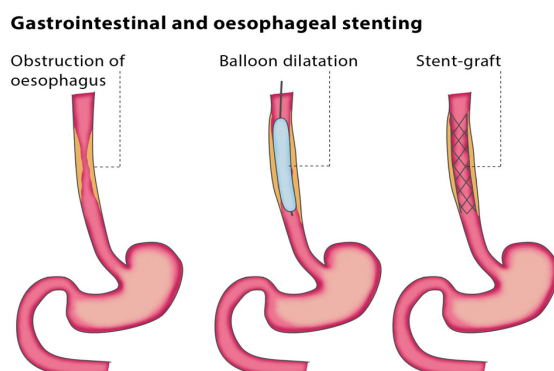
We do understand that being surrounded by lots of people and equipment can feel very daunting and we will do our best to reassure you. Please speak to a member of the team if you are feeling anxious.

A member of staff will perform a number of safety checks; this is part of the standard safety procedure to ensure that all staff in the room are fully briefed prior to the procedure. After the safety checks, a member of the team will spray your throat with a local anaesthetic called lidocaine. You will be asked to lie on your left side. A probe will be attached to your ear or finger so we can monitor your heart rate and the amount of oxygen in your blood. We will also give you some additional oxygen to breathe during the procedure; this is because sedation can make your breathing a little shallow.

A camera, or endoscope, will be passed through the mouth, down the throat and into the oesophagus. It is not uncommon for the oesophagus to need stretching in order for the endoscope to pass through the narrowing. This is called dilatation and helps the insertion of the stent. A fine wire will then be passed through the endoscope down the oesophagus, and through the narrowing.

The endoscope is withdrawn and the wire is left in place. The stent will then be passed across the wire and into position across the narrowing. The scope is then withdrawn the stent stays in place.

On insertion, the stent is about the same thickness as a ballpoint pen, however, over the next few days, it will gently expand enough to allow food and fluids to pass through.



The procedure takes approximately 20-30 minutes.

After the procedure you will be taken to the Recovery area where you will be monitored for a few hours. The stent will gently expand over the next 24 hours to its full width.

Will it hurt?

During the procedure, and immediately afterwards, you may feel some pain. It is important to let the nurse or doctor know so they can give you some pain relief.

As the stent expands over the next few days, you may experience some pain in the chest or back. In the majority of cases the discomfort settles within few days, however, it may take up to two weeks. We recommend that you take regular pain killers, every four-six hours, at least for the first few days.

What are the risks and benefits?

Oesophageal stent insertion is generally a very safe procedure, but as with any medical procedure there are some risks:

- Occasionally a little bleeding can occur during the procedure. This generally stops without further treatment;
- Very rarely, the placement of a stent may cause a tear in the oesophagus particularly if dilatation is required. This is a serious complication and may need an operation to repair the tear or insertion of a covered stent;

- Some people experience heartburn and acid reflux afterwards. This can be controlled with medication and positioning. You will be prescribed antiacid medication to use if you required.
- Rarely the stent may slip out of position, usually into the stomach.

Please be assured that the risks of oesophageal stent insertion are small, especially compared to the risks of not being able to eat. After a few days you should not be aware of the stent.

Are there any alternatives?

If you are not able to eat, the only alternative to an oesophageal stent is a permanent feeding tube. This is usually inserted through the nose, down the oesophagus and into the stomach. Occasionally a feeding tube may be inserted through the abdomen directly into the stomach. We call this artificial feeding. A stent will allow you to eat normally.

How soon can I eat and drink?

You can start sips of fluids one hour after procedure and continue with fluids for the rest of that day.

The Endoscopy nurse or your specialist nurse will give you an information leaflet called “**Following your stent insertion**”. This leaflet provides clear and detailed information about when and what you may eat and drink. If you have not been given this leaflet before you leave the Endoscopy Unit, please ask a member of staff for a copy.

If you have any concerns or questions once you have left the unit, please telephone your specialist nurse Monday - Friday between 9am and 5pm or, outside of these hours, contact your GP.

This booklet was produced by:

The Endoscopy Team and Upper GI Specialist Nurses at the James Paget University Hospitals NHS Foundation Trust.

Diabetic patient information ratified by Dr Joanne Randall, Consultant Endocrinologist.

Useful telephone numbers:

Endoscopy Unit (nursing station) - 01493 452370

Dietitian - 01493 452381

Upper GI Specialist Nurse - 01493 453830

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

- Courtesy and respect
- Attentively kind and helpful
- Responsive communication
- Effective and professional

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IN TRAN Communication for all The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240