

## WHAT ARE THE RISKS OF STENT PLACEMENT?

### Perforation

The procedure may cause perforation (a hole) leading to leakage from the bowel into the abdomen. If this happens, you may require further treatment including an operation. Perforation is rare (less than 5%) but it can be serious and life threatening.

### Migration

On rare occasions the stent can move. Treatment may include removal of the stent, replacement, surgery or simple observation.

Symptoms of migration may include:

Pain and urgency in the back passage

Recurrence of your previous symptoms of obstruction. These symptoms should be reported promptly to your Consultant .

**Bleeding:** A small amount of bleeding may occur. This may come from the tumour or the stent rubbing against the tumour.

### Pain after the stent placement:

Some abdominal pain may be experienced as the bowel returns to normal function. The majority of patients who experience discomfort (in the back passage) are patients with stents in the rectum. This is usually tolerated, after an initial period of discomfort.

If your pain is severe this may indicate obstruction, perforation or migration. If this is the case you should seek medical advice immediately.

### Reobstruction:

This can be caused by over growth of the tumour through the stent, blocking the bowel. If this occurs, you may experience symptoms of obstruction

Your bowels may stop working

Your abdomen may become bloated

You might start vomiting or have abdominal discomfort

**If this happens you should seek medical advice. This may require insertion of another stent.**

### Results

The stent will reach its maximum diameter within 24 hours. It will only stretch as far as the narrowing allows, up to maximum of 3 cm. Your bowel function will therefore be dependent upon the degree of expansion achieved. It generally helps to eat a low fibre diet. A daily dose of softening laxative may be recommended to help the bowel motions remain loose and easy to pass. It is important to continue to drink plenty of fluids.

The symptoms of blockage - bloating, nausea, constipation and pain - should be relieved by the treatment. Most people cannot feel the stent once it is in. It will not rust, nor interfere with daily activities.

**TALLAGHT  
HOSPITAL**



**THE ENDOSCOPY DAY  
UNIT.**

## INSERTION OF COLON STENT

**PLEASE READ THIS  
INFORMATION CAREFULLY  
AND THE LEAFLET ON  
COLONOSCOPY.**

**FURTHER INFORMATION OR  
ENQUIRES.**

A nurse is available to speak to you if you have any questions about the procedure:

Tel: 4144183 MON-WED 8:30-4pm.

If the telephone is unattended leave your name & contact details & your call will be returned.

Confirmation/Cancellation of appointment or other clerical queries:  
Tel: 4144143

Patient Information Leaflet

## WHAT IS A STENT?

A stent is a hollow tube made of a fine flexible 'soft' wire. Stents can be coiled up tightly to the size of a pencil to allow them to be inserted through a blockage or tumour in the bowel. Once in place, they expand and keep open a passage through the blocked area.



## WHEN ARE COLONIC STENTS USED?

Stents are suitable for patients who have complete or partial bowel blockage (obstruction).

The aim of a stent in these patients is to relieve the obstruction, especially if the patient is not considered suitable for surgery.

A stent is sometimes used prior to surgery.

Placing a stent allows the bowel to empty and return to normal size and this can make surgery safer.

## HOW ARE COLONIC STENTS PLACED?

Colon stents are placed during a colonoscopy procedure (see leaflet on colonoscopy). Usually x-ray is also used to ensure the stent is placed safely and in the correct position.

## HOW DO I PREPARE FOR THE PLACEMENT COLONIC STENT?

It is likely that you will be admitted to prepare to have the stent inserted and for a few days following the stent placement.

Before the stent is placed you may be asked to take medication which is designed to empty the bowel or an enema might be given just before the procedure. The nurse/doctor will discuss this with you and decide which is the best option in your case.

## WHAT HAPPENS IN THE ENDOSCOPY UNIT?

**As colonic stents are placed during colonoscopy procedure please see 'colonoscopy' information leaflet.**

A doctor will talk with you about the procedure and the risks. He/she will ask you to sign a consent form.

**Your consent confirms that you understand the procedure and risks.**

The stent is placed while you are sedated. A general anaesthetic is not required.

The doctor will start by using a colonoscope. When the area of blockage is reached. A soft wire(guidewire) is inserted through the colonoscope and across the blockage. The position of this is checked by x-ray. Then a very slim tube that has the coiled up stent at its tip is placed over the wire and guided into position across the blockage.

Using x-ray the stent is slowly released. When the doctor is happy that the stent is in the correct position the wire and the colonoscope is withdrawn.

## DOES IT HURT?

The sedation and analgesia are very effective for most people. Both are given minutes before the procedure begins through a needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed.

## AFTER THE PROCEDURE

You will be able to go home once the doctors are happy that the stent is in the correct position and that the bowel is working again.

This might mean staying in the hospital for 1 or 2 days.

You may experience some bleeding from your bowel in the first two days after insertion but this should stop.

The bowel may feel uncomfortable, possibly painful for up to three days.

## ARE THERE ALTERNATIVES TO HAVING A STENT PLACED?

Doing nothing will very likely lead to complete blockage of the bowel.

Major surgery may be an option but there is an increased risk which your doctor can discuss with you.