

DOES IT HURT?

The sedation is very effective for most people. It is given minutes before the procedure begins through the needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed. It does not make you unconscious.

After the procedure there can be chest or back pain until the stent fully expands. In majority of cases the discomfort settles within a day or two. **It is important that you let your nurse or doctor know immediately if you have any pain so that it can be controlled with painkillers.**

After a few days you should not be aware of the stent being there and the stent placement will result in a great improvement in your ability to eat.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

In combination with the slight risks with sedation mentioned in the O.G.D. leaflet the following risks relate to oesophageal stenting;

- Occasionally a little bleeding can occur during the procedure. This generally stops without further treatment
- Some people get heartburn and acid reflux afterwards. This can be controlled with medication
- Occasionally the stent may slip out of the position. If this happens it will be necessary to insert another stent.

- The placement of a stent may cause a tear in the oesophagus, particularly if the gullet needs stretched beforehand. This is a serious condition, and may need an operation to repair the tear or the insertion of another stent.

Serious complications are very rare.

We make you aware of them so that you have all the information you need when deciding if you wish to have the stent placed or not.

YOU MUST CONTACT THE NURSE at least 1 week in advance of your procedure if any of the following applies to you and you have not already been advised by a doctor in relation to these issues:

- You are diabetic.
- You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason.
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

DO NOT STOP TAKING MEDICATION UNLESS TOLD TO DO SO BY THE DOCTOR OR NURSE.

Patient Information Leaflet

**TALLAGHT
HOSPITAL**



**THE ENDOSCOPY DAY
UNIT.**

**OESOPHAGEAL
DILATATION.**

**(This leaflet should be read in
conjunction with the leaflet 'OGD').**

**PLEASE READ THIS
INFORMATION CAREFULLY.**

**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

WHAT IS THE OESOPHAGUS DILITATION?

Esophageal dilation is a procedure that allows your doctor to dilate(stretch) a narrowed area (stricture) of your esophagus [gullet]. This will be done during gastroscopy (OGD). This will make swallowing easier.

WHY DO I NEED OESOPHAGEAL DILITATION?

The most common cause of narrowing of the esophagus, or stricture, is scarring of the esophagus from reflux of stomach heartburn. Patients with a narrowed portion of the esophagus often have trouble swallowing; food feels like it is “stuck” in the chest region, causing discomfort or pain. Less common causes of esophageal narrowing are webs or rings (which are thin layers of excess tissue), cancer of the esophagus, scarring after radiation treatment or a disorder of the way the esophagus moves (achalesia).

ALL PATIENTS RECEIVING SEDATION MUST HAVE SOMEONE TO DRIVE THEM HOME FROM THE HOSPITAL. THEY WILL ALSO NEED SOMEONE TO STAY WITH THEM OVERNIGHT.

HOW DO I PREPARE?

You must fast from food and fluids from midnight on the day before your procedure.

WHAT HAPPENS ON THE DAY OF THE STENT PLACEMENT?

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.

A small needle will be inserted into a vein in your arm through which the sedation will be given.

You will be asked to lie on a trolley bed, on

your left side with your knees drawn up towards your chest. A nurse will ask you to hold a small doughnut shaped plastic ‘mouthguard’ in your mouth. This protects your teeth and gums and allows the doctor to pass the gastroscope easily.

During the procedure a painless probe placed on your finger will monitor your pulse and oxygen levels.

You will receive oxygen through a mask or short prongs placed in your nostrils.

A gastroscopy will be performed. In some cases the oesophagus may need some stretching in order for the scope to pass through the blockage.

This is done by inserting a very small, deflated balloon across the blocked or narrowed area and then inflating the balloon gently to stretch the opening. A fine wire will then be passed through the gastroscope down the oesophagus, and across the blockage. The gastroscope will be withdrawn leaving the wire behind. The stent will then be passed over this fine wire into the correct position across the blockage. The positioning of the stent will be observed via the repositioning of the gastroscope in the gullet or via x-ray or both. The stent is released.

The stent will gently expand enough to allow food and fluids into the stomach.

The procedure usually lasts 20 to 30 minutes. Most patients are able to return home the same day.