



**The Leeds  
Teaching Hospitals**  
NHS Trust

Endoscopy Unit

# Having an Oesophageal Stent Insertion

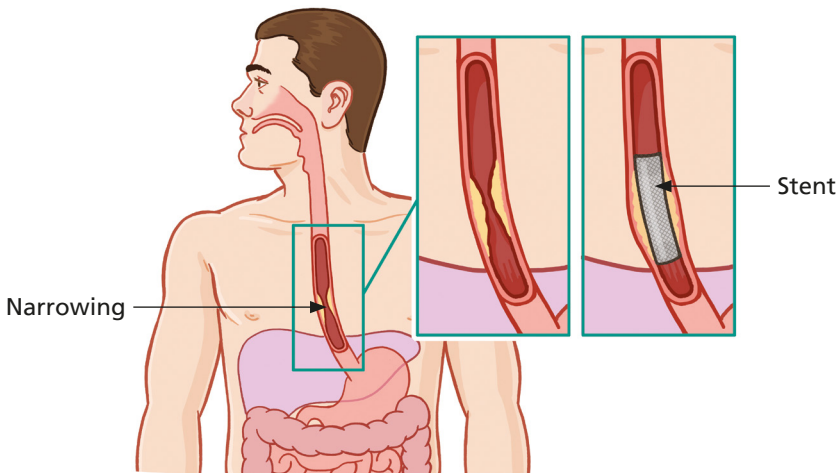
Information for  
patients

Your doctor has recommended that you have an **Oesophageal Stent Insertion**. This leaflet will explain the procedure and what to expect on the day of your test.

If you have further questions, you can ask your specialist, the UGI nurse specialist team or the endoscopy staff on the day of your procedure.

### What is Insertion of an Oesophageal Stent?

The oesophagus (gullet) is a muscular tube that pushes food from the mouth to the stomach. If the oesophagus gets narrowed, swallowing becomes difficult and food intake can be reduced. Placement of a specially designed metal, mesh-like tube called a stent across the narrowed or blocked area of the oesophagus can improve swallowing and allow food to enter the stomach.



## Why am I having an Oesophageal Stent insertion?

Before an oesophageal stent is inserted, other tests such as an endoscopy (camera test) or a barium swallow (x-ray test of the oesophagus) have shown that your oesophagus has become blocked or narrowed. Your doctor will have discussed with you the likely cause of the blockage.

There are different treatments available for people with a blocked oesophagus. A stent insertion has been proposed as the best treatment option for you. You should make sure that you have had the opportunity to discuss your treatment options with your doctor. If you feel uncomfortable about having this procedure carried out, then you can decide against it. Your decision will be fully respected and your doctor will be happy to discuss alternative options.

## Will I be asleep for my stent insertion?

An oesophageal stent insertion is normally carried out under sedation. **Sedation is not a general anaesthetic** and will not put you to sleep; however, it may make you feel relaxed and possibly, drowsy. A painkiller injection is normally given along with your sedation, which will help you to feel more comfortable during the procedure. Local anaesthetic spray may also be given to numb the back of your throat.

There are known adverse effects from the intravenous drugs administered during the procedure, ranging from mild and common to rare and serious. These include: headaches, nausea, fainting, depression of respiratory and nervous system, which may result in aspiration pneumonia, anaphylaxis and coma. Although these serious complications are rare, they are common in patients with deeper sedation and / or general anaesthesia.

## What preparation will I need?

Patients will come from home for their stent insertion and will be prepared for their procedure in the Endoscopy Unit. If you are already an inpatient, the ward nurses will prepare you for your procedure.

If you are having your stent for an oesophageal cancer, the upper GI cancer nurse specialists will endeavour to call you around the time of your procedure for additional support, and to ensure you have adequate pain relief and support closer to home, if needed. They will also discuss who to contact if you have issues out of hours. During normal office hours, please contact the CNS team if you are having difficulties or wish to discuss things further on: **0113 2068457**.

You will be asked to **not have anything to eat and drink** before the procedure to ensure your stomach is empty of food. Your appointment letter will tell you what time you need to fast from.

You will be given sedation for your stent insertion to make you more comfortable. After the procedure, you will have to rest in recovery so we can monitor your recovery from the sedative, this can take 2 - 3 hours. All patients having sedation **MUST** bring someone with them, return home in a car / taxi (**NOT PUBLIC TRANSPORT**) and have someone to care for them for 24 hours.

For the following 24 hours after the procedure, you must rest indoors. This means, no work, no driving, no alcohol and you shouldn't operate machinery.

If you cannot arrange someone to come with you or care for you after your stent insertion, please contact the Endoscopy Unit for advice.

**Please note:** if you arrive for the procedure and you have not arranged the above, your stent insertion may be cancelled.

## Do I keep taking my tablets?

You must keep taking any essential tablets **unless your doctor tells you specifically not to**. Please take your tablets early morning with a sip of water. If you have an afternoon oesophageal stent appointment, please make sure you take your medication 4 hours before your appointment or leave it until after your test.

- Please telephone the Endoscopy Unit if you are **diabetic**, have sleep apnoea or are taking tablets that prevent blood clots. Examples of blood thinning tablets are: Warfarin, Dabigatran, Apixaban, Rivaroxaban, Edoxaban, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Ticagrelor (Brilligie) or Acenocoumarol (Sinthrome), Tinzaparin or Heparin injection.

## What should I bring on the day?

Please bring a list of medication that you take and also any medication that you may require, whilst in the department such as GTN spray, inhalers and insulin. Please **do not** bring any valuables to the department or wear lots of jewellery. Please can you also ensure that you **remove nail varnish** as this interferes with the signal we receive from our monitors about your oxygen levels.

You may wish to bring your dressing gown and slippers. You will be asked to change into a hospital gown before your procedure.

## What are the risks of having an Oesophageal Stent Insertion?

1. **Stent migration:** The stent may not remain in place, moving either above or below the narrowing. There is also a risk that the stent will become blocked at the top or bottom. Should any of these events occur, you may require a further procedure to place a 2nd stent. The risk of this happening is typically about 5% - 15%, depending on the stent used and the location of the narrowing.
2. **Haemorrhage:** It is possible to cause the oesophagus to bleed. The risk of this is happening soon after the placement of a stent is low, probably below 1%.
3. **Perforation:** It is possible to cause a tear in the lining of the oesophagus. This can occur at the time of the procedure, though this is uncommon. The risk of this happening is in the region of 1%. Some patients can also develop perforation or, rarely, fistulation into surrounding organs such as the lungs or breathing tubes, some time after stent insertion.

4. **Pain:** Some pain in the location where the stent has been placed is common for 48 hours after the procedure. You should be provided with additional pain relief ahead of the procedure. In addition, a small number of patients have pain or discomfort from their stent for a longer period of time. It should be noted that in these instances, it is not always possible to remove the stent.
5. **Reflux:** Depending on the location and type of stent used, some patients suffer from symptoms of acid reflux. This is usually managed with medication.
6. Other rare complications include damage to loose teeth, crowns or to dental bridgework.

Whilst severe complications such as perforation, fistulation and hemorrhage are uncommon, they can be rarely life-threatening.

## What will happen on the day of the procedure?

When you arrive at the Endoscopy Unit, your personal details will be checked. The assessment nurse will check your medical history and any allergies. The nurse will also record your blood pressure and heart rate, change you into a gown and insert a cannula (a thin plastic tube) into a vein in your arm or hand. The cannula will be used during the procedure to give you your sedation. You will be able to ask any questions that you have about the procedure.

## What happens in the procedure room?

You will be greeted by two nurses, a radiographer and the doctor performing the procedure. They will remain with you during the test. The nurses and the endoscopist will complete a checklist to ensure that all the information is correct. You will then be asked to remove any dentures or glasses and lay on an x-ray table on your left-hand side. You will be given some oxygen via a small cannula placed in your nostril.

All patients pulse and oxygen levels are monitored by a probe placed on your finger during the test. Some doctors like to numb the back of the throat with an anaesthetic spray before the procedure starts.

Sedation will then be given to you to make you comfortable during the procedure. The drugs given are a combination of a sedative (for example, Midazolam) to relax you and a painkiller (Fentanyl). Before the test starts, a plastic mouthpiece is placed between your teeth to keep your mouth slightly open.

The doctor will decide on the day of the procedure the best way to place your oesophageal stent. This may be done with or without an endoscope (camera). Sometimes, the doctor will decide to use a catheter (plastic tube) and guide wire only.

X-ray guidance is always used to ensure the stent is in the correct position.

**Please note:** all hospitals in the Trust are teaching hospitals and it may be that a trainee endoscopist performs your procedure under the direct supervision of a consultant or registrar.



## What happens after the procedure?

You will be transferred to the recovery room after the procedure. You will have your pulse and blood pressure monitored to ensure there have been no complications.

You may experience some discomfort as the stent expands. In the majority of cases, the discomfort resolves within 24 - 48 hours. If you are experiencing any pain, please let the nurses in the Endoscopy recovery room or the ward nurses know, as they may be able to organise for you to have further pain relief.

**Remember:** when you are going home, **you will need an escort with you, transport home and someone to look after you for 24 hours after the procedure.** You will not be able to have the procedure if this has not been arranged, before the start of your test. If you are unable to make these arrangements, please contact the Endoscopy Unit.

You must not:

- drive a vehicle;
- drink alcohol;
- operate machinery;
- go to work; and
- sign legal documents.

**These apply to sedated patients only.**

## How soon can I eat and drink?

Most patients will be able to drink fluids within a few hours of having their stent placed. For the first 24 hours, you should have fluids only. Over the next few days, you should try to gradually increase the consistency of your food to a soft, moist diet.

You should have already had the booklet 'Eating when you have an Oesophageal Stent'. Please contact the Endoscopy Unit at St. James's University Hospital if you need a copy providing.

This leaflet has been designed as general guide to your procedure. If after reading this you have any questions that you feel have not been answered, please contact a member of the team (see telephone numbers on page 11).

## Contact numbers

**Administration team:** for any enquiry about your appointment including cancellation. Also, contact this number if you require an interpreter or transport.

Telephone: **0113 3920692**

**Monday - Friday, 9.00 am - 4.00 pm**

**Nursing team:** please contact this number if you would like endoscopy advice on your medication, or any other medical question or worry.

Telephone: **0113 3922585**

**Monday - Friday, 9.00 am - 4.00 pm**

**UGI nurse specialist team:** please contact this number for general advice, and support pre and post-procedure.

Telephone: **0113 2068457**

**Monday - Friday, 9.00 am to 4.00 pm**



## What did you think of your care?

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