

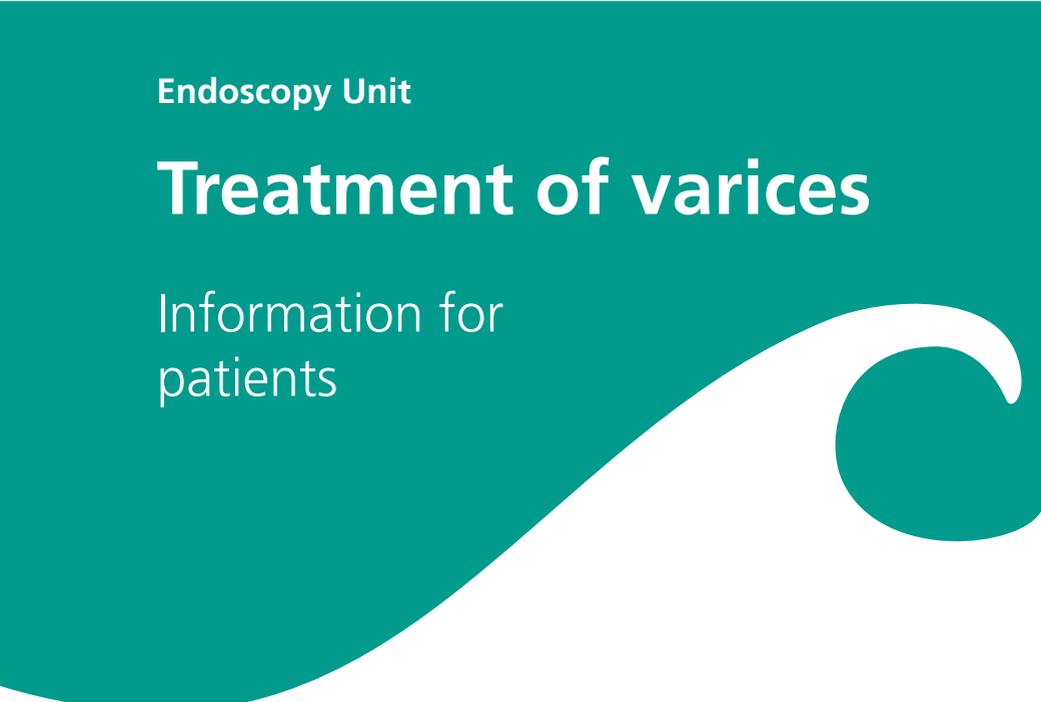


**The Leeds
Teaching Hospitals**
NHS Trust

Endoscopy Unit

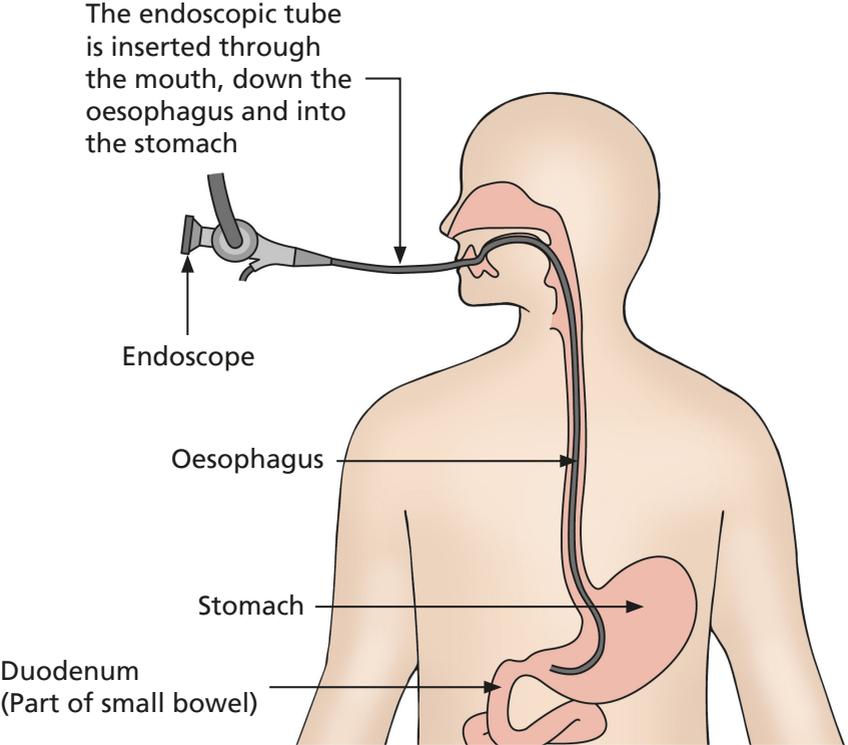
Treatment of varices

Information for
patients



Your doctor has recommended that you have the **Varices** (dilated veins) in your oesophagus or stomach treated. This leaflet will explain the procedure and what to expect on the day of your test. If you have further questions, please telephone the department or discuss them with a member of staff on the day of your procedure.

What is involved with the treatment of my varices?



A flexible tube with a camera on the end (gastroscope) will be passed into your oesophagus (gullet) stomach and duodenum (small intestine) to locate the varices, these will then be treated. There are different methods of treating varices (see below), the procedure should take between 15 and 25 minutes. You can expect to be in the Endoscopy Unit about 1½ - 4 hours.

Why am I having my varices treated?

Varices are dilated veins usually found within the oesophagus and / or stomach. Varices are usually caused by scarring of the liver (liver cirrhosis) or the formation of a blood clot within a large vein (such as the portal vein or splenic vein), which takes blood from the bowel or spleen, through the liver and back to the heart.

As the blood tries to find another way back to the heart, new blood vessels open up. Among these vessels are those that run along the wall under the lining of the upper part of the stomach and the lower end of the oesophagus. These veins protrude into the oesophagus and the stomach, and can bleed. The patient then usually vomits blood or passes the blood through the bowels. Blood which has been transported through the bowel may appear to be black.

Patients who are known to have liver cirrhosis may be offered drugs called beta-blockers (e.g Propranolol or Carvedilol), which reduces the pressure within the veins. In most cases, the veins never bleed; however, if there is bleeding, an emergency endoscopy and blood transfusions, or other interventions may be life saving. If you have bled from varices, you will be offered surveillance to treat the varices and reduce the risk of further bleeding.

What are the treatments available for my varices?

Oesophageal varices may be treated by either injections (sclerotherapy) or variceal banding (ligation).

Variceal band ligation: this involves sucking the oesophageal varix (single varicose vein) up into the gastroscop and placing a rubber band around the varix. After 1 or 2 days, this will result in thrombosis (blood clot) of the varix and help to prevent bleeding.

Sclerotherapy: this involves injecting the varices with a solution called a sclerosant. These injections cause clotting (thrombosis in the veins) and will also stimulate some scarring to reduce the risk of varices recurring.

If you have gastric varices (dilated veins within the stomach) treated, they are injected with a type of glue developed specifically to treat varices within the stomach. Gastric varices are the same as oesophageal varices; however, the treatments listed above (sclerotherapy and banding) are not as effective in treating varices within the stomach. Unfortunately, gastric varices can be very difficult to treat and the solution used is strong glue, which forms a hard cast that plugs the varices.

What are the benefits / alternatives to having my varices treated?

Treating your varices during gastroscopy is usually a straightforward procedure and could prevent bleeding in the future. If you have had a variceal bleed before, banding is usually the best treatment. The alternative to having your varices treated this way would be to have medication only; however, the risks and benefits of drugs versus banding should be discussed with your doctor / liver specialist.

If you prefer not to have your varices treated, we advise you to discuss the implications with your doctor.

What are the risks of having my varices treated?

The possible complications depend on how your varices are managed. In general, variceal band ligation is less risky than sclerotherapy. Complications can happen and it is important that you are aware of them before the test begins. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

Complications of sclerotherapy (injections)

- Pain-related to inflammation of the gullet - this affects the majority of people in the first few days and should settle down after the 1st week post procedure.
- Difficulty in swallowing, immediately post procedure and should ease within the 1st week.

- A small number (less than 2%) of people may develop narrowing of the oesophagus if regular injections are required to treat the varices. This may result in the oesophagus requiring stretching (dilatation).
- Very rarely (less than 1% of cases), the injection therapy may cause inflammation of the food pipe, which can lead to a perforation. This would be a serious complication, which may require a prolonged stay in hospital and emergency treatment, including surgery and blood transfusions.
- Using sedation can affect your breathing. To reduce this risk, we monitor your pulse and oxygen level during your procedure. If you are at risk of breathing difficulties during the test, the doctor may give you a reduced amount of sedation. This often applies to patients with heart disease and breathing problems such as Asthma and Chronic Obstructive Airways Disease (COPD).

Complications of variceal band ligation

- Tearing of the gullet can occur with “banding” but is probably very rare (less than one perforation in 200 cases).
- Patients with acutely bleeding gastric varices (dilated veins within the stomach) are treated with a type of tissue glue developed specifically to treat varices within the stomach. This procedure is associated with risks such as stroke and clotting of blood vessels in the lung, kidneys brain or other organs. This is a serious complication, which may cause an illness similar to a stroke by reducing the blood supply to that organ. For this reason, we usually only offer glue therapy when the gastric varices are bleeding.

Insertion of an emergency Minnesota tube

- If varices bleed, sometimes, it is just not possible to get immediate control of the bleeding with either drugs or endoscopic techniques. In this case, a tube known as a Minnesota tube is passed through the mouth and into the stomach. The tube has a balloon at the bottom, which is inflated and applies gentle compression to the varices. This will achieve temporary control of the bleeding and allow time for other measures to work.

General complications

- Abdominal bloating etc.
- Sore throat.
- Damage to loose teeth, crowns or dental bridgework.

Some patients can experience abdominal discomfort or bloating after the procedure, this should wear off quickly. If this persists, or you have signs of bleeding such as black tarry stools or vomit fresh blood, you should contact your nearest Emergency department and inform us.

It is common to have a sore throat after the test, this will wear off after a few days.

Other rare complications include damage to loose teeth, crowns or to dental bridgework.

What preparation will I need?

When we treat your varices, **you must** have an empty stomach. Your appointment letter will tell you when you will need to stop eating and drinking.

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 for a morning appointment. If you have an afternoon appointment, please take your medicine 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, Aspirin, Clopidogrel (Plavix), Dipyridamole (Persantin), Prasugrel (Efient), Tigrator (Brilligie) or Acenocoumarol (Sinthrome).

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 **don't** bring 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.

Will I be asleep for the treatment of my varices?

Treatment of varices is usually 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, a little drowsy. We can only offer sedation if you have a responsible adult to accompany you and look after you overnight following the procedure.

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.

You **must** bring someone with you and will also have to return home in a car / taxi, **not public transport**, as you may be unsteady on your feet due to the sedation. You also **must** have someone at home to care for you for 24 hours and must rest indoors. This means no work, no driving, no alcohol and you shouldn't operate machinery. Sedation will **not** be given if the above are not arranged before the test.

If you are unable to organise this, please contact the Endoscopy Unit for advice.

Occasionally, varices can be treated using throat spray, which is a local anaesthetic. This will mean your throat is numb and you are awake and aware throughout the test. You will be able to go home straight after your test as there are no after-effects, apart from numbness for 1 hour.

What will happen on the day of the procedure?

When you arrive at reception in the Endoscopy Unit, your personal details will be checked. The assessment nurse will collect you and take your medical history, discuss and explain the test, and take your blood pressure and pulse. You will be able to ask any questions and discuss any worries or questions that you have about the test. You will be asked for your consent form (supplied with this leaflet). This will be attached to your notes and taken to the procedure room. Please make sure that you have read this through before you come for your test as when you sign this form you are agreeing that this is a test you want - **remember**, you can change your mind about having this procedure at any time. The endoscopist will discuss the consent form with you.

Please note: every effort will be made to see you at your appointment time; however, due to hospital inpatient emergencies delays may occur. The endoscopy staff will keep you informed of any delays.

What happens in the procedure room?

You will be greeted by two nurses who will remain with you during the procedure. A cannula will be placed in your vein so that sedation can be administered and you will be given oxygen through a small plastic tube in your nose. If you are having throat spray, your throat will be numbed. You will then be asked to remove any dentures or glasses and lay on a trolley on your left-hand side.

All patients pulse and oxygen levels are monitored by a probe placed on your finger during the test. Before the test starts, a plastic mouthpiece is placed between your teeth to keep your mouth slightly open.

When the endoscopist gently passes the endoscope through your mouth, you may gag slightly - this is quite normal and will not interfere with your breathing. During the procedure, air is put into your stomach so that the endoscopist can have a clear view. This may make you burp a little, some people find this uncomfortable.

If you are having banding of your varices, the endoscope (camera) will be passed into your oesophagus on two occasions. The endoscopist will initially check that you need treatment, then take the endoscope out and the bands will be loaded onto the endoscope ready for use.

If you are having sclerotherapy, the needle that administers the sclerosant is passed directly through a channel in the camera so you will only have the endoscope passed into your oesophagus on one occasion. Most of the air is removed at the end of the test. When the procedure is finished, the endoscope is removed quickly and easily.

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 I have had my varices treated?

You will be transferred to the recovery room after your procedure. The length of your stay is dependant on how you recover from the procedure and from any sedation you have been given. The nurse in the recovery room will monitor you during this period.

Although you will be able to eat and drink immediately, most patients will feel a little sore and you may wish to have a soft diet for the first few days after treatment.

Remember: if you have had sedation, you will need an escort with you and transport home (not bus or train).

For 24 hours after the test, you must have someone with you and must NOT:

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

This applies for sedation only

The recovery nurse will prepare you for discharge home and give you after-care instructions.

In most cases, we would recommend a follow-up endoscopy a few weeks later to confirm that the varices need further treatment or are completely gone. After this, we will still offer regular endoscopies to make sure that they do not return.

What should I do if I become unwell after the procedure?

If you experience any unusual pains in the abdomen, not relieved by passing wind or a bleeding from the back passage following your procedure, you should go to the nearest hospital Emergency department. Bleeding or perforations can, occasionally, present several days after the procedure took place.

For further information or advice during office hours, please contact us on one of the direct numbers below (Monday to Friday, 9.00 am to 5.00 pm). For advice, outside of normal office hours, you should contact your GP or the agency providing out of hours care on behalf of your GP.

Contact numbers

LGI Endoscopy

Telephone: **0113 3928675**

St. James's Endoscopy

Telephone: **0113 2068279**

When will I get my results?

A full report will be sent to your referring doctor and your GP. The endoscopist or nursing staff will usually have the opportunity to speak to you after your test regarding the results. An appointment to see the doctor who referred you for the test will be sent to you in the post or given to you in the department. Any enquires regarding your outpatient appointment should be directed to your consultants secretary. If you feel that you are waiting a long time for an appointment to discuss your results, your GP will also have a report so you can see them too.

This leaflet has been designed as a general guide to your test. If after reading this you have any questions that you feel have not been answered, please contact the Endoscopy department on the numbers below.

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 advice on your medication or any other medical question or worry.

Telephone: **0113 3922585**

Monday - Friday, 9.00 am - 4.00 pm



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

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