Having an Oesophageal Stent Inserted

A Guide to the Procedure and Care of your Stent

Calderdale Royal Hospital
Telephone No: 01422 223928

Huddersfield Royal Infirmary
Telephone No: 01484 355868

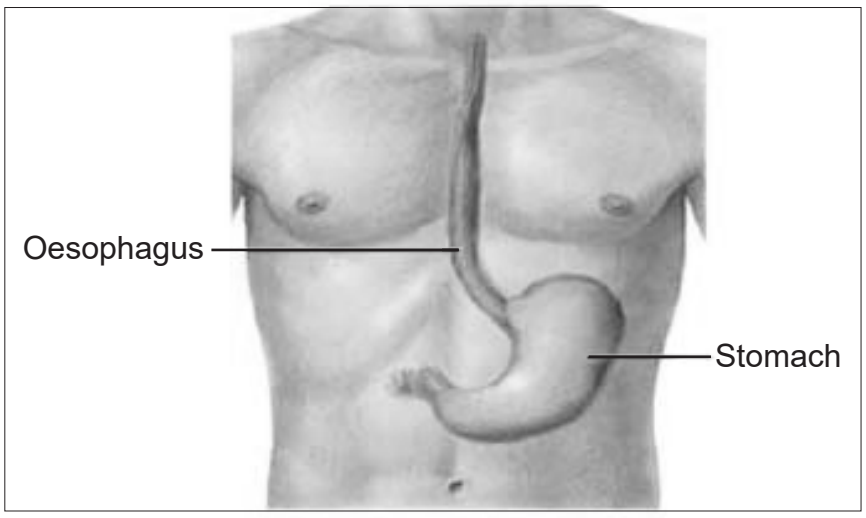
Please telephone the endoscopy department on the above number if this is not convenient or you would like to discuss any aspect of the procedure before your appointment.

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

Having an oesophageal stent inserted

This information leaflet will help you to understand what happens when you have an oesophageal stent inserted at Calderdale and Huddersfield NHS Foundation Trust. It explains the procedure, what is involved and the possible risks. This leaflet does not aim to replace the discussion with your doctor, but will help you to have a more informed discussion. It is important that you feel you have had sufficient information before you sign the consent form and undergo the procedure.

This picture shows the oesophagus and where the stent will go.

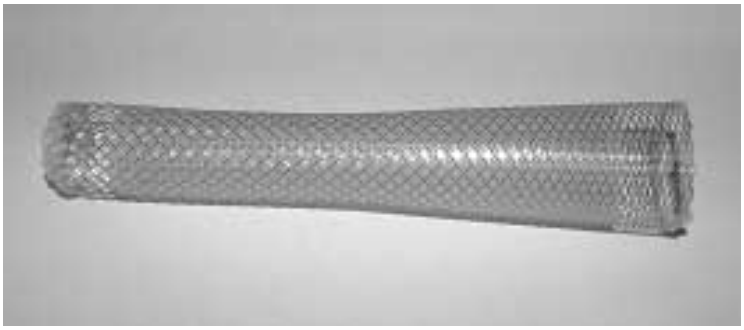


compassionate care

What will an oesophageal stent do?

If the oesophagus (gullet) gets narrowed, you may find swallowing food and fluids becomes difficult. The oesophageal stent is a metal, mesh-like tube that can be placed at the site of the narrowing. It will keep the narrowing in your oesophagus open. This should make it easier to swallow food and fluids. The stent is inserted via an endoscopy procedure which takes place in the x-ray department.

An oesophageal stent



The stent will be between 10 and 15 cm long and 2cm in width when fully expanded.

Preparation for the Procedure

Eating and drinking

If your appointment is in the **morning** (before 12 o'clock) have nothing to eat or drink after midnight.

If your appointment is in the **afternoon** you may have a light breakfast no later than 7.30am (e.g. toast and a drink only) and small amounts of water until 4 hours before your appointment time.

Interpreters

Please inform the Endoscopy Department if you require an interpreter prior to your appointment date. Failure to do this can result in delays or cancellations on the day.
Family members and friends cannot be used to interpret.

Pacemaker

If you have a pacemaker, this may need to be checked before your procedure. Please inform the Endoscopy Department prior to your appointment date so the necessary arrangements can be made. Failure to do this can result in delays or cancellations on the day. Please bring your pacemaker identification card with you.

Implanted Defibrillators

If you have one of these devices, you must contact the Endoscopy Department as soon as possible so that any necessary checks can be arranged.

What about my medication?

Your routine medication should be taken, however if you are taking **anticoagulants** (medication to thin your blood e.g. warfarin or any of the medications listed below) please telephone the unit for advice.

Medication

Please ensure you complete the medication form sent with your appointment as your medical notes do not always contain an up to date list of your tablets. If you have any problems completing this form, contact your GP surgery who will have this information.

Blood Thinning Medication

If you are taking medication to 'thin' your blood e.g. Warfarin, Sinthrome, Phenindione, Clopidogrel, Ticagrelor, Rivaroxaban, Apixaban, Edoxaban or Dabigatran you may need to stop this prior to your procedure. Please ensure you tell the nurse you are taking this medication. You may need to change to a different blood thinning medication that is given by injection for a few days and a district nurse may need to give you this. Your blood will need to be checked on the day of the procedure, this can usually be done with a finger prick test on the day you come for your procedure but occasionally it may be necessary to send you to the Pathology Department for a test.

If your doctor has not instructed you what to do about your medication or has not given you a blood test card, contact the Endoscopy Department as soon as possible.

Other medication

Apart from diabetic medication (see below), you may take any other medication as normal with a small amount of water. This is particularly important if you take medication for epilepsy or hypertension (high blood pressure) as your test could be cancelled if your blood pressure is too high.

Diabetes

Patients with diabetes will need to adjust or omit their diabetic medication prior to their procedure. **Please see the back of this leaflet for detailed instructions.** The instructions are different depending on the type of medication you take and the time of your appointment. Please take great care to read the instructions that are relevant for you.

If you are unsure or have any queries, please contact the Endoscopy Unit or the Diabetic Nurse Specialist on:

Diabetic Nurse Specialist	Telephone No:	01422 222257
Endoscopy Unit in Huddersfield	Telephone No:	01484 355868
Endoscopy Unit in Calderdale	Telephone No:	01422 223928

If your diabetes is controlled by insulin and/or medication please ensure the endoscopy department is aware so that the appointment can be made at the beginning of the list. Please see guidelines printed in the back of the book.

Allergies

Phone for information if you have a latex allergy.

How long will I be in the endoscopy department?

This largely depends upon how busy the department is. You should expect to be in the department for approximately 2 hours following your procedure. The department also looks after emergencies and these can take priority over outpatient lists.

What happens when I arrive?

The procedure is done as a day case, which means you will be admitted to hospital on the day of the procedure, and will be discharged home on the same day. Some patients may be admitted to hospital however this depends on individual circumstances. Even though your procedure will be carried out in the x-ray department, you will need to report to the endoscopy department on the day of your procedure.

When you arrive in the department you will be met by a qualified nurse who will ask you a few questions, one of which concerns your arrangements for getting home. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment with a qualified endoscopy nurse who will ask you some questions regarding your medical condition and any past surgery or illnesses you have had. This is to confirm that you are sufficiently fit to undergo the investigation.

Your blood pressure and heart rate will be recorded, and if you are diabetic your blood glucose level will also be recorded. If you suffer from breathing problems a recording of your oxygen levels will be taken. Nearer the time of the procedure, the porter will come and take you to the x-ray department. In the x-ray department you will be met by a nurse who will introduce themselves and check your details. You will have the opportunity to ask any final questions you may have.

If you are happy to proceed, you will be asked to sign your consent form at this point.

Intravenous sedation

For this procedure you will require sedation. The nurse will insert a cannula (small plastic tube) into a vein usually on the back of your hand through which the sedation will be administered.

The sedation will make you lightly drowsy and relaxed but not unconscious. You will be in a state called conscious sedation: this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything about the procedure but this cannot be guaranteed. You will be able to breathe quite normally throughout. Whilst you are sedated we will check your breathing and heart rate so changes will be noted and treated accordingly. You are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure, and you will need someone to accompany you home and stay with you for 24 hours.

As you will not be permitted to drive home or use public transport alone, you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready for discharge. Dependent on individual case some patients may need to stay in hospital.

What happens during the procedure?

You will be taken into the x-ray room and asked to remove any false teeth or plates; any remaining teeth will be protected by a small plastic mouth guard which will be inserted just before the procedure begins. You will be asked to lie on your left side on the table. A probe will be placed on your finger to monitor your pulse. A blood pressure cuff maybe put on your arm to monitor your blood pressure, although this is not routinely done. The sedative drug will be administered into the cannula in your vein and you will quickly become sleepy. Any saliva or other secretions produced during the investigation will be removed using a small suction tube, similar to the one used at the dentist.

A flexible tube (endoscope) will be passed into the back of your throat. The doctor may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus. The doctor will place a guidewire (a thin flexible wire) through the endoscope and through the narrowing. The endoscope will then be removed leaving the guidewire in place. The doctor will then place the stent over the guidewire. The stent at this stage has not been expanded. When the stent is in the right position the doctor will release it. The stent should then expand to hold the oesophagus open. X-rays will be used during the procedure to ensure the stent is in the right position.

At the end of the procedure, all the tubes and wires are removed, apart from the stent, which is left in place. The stent is not visible and you should not even know it is there.

The procedure usually lasts 20 to 30 minutes. After this you will be taken to the recovery area on a trolley.

During the investigation, the doctor may need to take some tissue samples (biopsies) for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records.

After the procedure

Following the procedure you will be taken back to the endoscopy department and, unless specifically instructed otherwise, you will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. If you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen.

Once you have recovered from the initial effects of any sedation (which normally takes around 30 minutes) it will be necessary to check that there are no immediate complications.
This may in some instances require you to have a chest x-ray and being asked to swallow some water.

Having had sedation you may feel fully alert following the investigation, however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge. Prior to discharge the nurse or doctor will explain any medication or further appointment that maybe required.

Are there any possible complications?

There may be some complications of the procedure, but fortunately these are uncommon and will be explained to you by the doctor before you sign your consent form. The risks must be compared to the benefit of having the procedure carried out. The upper gastrointestinal endoscopy (this is the procedure used to insert your stent) is classified as an invasive investigation and therefore has the possibility of associated complications. These occur extremely infrequently; but we would wish to draw your attention to them so you can make your decision.

The occurrence of any of these may delay your discharge from hospital, and it is important to appreciate that a serious complication could prove fatal.

Complications could be:-

Damage to teeth or bridgework
Caused by the endoscopy equipment.

Sore throat

Risks associated with intravenous sedation
Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

Bleeding
You should let the doctor know if you are on warfarin or other blood-thinning drugs as bleeding (usually only slight) may occur. This almost always stops on its own without the need for action.

Perforation
This is where a hole is made in the gullet. Certain cases may be treated with antibiotics; if small for example, where the guide wire has caused a small puncture, this can be managed without surgery but will require admission to hospital. Perforation may require surgery to repair the hole.

Aspiration
This is where stomach contents pass up the oesophagus and into the lungs.

Migration
Once the stent is inserted it is usually permanent. If the stent slips out of position, this is called migration, but this is unusual. If migration occurs it is unlikely that we would attempt to remove the stent unless it was absolutely necessary. If migration occurs we could place an additional stent.

Pain
You may experience chest or back pain/discomfort following the stent. This can happen as the stent slowly expands and settles into position. This usually settles after a few days. Please inform the staff if you have pain and they will be able to offer appropriate medication to relieve your pain.

Nausea/Vomiting
If you were to feel sick medication could be used to help with this. It is not uncommon to experience some vomiting initially post procedure.

Indigestion/heartburn
Depending on the position of your stent, indigestion/heartburn may occur. If this was to happen, medication could be used to help with this.

Re-growth
Sometimes cancerous growths of the gullet can cause blockage of the stent at any stage following its insertion. This can normally be treated with further endoscopic procedures.

Blockage
If you feel food sticking in the tube it may have become blocked. If this happens do not panic.

The following may help:

- Stop eating.
- Take sips of fluid.
- Try standing or walk around.
  If the blockage persists for more than 3 hours contact:
- The nurse specialist (Monday- Friday 9am-5pm).
- NHS 111
- Accident and Emergency Department.

If any complications occur, your doctor will manage this promptly and appropriately and discuss this with you at the time.

General points to remember

- If you are unable to keep your appointment please notify the endoscopy unit as soon as possible.
- It is our aim for you to be seen as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed if emergencies occur; these patients will obviously be given priority over less urgent cases.
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you have any problems with a persistent sore throat, worsening chest, abdominal pain, or nausea please contact your GP immediately informing them that you have had an endoscopy.
- If you are unable to contact or speak to your doctor, you must go immediately to the hospital's accident and emergency department.

Dietary Advice

What can I eat?

Once the stent has been placed you will start with fluids and then build up gradually to a soft diet. You will need to have plenty of sauces and gravy with your food. Also, avoid chunky or lumpy foods which may cause your tube to block. With your stent in place you should be able to eat soft foods and manage a more varied diet without feeling that food is getting stuck.

Here are some tips:

- Meals should be small and frequent.
- Sit upright at mealtimes and for half an hour afterwards.
- Relax and eat your meals slowly.
- Cut your food up into small pieces and chew each mouthful thoroughly. It is important that you do not swallow any hard lumps of food that may block the tube.
- Don't be afraid to spit out lumps that can't be chewed.
- Have plenty of sauces, gravy, custard or cream with your meals; it will make your food moist and easier to swallow.
- Take drinks during and after each meal, they help keep your tube clear. Warm drinks may help the most but all fluids are beneficial.
- If you wear dentures make sure they fit correctly.

Remember it is important to include a wide variety of foods of a suitable texture to give you all the nourishment you need.

There is a separate information booklet - Dietary Advice for Patient with an Oesophageal Stent. You should be given a copy of this following your procedure. Please contact the Dietician or Nurse Specialist if you are not given a copy of this booklet.

Specific instruction for diabetic patient preparation

Treatment by diet alone

If you control your diabetes with diet alone you simply need to follow the instructions given to you to prepare for your gastroscopy.

Blood glucose monitoring

If you usually test your blood sugar levels, check them as usual, on the morning of the procedure and take your equipment with you to the appointment.

If you do not usually test your blood sugar, do not worry your blood levels will be checked when you arrive for the procedure.

Advice for Patients with Diabetes on oral medication undergoing gastroscopy

AM gastroscopy

Day before test

Take diabetes tablets as usual

Day of test

Fast from midnight

Clear fluids till 4am
(e.g. black tea, coffee, clear fruit juice)

Omit AM diabetes tablets

Following your test take next diabetes tablets as usual with food

PM gastroscopy

Day before test

Take diabetes tablets as usual

Day of test

Eat a light breakfast.

Fast from 7.30am.

Clear fluids till 9.30am
(e.g. black tea, coffee, clear fruit juice)

Omit AM and lunch-time diabetes tablets

Following your test take next diabetes tablets as usual with food

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing gastroscopy in the morning - before 12 midday

Once Daily Insulin	Twice Daily Insulin	Four Times Daily Insulin
Day before test		
Take diabetes tablets as usual If on bed-time insulin reduce dose by half (50%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Fast from midnight. Clear fluids till 4.30 am (e.g. black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM diabetes tablets If on AM insulin reduce dose by half (50%)	Omit AM dose of insulin and diabetes tablets	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin as usual. Take next dose of diabetes tablets as usual.	**If able to eat <u>before</u> 11 am:** Give normal morning insulin dose after meal. Take next diabetes tablet as usual. **If able to eat <u>after</u> 11 am:** Give half normal dose of insulin after meal. Omit AM dose of diabetes tablets. Give usual PM dose of insulin and tablets.	**If able to eat <u>before</u> 11 am:** Give normal AM insulin dose after meal. **If able to eat <u>after</u> 11 am:** Give normal lunch time short acting insulin after food. Give normal tea and bedtime insulin doses.

Advice for Patients with Diabetes (Type 1 or Type 2) undergoing gastroscopy in the afternoon - after 12 midday

Once Daily Insulin	Twice Daily Insulin	Four Times Daily Insulin
Day before test		
If on bed-time insulin reduce dose by a quarter (25%)	Take insulin and diabetes tablets as usual	Take insulin as usual
Day of test		
Have a light breakfast Fast from 7.30am Clear fluids till 9.30am (e.g. black tea, coffee, clear fruit juice) Test BM (finger prick blood sugar) every 2 hours		
Omit AM and lunchtime diabetes tablets If on AM insulin reduce dose by quarter (25%)	Omit AM dose of insulin and diabetes tablets Omit AM dose and lunchtime doses diabetes tablets	Omit AM fast acting insulin
After the test		
Eat and drink normally. Give next dose of insulin and diabetes tablets as usual.	**If able to eat <u>before</u> 11 am:** Give normal morning insulin dose after meal. Take next diabetes tablet as usual. **If able to eat <u>after</u> 11 am:** Give half normal morning insulin dose after meal. Give usual PM dose of insulin and tablets.	**If able to eat <u>before</u> 11 am:** Give normal AM insulin dose after meal. **If able to eat <u>after</u> 11 am:** Give normal lunch time short acting insulin after food. Give normal tea and bedtime insulin doses.

Contact Numbers

Anytime:

Calderdale Royal Hospital CRH (Switchboard)	Telephone No: 01422 357171
Huddersfield Royal Infirmary HRI (Switchboard)	Telephone No: 01484 342000

Monday-Friday 9am-5pm:

Wendy Markey, Nicola Neale, Rebecca MacMillan and Cassie Martin
Upper Gastro-intestinal Nurse Specialist — Telephone No: 01484 355064

Kate Darwin
Specialist Dietitian — Telephone No: 07717274793

Leanne Schofield
Upper GI Admin Lead — Telephone No: 01484 355064

Naheda Ahmed
Cancer Care Co-ordinator — Telephone No: 01484 355064

Macmillan Cancer Support — Freephone 0808 8080000
www.macmillan.org.uk

Oesophageal Patients Association — Telephone No: 0121 7049860
www.opa.org.uk

If you have any comments about this leaflet or the service you have received you can contact :

Upper Gastro-Intestinal Nurse Specialist
Huddersfield Royal Infirmary
HD3 3EA

Telephone: (01484) 355064

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"