Oesophageal Stent Insertion

Introduction
This leaflet tells you about the procedure known as an oesophageal stent insertion. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

Whether you are having the stent insertion as a planned or an emergency procedure, you should have had sufficient explanation before you sign the consent form.

Radiologists are doctors specially trained to interpret the images and carry out more complex examinations. They are supported by radiographers who are highly trained to carry out x-rays and other imaging procedures.

What is oesophageal stent insertion?
The oesophagus is a hollow, muscular tube which takes food from the mouth into the stomach. If it becomes blocked, vomiting will occur after eating or drinking.

One way of overcoming this problem is by inserting a metal, mesh tube called a stent through the oesophagus and across the blockage. Food can then pass through your gut as normal.

Why do I need an oesophageal stent insertion?
Other tests that you probably have had done, either an endoscopy (telescope test) or a barium meal or CT scan, have shown that your oesophagus has become blocked. Your doctor will have discussed with you the most likely cause of the blockage and the possible treatments. It is likely that an operation has been ruled out, and that a stent insertion is considered the best treatment option for you.

Who has made the decision?
The doctors in charge of your case and the radiologist performing the stent insertion will have discussed the situation and feel that this is the best treatment. However, you will also have the opportunity for your opinion to be taken into account, and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

What are the options or alternatives?
As it has been decided that an operation is not the best treatment for you, or is not possible or safe, the only realistic alternative would be a feeding tube.

Who will be performing the oesophageal stent insertion?
A specially trained doctor called a radiologist. Radiologists have special expertise in using x-ray equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure, to make sure that the stent is positioned correctly.

Radiographers and radiology nurses will be present in the room to assist during the procedure, they will introduce themselves at the start of the procedure.

Occasionally student radiographers or medical students will be present to observe the procedure.
Where will the procedure take place?
Generally, in the Medical Imaging Department.

How do I prepare for an oesophageal stent insertion?

- You need to be an inpatient in the hospital. You will be asked not to eat or drink for four hours beforehand.

- You will have had some blood tests performed before the procedure to check that you do not have an increased risk of bleeding.

- If you have any allergies or you have previously reacted to intravenous contrast medium, you must let the doctor know. Intravenous contrast medium is the injection we give you during some scans.

- If you are diabetic, please contact the Medical Imaging Department on 01392 402336 selecting option 2, in-patient enquiries, option 7 X-ray Special Procedures.

- If you normally take any medication to thin your blood (anticoagulation or antiplatelet drugs) such as: warfarin / clopidogrel / aspirin / non-steroidal anti-inflammatory drugs (NSAIDS / brufen / ibufen / nurofen) / dabigatran (Pradaxa) / rivaroxiban (Xarelto) / Apixaban (Eliquis) / phendione / acenocoumarol – then these may need to be stopped or altered. Please contact the Medical Imaging Department on 01392 402336 selecting option 2, in-patient enquiries and then option 7 for X-ray Special Procedures.

- Other medication should be taken as normal.

What actually happens during an oesophageal stent insertion?
You will lie on the x-ray table, generally on your back. You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative to relax you, or painkillers. Once in place, this needle does not cause any pain. You will also have a monitoring device attached to your chest and finger, and may receive oxygen through small tubes in your nose.

The radiologist will spray the back of your throat with local anaesthetic to make the procedure more comfortable for you, and will probably give you a sedative. To start with a fine tube is passed through your mouth and through the blockage and into your stomach.

The stent is then passed over this fine tube, and into the correct position across the blockage. The fine tube is then withdrawn.

Will it hurt?
Unfortunately, it may hurt a little for a very short period of time, but any pain you have should be controlled with painkillers. Some discomfort may be felt in your throat, but this should not be too sore.

There will be a nurse, or another member of clinical staff, standing next to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have more painkillers through the needle in your arm.

How long will it take?
Every patient’s situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It will probably be over in 45 minutes, but occasionally it may take over an hour. As a guide, expect to be in the Medical Imaging Department for about an hour altogether.

What happens afterwards?
You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

What will happen to the results?
A report of the procedure will be recorded in your notes immediately and also sent to your specialist within 48 hours.
How soon can I eat and drink, and what happens next?

Most patients will be able to start on fluids within a few hours. It is then necessary to have a fairly liquid diet for a few days, until starting on soft solids. More solid food should be chewed properly before swallowing. Depending on how well the stent has overcome the blockage, you may be back on a fairly normal diet within a week or so.

Are there any risks or complications?

Oesophageal stent insertion is a very safe procedure, but there are some risks and complications that can arise, as with any medical treatment. It is possible that some bleeding may occur during the procedure, but this generally stops without the need for any action.

Sometimes, mild-to-moderate chest pain occurs while the stent ‘beds in’, but this normally settles in a day or two. Some patients get heartburn afterwards, and need to take medicine for this.

Very rarely the stent may slip out of position, and it is necessary to repeat the procedure. Extremely rarely, putting the stent in may cause a tear in the oesophagus. This is a serious condition, and may need an operation, or insertion of another stent.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

Finally....

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Contact us

If you have any queries or concerns please contact us on 01392 402336.

How to get to the Royal Devon & Exeter Hospital at Wonford

Please refer to the enclosed “Welcome to the Medical Imaging Department” leaflet or use the Trusts website for the latest information: www.rdehospital.nhs.uk/patients/where

For more information on the Medical Imaging Department, please visit our website: www.rdehospital.nhs.uk/patients/services/medical-imaging

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