

Rectal Stent Insertion

This leaflet tells you about the procedure known as a rectal 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 rectal 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 rectal stent insertion?

The rectum is a hollow, muscular tube at the end of your gut above your anal canal. If it becomes blocked then this will block your bowels and can make you very unwell. One way of overcoming this problem is by inserting a metal, mesh tube called a stent, through the anus and across the narrowing in the rectum. This will stop your bowels from blocking.

Why do I need a rectal stent inserted?

Other tests that you probably have had done, either a colonoscopy (telescope test) or a barium enema or CT scan, have shown that your rectum has become blocked. Your doctor will have discussed with you the likeliest 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 rectal 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?

The only realistic alternative is an open operation, this is not considered the best option in your case.

Who will be performing the rectal 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 rectal stent insertion?

- You may need to be an inpatient in the hospital
- You will have had some blood tests performed before the procedure to check that you do not have an increased risk of bleeding.
- You are asked not to eat for 4 hours prior to the procedure. You may drink a little water.
- 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 6 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 / ibrufen / 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 6 for X-ray Special Procedures.**
- Other medication should be taken as normal.
- A pregnancy test may be performed on arrival.

What actually happens during a rectal stent insertion?

You will lie on the x-ray table, generally on your side. 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 pass a small tube into your back passage and through the blockage. Through the tube a wire can be positioned and then the stent can then be passed across the blockage and will dilate to alleviate the blockage.

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.

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. Generally, actually placing the stent in the rectum does not take very long.

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 more than an hour. As a guide, expect to be in the Medical Imaging Department for about an hour and a half 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?

Once your bowels begin to work again the doctors on the ward will make a decision when you can eat and drink again.

Are there any risks or complications?

Rectal 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.

It is not unusual to feel mild-to-moderate pain while the stent 'beds in', but this normally settles in a day or two. 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, this is a serious condition, and may need an operation.

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 found reading your leaflet difficult, you do not understand what it means for you, if you have any queries or concerns you can contact us on: 01392 402336 and we can talk it through.

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/our-sites

For more information on the Medical Imaging Department, please visit our website:

www.rdehospital.nhs.uk/services/medical-imaging-radiology-x-ray

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