After the procedure

You will need to stay in hospital for 1-2 nights afterwards. The stent gradually expands over the next 24-72 hours. Any pain you may experience can be treated with pain relief medication.

Most patients are able to drink fluids after a few hours. You can start to eat on day two, beginning with pureed foods and gradually introducing soft foods over the week. Most patients are back to a fairly normal diet within a week.

You will be visited in hospital by the dietitian who will give you further, more detailed advice and information.

What are the risks and benefits?

Stent insertion is generally a safe procedure, but as with most medical treatments there are some risks:

• Rarely, the stent may slip out of position and the procedure may need repeating

• Minor bleeding may occur during the procedure. This normally stops without further treatment

• Some people may get heartburn and acid reflux afterwards. This can often be controlled with simple measures or medicine if necessary

• Occasionally it may not be possible to fit a stent after all, your consultant will discuss the reasons for this with you

• It is not unusual to get mild moderate pain while the stent settles in. This usually ceases in a day or two and you will be prescribed pain relief medication if you need it.

• Very rarely, inserting the stent may cause a tear in the oesophagus. This is a serious complication and may require an operation or another stent inserting.

Despite these possible complications, the procedure is generally safe and usually results in an improvement in your symptoms. After a few days you should not be aware of the stent being in place.

If you have any of the following you should contact your GP, Endoscopy Dept or A&E Department without delay.

• Severe pain
• Black tarry stools
• Persistent bleeding

If you have any questions or require further information or advice, please contact:

The Senior Dietitian 01935 384250
Sue Osborne, Upper GI Specialist Nurse 01935 384877
After 7pm, the Senior Sister on Duty (Clinical Site Manager) 01935 384525

Leaflet No: 4800807 06/07
The oesophagus (gullet) is a muscular tube connecting the throat to the stomach. If the oesophagus becomes narrowed, swallowing can become difficult. It usually starts with ‘food sticking’ and can progress until it is difficult even to get fluids down. This results in poor nutrition and weight loss.

**Why might I need an oesophageal stent?**

Other tests such as an endoscopy (flexible telescope) or barium swallow (x-ray of the gullet) have shown that your oesophagus has become blocked. Your doctor will have discussed the most likely cause of this blockage with you. Other alternatives such as an operation have been considered but 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 the matter with your doctor as your decision will be fully respected.

There are two main types of stent. One is an anti-reflux stent which prevents ‘backflow’ of stomach contents into the gullet. If you have this type of stent you will be advised not to have any fizzy drinks afterwards.

**Before the procedure**

For the procedure, it is important that the oesophagus and stomach are empty. Because of this you will be asked not to eat or drink anything 6 hours before the procedure. Please follow the instructions in the leaflet enclosed - ‘Information for Patients having a Gastroscopy’.

The doctor will explain the procedure to you and ask you to sign the consent form. Please read the consent form carefully and make sure that you understand the procedure and its implications. If you are not sure, or want more information, please ask.

- If you have heart valve disease or require antibiotics when you visit the dentist, please tell us when you come for the procedure
- If you are on warfarin please let us know as soon as possible in advance of your procedure as the date may have to be changed

**The procedure**

You will be asked to put on a hospital gown. You will be taken to the x-ray room and asked to lie on your left side on the x-ray table. A short thin tube (cannula) will be put into a vein in your arm or hand so that the doctor can give you sedative and pain relief medicines. Your blood pressure, pulse and oxygen levels will be monitored during the procedure. A short fine tube will be placed just inside one nostril to give you oxygen to breathe.

The doctor may spray the back of your throat with some local anaesthetic and an endoscopy will be carried out. A fine wire will be passed through the endoscope, down the oesophagus and through the blockage. The endoscope is withdrawn and the stent is passed over the guide wire and into the correct position in the oesophagus. Finally, the guide wire is withdrawn. The procedure usually takes about 20 minutes.

Afterwards, you will be transferred to the recovery room until you are awake enough to return to the ward.