



Oesophageal dilatation

This leaflet informs you about having a dilatation (stretching) of the oesophagus (gullet). It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

What is an oesophageal dilatation?

You may be having trouble swallowing due to a narrowing (stricture) in your oesophagus (gullet). The most common conditions that require this treatment are achalasia (a condition where the lower gullet muscle becomes very tight) and scarring (peptic) strictures associated with stomach acid damage or following oesophageal surgery.

Your condition and the treatment available will have been discussed with you by the doctor. The doctor has decided it is appropriate to improve your symptoms by stretching the narrowed part of your oesophagus using endoscopy rather than a surgical operation.

A dilatation is a procedure to stretch the gullet to allow you to eat and drink better. It is performed whilst you are under a mild sedative.

This procedure is performed using the gastroscop to identify and guide the doctor to apply the treatment correctly.

Sometimes this procedure requires the use of X-ray pictures and therefore may be performed by using an X-ray machine in the Endoscopy Unit.

You will be given intravenous sedation and sometimes a painkiller for this procedure.

What are the benefits of an oesophageal dilatation?

Dilatation should stretch the narrowing of your oesophagus and make it easier for you to swallow. More than one dilatation may be needed over several appointments, depending on how much stretching your oesophagus needs.

Are there any risks with this procedure?

With any procedure, some risks or complications may occur, however complications of oesophageal dilatation are rare.

Occasionally, stretching does cause some bleeding but this is not usually serious and settles quickly. Hospital admission will be required if bleeding persists.

The most serious risk of dilatation is perforation (tear) of your oesophagus (approximately 1 in 30 cases). This is greater if you are currently having high dose chemotherapy or radiotherapy. Small perforations can heal with rest from feeding and antibiotics. Larger tears may require an operation to repair them.

A small amount of bleeding may occur, but more significant bleeding is very rare.

There is a slightly increased risk of developing a chest infection after this procedure. The use of X-ray guidance during the procedure helps to minimise the risk of complications you may have.

Are there any alternatives?

There are no alternative procedures that can be done to stretch the oesophagus to allow you to swallow better.

What do I need to do to prepare for the procedure?

You can usually go home the same day after an oesophageal dilatation. You will need to arrange for a responsible adult to take you home and to stay with you overnight

You must stop solid food and drinking for 6 hours before the procedure. You can drink sips of water up to 2 hours before your procedure.

On admission you will be informed of the approximate time of your procedure. However, this may change due to unforeseen circumstances.

If you are pregnant, or think you may be pregnant, you must tell the X-ray staff so that appropriate protection or advice can be given.

What about my medication?

If you have diabetes, please follow the advice in the Trust leaflet called '[Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy](#)' on the Trust website.

Anticoagulants and Antiplatelet (medication to thin the blood):

- If you are taking Aspirin you may continue.
- If you are taking Dipyridamole, **please stop 7 days prior to procedure.**
- If you take Clopidogrel, Prasugrel or Ticagrelor and **do not have any stents in your heart, please stop 7 days before the procedure.**
- If you have coronary artery stents, or are unsure, please **do not stop** taking your anticoagulant. Please call the Endoscopy Unit nursing team Monday to Friday on 0778 322 7458 for advice.
- If you are taking Rivaroxaban, Apixaban Dabigatran or Edoxaban, **please stop these medications at least 3 days before the procedure.** If you have any kidney problems or unsure, please call the Endoscopy nursing team on 0118 322 7458 or 5249.
- If you are taking Warfarin, please call the Endoscopy nursing team on 0118 322 7458 or 0118 322 5249 as these may need to be paused temporarily before the examination.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be shown as a withheld number, so please ensure the number you give to us, will receive our calls.

All other routine medication can be taken as normal.

What happens before the procedure?

The endoscopist (doctor) or nurse will explain what will happen, answering any questions you may have. When all your questions have been answered, you will be asked to sign a consent form for the procedure. This will be done electronically.

What happens during the procedure?

You will be taken into the treatment room where a safety checklist will be performed. A cannula (needle) will be inserted into a vein in your hand or arm. A sedative and painkillers will be given to make you drowsy and relaxed.

The back of your throat may be sprayed with a local anaesthetic to numb it.

The nurse will attach a finger probe to check your heart rate and breathing. A cuff will be placed on your arm to monitor your blood pressure.

You will be asked to lie on your left-hand side. A small mouthpiece will be placed in your mouth and you will be given oxygen via a tube just under your nose.

Method used to stretch the oesophagus

- The endoscope (slim tube) is passed through the gullet to the point of the narrowing.
- A stretching balloon is passed through the endoscope. .
- The stretching equipment is an inflatable balloon which expands the oesophagus, stretching it to reach the diameter of the balloon. Different sizes of balloons can be used in order to safely stretch the oesophagus to the diameter required to improve your symptoms.
- The procedure usually takes about 15 to 20 minutes

What happens when the procedure is finished?

You will be taken to the recovery room, where you will need to rest for at least 2 hours. You will have your pulse, blood pressure and, if necessary, your temperature taken to ensure there have been no complications. You will need to stay longer on the unit after this procedure so we can monitor you closely.

You will not have anything to eat or drink for at least one hour afterwards or until the nurse or endoscopist are happy with your recovery. If you are comfortable and there are no obvious complications, you will first be given clear fluids and then allowed to eat and drink again.

Your throat may feel sore. Please tell the nurse if you have any other pain or discomfort.

The endoscopist will discuss the procedure with you. If a further oesophageal dilatation is needed, you will be given details of your next appointment before you go home.

Potential problems

In 4% of cases (1 out of every 25), it will cause a perforation of the gullet. This is also known as a split or tear. If a tear occurs it is evident almost immediately. This may mean a hospital stay, without anything to eat or drink for several days and intravenous antibiotics. In extreme cases, surgical intervention may be required.

Summary of important information

- An oesophageal dilatation is a safe procedure and a very good way to treat your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible.
- This information leaflet must only be used in conjunction with the 'Therapeutic gastroscopy' leaflet.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7458, 01183225249.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: June 2026