



Oesophageal stent

This leaflet informs you about having an oesophagus (gullet) stent inserted. 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 stent?

The oesophagus, or gullet, is a muscular tube that takes food from the mouth down to the stomach. If the oesophagus becomes narrowed or blocked, swallowing and eating can be difficult. One way of overcoming this problem is to insert a metal mesh hollow tube into the oesophagus called a stent. This will help to hold open any narrowing or blockage. Food is then able to pass down the oesophagus through the stent and should make eating and drinking easier.

Why do I need an oesophageal stent?

Before having an oesophageal stent inserted, other tests such as an endoscopy (camera test) or a barium swallow (X-ray of the oesophagus) will have shown that your oesophagus is blocked or narrowed. Your doctor or specialist nurse will explain to you the cause of the blockage.

You have been advised to undergo this investigation to try and treat your symptoms, and if necessary, to decide on further investigation or treatment.

Who has made the decision to have this procedure?

You should have had the opportunity to discuss your treatment options with your doctor or specialist nurse to decide on the most appropriate treatment for you. This will help you to decide if you wish to have the stent. It will be a consultant or an endoscopist who will carry out the procedure. If you are still unsure, speak to the specialist nurse or doctor to ask for more information.

How is the stent inserted and positioned?

- All patients who are having a stent inserted are given intravenous sedation, often in combination with a painkiller.
- An investigation called a gastroscopy (see the enclosed booklet) will be done to examine the problem area – your gullet and stomach. It is likely that this procedure will be carried out using X-ray equipment to assist with positioning the stent. The abnormal area of the gullet will be identified and its position marked.
- **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.**

- Sometimes, if the abnormal area of the gullet is very narrow it will need to be stretched using an additional procedure called 'oesophageal dilatation' (see next page).
- Having assessed and prepared the abnormal part of the gullet in this way, the endoscope is finally used to position a fine wire into your stomach.
- Once the endoscopist is happy with the positioning, the stent will be released. The stent will then begin to gently expand and restore the diameter (opening) of the gullet.
- The stent may not fully expand for three days and during this time, you may experience some chest or back discomfort. This usually settles after a day or two. Chest X-rays and sometimes specialist scans are required after the procedure to check the stent is in the best place.
- It is important you let the doctor or nurse know if you feel any discomfort or pain so that you can be offered appropriate assessment and medication.

Risks associated with the endoscopic treatment of your condition

Endoscopic treatment has revolutionised the way in which some diseases of the oesophagus and stomach are treated. It is often the case that conditions previously only treated by surgery can now be dealt with using endoscopy. The specific risks associated with endoscopic treatment are described below. The occurrence of any of these may delay your discharge from hospital. It is important to appreciate that a serious complication could prove fatal.

Risks of oesophageal dilatation

- Occasionally, stretching (using a balloon) does cause some bleeding but this is usually not serious and settles quickly. Hospital admission would be required if bleeding continued.
- The most serious risk is perforation (making a hole or tear) of the oesophagus or stomach. This can occur in up to approximately 10% (1 in every 10 cases) and may require surgery.
- Sometimes, the perforation is small, for example where the guiding wire has caused a small puncture and this can be managed without surgery but will always require admission to hospital. If a stent is subsequently inserted, this may seal the hole and prevent problems developing.
- These complications can normally be detected during or soon after the procedure and action taken.

Risks of stent insertion

- The nature of your condition and the technology being used to treat you are associated with complications in approximately 10% of patients (1 in every 10 cases). These range from the less serious, including incorrect positioning of the stent (requiring stent repositioning), subsequent movement of the stent from its correct position (requiring stent repositioning) and minor bleeding.
- The more serious complications include perforation of the gullet or stomach, tearing of the lining of the gullet and bleeding. Sometimes, the perforation is small, for example where the guiding wire has caused a small puncture and this can be managed without surgery but will require admission to hospital.
- 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.

IMPORTANT: If you are taking **GLP-1** medication e.g. Munjaro, Wegovy, Ozempic you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS TWO HOURS** before your appointment.

Summary of important information

A gastroscopy is a safe procedure and a very good way to investigate 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 obviously 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.

Dilatation of the oesophagus is performed during a gastroscopy. Please read the 'Gastroscopy explained' booklet that you have been given.

Training

Royal Berkshire Foundation NHS Trust Endoscopy Unit has doctors who are trainee endoscopists. You may be asked if you would be willing to be examined by a trainee doctor endoscopist. All trainees are under the direct supervision of an expert consultant trainer until they are fully competent. With your help it will be possible to train the specialists of the future.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on 0118 322 7459 or 0118 322 5249.

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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