

Combined endoscopic / radiological colonic stent insertion (procedure to widen the bowel using endoscopic and X-ray guidance)

Introduction

This leaflet provides information about colonic stents and what to expect before, during and after insertion. It is not meant to replace discussion between you and your doctor but can act as a starting point for such a discussion.

You should have plenty of time to discuss this procedure with the doctor who will be performing the procedure.

What is a colonic stent?

A stent is a flexible metal tube designed to gently widen a narrowing in the colon (large bowel) (Figure 1).

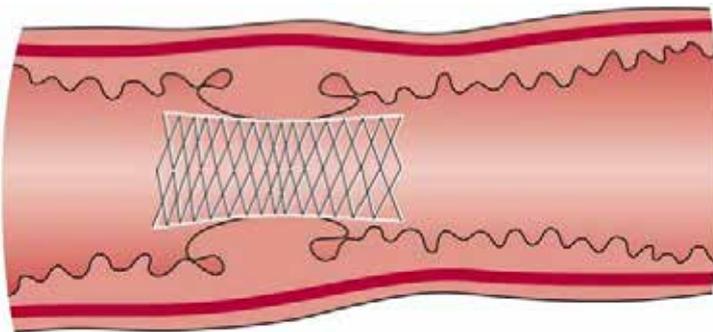


Figure 1: Diagram of a stent placed inside the bowel

Why do I need a stent?

When there is a narrowing in the colon it may be difficult to pass bowel motions causing a bowel obstruction. A stent widens the narrowing to allow the bowel to empty normally.

What are the benefits of having a stent?

- Bowel obstruction needs treatment to allow the bowel to work and prevent perforation (holes and tears) due to raised pressure in the obstructed bowel.
- Colonic stents are used to widen narrowings in the colon to relieve obstruction.
- Colonic stents can be used before bowel surgery, allowing the bowel to empty and return to normal size making surgery safer.

- Colonic stents can also be used when surgery is not possible. A colonic stent, unlike an operation, doesn't require a general anaesthetic, surgery and the possible need for a stoma (bag).

Is there an alternative to this procedure?

The alternative procedure is conventional surgery but this is not possible for everyone. You can discuss this with your surgeon.

What are the risks of having a stent inserted?

Although this procedure is safer than conventional surgery there are some risks.

- The main risk is perforation of the bowel, which happens in less than five per cent of patients (1 in 20). A perforation is a hole in the bowel wall. If this occurs, urgent surgery under general anaesthetic to remove the damaged part of the bowel and form a stoma may be necessary (a stoma is when the bowel is diverted to the skin surface and bowel motions are collected in a bag instead of passing through the back passage).
- Occasionally, after successful stent placement, the stent can slip out of position. This happens in around five per cent of patients (1 in 20) and if this occurs you may experience pain and the feeling of urgently wanting to open your bowels. You may need to have the stent removed and a new one inserted.
- Although most patients cannot feel the stent after it is inserted correctly, a few patients have reported some degree of discomfort, particularly in the first two weeks after insertion. If you experience ongoing discomfort, bloating and/or bowel spasms, seek medical or nursing advice.
- Over time, in about 1 in 10 patients the stent may become blocked, which may require endoscopy (telescope investigation through the back passage) or placement of a second stent.
- Finally it may not be technically possible to place a stent as planned. Your doctor would discuss this with you after you have recovered from any sedation.

What does the procedure involve?

It is a relatively straightforward procedure performed by the surgical and interventional radiological teams.

Before the procedure you may be given an enema to clear the bowel.

Do not eat or drink for 6 hours prior to the procedure as sedation may be required.

If you are taking warfarin, clopidogrel or blood thinner or have diabetes please tell your referring doctor.

The procedure

When you arrive in the X-ray department you will be given the opportunity to discuss the procedure and ask any questions. You will be asked to sign a consent form. It is important that you understand the procedure and its risks and benefits. It is also important to remember you can change your mind about having the procedure at any time, even after signing the consent form.

The stent is usually inserted in the X-ray department. Just before the procedure, you may be given a sedative injection to make you feel more relaxed. Oxygen will be given through your nose. You will be asked to lie on your left side and a flexible telescope (colonoscope) will be passed into your back passage. A biopsy of the cause of the obstruction may be performed.

A thin wire will be passed through the colonoscope and narrowing. The colonoscope is removed and a compressed (and therefore low profile) stent is passed over the wire and guided across the narrowing whilst watching on it using X-rays. Once it is in the right place it is released and it will expand to widen the narrowing. You may experience some mild discomfort in the tummy as the narrowing is dilated by the stent. The procedure can take up to an hour.

Sometimes, it may take more than one attempt to position the stent.

After the procedure

Straight after the procedure you will be looked after in the recovery area. It is then usual to be admitted to a hospital ward for observation following the procedure.

The stent begins to expand as soon as it is inserted into the bowel. This can feel uncomfortable, but is not usually painful.

Results

Once you are fully awake, a doctor or nurse will tell you what was found during the procedure and what treatment was carried out. The stent will reach its maximum size within 24 hours. It will only stretch as far as the narrowing allows - up to a maximum diameter of 3cm. Your bowel function may be dependent upon the amount of expansion achieved.

Advice at home

- You may experience some bleeding from your bowel in the first two days after insertion, but this should stop.
- The bowel may feel uncomfortable, possibly painful for up to three days. Please ask for painkillers if you need them.
- You will be able to go home once the doctors are happy that the stent is in the correct position and that the bowel is working again.
- You will not be able to drive for twenty four hours if you have been given sedation.

- It is important to follow dietary guidelines and drink plenty of fluid if the stent is to remain open. It generally helps to eat a low fibre diet; as a guide this means eating foods that do not need a lot of chewing. A daily dose of softening laxative may be recommended to help the bowel motions remain loose and easy to pass.
- Following the stent insertion, monitor your bowel function and report any new episodes of pain and/or bleeding.
- Once discharged you should see your GP or attend Accident and Emergency if you have severe pain or persistent bleeding.

Further information

- www.nhs.uk/ipgmedia/National/Beating%20Bowel%20Cancer/assets/Colonicstenting.pdf
- For further information about the Trust, visit our website www.royalberkshire.nhs.uk

Royal Berkshire NHS Foundation Trust
London Road
Reading RG1 5AN
0118 322 5111 (switchboard)

This document can be made available in other languages and formats upon request.

RAD_0016

Dr Matthew Gibson, March 2019

Review due: March 2021