

Patient Information Leaflet

## Living with an oesophageal stent

Produced By: Upper GI Team

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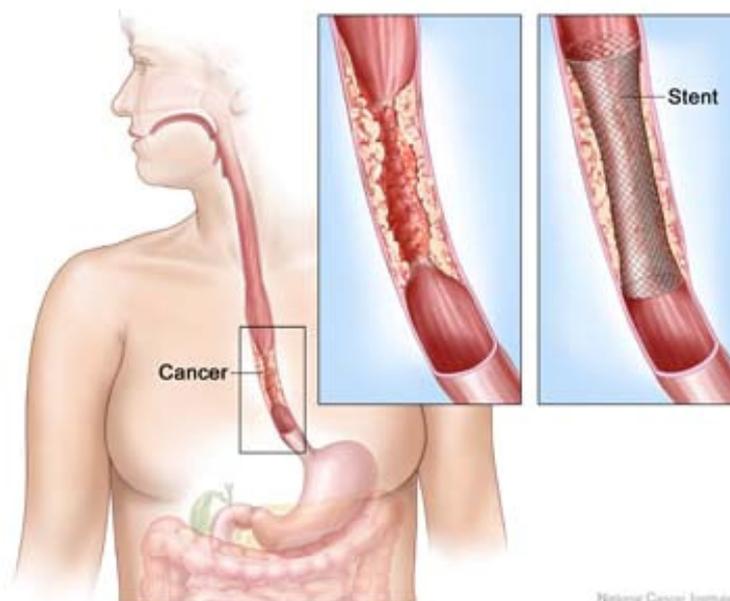
## INTRODUCTION

This leaflet aims to answer questions you may have about the insertion and management of your oesophageal stent. This information should allow you to have an informed discussion with your doctor or specialist nurse before the procedure and help you to understand the benefits and risks involved.

## THE OESOPHAGUS

The oesophagus ( gullet) is a hollow muscular tube that carries food and liquids from the mouth to the stomach. If the oesophagus becomes narrowed or blocked swallowing and eating can be difficult.

One way to overcome this problem is to insert a metal mesh tube, called a **stent** into the oesophagus and through the blockage. (see diagram) The procedure to place the stent is called an **oesophageal stent insertion**. Once in place the stent gently expands to allow food to pass through into the stomach. This should make eating and drinking much easier.



### Are there any risks ?

Oesophageal stent insertion is generally a very safe procedure, but as with any medical treatments there are some risks:

Bleeding can occur during the procedure, this generally stops without further treatment. Increased heartburn or acid reflux may be controlled with medication. The stent may slip out of position. If this happens it will be necessary to insert another stent.

Perforation: The placement of a stent may cause a tear in the oesophagus particularly if the gullet needs stretching beforehand. This is a serious condition and may need an operation if you are fit enough for surgery, or insertion of another stent.

The sedation you are given may cause a drop in your pulse rate or depress your breathing. You may experience pain or discomfort during the procedure.

Despite these possible complications the risks are small, the procedure is generally safe and will result in a great improvement in your ability to eat. After a few days you should not be aware of the stent being there.

### **What is the preparation for the procedure?**

In preparation for the procedure your stomach should be empty so you will be asked to stop eating and drinking at least six hours before the procedure. You will receive individual instructions before your appointment.

A member of staff will insert a small needle into a vein in the back of your hand through which you will be given a sedative and painkiller just before the procedure starts to make sure that you are kept comfortable.

You should continue to take any regular medications. If you take any medication that makes your blood thinner (anticoagulants) e.g. **warfarin, clopidogrel or aspirin**, or if you are a **Diabetic** taking **insulin** you should let the endoscopy unit or your nurse specialist know at least **5 days** in advance.

### **Who does the procedure and where?**

A Gastroenterology Consultant with special expertise in this procedure will ensure that the stent is placed correctly. The procedure will be carried out in the X-ray Department at St Mary's Hospital. X-ray is required to ensure that the stent is positioned correctly. Once completed you will return to the Endoscopy Department to recover.

### **What happens during the procedure?**

You will be asked to lie on an examination couch, on your back or left side. We attach a probe to your finger which allows us to measure your pulse and level of oxygen in your blood. You will also receive oxygen through a tube with a foam end which is placed inside your nostril. The doctor will spray the back of your throat with local anaesthetic to numb it, and will give the sedative and painkiller through the needle in your hand.

An endoscopy will then be performed. Your oesophagus may need some stretching to allow the scope to pass through the blockage. A fine wire will then be inserted, via the endoscope, into the oesophagus and past the blockage. The stent then goes over the wire into the correct position. Once in place the stent will gently expand to allow food and fluids into the stomach. The procedure usually lasts 20-30 minutes but can occasionally be longer. You will remain in Endoscopy for observation for a few hours for you to recover from the sedation and to make sure there are no problems.

Most patients are discharged the same day.

### **Will it hurt?**

You may experience some chest or back pain until the stent fully expands. In the majority of cases the discomfort settles within a few days.

**It is important that you let your nurse or doctor know immediately if you have any pain so it may be controlled with painkillers.**

### How soon can I eat and drink?

Most patients will be able to drink fluids within a few hours of the procedure, and will need to remain on fluids for the first 24hrs (e.g. water, tea, coffee and juices). If the fluids are tolerated well you may progress to foods such as soup/ ice-cream or liquidized food, then onto soft foods.

### What kinds of food can I eat?

The table on the following pages are intended to give you some ideas of food to choose. Make sure you have a variety of foods to ensure you receive all the nutrients your body requires to function.

If your appetite is poor or you are unable to manage enough food to maintain your weight our dietitians will be able to offer advice. Contact the **Dietetic Department** directly on **Tel:534790**

Food	Foods to choose	Foods to avoid
<b>Meat</b>	Tender meat/ poultry that is minced, finely chopped or liquidized with sauce or gravy Smooth Pastes or pates	Tough, gristly meats Hard dry or crispy meat Chunky or stringy meats Sausages
<b>Fish</b>	Flaked or Mashed fish with sauce (inc. tinned) Poached steamed or boil in the bag with sauce Fish cakes with sauce <b>Remove all bones</b>	Dry fish without sauce Bony fish Battered or crumbed fish Fish fingers
<b>Eggs</b>	Scrambled / Poached /Soft boiled Omelette Soufflé Egg custard	Hard boiled (unless well mashed) Fried egg whites
<b>Cheese</b>	Grated hard cheese Cottage cheese / Cream cheese Cheese spreads / Cheese sauce Cauliflower cheese / Macaroni cheese	Chunks or cubes of Cheese
<b>Bread</b>	Day old bread preferably wholemeal Soften bread in liquid e.g. soup Crackers, crisp breads	Fresh bread (may form lumps) Crusty bread Bread with multigrain/nuts/ seed
<b>Breakfast cereal</b>	Porridge, Ready Brek, Weetabix, Rice Krispies. Take cereals with lots of milk to make them soft.	Cereals with added nuts and dried fruit. Coarse cereals such as muesli, puffed wheat, Shredded wheat

Food	Foods to choose	Foods to avoid
<b>Potatoes and starchy carbohydrates</b>	Potatoes mashed with added milk, butter, cream or grated cheese. Inside of a jacket potato Tinned spaghetti in sauce Lentils or Dahl Soft cooked rice or pasta with a sauce e.g. risotto	Hard chips Crisps Roast potatoes Potato skins
<b>Vegetables</b>	Soft, well cooked. Mash or puree if needed. E.g. carrot, broccoli and cauliflower tips, courgette (peeled), Mushy peas	Vegetables with pips and stringy textures, tough skins or shells E.g. celery, green beans, sweetcorn, peas, broccoli and cauliflower stalks Green salad.
<b>Fruit</b>	Soft peeled fruits. Tinned and stewed fruits. Pure fruit juice (no bits)	Fruit skins or peel Fruit pith (orange , grapefruit) Dried fruit. Hard fruits.
<b>Puddings</b>	Milk puddings. Creamy yoghurt (no bits/ chunks of fruit) Jelly and custard. Cakes with custard. Biscuits dipped in drinks.	Dry cakes and biscuits. Puddings with dried fruit and nuts Sticky sweets and toffee.
<b>Miscellaneous</b>	Smooth peanut butter Soup Chocolate (without nuts/fruit/biscuit)	Chunky peanut butter. Nuts and seeds. Popcorn.

## Care of your stent

**Take small mouthfuls of food and chew them well.** Avoid swallowing lumps or large chunks of food as this may cause your stent to block.

**Have small frequent meals.** You may find six smaller meals, snacks or nourishing drinks easier to manage, especially if your appetite is poor or if you suffer from indigestion, acid reflux.

**Introduce new foods in small quantities**

**Have soft, moist foods**, as this will make swallowing easier

**Make sure you have well fitting dentures**

**Drink a little during and after meals** to help keep the stent clear

**Eat slowly and at your own pace**

**Sit upright** at mealtimes and for half an hour afterwards

**What if the stent becomes blocked?**

If you feel the tube or stent has become blocked do not panic.

Stop eating.

Try standing up and walking around the room.

Take small sips of a warm drink.

**If the blockage persists**

- Contact your GP or Nurse Specialist.
- Walk in centre Beacon Healthcare, St Mary's Hospital 08.00—20.00hrs **Tel: 821170**
- GP out of hours service **Tel 0845 603 1007**

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

**We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport  
Isle of Wight  
PO30 5TG

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: E/OS/04