

Colonic Stenting

Radiology Department



[Patient information leaflet](#)

This leaflet tells you about the procedure known as colonic stenting. It explains what is involved and the possible risks.

The benefits and risks of this procedure should already have been explained to you by your doctor. If you have any concerns about the procedure, you should discuss these with your consultant prior to being admitted. You will have an opportunity to ask the radiologist any other questions you may have. Please make sure you do this before you sign the consent form.

The Radiology Department

The radiology department may also be called the x-ray department or diagnostic imaging department. It is the facility in the hospital where radiological examinations of patients are carried out, using a range of equipment.

Who does what?

A specially trained doctor called a **radiologist**. Radiologists have special expertise in using x-ray and scanning equipment, and also interpreting the images produced. They need to look at the images whilst carrying out the procedure.

They are supported by **specialist radiographers**, who are highly trained to carry out x-rays and other imaging procedures.

Radiology nurses are specialist nurses who will assist the radiologist and care for you throughout the procedure until you are handed back to the ward nurses, who will collect you from the Interventional Suite where this examination takes place.

Prior to this procedure being performed, the radiologist will explain fully the whole procedure and allow you to ask any questions.

A written consent will be required. (You should have sufficient explanation before you sign the consent form)

What is Colonic Stenting?

This is the insertion of a hollow tube made of a flexible alloy mesh (known as a stent) into the colon in order to relieve complete or partial bowel obstruction.

Who has made the decision that I need this procedure?

The consultant in charge of your case, and the radiologist placing the stent will have discussed the situation, and feel that this is the best option. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Why do I need a colonic stent?

To relieve the symptoms you are experiencing due to a partial or complete blockage of your large bowel. These may include: pain, bloating and failure of the bowels to open.

Do I need to do anything before my appointment date?

If you are taking any tablets or other medication please take them at the usual time.

It is usual to test your blood for clotting time, to check that you do not have an increased risk of bleeding. Please ring the radiology department if you take **Warfarin, Aspirin, Clopidogrel** or anything that thins your blood.

Ladies – if you are pregnant or think you may be pregnant please phone us before your appointment. We may need to change or cancel your appointment.

What happens on the day of my appointment?

You need to be an inpatient in the hospital. You will have been allocated a bed on either the Surgical Short Stay Unit (SSSU) or onto a ward. The location will be written on the appointment letter accompanying this patient information leaflet.

You will be asked to **attend the ward three hours** prior to your appointment to allow bloods to be taken so the results are available before the procedure. **You will be asked not to eat for four hours** but you can drink water up to two hours prior to the procedure, unless otherwise advised.

You will be asked to put on a hospital gown and a cannula (small plastic tube) will be placed in a vein on the back of your hand.

If you have any allergies, you **must** let the staff looking after you know.

Can I bring a relative or friend?

Yes, but for reasons of safety, they may not be able to accompany you into the x-ray room, except in very special circumstances.

You will need someone to collect you and drive you home after your required amount of bed rest, and someone to stay with you overnight.

What actually happens before and during colonic stenting?

You will be transported to the x-ray department on a bed. For the examination you will be lying on your left side on the x-ray couch. You will be offered a sedative before, or during the procedure.

We will monitor your blood pressure, ECG (heart tracing) and pulse throughout the procedure.

A tube will be inserted into the back passage and some dilute x-ray dye will be introduced into the bowel in order to demonstrate the level and degree of obstruction. This will be allowed to run out before an endoscopy tube is passed up to the site of the obstruction. Using x-rays and the endoscope, a wire will be passed through the stricture (narrowing in the bowel), and a stent placed over this wire into the stricture in order to open it up.

Will the procedure be painful?

This procedure is usually well tolerated. Any discomfort can be alleviated with sedation and pain relief drugs.

What happens afterwards?

A nurse will escort you back to the ward, and you may go home the same day. If the stent is successfully placed, you may need to go to the toilet frequently to begin with.

What are the risks or complications associated with this procedure?

This is considered a low risk procedure. Possible risks include perforation of the bowel causing leakage from the bowel into the abdomen. If this happens, you may need an operation. This is a rare complication, but potentially serious.

It may not be possible to place the stent due to the growth and position of the tumour. A further attempt may be planned, or your surgeon may discuss an alternative option for you.

The stent may come loose and migrate, which could cause pain in the back passage and produce the same symptoms you had before.

A small amount of bleeding may occur, which may come from the tumour or the stent rubbing on the tumour. Some bleeding is to be expected, but if you are concerned, please contact your colo-rectal nurse.

Some pain may be experienced as the bowel starts to function normally. If your pain becomes severe, it may indicate obstruction, movement of the stent or perforation. You should contact your colo-rectal nurse or team if this happens.

If the bowel blocks due to overgrowth of the tumour through the stent, you may experience symptoms of obstruction. Your bowels may stop working, and you may become bloated or start vomiting. If any of these symptoms occur, you should contact your nurse or the team looking after you. Another stent may need to be inserted.

What are the benefits of having a stent?

Stenting is a minimally invasive method of relieving bowel obstruction, allowing free passage of stools. Stenting can be an alternative to patients unsuited for surgery, and removes the need for a stoma.

What are the alternatives to colo-rectal stenting?

Not having a stent will likely lead to the complete blockage of the bowel. Alternatives are major surgery with its associated risks or a stoma (an opening made into the bowel through the skin to divert the stools away from the blockage. This may be permanent in some patients according to their condition.

What are the side effects of having a stent?

After this procedure you may experience the following:

- Loose stools
- Frequent small bowel actions
- A small degree of bowel incontinence
- A sore bottom
- Bleeding from the back passage

These should settle down after a short time.

Privacy and dignity

Sometimes tests or procedures, although necessary, can be embarrassing or undignified for patients but we will endeavour to do everything we can to make you as comfortable as possible during your visit to the department.

For further information about Diagnostic Imaging Services at Royal Surrey County Hospital NHS Foundation Trust, please contact:

Royal Surrey County Hospital NHS Foundation Trust
Egerton Road, Guildford, Surrey, GU2 7XX

Reference source

- British Society of Interventional Radiology – www.bsir.org/patients/colonic-stenting/

Additional information

- www.beatingbowelcancer.org/wp-content/uploads/2016/03/Colonic-Stenting-Factsheet.pdf
- NICE – www.nice.org.uk/guidance/cg131/ifp/chapter/acute-large-bowel-obstruction

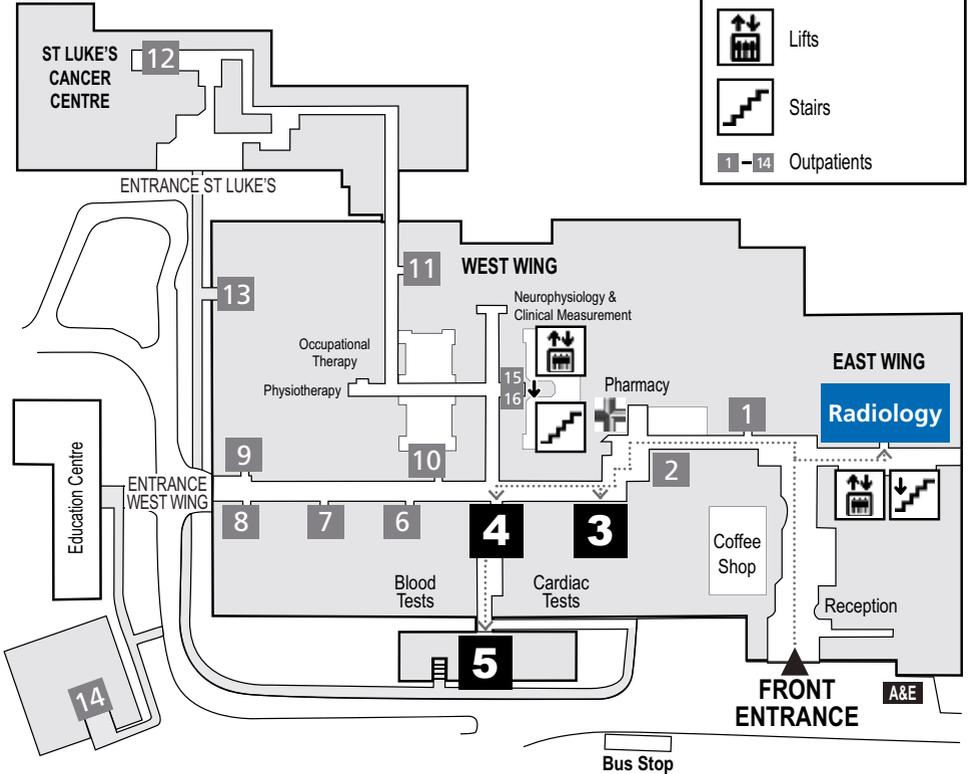
Information on radiation

- www.gov.uk/government/publications/ionising-radiation-dose-comparisons/ionising-radiation-dose-comparisons

How to find the Radiology Department

Royal Surrey County Hospital map

Level B (Ground floor)



Data sharing reference information is available on Royal Surrey County Hospital patient information leaflet entitled:

Your Healthcare records – your information, PIN120703–562

Royal Surrey County Hospital NHS Foundation Trust

Egerton Road

Guildford

Surrey

GU2 7XX

www.royalsurrey.nhs.uk

Radiology Department contact details

If you have any questions or would like to know more about this procedure, please telephone the Interventional Suite Radiology Department on:

Telephone: 01483 571122 **ext** 4596

If you are unable to keep your appointment, please contact us as soon as possible.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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