

# Oesophageal Dilatation and Oesophageal Stenting

Endoscopy Department



Patient information leaflet

You will only be given this leaflet if you are to receive oesophageal dilatation or an oesophageal stent. The information below outlines the two procedures and will help to answer some of the questions you may have about having oesophageal dilatation and an oesophageal stent.

## **What is oesophageal dilatation?**

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The oesophagus, or gullet, is the tube that takes food down from the mouth to the stomach. If it becomes narrowed or blocked, there will be a problem with swallowing. Oesophageal dilatation is a procedure which widens a narrowing in your oesophagus using a special catheter (long, thin tube) with a balloon attached or using Savary–Gilliard dilators (tubes of varying sizes passed over a wire which dilated the oesophagus). Dilatation should stretch the narrowing and make it easier for you to swallow.

## **What is an oesophageal stent?**

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Sometimes dilatation will not solve the problem and an endoscopy consultant will place a stent in the narrowing. An oesophageal stent is a fabric covered metal mesh tube inserted down the oesophagus and across the blockage. It is guided over a wire, through the mouth into the oesophagus and positioned across the area that has narrowed. It gently expands to allow fluid and foods to pass down into the stomach more easily.

## **What are the benefits of oesophageal dilatation and stent?**

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It should expand the narrowing and make it easier for you to swallow.

## Are there any risks?

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Serious risks and complications of having an oesophageal dilatation or stent are very rare. However, as with any procedure, some risks or complications may occur. The endoscopist will explain these to you prior to the procedure:

- There is a small risk of perforation (tear) of your oesophagus. This is greater if you are currently having high dose chemotherapy or radiotherapy. This is a serious complication and may require an operation or another stent inserting.
- Infection or minor bleeding can occur during the procedure. Infections can be treated with antibiotics and bleeding with a blood transfusion.
- Some people get heartburn and acid reflux after the procedure. This can be controlled with simple medicine if necessary.
- Occasionally it may not be possible to fit or place a stent for technical reasons. If this is the case, your doctor will discuss this with you.

## Are there any alternatives?

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Sometimes surgery will be recommended, but this is usually if the narrowing in your oesophagus is caused by cancer. Your doctor will have discussed relevant options prior to the procedure.

## What happens after the procedure?

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You will rest in our recovery area until the sedation wears off, you are awake, your observations (blood pressure etc.) are within normal ranges for you and you are comfortable. You will then be taken to our discharge area and may see the dietician. They will talk you through dietary options post procedure and will give you advice and literature to take home.

## Reference

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- <http://patient.info/doctor/oesophageal-strictures-webs-and-rings>

## Contact details

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If you require further information or advice, please feel free to contact us.

### Endoscopy Unit

**Telephone:** 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

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### PALS and Advocacy contact details

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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](mailto: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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