

Assessment and treatment of varices

Endoscopy Department



Patient information leaflet

This leaflet has been written for patients who have been referred for assessment and treatment of varices. This leaflet will explain the procedure and what to expect on the day of your test and after the procedure is completed. If you have any further questions, please telephone the department or discuss them with a member of staff on the day of your procedure.

What are varices?

Varices are swollen veins, rather like varicose veins and are formed when blood flow through the liver is at high pressure. They can occur in your gullet (oesophageal varices) and can also be found in the stomach (gastric varices). These veins have the potential to bleed, in which case you may experience vomiting of blood or passage of red, dark plum or even black stool. Bleeding can sometimes be very heavy or even life-threatening. The risk of bleeding can be reduced by shrinking or obliterating the varices with medications or endoscopic therapy.

What are the treatments available for my varices?

1. Oesophageal varices

These can be treated using a technique called 'variceal ligation'. This is a similar technique to the treatment of haemorrhoids (piles) where we apply tight rubber bands to compress the varices. The procedure will be carried out under sedation using an intravenous sedative. The procedure will be performed during a gastroscopy – please read this leaflet in conjunction with the attached gastroscopy information leaflet for a more in-depth description of the gastroscopy procedure.

A hollow tube over which small rubber bands have been loaded is attached to the end of the gastroscope. The gastroscope is placed in the oesophagus (gullet), the vein is identified and suction is applied to draw the vein up into the tube. Small elastic bands are then placed over the vein. After a day or two a clot forms in the vein which causes shrinkage. The procedure will generally take between 15-20 minutes and several treatments, on more than one occasion, may be required to achieve complete shrinkage.

2. Gastric varices

These can be treated by injection of a 'tissue glue' into the varix to scar and dry up the swollen veins. This procedure can be carried out using an injection needle, which is passed down the channel in the gastroscopie whilst it is in your stomach. Through the needle, the drug can be injected into the varices, which creates a clot, blocking them off and causing them to shrink. The procedure will generally take between 20-30 minutes and several treatments, on more than one occasion, may be required to achieve complete shrinkage.

The procedure will be carried out under sedation using an intravenous sedative. The procedure will be performed during a gastroscopy – please read this leaflet in conjunction with the attached gastroscopy information leaflet for a more in-depth description of the gastroscopy procedure.

What are the benefits/alternatives to having my oesophageal varices treated?

Endoscopic treatment of varices is the standard treatment in patients who have already experienced bleeding complications and in any patients with large varices identified at endoscopy. Other options to reduce the risk of bleeding include oral medications, and an invasive liver procedure called a 'TIPPS'. For some patients endoscopic treatment is used in combination with medications called Beta Blockers. Your doctor should discuss all the options with you and explain why endoscopic treatment is the most appropriate in your case.

If you prefer not to have your varices treated, we advise you to discuss the implications with your doctor.

What are the risks of having my oesophageal varices treated?

Endoscopic treatment of varices is safe but does have risks, which your doctor can discuss with you prior to your procedure. These include:

- **For oesophageal varices:** Pain related to inflammation of the gullet. This affects the majority of people and should settle down after the first week post procedure.
- **For oesophageal varices:** Difficulty in swallowing, immediately post procedure and should ease within the first week.
- **For oesophageal varices:** Rarely a small number (less than 1%) of people may develop narrowing of the oesophagus if treatment is required regularly. This may result in the oesophagus requiring stretching (dilatation).
- **For Gastric Varices:** Very rarely (less than 1%) a puncture of the wall of the intestine (perforation) can occur. This is a serious complication which may require a prolonged stay in hospital and emergency treatment including surgery and blood transfusions.
- Infection
- Bleeding (haemorrhage)

What happens after the procedure?

You may only commence clear fluids for the first four hours post procedure. If the fluids are tolerated then you may commence a soft diet after 4 hours. After 24 hours, if the soft diet was tolerated then a normal diet may be recommenced. You may require endoscopic treatment using rubber band ligation at intervals to reduce the risk of bleeding from the varices. This will be explained to you after your procedure.

References

- www.nhs.uk/conditions/cirrhosis/treatment/
- www.britishlivertrust.org.uk/liver-information/liver-conditions/portal-hypertension/

Contact details

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.

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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