

Patient
 Information

Discharge advice following an oesophageal stent insertion

Sedation

The medications used for sedation can remain in the body for at least 24 hours, gradually wearing off.

It is therefore very important that an adult is available to take you home. You must also have a responsible adult stay with you for the next 24 hours.

It is important that for the next 24 hours you follow the advice below:

- Do not drive or ride a bicycle as your reflexes and judgement will be impaired.
- Sedation can make you unsteady on your feet. Please be careful on stairs and have someone with you if you feel unsteady.
- Your judgement may be affected, so do not make any important decisions or sign any legal documents.
- Be careful if using social media.
- You should not return to work, look after dependents, cook or operate machinery.
- You should not drink any alcohol or take sleeping tablets.

When can I eat and drink?

Your discharging nurse will let you know when you can start to eat and drink.

Stage 1	For the first 24 hours you should remain on a liquid diet. Drinks should not be too hot or too cold.
	Liquid diet – water, tea, coffee, fruit juices, milk, soft drinks or sports drinks. Start with small sips and increase the volume as you feel confident.

Reference No.

GHPI1815_10_23

Department

Endoscopy

Review due

October 2026

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Stage 2	For the next 24 hours you should eat a soft diet. If you are able to tolerate this, you can go on to your normal diet after 24 hours.
	<p>Soft diet - smooth or pureed foods, including soup (without lumps), apple sauce, yogurt, ice cream or gelatine. Increase the texture of your food to a soft consistency as you feel your swallowing getting easier. You may wish to try scrambled eggs, cottage cheese, steamed fish, mashed potatoes, mashed banana and gelatine.</p> <p>You should avoid spicy foods until you are able to eat your normal diet</p> <p>Try to include a wide variety of foods and fluids in your diet so that you achieve as close to a normal diet as possible, as you need to meet your nutritional needs. If you feel that you cannot achieve this on a soft consistency diet, ask to speak to a registered dietitian.</p>
Stage 3	You can return to your normal diet if you have been able to tolerate a soft diet for the past 24 hours.
	Eat a well-balanced nutritional diet.

Are there any foods I should avoid?

The stent has been placed to allow you to eat as normally as possible. However, it is possible for the stent to become blocked. The most common reason for stents to block is from food that is swallowed without being sufficiently chewed or from foods that do not break down enough when chewed.

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The following foods can be difficult to break down, despite chewing, and so are more likely to cause your stent to become blocked:

- Bread and toast
- Tough gristly meat
- Hard boiled or fried egg
- Fish with bones
- Pithy fruit (for example, orange, grapefruit and pineapple)
- Stringy vegetables (such as green beans and celery),
- Potato skins
- Salad items (salad leaves and lettuce)
- Raw vegetables
- Chips
- Ice cream or yogurt with chunks of fruit, cereal or nuts

How can I prevent blocking the stent?

- Take your time, relax and eat your meals slowly.
- Meals should be smaller than the ones you were having before the stent was inserted. You should aim to eat more often, such as having 5 or 6 small meals rather than 3 large meals each day.
- Cut your food into smaller pieces than you would normally eat, take small mouthfuls and chew each mouthful thoroughly.
- Do not be afraid to spit out lumps that cannot be chewed.
- Have plenty of sauces, gravy or cream with your meals. It will make your food moist, therefore easier to swallow and pass through your stent.
- Drink frequently during and after each meal to help keep your stent clear. Warm or fizzy drinks are recommended, but all fluids are beneficial. For some people, drinking carbonated drinks may worsen symptoms of heartburn or acid reflux.
- Sit upright when eating and for 1 to 2 hours after meals.
- If you wear dentures, make sure they fit correctly, so you can chew your food well.

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What if my stent blocks?

If you feel that your stent is blocked follow these basic guidelines:

- Do not panic. The blockage only affects the tube into your stomach, it will not affect your ability to breathe.
- Stop eating, stand up and take a few sips of a drink.
- If that does not resolve the problem, try a warm or fizzy drink.
- Walk around. If the stent blockage has not cleared after 1 to 2 hours, contact your GP or specialist nurse for advice. Out of normal working hours, contact NHS 111 for advice.

Medication

You can take your usual prescribed medications when they are next due, unless otherwise stated by the Endoscopist or discharging nurse.

Possible side effects

You may experience the following:

- A bloated, windy feeling – moving around may help to relieve this.
- A sore throat for a short time after the procedure. This is normal and should pass within 2 days.
- Discomfort behind the breastbone - this should settle within 1 to 2 days. Simple pain relief such as paracetamol will help.

What happens next?

A member of the nursing team will have explained to you what has been done today and any further tests that you may need.

- A report will be sent to your GP.
- The results of the test and any specimens taken are sent directly to your GP. This can take up to 5 weeks.

If a consultant follow-up or a repeat procedure is needed you will receive an appointment letter in the post.

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When to seek advice

Serious side effects are rare. However, if any of the following occur within 48 hours after your oesophageal stent insertion, please contact the Endoscopy Unit where you had your procedure.

- Severe pain in the neck, chest or abdomen.
- Vomiting blood or your bowel motion turns black.
- Abdominal pain and bloating.
- High temperature (fever) or you feel generally unwell.
- Disorientation (feeling lost or confused).

If you were given Buscopan[®] to relax your stomach during the procedure, please seek urgent medical advice if you experience any of the following:

- Painful red eye with loss of vision.
- Blurred, misty or foggy vision.
- Nausea and/or vomiting.
- Unable to pass urine.

If you have any other concerns, please contact one of the following for advice:

- Endoscopy Unit where you were seen
- Your GP
- NHS 111

If you think you require **immediate** medical attention, please telephone 999 or go to your nearest Accident & Emergency Department.

Results

Please contact your GP or consultant directly for your test results as these are not disclosed to Endoscopy.

Contact information

Endoscopy Units

Gloucestershire Royal Hospital

Tel: 0300 422 8222

Monday to Friday, 8:00am to 6:00pm

**Patient
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Tel: 0300 422 3593

Monday to Friday, 8:00am to 6:00pm

Between 6:00pm and 8:00am you should contact the:

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator. You should then ask the operator to contact the Site Management Team. The operator will contact a senior nurse to advise you.

Feedback

To help the Endoscopy Department understand what is important to you and how we can improve our service, we would appreciate if you would take the time to complete a feedback survey.

All responses will be anonymous and any information provided will be used sensitively and stored securely.

To access the survey, please scan the QR code or click the link below:



<https://bit.ly/3MHOXIG>

If you do not have access to the internet, please ask a member of the team for a paper copy of the survey.

Content reviewed: October 2023

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>