

**Patient
Information**

Having an oesophageal stent inserted

Introduction

This leaflet gives you information about the oesophageal stent procedure.

It is important that you read this leaflet before your appointment so that you understand what will happen during the procedure and the preparation involved.

If you are taking any medication that thins your blood, other than aspirin (which you can continue to take), or if you are receiving any treatment for diabetes, please contact the Medication Advice Line for advice. The number is at the end of this leaflet.

If you are using an insulin pump, we would like your BM to be 7mmol/L. Please call your local pump team if you need further advice.

For this procedure you will be given intravenous sedation. Therefore, you will need someone to accompany you home and a responsible adult to stay with you for 24 hours. This is very important as your procedure may be cancelled otherwise.

Why do I need an oesophageal stent?

The oesophagus (also known as the gullet or food-pipe) is a hollow, muscular tube that takes food from the mouth down to the stomach.

Swallowing and eating may become difficult if there is a narrowing or blockage within the oesophagus. To overcome this problem and open up the narrowing, you may be advised to have an oesophageal stent inserted.

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Endoscopy

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What is an oesophageal stent?

Stents are flexible hollow tubes, usually made from thin metal mesh and can be covered in a plastic membrane.

The stent is inserted down the oesophagus and passed through the blockage. The stent expands, creating a passage to allow food to pass more freely.

Preparing for your procedure

To allow a clear view during the procedure, your stomach must be completely empty. You are therefore asked **not to have anything to eat for at least 6 hours before your appointment time.**

You may sip water up to 2 hours before your appointment time.

On admission

On arrival at the Endoscopy Department, you will be seen by a nurse who will check your personal details.

You will be asked a series of questions about any operations or illness that you may have had or are presently suffering with. The nurse will also ask if you have any allergies or reactions to medicines or foods.

Please bring a list of all medications you are currently taking, including inhalers.

In order to give you the sedation, the admitting nurse will insert a cannula (thin tube) into a vein in your hand or arm. The sedation will be given by the endoscopist when you are in the procedure room.

The test and possible complications will be explained so that you understand the procedure and any risks involved. You will then be asked to sign a consent form. By signing this form, you will have agreed to have the test performed and that you understand why it is needed. This does not take away your right to have the test stopped at any time.

For the time that you are in the department we want to provide a safe, supportive and pleasant environment. Please do not be afraid to ask if you have any worries or questions at this stage.

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Please be aware that your appointment time is not the time you will have the procedure. There will be a wait between your admission and having the oesophageal stent inserted.

Anaesthetic throat spray and sedation

Local anaesthetic throat spray and intravenous sedation will improve your comfort during the procedure.

Anaesthetic throat spray

Throat spray is a local anaesthetic used to numb the throat. It has an effect very much like a dental injection. The numb feeling in the throat will return to normal within half an hour.

Intravenous sedation

Sedation is a combination of a sleeping medication and a strong pain relief. It will be given through the cannula already inserted into a vein in your hand or arm.

The sedation will make you feel lightly drowsy and relaxed but not unconscious (asleep). You will be in a state called **conscious sedation**. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the procedure. You will be able to breathe normally throughout the procedure.

About the procedure

The procedure will be performed using a thin, flexible tube with a camera inside called an endoscope.

In the examination room any dentures will be removed and the local anaesthetic spray will be applied to the back of your throat.

You will be asked to lie flat on your left hand-side and a plastic mouth piece will be put between your teeth or gums. This helps to protect your teeth and the endoscope. You will then be given the sedation through the cannula. The sedation will be allowed to work for a couple of minutes before the procedure takes place.

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While you are sedated, we will check your breathing and heart rate so any changes will be noted and dealt with accordingly. For this reason, you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure will also be recorded. Oxygen will be given to you via a nasal cannula or small sponge inserted into your nostril.

The endoscope will then be inserted through the mouth piece. When it reaches the back of your throat, you may be asked to swallow to help the tube go down into the stomach. This will not interfere with your breathing.

Some air will be passed through the instrument to inflate the oesophagus and stomach to allow a clearer view. You may feel wind like discomfort and belch some air up during the test. Please do not be embarrassed.

The stent will then be inserted through the endoscope and the position checked using an X-ray.

Before inserting the stent, the gullet narrowing may need to be stretched with a small balloon passed down the endoscope.

Any saliva in your mouth will be removed using a small suction tube. When the endoscope is taken out, most of the remaining air in the stomach will also be removed.

This procedure normally takes between 15 and 25 minutes.

Most patients will be discharged the same day as the procedure.

Possible complications

Oesophageal stent insertion is a safe procedure. However, as with all medical interventions, there are some risks:

- Bleeding may occur during the procedure and you may vomit a small amount of blood. The bleeding usually stops on its own.
- Although rare, insertion of the stent may cause a tear (perforation) in the wall of the oesophagus. If this happens, you will not be able to eat or drink for a few days and you will be given antibiotics until the tear heals. If the tear does not heal, you may need a second stent or an operation to repair the tear.

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- Food may occasionally stick within the stent causing a blockage. This will cause you to vomit as you will be unable to keep food down. If this happens try not to panic, stand up and walk around. Try to sip plenty of fizzy or warm drinks to clear the blockage.
- The stent may slip out of position and you may be unable to eat and drink. If this happens, you will need another endoscopy. It might be possible to remove and replace the stent.
- Over time, another narrowing or blockage may occur. An additional stent can be placed through the old one, offering you relief from your symptoms.
- Minor complications with sedation happen in less than 1 in every 200 examinations. A few people are excessively sensitive to the sedation we use and become too sleepy. This effect can be rapidly reversed with another injection.

After the procedure

After the procedure is completed, the nurse caring for you will take you from the endoscopy room to the recovery area.

Your pulse and blood pressure will be monitored as needed. This is called the recovery period. You will need to stay in hospital for about an hour after this procedure, depending on how you recover from the sedation.

As the stent expands it can cause some pain in the chest area. This is normal and will improve after 72 hours. Over the counter pain relief such as paracetamol can help to reduce the pain. If the pain persists, or if your ability to swallow does not improve, please contact the endoscopy unit where you had the procedure.

Normally you will not see the person who performed the procedure before going home. A nurse will tell you the results of the test before you are discharged. It is a good idea to have someone with you at this discussion as many people find they forget what has been said to them when they have had sedation.

A report of the procedure will be sent to your GP.

Please contact your GP to discuss your test results as these are not disclosed to Endoscopy.

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Going home

After the sedation, it is essential that someone takes you home and that there is a responsible adult to stay with you for 24 hours.

For this period of time, you should not:

- Drive a car, motorbike or ride a bicycle
- Drink alcohol
- Operate machinery or do anything requiring skill or judgement
- Make important decisions or sign any documents

You will be given a discharge advice leaflet before you leave the department.

Contact information

Medication Advice Line (answerphone)

If you have any questions relating to your medication, please ring the number below for the hospital you will be attending and leave a message. A member of staff will return your call, normally within 24 hours, week days only.

Cheltenham General Hospital

Tel: 0300 422 3370

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

Gloucestershire Royal Hospital

Tel: 0300 422 8232

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

Saturday to Sunday, 9:00am to 12:00 midday

Further information

For more information about having an oesophageal stent, please visit the following websites:

Macmillan Cancer Support

Provides booklets and information about all aspects of cancer and its treatments:

Website: www.macmillan.org.uk

Tel: 0808 808 00 00

Patient Information

Oesophageal Patients Association

For advice and support, delivered by patients, for patients and carers visit:

Website: www.opa.org.uk

Tel: 0121 704 9860

Cancer Research UK

Provides facts about cancer, including treatment options:

Website: www.cancerresearchuk.org

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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/>