

Oesophageal Stent

An information guide



The Information Standard



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Oesophageal Stent

What is an oesophageal stent?

An oesophageal stent is a flexible tube knitted from a special type of metallic thread, either nickel or titanium alloy. After manufacture, it is bound to a long thin plastic rod, which allows the doctor to place the stent in your gullet (oesophagus) using an endoscope.

You will be given sedation and a pain killing injection if required for this procedure. When the stent is in place, it gently expands to hold open any narrowing, allowing you to swallow more easily.

Is there an alternative to this procedure?

There is one alternative to this procedure called argon plasma coagulation, which you can discuss with your doctor.

Why do you need a stent?

You may have difficulty in swallowing, due to narrowing or blockage in your gullet.

To ease this problem, your doctor has recommended a stent to be placed across the narrowed part of your gullet to keep it open. This is so that food and drink can pass easily into the stomach.

Complications

The main complication of this procedure is that the stent can make a hole in the wall of your gullet. This happens in approximately 1 in 50 of procedures and may mean having another operation to repair the hole.

Other complications of this procedure are bleeding and fluids going into your air passage, but these are rare.

What should I expect after the stent is placed?

Your stent is placed in position during an endoscopy procedure. Sometimes, it is necessary to gently stretch your gullet before the stent can be fitted. However, you will be given some sedation and a pain killer if this is necessary, which may make you sleepy during the procedure.

X-rays are usually taken to check the position of the stent and to ensure that it is expanding. You may experience slight chest pains, discomfort or heartburn as the stent gradually expands over 24 - 48 hours. Please tell the nurse if you have any problems, especially if you have chest pain, breathlessness or fever.

The following day you may have a sore throat. This may be due to the endoscope tube having been placed in your throat or to the stent rod itself. However, this should improve quickly without the need for medication.

You should not be able to feel the stent in place once it has fully expanded. Occasionally if it is placed too high you may be aware of it. Some generalised discomfort may be experienced for a few days.

You may be given some special medication or painkillers to take home with you.

When can I start eating and drinking?

You are advised to have fluids only for 24 hours after your stent has been placed. Small frequent drinks are best. It takes a couple of days for your stent to fully expand and settle into the gullet.

The ward staff will follow a nursing core care plan outlining the gradual reintroduction of food. When fluids are managed comfortably you can start eating pureed meals.

When these are managed comfortably you can try soft, moist meals – avoiding bread and toast, hard boiled egg, fish with bones, stringy and pithy fruit, hard raw vegetables and chips, which may block the stent. It is important to sit upright, chew all food well, avoid rushing and sip plenty of fluids – especially after eating, to wash food debris away.

You will be referred to the dietitian before you go home who will provide a diet sheet - Dietary Advice Following Insertion of an Oesophageal Stent.

This outlines the best foods to choose and those that are best avoided. It also covers some important 'do's' and 'don'ts' to keep the stent functioning well and information on what to do if you have a small appetite or have lost weight.

In time, you should be able to eat and drink relatively normally, as long as you chew your food well. However, for some people eating and drinking may still be a problem.

Under certain circumstances you will be required to follow a different schedule. The doctor or nursing staff will advise you if this is the case.

How to look after your stent

Problems can occur, especially in the early days, these include:

- Blockage of the stent by a build up of food
- Discomfort at meal times
- Heartburn
- Regurgitation of food, acid and bile.

Your consultant, specialist nurse or GP may give you medication to help with some of these symptoms.

Choose your foods carefully and follow the tips outlined in the diet sheet provided by the dietitian.

Medication

If you take blood thinning tablets (Anticoagulants e.g. Aspirin or Warfarin) please consult your consultant or the doctor who deals with your anticoagulant medication.

Please make sure that the doctor requesting the procedure and the one performing the procedure are both made aware that you have been on anticoagulants and what measures have been taken.

If you are a diabetic on medication or insulin, please contact your diabetic nurse for specific instructions.

If you take iron or codeine tablets, you should stop taking them one week before the test.

If you take Clopidogrel, please consult your consultant or contact the Endoscopy Unit for specific instructions.

If you have a latex allergy then please contact the Booking & Scheduling Team, as your admission date/time might be affected.

You must keep taking any essential prescribed tablets.

Contacts

Oesophageal Patients Association

16 Whitefields Crescent, Solihull, West Midlands, B91 3NU

Tel: 0121 704 9860 Website: www.opa.org.uk

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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Date of publication: August 2005
Date of review: September 2019
Date of next review: September 2021
Ref: 0156-PI(SU)

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