

# Oesophageal Dilatation

An information guide



# Oesophageal Dilatation

## What is oesophageal dilatation?

The oesophagus (gullet) is a muscular tube which pushes the food from the mouth into the stomach. If the gullet becomes narrow, swallowing can become difficult. To correct this narrowing, the gullet needs to be stretched. The procedure to do this is called oesophageal dilatation.

## Who needs oesophageal dilatation?

Before stretching your gullet, other tests such as gastroscopy (camera test) or a barium swallow (x-ray of the gullet) have shown that your gullet has narrowed. Usually, this is the result of severe reflux from the stomach into the gullet which causes acid and burning. However, in some cases, it can be due to a growth, or the result of previous surgery in the gullet. Your doctor should have discussed with you the most likely cause of the narrowing. Stretching of your gullet has been proposed as the best treatment option to open up the narrowing.

## Are there any alternatives?

There are no alternatives to this procedure.

## Who will be doing the procedure and where?

The procedure will be carried out by a gastroenterologist, a doctor with specialist experience in this area. The procedure is usually done in the Endoscopy unit, like other camera tests. If, however the narrowing is tight, the procedure can be done in a special screening room within the X-ray department, to accurately locate the narrowed area, before stretching it.

## **Preparation**

To allow for a clear view of your stomach, it must be completely empty. It is important that you do not eat or drink for 6 hours before the test. Please continue to take as normal any essential drugs such as steroids or heart tablets on the day of your procedure. **If you are a diabetic or take anticoagulants (Warfarin) you must let your consultant know five to seven days in advance.**

On arrival at the Endoscopy unit, the nurse will explain the procedure and take the relevant details. Please inform the nurse if you have any allergies or have had any bad reactions to previous tests. You will be asked to remove all jewellery. A doctor will explain the test to you and a consent form must be signed.

## **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.**

## **Sedation and Procedure**

In the examination room you will be made comfortable on a patient trolley, resting on your left side. A nurse will be with you throughout.

Your throat will be sprayed with local anaesthetic to prevent gagging. The sedative drug(s) will be given through a needle (usually in the back of your hand). This is not a general anaesthetic. You will be given oxygen through your nose throughout the procedure and a small probe will be applied to your finger to monitor your pulse rate.

To keep your mouth open, a plastic mouthpiece will be placed gently between your teeth and gums. The doctor will pass the endoscope through this mouthpiece into your gullet. A fine balloon dilatation wire will be passed via the gastroscope down the gullet and through the blockage. Then the balloon will be inflated to appropriate level as per doctors instructions.

You will then be taken into a recovery area where your pulse and blood pressure will be monitored for anything up to 2 - 4 hours (depending on your length of recovery from the sedation). This is to make sure that there are no problems.

Most patients will be able to return home the same day.

## **Will it hurt?**

It may hurt a little as the gullet opens up, but in the majority of cases the discomfort resolves within 24-48 hours. Any pain you may experience should be reported promptly and will be controlled with oral painkillers.

## **How soon can I eat and drink?**

Most patients will be able to drink cool fluids after 2 hours and progress to a liquid/semi-solid diet 6 hours after the procedure.

After 24 hours if you have managed a semi-solid diet and fluids you can have hot drinks. More solid food should be chewed properly before swallowing and big chunks of meat and other solid food should be avoided until swallowing is fully restored. Most patients are back on a fairly normal diet within a week.

You may be given some strong antacid medication to prevent recurrence of the narrowing. Once home, if you become unable to swallow, then this is a sign that the gullet may have closed again.

You should contact your GP immediately to arrange for your return to hospital to have your gullet stretched again.

## **What are the risks?**

There are a few risks to oesophageal dilatation and complications are rare. The treated area almost always bleeds a little. However, if the bleeding becomes excessive, then you may require additional treatment and a transfusion.

It is also possible that your oesophageal (gullet) wall may tear during the procedure, in which case you might need surgery. This is a serious condition requiring an emergency operation to repair the tear. This occurs in 1 in 100.

You should report immediately any severe or prolonged pain in your chest and any breathlessness following the procedure, as these can be signs of a tear. Despite these complications, the risks are small. The procedure is generally safe and it will almost certainly result in a greater improvement in your ability to eat.

## **What are the benefits?**

Once you have had the procedure you will find it much easier to eat. The feeling of food getting stuck should no longer be there.

**For further information contact:**

The endoscopy unit where you procedure was carried out.

Fairfield General Hospital - 0161 778 2578

North Manchester General Hospital - 0161 720 2835

The Royal Oldham Hospital - 0161 627 8513

Rochdale Infirmary - 01706 517550



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