

Gastrosocopy and insertion of an Oesophageal Stent

Endoscopy Department



Care Colleagues
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Introduction

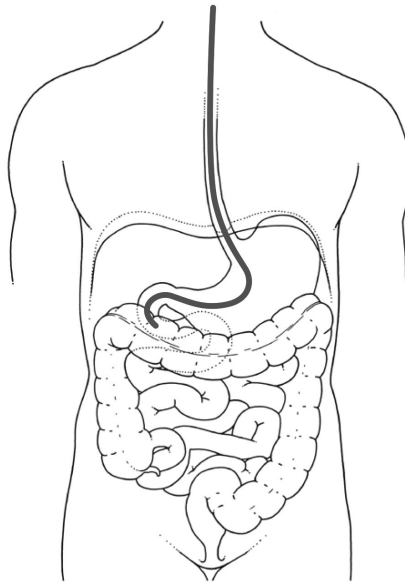
Your doctor has advised that you should have a Gastroscopy and insertion of an oesophageal stent.

This procedure will be undertaken Walsall Manor Hospital

This leaflet provides information if you are having a stent placed in your oesophagus (gullet / food pipe). The leaflet explains what a Stent is, how it is placed, how to prepare for the procedure, what to expect on the day and what happens immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please telephone us on one of the telephone numbers found at the end of this leaflet.

What is a Gastroscopy?

A Gastroscopy allows the doctor or nurse to look into your gullet (Oesophagus), stomach and the first part of the small bowel (Duodenum).



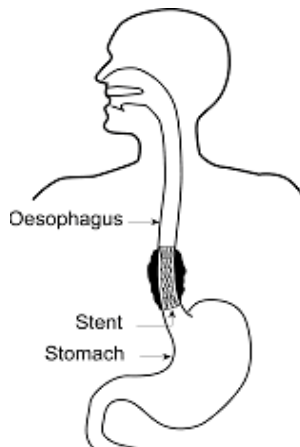
The gastroscope is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.

What is an Oesophageal Stent?

A stent is a short, flexible tube that is placed in the narrowing of your gullet.

What is the benefit of having an Oesophageal Stent?

An oesophageal stent is placed to widen the narrowing in your gullet. It will aim to prevent further difficulties with swallowing in the future.



Consent

You will be asked to sign a consent form to give permission to have the procedure done, once your doctor has explained the benefits, risks and any alternatives. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form, which will advise of the benefits, risks. You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory, any tissue samples removed at the time of gastroscopy.

If you do not have any questions, it is important that you sign the consent form at home at least one day before the procedure; otherwise this will be done prior to the procedure after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

What are the risks of having a Stent inserted?

As with any procedure, there are potential complications or side effects

These may be:

- Perforation (tear) in the gullet - Although very rare, this would be a major, life-threatening complication
- Bleeding - from the gullet or stomach
- Drug reaction - to the throat spray or sedation
- Missed lesions - Although this procedure is being undertaken to provide endoscopic treatment for your underlying condition, it is also the best test to detect any other abnormalities. However, no test is perfect and there is a small risk that we may miss other lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Preparation for the Gastroscopy and insertion of Oesophageal Stent

Your stomach must be empty during the procedure. Please do not have anything to eat for 6 hours before your appointment. This is to prevent you from choking or vomiting on any fluid or food particles during the procedure when the Stent is placed.

You can drink water until 2 hours before your appointment.

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the Gastroscopy and insertion of oesophageal stent and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have.

You will also have the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

Please bear in mind that there may be a slight delay before you are taken through for your procedure, however a relative or friend is more than welcome to wait with you.

If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a Diabetic, please telephone 01922 656217 and speak to a Nurse, as we may need to alter your medication.

You can take all other medications as normal.

How long will the procedure take?

The procedure itself will normally take approximately 30 minutes. However, you should expect to be in the Endoscopy Department for 2-3 hours, depending on whether you have sedation or not.

In the examination room

Before the Gastroscopy and insertion of oesophageal stent is done you will be asked to remove your glasses, (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing for example, coats and jumpers will need to be taken off. The Gastroscopy and insertion of stent is usually performed with local anaesthetic spray to your throat and a sedative injection.

Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb. Having the spray makes it more comfortable when the gastroscope is passed down through your throat.

Sedation

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the procedure being done.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery,

sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

Sometimes sedation may not be advisable because of other health problems.

The Procedure

A nurse will stay with you throughout the procedure. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the gastroscopist (a flexible tube with a camera to look into the gullet and stomach).

The nurse will hold the mouthguard in place. You will be given some oxygen to breathe through, via a small plastic tube in your nostrils. Throughout the procedure a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will then gently insert the gastroscopist further into your gullet, until it gets to the correct position where the Stent is to be placed. The gastroscopist is then removed.

During the Gastroscopy, the nurse will use a sucker (similar to one a dentist would use) to remove any saliva collecting in your mouth. Once the narrowed area has been identified, using specialised equipment the gullet will be gently stretched. X-rays may be used during the procedure.

As soon as the Gastroscopist is removed the mouth guard is taken out of your mouth and the test is over.

After the Procedure:

Will I be able to drink?

Your throat may be numb for about a couple of hours due to the anaesthetic spray. The doctors and nurses will let you know when it is safe to drink.

Will I experience any pain?

You may experience discomfort, during and/or after the procedure, in your gullet where the stent is placed. It is advisable to make sure you have soluble painkillers at home to ease this (providing you do not have any allergies to these).

What sort of food will I be able to eat?

You should only drink fluids for the first 24 to 48 hours. You may then slowly start eating soft or liquidised food. Soft food passes through the stent easily and will reduce the risk of the stent blocking. A nurse will come and talk to you and advise you what to eat and drink. If the nurse feels you have any specific needs, you may be referred to a Dietician.

What if the Stent blocks?

To help keep the tube clean and free from blockage, we advise you to have regular sips of fluid between mouthfuls. This helps any food particles to clear. If you feel the stent is blocked, try to remain calm. A few sips of a fizzy drink may ease the blockage. For further advice, please see the contact numbers at the end of the leaflet.

Is the Stent permanent?

It is the intention that the stent remains in a permanent position. It may become dislodged. If this happens, you may experience further difficulty in swallowing. Please try not to worry or panic. It is important to let us know if you do experience difficulty in swallowing. Please contact your doctor or specialist nurse if this occurs. A further stent may be required.

What should I do if my stent becomes blocked or dislodged out of hours?

If you are unable to contact your doctor or nurse for advice, then you should attend your nearest Emergency Department if you are concerned.

What are the risks of having a Stent inserted?

As with any procedure, there are potential complications or side effects

These may be:

- Perforation (tear) in the gullet - Although very rare, this would be a major, life-threatening complication
- Bleeding - from the gullet or stomach
- Drug reaction - to the throat spray or sedation

- Missed lesions - Although this procedure is being undertaken to provide endoscopic treatment for your underlying condition, it is also the best test to detect any other abnormalities. However, no test is perfect and there is a small risk that we may miss other lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Are there any alternatives to having a Stent and what if I decided to have no treatment?

The alternatives to having a stent may include having your gullet stretched or a feeding tube inserted. If you choose not to have a Stent inserted, you may continue to experience difficulty in swallowing in the future.

Shared decision making

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the end of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

Walsall Healthcare NHS Trust is a regional centre for Endoscopy training. You may be asked prior to your procedure if you would consent to be examined by a trainee endoscopist.

All trainees are under the direct supervision of an expert trainer until they are fully competent, the trainer is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information, please contact us on these numbers:

Endoscopy Booking Office:

01922 656217

Monday to Friday 08:30 to 16:30

Where can I get more information?

Macmillan Cancer Support

Cancer information and support.

Tel: 0808 808 0000

macmillan.org.ok

Tel: 0808 808 0000

macmillan.org.uk

Guts UK - The Charity for the Digestive System

3 St Andrews Place

Regents Park

London, NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.