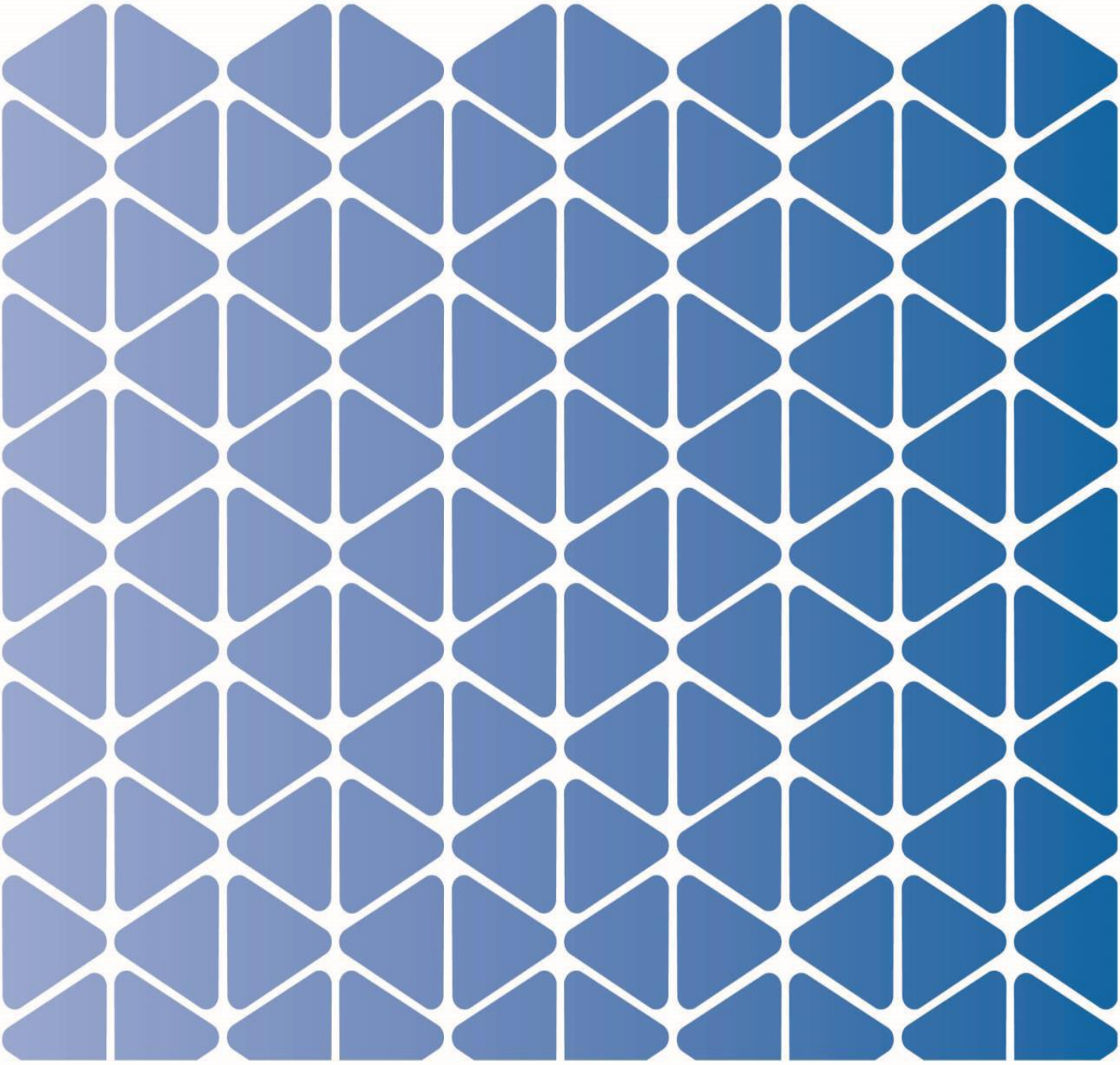
PATIENT INFORMATION

Worcestershire Acute Hospitals NHS Trust

OESOPHAGEAL STENT INSERTION

(INFORMATION FOR PATIENTS UNDERGOING OESOPHAGEAL STENT INSERTION)



This leaflet tells you about the procedure known as an oesophageal stent insertion. It explains what is involved and the possible risks. It is not meant to replace informed discussion between you and your doctor and you should have a sufficient explanation before you sign the consent form.

Radiologists are doctors specially trained to interpret the images and carry out more complex procedures. They are supported by radiographers who are highly trained to carry out x-rays and other imaging procedures.

What is oesophageal stent insertion?
The oesophagus, or gullet, is a hollow, muscular tube which takes food from the mouth down to the stomach. If it becomes blocked or severely narrowed swallowing may become difficult. One way of overcoming this problem is by inserting a metal, mesh tube called a stent down the oesophagus and across the blockage or narrowing. Food can then pass down the gullet and through the stent, this should make swallowing easier. This procedure is called oesophageal stent insertion and is usually very helpful to people.

Why do I need an oesophageal stent insertion?
Other tests that you probably have had done, either an endoscopy (telescope test) or a barium swallow have shown that your oesophagus has become blocked or narrowed. Your doctor will have discussed with you the likeliest cause of the blockage or narrowing and the possible treatments. It is likely that an operation has been ruled out and that a stent insertion is considered the best treatment option for you.

Who has made the decision?
The doctors in charge of your case and the radiologist doing the oesophageal stent insertion will have discussed the situation and feel that this is the best treatment. However, you will also have the opportunity for your opinion to be taken into account and if after discussion with your doctors you do not want the procedure carried out you can decide against it.

Who will be doing the oesophageal stent insertion?
A specially trained doctor called a radiologist will undertake the procedure. Radiologists have special expertise in using x-ray equipment and also in interpreting the images produced. They need to look at these images while carrying out the procedure to make sure that the stent is positioned correctly.

Where will the procedure take place?
In the x-ray department.

Can I bring a relative/friend?
Yes, but for reasons of safety they will not be able to accompany you into the x-ray room.

How do I prepare for oesophageal stent insertion?
You need to be an inpatient in the hospital. You will be asked not to eat for four hours beforehand, though you will be allowed to drink some water. You need to have a needle

(venflon) put into a vein in your arm, in case the radiologist needs to give you any medicines during the procedure. Once in place this needle does not cause any pain. You will be asked to put on a hospital gown. If you have any allergies you must let your doctor know.

What actually happens during an oesophageal stent insertion?
A porter accompanied by a nurse from the ward will transfer you to the X-Ray department on your bed. You will lie on the x-ray table, generally on your back. You may have a monitoring device attached to your finger and you may receive oxygen through small tubes in your nose.

The radiologist will spray the back of your throat with local anaesthetic to make the procedure more manageable for you. To start with a fine tube is passed through your mouth, down the gullet. A flexible guide wire is passed through the tube and through the blockage or narrowing, and then the fine tube is then withdrawn. The stent is then passed over the guide wire and into the correct position across the blockage or narrowing.

Will it hurt?
Unfortunately, it may be a little uncomfortable for a very short period of time. Some discomfort may be felt in your throat, but this should not be too sore.

There will be a radiographer standing next to you and looking after you. If the procedure does become painful for you, they will be able to arrange for you to have painkillers through the needle in your arm. Generally, actually placing the stent in the oesophagus does not take very long.

How long will it take?
Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. It will probably be over in 20 minutes. As a guide, expect to be in the x-ray department for about 45minutes altogether.

What happens afterwards?
You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

How soon can I eat and drink, and what happens next?
Most patients will be able to start on cool fluids after 2 hours. It is then necessary to have a fairly soft diet for a few days, until starting on soft solids. You will be given advice on the ward. More solid food must be chewed properly before swallowing. Depending on how well the stent has overcome the blockage, you may be back on a fairly normal diet within a week or so.

Are there any risks or complications?
Oesophageal stent insertion is a very safe procedure, but there are some risks and complications that can arise, as with any medical treatment. It is possible that some bleeding may occur during the procedure, but this generally stops without the need for any action.

It is not unusual to feel mild-to-moderate chest pain while the stent 'beds in', but this normally settles in a day or two. Some patients get heartburn afterwards, and need to take medicine for this. This will be prescribed for you.

Very rarely the stent may slip out of position and it may be necessary to repeat the procedure. Extremely rarely, putting the stent in may cause a tear in the oesophagus. This is a serious condition, and may need an operation or insertion of another stent.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

Finally...
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Other sources of information

Websites
For general information about radiology departments, visit The Royal College of Radiologists' website: https://www.rcr.ac.uk/

Contact details
If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra X-Ray Department 01527 512766 / 512065
- Worcester Royal Hospital X-Ray Department 01905 760614
- Kidderminster Treatment Centre 01562 513088

Other information
The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
  Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www..nhs.uk
  On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.