Who to Contact and When

If within the first couple of days after stent placement, you develop any of the following symptoms:

- Uncontrolled chest pain
- Breathlessness
- High Temperature (fever) or rigors (shakes)
- Abdominal pain/severe tenderness
- Worsened swallowing problem

Please contact the endoscopy department on 01823 342446 between 8.30am and 6.00pm, Monday - Friday, or Mendip (gastroenterology) ward on 01823 342008 outside these hours.

If you have any questions ‘later on’ (ie after the initial stent placement), you can contact during normal working hours 9am-5pm

- Upper GI Nurse Specialists – 01823 344666
- Department of Nutrition and Dietetics – 01823 342390
- Your hospital consultant – as listed on the discharge letter
- Your own GP

Out of hours and during weekends/Bank Holidays

- Out of hours GP service

Oesophageal (or Duodenal/Pyloric) stent insertion

Endoscopy Unit
Information for patients undergoing

Oesophageal (or Duodenal/Pyloric) stent insertion

This leaflet tells you about the procedure known as an oesophageal stent insertion (the same information applies to duodenal stent placement – below will be an additional paragraph). It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

The Oesophagus

The Oesophagus, or gullet, is a hollow, muscular tube which takes food from the mouth down to the stomach. If it becomes blocked, then 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. Food can then pass down the gullet through this stent, and this should make swallowing easier. This procedure is called oesophageal stent insertion, and is usually very helpful to people. Below is a picture to illustrate this.

Looking After Your Stent

The following guidance may help to keep your stent working well:

- Try to relax, take your time and eat slowly
- Sit upright when eating and for at least ½ hour afterwards
- Cut food into small pieces and always chew your food well (if you wear dentures – make sure they fit well).
- It is important that you do not swallow any hard lumps of food that may block the stent. Do not be afraid to spit out lumps that cannot be chewed.
- Have plenty of sauces, gravy, custard or cream with your meals. It will moisten your food and make them easier to swallow.
- Have a drink during and after your meal to help keep your stent clear and prevent blockages (fizzy drinks can be taken, but can sometimes cause symptoms of acid reflux)
- If your appetite is poor, try to have small frequent meals, snacks and nourishing drinks throughout the day. The dietician can offer further information and advice about this.
- If the stent becomes blocked:
  - Try not to panic
  - Stop eating
  - Take small sips of fluid
  - Consider a fizzy drink (e.g. Coke)
  - Stand up and walk around

Most patients should be on ‘anti-acid medicine’ (eg. Omeprazole or Lansoprazole; ‘proton pump inhibitor’, PPI) which is given to decrease the amount of acid your stomach makes. It may help reduces the risk of bleeding.

If the blockage does not clear, or you continue to experience difficulties swallowing for more than a few hours, contact your GP or nurse specialist.
Foods that may cause problems:

Once you have a stent placed you should be able to eat a greater variety of foods. You will still need to be careful when eating certain foods which may be difficult to swallow and more likely to block the stent (although individual tolerance can vary). Some patients have on-going swallowing difficulties, however to a significantly lesser degree than before the stent placement.

To help reduce the risk of your stent blocking, the following foods are best avoided:

- Fresh, doughy, crusty bread and toast
- Hard boiled eggs & fried egg whites
- Chunks or cubes of cheese
- Tough, gristly, fibrous meat
- Fish with bones
- Stringy, pithy fruit (orange, grapefruit, pineapple)
- Stringy vegetables (green beans, celery), salad items and raw vegetables
- Hard foods such as chips

Because each person is different, there may be other foods you have difficulty with. If this is the case, try to find suitable alternative foods where possible.

Further Dietary Help and Advice:

While you are in hospital, staff on the ward, your consultant or nurse specialist tend to refer you to the dietician. Please note that if the referral is received just before your discharge home or at short notice, the dietician may be unable to see you as an in-patient, but can arrange to see you as an outpatient at Musgrove Park Hospital. Alternatively, once home, your GP may be able to refer you to the community-based dietician who visits your local surgery.

The Duodenum

The Duodenum is a hollow, muscular tube that represents the beginning of the small bowel, after the stomach. If the duodenum becomes blocked, or the outlet gatekeeper of the stomach (pylorus), patients tend to have delayed vomiting and they cannot eat. One way of overcoming this problem is by inserting a metal mesh tube called a stent, via an endoscope (camera test) and across the blockage. Food can then pass down the stomach/duodenum through this stent, and this should make eating feasible again. This procedure is called duodenal stent insertion, and is usually very helpful to people. Below is a picture to illustrate this.
How do I prepare for oesophageal or duodenal stent insertion?

You will need to be admitted to a ward. Most patients are required to stay in hospital overnight following the procedure. (Patients requiring duodenal stent insertion are often admitted one to two days before, to ‘clear the stomach’ as much as possible.) Before the stent insertion you will be asked not to eat for at least four hours beforehand (in some cases longer; this applies particularly for duodenal stent insertion), though you may be allowed to drink some water. You will be asked to put on a hospital gown. If you have any allergies, you must let your doctor know; also if you take a ‘blood-thinning drug’ like Warfarin, Clopidogrel or Dabigatran (aspirin is ok) it is important to let a doctor or nurse know well in advance, ideally more than one week before.

What happens during an oesophageal stent insertion?

From the investigations performed such as the barium swallow test or endoscopy test the doctor will know the length and position of the stricture and degree of narrowing. The procedure to place the stent will be carried out in the x-ray department by one of the consultant radiology doctors (an x-ray doctor) or a consultant gastroenterologist (a medical doctor). Before the doctor starts the procedure you may be given some local anaesthetic spray to the back of the throat and often also sedation which is not an anaesthetic but will make you feel sleepy and comfortable. A painkilling injection is usually given at the same time. You will be monitored by a nurse throughout the procedure. The doctor will pass a fine wire and catheter (plastic tube) down your throat and across the narrowed segment of the oesophagus. The stent is then placed across the narrowed area where it expands outwards and holds itself in position allowing you to swallow more easily. The procedure usually takes about 30 minutes. After the procedure you will be taken back to the ward, you will be very sleepy and the nurses will continue to monitor you. The back of your throat will feel numb for an hour or two until the anaesthetic wears off. There may be some pain and discomfort initially when the stent starts to open up, i.e. stretches the narrowing and painkillers can be given for this. A minority of patient requires on-going, regular painkillers for a couple of days.

Are there potential complications with stent insertion?

Not placing a stent in the first place is the only way avoiding complication, as with any other procedure. The risk from an alternative intervention like surgery tends to be significantly higher. The most serious complication is a large tear (‘perforation’) that occurs in less than 5% of cases which might be very serious in rare cases. The most common complications are stent slippage or blockage, either due to tumour in-growth or food (see below advice to reduce the chance of this happening). Stents that have moved can often be re-positioned by means of another endoscopy or, if need be, can be removed (via an attached string) if done early on. If the lower gullet is stented patients tend to have more reflux of stomach fluid back up – to reduce this, all patients will be advised to take, lifelong, anti-acid medication (e.g. PPI).

How soon can I eat and drink?

Most patients will be able to start drinking clear fluids within a few hours. The following day you may have a barium swallow examination to check that the stent has remained in a correct position. If you have been managing fluids and swallowing well, you will be able to start building up to a soft diet. A dietician will talk you through this. Try to have a wide range of soft, moist consistency foods to help maintain a balanced diet.

Soft foods include: porridge, wheat biscuits with lots of milk, soup, mashed fish in sauce, tender meat in gravy (e.g. shepherd’s pie), mashed potato, soft well-cooked vegetables (e.g. which can be mashed down with a fork), soft fruit (e.g. mashed banana, stewed apple), milk puddings, yoghurts, jelly, ice cream. If you are still experiencing difficulty with chewing or swallowing, it may be advisable to try liquidising your meals.