



Oesophageal Stenting

This information sheet explains about the procedure to insert an oesophageal stent. It describes what the procedure involves, the risks, and what to expect when you come to the Interventional Radiology department for treatment.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What is oesophageal stenting?

Oesophageal stenting is a procedure of inserting a meshed metallic tube or a plastic tube into your gullet, the tube that connects the back of your throat to your stomach, allowing food and drink to travel from your mouth to your stomach. Metal stents may have an external fabric layer covering them (covered stent) or they may not (bare stent).

Why do I need it?

Oesophageal stents are done for one of the following reasons:

- There is a stricture (an area of tightness) in your gullet that is stopping you from swallowing properly and cannot be treated any other way.
- There is a cancer in your gullet that is preventing you from swallowing food and/or drink.
- You have a perforation (a hole) in your gullet that needs to be covered by the stent while it heals.
- You have had an operation that required a join be done between your gullet and the stomach or bowel which is leaking.

How do I prepare for an oesophageal stent?

Your case will usually have been discussed at a meeting encompassing the radiologist, surgeons, physicians, and nurse specialists.

You will have had a CT scan of your chest and abdomen or contrast swallow (an X-ray while drinking some dye) and often a camera test (endoscopy) to confirm the diagnosis and check that the stent is a suitable treatment for you.

There may be blood tests required beforehand to check that your blood is clotting normally. You may also be asked not to eat for up to 6 hours before the procedure, you may still be able to drink clear fluids. Make sure to fully understand any specific instructions you are given for your procedure. If you are diabetic, your medication will be adjusted accordingly, and we may need to withhold any blood thinning medication you may be on.

The interventional radiologist will discuss the procedure with you and obtain your consent. If you are unclear about any aspects of the procedure, you will be given the opportunity to ask questions and have things re-explained to you. Please ensure you understand the procedure. You can decide not to proceed at any point.

How is an oesophageal stent performed?

You may need to have a tube placed through the nose into your stomach (a nasogastric tube) the day before to ensure the stomach is empty which makes the procedure easier to perform.

The radiologists will have measured the length and site of the stricture/tumour/perforation on your previous imaging.

The procedure will be done in a special operating theatre with X-rays called the interventional radiology suite, which is in the radiology department.



It is usually performed under sedation together with a local anaesthetic spray to the back of the throat. You will be lying on your side.

A wire and thin tube will be manoeuvred through the stricture under x ray guidance, some dye injected and an X-ray taken to check that the guidewire is in a good position.

It may be necessary to stretch the tight area slightly with a special balloon (balloon dilation).

Following that, an appropriately sized stent is selected, advanced across the stricture / tumour / perforation and then expanded (deployed) so that it sits in the correct position, covering the problem area.

After that another X-ray is done to make sure that the stent is in the correct position and to make sure dye flows easily across the stent.

Who performs the procedure and where?

The procedure will be done in a special operating theatre with X-rays called the interventional radiology suite, which is in the radiology department. It will be performed by the interventional radiologist, a doctor who is a specialist in image guided surgery. A team will be present encompassing radiographers and nurses.

What are the potential risks/complications of oesophageal stenting?

This is usually a safe procedure. During the procedure there is a risk of liquid entering the windpipe and causing pneumonia in the lung. Afterwards, there can be some pain as the stent expands and some minor bleeding due to irritation caused by the procedure. Depending on the area needing treatment, an oesophageal stent can cause acid reflux symptoms (heartburn). Rare but more serious complications include damage or tearing to the oesophagus and the stent moving. If the stent is high, sometimes it can be felt in the throat. Over time, the stent can become blocked once more due to tumour growth if this was the underlying problem or by food. This may need another procedure to replace or clear the stent.

What happens afterwards?

Most patients get a rapid improvement in their difficulty of swallowing. You will have your vital signs (blood pressure, heart rate etc) monitored after the procedure.

You will usually need a chest X-ray 24 hours after insertion to make sure your stent has expanded in full. You can start liquids 6 hours after the procedure and will need to stay on a liquid diet for the first day post procedure, then gradually build up your diet from there.

You will need to chew your food well and may need to start an antacid if you develop reflux.

Your admitting doctor (who may be a surgeon, oncologist, or gastroenterologist) will decide when you are able to go home and will make follow up arrangements for you.

Notes