Oesophageal and gastric stents
Patient Information leaflet

Why have you been given this leaflet?
This leaflet has been written to help you understand why it has been recommended that you have a stent. This leaflet explains how the stent is inserted and how it works. The risks and benefits of the procedure are discussed. The doctor doing the procedure will discuss these in detail with you before they carry out the procedure.

What is a stent?
As shown in the diagram below, a stent is a small tube inserted into either the gullet or stomach at the site of a blockage or narrowing caused by a tumour (cancer)

Once inserted the stent is normally permanent. It will help you to eat and drink more normally. Unfortunately, it cannot completely restore normal swallowing and you will always need to eat a soft diet, avoiding foods that can block the stent.

What is involved?
The stent is put in at our endoscopy unit and is similar to having a gastroscopy (examination of the upper digestive system). An endoscope is passed through the mouth into the oesophagus (gullet) and then into the stomach, depending on the site of the narrowing. A closed stent is then inserted through the endoscope. We use an x-ray monitor to help get the stent in exactly the correct position. Once in place it is released from the endoscope and will begin to
gently expand against the wall of the gullet or stomach at the site of the narrowing, so opening it up.

The procedure may involve an overnight stay in hospital as there can be chest or back pain as the stent opens, but this usually settles after a day or two. Painkilling medicines can be given.

It is important that you let your nurse or doctor know if you are uncomfortable so that you can be given painkillers.

**Does the stent stop the tumour from growing?**
No. The stent prevents the tumour from blocking the digestive system so helps you to eat and drink more normally. It doesn’t prevent the tumour from growing.

**What are the risks involved?**
Stent insertion is generally safe, but as with most medical treatment, there are some risks. These include:

**For oesophageal stents**
Some people get heartburn afterwards. This can be controlled with medicine if necessary.

Occasionally a stent may slip out of position and the procedure will need repeating.

Serious complications due to a stent insertion are rare. Serious (life threatening) bleeding is reported to occur in four out of every 100 patients who have the procedure, whilst a tear in the oesophagus (perforation) occurs in between one to two out of every 100 patients who have the procedure. Both of these may require emergency treatment.

Occasionally, it may not be possible to place a stent despite the doctor’s best efforts. If this is the case the doctor will discuss other treatments with you afterwards

**For stomach (gastric) stents**
No specific information is available regarding the risks of inserting gastric stents, though it is thought to be similar to that for oesophageal stents.
Life threatening bleeding is reported to occur in four out of every 100 patients, whilst a tear in the stomach lining (perforation) occurs in one to two out of every 100 patients. Both of these may require emergency treatment.

**Preparation for the procedure**
Arrangements will be made for you to have a blood sample taken. This needs to be within two to three days before the procedure or if needed will be taken on the day of the test in the endoscopy unit.

Please don’t have anything to eat or drink for at least six hours before the procedure as your stomach needs to be empty. If there are problems with your stomach emptying, this period may need to be longer but you will be told if this is necessary.

You can take any normal medication swallowed with a small amount of water before the stent insertion. If you are diabetic or take warfarin, specific instructions regarding taking your medication will be given. If you are unsure what to do, please ask.

The procedure takes place at the endoscopy unit. On arrival an endoscopy nurse will meet you and carry out a health-check to make sure it is still safe to carry out the stent insertion on that day.

The doctor will discuss with you before carrying out the procedure its intended benefits, risks of serious complications and any alternative treatment with you. This is an opportunity to ask anything you remain unsure of after reading this leaflet and discussing it with the endoscopy and/or specialist nurse. If you agree to have the stent insertion, the doctor will ask you to sign a consent form before taking you into the room where the stent insertion is carried out.

**During the procedure**
The doctor or endoscopy nurse will put a flexible plastic tube (a ‘needle’) into one of your veins, usually in the back of your hand. This is to give you sedative and painkilling drugs just before the procedure. The sedative drug will make you feel sleepy and help you relax, however it is not a general anaesthetic, so you will still be awake during the procedure. The drugs can affect your memory, so often you may not be able to fully remember the procedure afterwards. The procedure will normally last between 30 minutes to one hour.
After the procedure
You will either be kept on the endoscopy unit for four hours afterwards or go to a ward to recover fully. This will allow time for the stent to expand.

Approximately four hours after the procedure you will be taken for an x-ray to check the position of the stent and to make sure there are no problems with it. If the stent position is correct you will be allowed to have sips of water. If you do not experience any difficulties in swallowing you will be allowed to drink fluids only for the following 24 hours. You can try eating very soft (pureed) foods diet the following day, and then onto a soft diet after that.

What kind of food can I eat?
It is advisable to begin by liquidising meals and progressing to soft, moist foods if you feel comfortable. There are some foods that may be difficult to swallow and you should avoid them as they can block your stent. You will be seen by a dietitian either before discharge or at home in the days following the procedure. They will give you more specific advice on diet. However, general advice is given below:

- Sit upright when you eat or drink
- Take small mouthfuls of food
- Eat slowly and chew your food well
- Use plenty of sauces, gravy and butter to moisten food
- If your appetite is poor, try to have small and frequent nourishing meals
- Try to have warm drinks whilst eating to prevent the tube from blocking
- Keep your teeth and dentures in good order so that chewing is effective
- Clean your stent after eating by drinking soda water or other fizzy drinks.

What to do if you think the stent may be blocked
There is a small risk that the stent can become blocked, either due to food or because the tumour has grown around the stent. If this happens you will experience increasing difficulty swallowing and food and liquid may be regurgitated (brought back) into your mouth.
You may experience pain on swallowing if you have an oesophageal stent, or pain and swelling of your tummy if you have a gastric stent. If you suspect your stent is blocked stop eating, drink a little water and walk around a bit. This may be enough to clear the blockage if it is due to food.

If symptoms persist contact either the endoscopy unit where the stent was inserted or speak to your nurse specialist at the hospital. If you experience problems outside the normal working day, please contact your GP who will arrange for you to be seen at the hospital. A further endoscopy may be needed to unblock the stent. Depending on how well you are, arrangements may be made to bring you into hospital before this is carried out.

Any further questions?
To speak to the endoscopy unit please call 0191 445 2586 and ask to speak to a nurse.

To speak to the upper gastrointestinal specialist nurse call 0191 445 6132 (direct line) or dial 0191 4820000 and ask switchboard to bleep 2395

The specialist nurse works 9am to 5pm, Monday to Friday.

If you need to see a doctor urgently, either contact your own GP or dial 999 for an ambulance


Data Protection
Any personal information is kept confidential. There may be occasions where your information needs to shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

Information Leaflet: NoIL329
Version: 1
Title: Oesophageal and gastric stents
First Published: December 2010
Review Date: December 2012
Author: David Clarkson UGI nurse practitioner

This leaflet can be made available in other languages and formats upon request