Radiology Department

Information for patients requiring
Colonic stenting

What is colonic stenting?
This is a procedure which is carried out in x-ray to open a narrowed area in the lower part of your bowel. The procedure involves taking x-rays to look at the inside of the bowel and placing a stent (metal tube) in the narrowing.

Why do I need a colonic stent?
The bowel is the passage that takes waste from the body. If it becomes narrow then there can be a problem passing motions. Your doctor has discovered that you have a narrowed area in your bowel. If you have this procedure performed then it can help open your bowels.

Where will the procedure take place?
The procedure will be performed in the x-ray department. It can also be performed in an operating theatre using a mobile x-ray machine.

Is there any preparation for the procedure?
You need to be an in-patient in the hospital. You will be asked not to eat or drink for four hours beforehand. You will be given an enema to empty the bowel and make the stenting procedure easier. A number of blood samples will be taken before the procedure. A small plastic needle will be inserted into a vein so that the nurse or radiologist can give you a sedative to relax you, if it is required and some painkillers if you need them during the procedure. You will be asked to take your clothes off and put on a hospital gown. If you have any allergies, you must let your doctor know.
Can I take my usual medication?
If you take Wafarin then this should be stopped for three days before the procedure. You will receive advice about when to stop your Wafarin from the hospital, do not stop your Wafarin without these instructions. All other medication can be taken as normal.

What does the examination involve?
You will be asked to lie on the x-ray table, on your left side. You will have 3 small sticky pads stuck to your chest to attach to a monitor so that the nurses can record your heart rate, your blood pressure will be recorded regularly and a probe will be attached to your finger to monitor your oxygen levels. You may receive oxygen during the procedure.

When you are comfortable on the x-ray table the nurse may give you a sedative through the needle in your arm. Depending where in your bowel the narrowing is either a tube with a camera in it or a fine hollow catheter is passed through your anus (back passage), and through the narrowing in your bowel. When the radiologist has managed to pass the narrowing another tube which contains the stent will be passed through your back passage and the stent put in place to open up the narrowing then the fine tube is withdrawn leaving the stent in place.

How long will the test take?
This will vary from patient to patient, but can last from 1 to 3 hours.

Will it hurt?
The procedure can be uncomfortable at times; any pain can be controlled with painkillers given through the needle in your arm.

What happens after the examination?
After the examination you will be escorted back to the ward by a qualified nurse, and will need to rest in bed for about three hours until the effects of any sedation you have received have worn off. The nursing staff will check your blood pressure and pulse regularly whilst you are on the ward. You will be seen by a member of medical staff before you are discharged home and may require another x-ray the following morning to check that the stent has opened fully. It is normal to be in hospital overnight after colonic stenting.
How soon can I eat and drink?
Most patients will be able to eat and drink immediately, however if you have had sedation then you
will have to wait about two to three hours before you can eat and drink. It is important that you
continue to drink plenty each day after the procedure to avoid becoming dehydrated, also to follow a
balanced diet to avoid becoming constipated.

Risks:-
Minor
There is a small risk that a little bleeding will occur during the procedure. This will normally stop
without the need for any action.

Major
Following stent placement there is a possibility that your bowel may be ruptured by the stent. The chance of this happening is 1 in 20. This is a very serious problem which may be fatal or require urgent surgery.

In 1 in 10 patients the stent may become blocked, this can usually be treated successfully with another stent.
In a further 1 in 10 patients the stents position may move so that it is no longer effective. Again this is usually treated successfully with another stenting procedure.
We are unable to successfully place a stent in about 1 in 5 patients and these patients usually require surgery.

Alternative Procedure
The alternative procedure is to have surgery; this is not possible for everyone. You will need to
discuss this with your surgeon.

Can I drive?
You will not be able to drive for twenty four hours if you have received sedation.

When do I get the results?
The radiologist will talk to you after the procedure. You will also receive information from the medical staff on the ward.
Contact numbers for advice.
If you have any special needs or need further advice please contact the radiology nursing staff on the telephone number below.

Radiology Nurses.
Diagnostic Imaging X-Ray Department
Tel. No. 0191 445 3260
(9.00 am –5.00pm Monday to Friday)

Reference

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.

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