

E05 Inserting an Oesophageal Stent (Endoscopy)

What is oesophageal cancer?

Oesophageal cancer is a malignant growth that starts in the wall of the oesophagus (gullet), which usually causes difficulty swallowing. About 7,500 people develop oesophageal cancer every year in the United Kingdom.

Oesophageal cancer tends to block the passage of food, causing difficulty in swallowing or the feeling of food sticking (dysphagia) (see figure 1). These symptoms can result in you not being able to eat or drink enough, leading to weight loss.

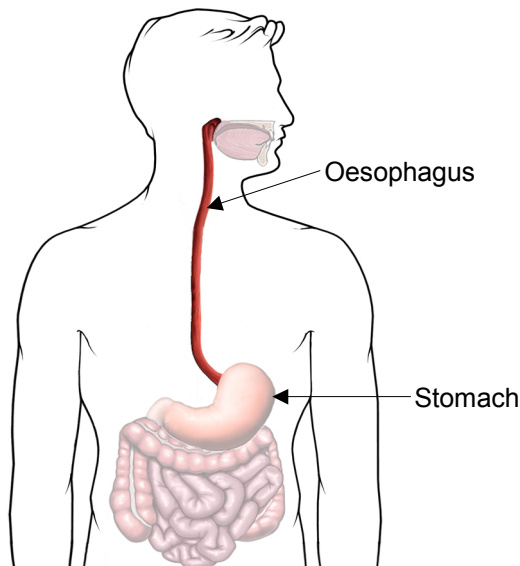


Figure 1

Oesophageal cancer can affect the upper, middle or lower oesophagus

Sometimes you may get some pain or discomfort behind your breastbone or in your back.

To improve your swallowing, your doctor has recommended placing a stent (metal mesh tube) inside your oesophagus where the cancer has made it narrower (see figure 2).

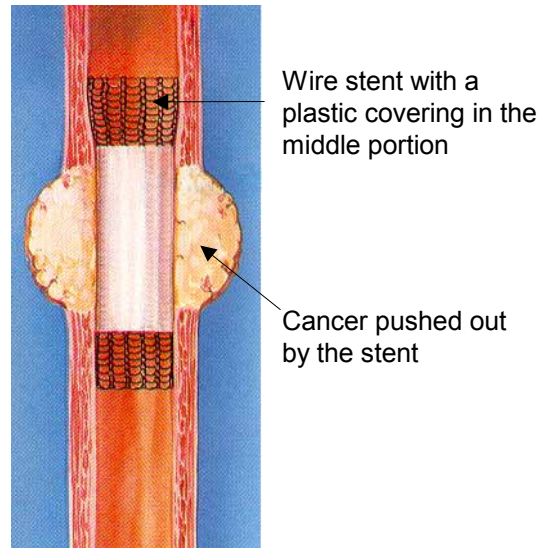


Figure 2

Hollow stent in position, holding the oesophagus open

However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your doctor or any member of the healthcare team.

How do I know that this is the best treatment for me?

You should have had some tests to find out if all the cancer is likely to be removed by an operation. Your doctor should have discussed the results of these tests with you.

Your doctor has recommended this procedure because an operation to remove the cancer is not possible or you may have decided against surgery. Placing a stent in your oesophagus should help you swallow more easily. Occasionally you may need a stent, even if you are having surgery later to remove the cancer.

Are there any alternatives to an oesophageal stent?

You can decide not to have the treatment but you will continue to have difficulty swallowing.

It is possible to stretch (dilate) the oesophagus where the cancer has caused it to narrow. This is a similar procedure to inserting a stent but only makes it easier for you to swallow for a short time.

Other options include laser treatment or techniques such as alcohol therapy and photodynamic therapy to shrink the cancer within the oesophagus. These options have similar benefits and risks to inserting a stent and are only available in a few specialist centres. A stent will usually allow you to swallow more easily for longer.

What does the procedure involve?

• Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your endoscopist and the healthcare team your name and the procedure you are having.

A member of the healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

You should not eat or drink anything for six hours before the procedure. This is to make sure that your oesophagus and stomach are empty so that the endoscopist (the person inserting the oesophageal stent) can have a clear view. It will also make the procedure more comfortable for you. However, if you have diabetes, you will need special advice depending on the treatment you receive for your diabetes. Let a member of the healthcare team know as soon as possible if you have diabetes.

• In the endoscopy room

If appropriate, the endoscopist may offer you a sedative or painkiller which they can give you through a small needle in your arm or the back of your hand.

Once you have removed any false teeth or plates, they will usually spray your throat with some local anaesthetic and ask you to swallow it. This can taste unpleasant.

The endoscopist will ask you to lie down on your left side in a comfortable position and will place a plastic mouthpiece in your mouth.

A member of the endoscopy team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, they will give it to you through a small tube placed in your nose.

• The procedure

Inserting an oesophageal stent usually takes less than half an hour. The procedure involves placing a flexible telescope (endoscope) into the back of your throat. The endoscopist may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus.

The endoscopist will place a guidewire (thin flexible wire) through the endoscope and through the narrowing. They will remove the endoscope while the guidewire is kept in place and will then place a stent, which has not yet been expanded, over the guidewire (see figure 3).

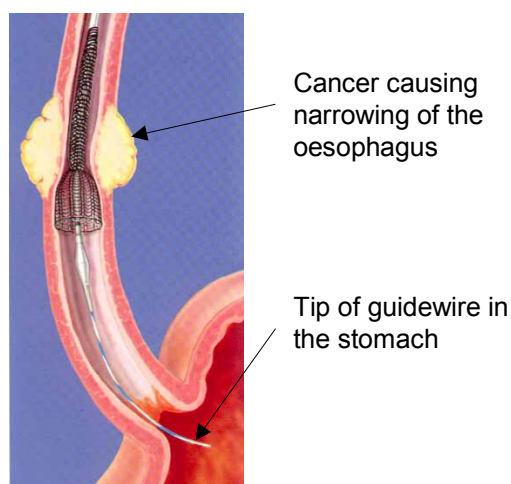


Figure 3

The lower end of the stent has been released and is expanding

A fully expanded stent is shown in figure 2

The endoscopist may need to dilate the narrowing so they can place the stent in the right position.

When the stent is in the right position the endoscopist will release it. The stent should then expand to hold the oesophagus open (see figure 2). The endoscopist will often use x-rays, taken during the procedure, to make sure the stent is in the right position.

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: 3 in 100). The possible complications of inserting an oesophageal stent are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- **Placing a stent in the wrong position or the stent moving** (risk: 1 in 50).
- **Allergic reaction** to the equipment, materials or drugs. The endoscopy team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any drugs or tests in the past.
- **Breathing difficulties or heart irregularities**, as a result of reacting to the sedation or inhaling secretions such as saliva. To help prevent this from happening, your oxygen levels will be monitored and a suction device will be used to clear any secretions.
- **Making a hole in the oesophagus or stomach** (risk: 1 in 50). If a hole is made, you will need further treatment. If you develop severe chest pain, let your doctor know straightaway.
- **Damage to teeth or bridgework**. The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.

- **Bleeding** when the stent is inserted, or later if the end of the stent rubs against your stomach wall (risk: 1 in 20). Let the endoscopist know if you are on warfarin, clopidogrel or other blood-thinning drugs.
- **Pain**, due to pressure from the stent (risk: 3 in 10). This usually eases off after a few days.
- **Blocking** of the stent. If food blocks the stent, this normally clears on its own. Having a fizzy drink sometimes helps to clear a blocked stent. However, an endoscopy is sometimes needed to clear it. Occasionally the cancer grows over the top of the stent, causing it to block (risk: 1 in 50). If this happens, you may need further treatment.
- **Acid reflux** (flow of acid from the stomach up into the oesophagus), if the lower end of the stent lies in the stomach. This may need treatment with medication.
- **Failed procedure**, where it is not possible to safely place the stent. If this happens, your doctor may recommend a procedure where a radiologist uses x-rays to help place the stent in the right position. You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

• In hospital

After the procedure you will be transferred to the recovery area and then to the ward. If you were given a sedative, you will normally recover in about an hour. However, this depends on how much sedation you were given. Once your doctors are satisfied that the procedure was a success, you will be given something to drink and then to eat.

Your doctor may want to perform a chest x-ray or keep you in for observation for a short time to check if a perforation (hole in the oesophagus or stomach) has happened. If a perforation has happened, you will need further treatment and your doctor will discuss this with you.

You should be able to go home the following day or occasionally the same day. However, your doctor may recommend that you stay a little longer. If you were given a sedative and go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**

If you were given a sedative, you should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

You should be able to eat much more easily than before. 8 out of 10 people are able to eat solid food and the rest are able to eat soft foods. A member of the healthcare team will give you advice about what you can eat.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• **Lifestyle changes**

If you smoke, try to stop smoking now. Stopping smoking will improve your long-term health.

Regular exercise can boost your immune system and improve your mood. Exercise should improve your long-term health. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

• **The future**

The stent should help you to swallow more easily but does not treat the cancer itself. You should ask a member of the healthcare team if you will need any further treatment for the cancer.

If your swallowing gets worse again, this is probably due to the stent being blocked with food and can be easily treated. Contact a member of the healthcare team who will arrange for you to be assessed and treated quickly.

Summary

Oesophageal cancer often makes swallowing difficult. Inserting a stent to hold your oesophagus open is usually a safe and effective treatment. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 022 4332 and at www.smokefree.nhs.uk
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org – for support and information you can trust
- British Society of Gastroenterology at www.bsg.org.uk
- Digestive Disorders Foundation at www.digestivedisorders.org.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

Acknowledgements

Author: Mr Simon Parsons DM FRCS (Gen. Surg.)
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Paying for your operation

Inserting an Oesophageal Stent (Endoscopy) costs are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Local information

You can get information locally from your BMI Hospital.

Tell us how useful you found this document at www.patientfeedback.org

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

E05

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