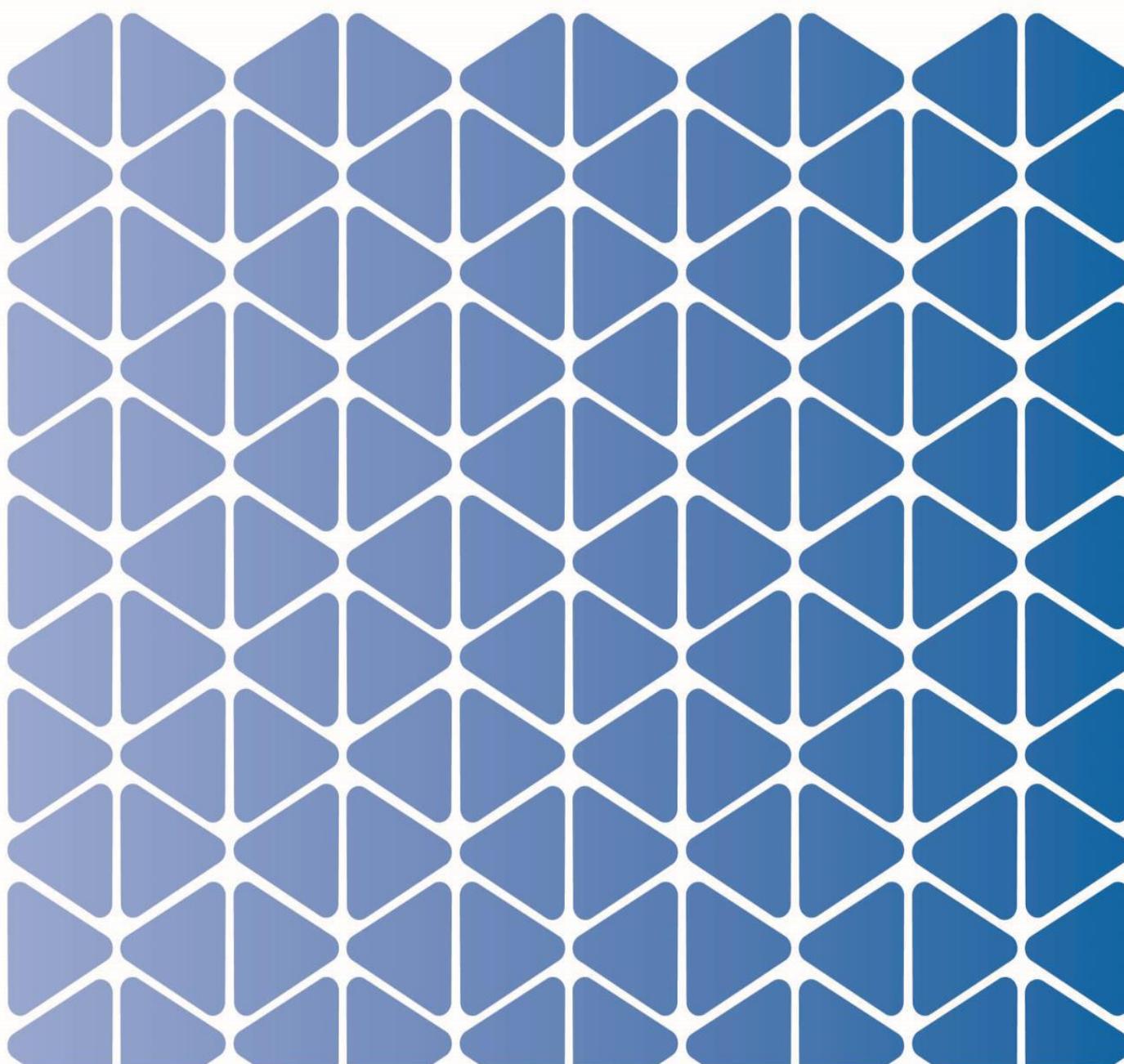


OESOPHAGEAL STENT INFORMATION



INTRODUCTION

This leaflet gives you information about the procedure oesophageal stent insertion (a tube inserted into your gullet to overcome the blockage (cancer) and allow you to eat). This information should be used alongside discussions with your doctor or specialist nurse to help you understand the benefits and risks involved.

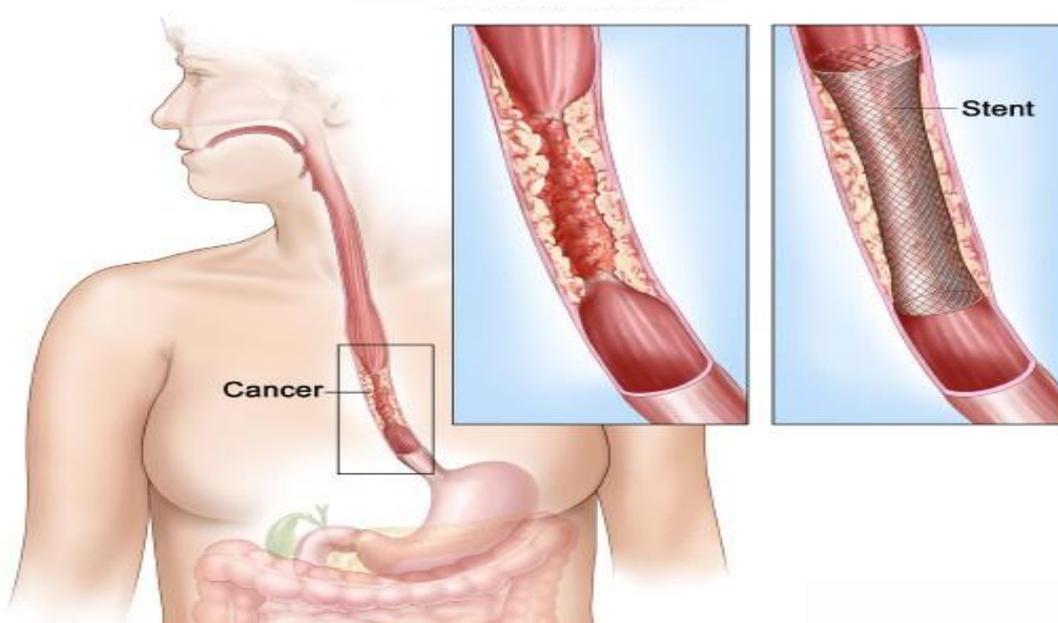
WHAT IS AN OESOPHAGEAL STENT?

The oesophagus or gullet is a hollow, muscular tube, which takes food and drink from the mouth down to the stomach. If the oesophagus becomes narrowed or blocked, swallowing and eating can be difficult.

One way of overcoming this problem is to insert a metal mesh tube called a stent, through the mouth, down the oesophagus and across the blockage (cancer). Food is then able to pass down the oesophagus and through the stent; this should make eating and drinking easier.

WHY DO I NEED AN OESOPHAGEAL STENT?

The results of the endoscopy (camera test) that you underwent have shown that your oesophagus has become narrowed or blocked by a tumour (cancer). Your doctor or specialist nurse can explain this further to you if you are unsure what this means.



WHO HAS MADE THIS DECISION?

The team in charge of your care will have discussed the most appropriate treatment options for you. You should have the opportunity to discuss your treatment options with your doctor or specialist nurse so that you can decide if you wish to have the stent insertion carried out or not. If you are feeling unsure, please discuss this with your specialist nurse or doctor. If, after these discussions, you do not want the procedure you can decide against it.

WHO WILL BE DOING THE PROCEDURE AND WHERE?

At Worcestershire Royal Hospital this procedure is carried out by a gastroenterology consultant specially trained in oesophageal stent insertion. The procedure is carried out in the endoscopy department or the x-ray department. X-rays may be used during the procedure to ensure the stent is in the correct position.

HOW DO YOU NEED TO PREPARE FOR THIS PROCEDURE?

If you are an out-patient, you will be admitted to the hospital on the morning of the procedure. It is very important that your stomach is empty, so you will be asked not to eat for 12 hours or drink anything but water for 6 hours prior to the procedure.

Individual instructions will be sent to you before the procedure. However, if you take medication to thin your blood (anticoagulants), any medicines which are 'time-critical' e.g. for Parkinson's disease or are a diabetic, please let the endoscopy department know at least three days before you are due to have the procedure. If you have any other medication queries please discuss this with your GP or Consultant.

WHAT DOES THE PROCEDURE INVOLVE?

You will lie on the examination couch. This will be the same as the OGD (camera test) you had to diagnose your cancer. You will be asked to lie on your left-hand side and a needle will be put into your arm or the back of your hand. This allows the doctor to give you a sedative to relax you and painkillers, if necessary. The nurses will attach a probe to your finger, this allows them to monitor your pulse and oxygen levels. You will also receive oxygen through two small tubes which will be placed just inside of your nostrils. A mouth guard will be inserted to protect your teeth.

Once you feel relaxed, an endoscopy will be performed. Once the endoscope is in the right position a fine wire will then be passed through the endoscope down the oesophagus and through the blockage into the stomach. The endoscope will be then

withdrawn, and the stent will be passed down the wire across the blockage (cancer). The fine wire is then removed, and the stent will start to expand.

HOW LONG DOES THIS PROCEDURE TAKE?

The procedure usually takes around 10 to 20 minutes. When it is completed you will be taken to the recovery area. Your pulse and blood pressure will be monitored for a few hours to make sure there are no complications. Most patients can go home the same day.

However, some patients may need an overnight stay to ensure they are comfortable and fully recovered.

WILL IT HURT?

This procedure can cause chest and back pain until the stent has fully expanded. This normally lasts around 48 to 72 hours. For some patients this can be controlled by simple painkillers such as paracetamol, or co-codamol, however, some patients require stronger painkillers. It is important that you let your specialist nurse or GP know if you have pain that is not controlled.

Some patients can feel sick following this procedure. If this happens to you, anti-sickness medication can be prescribed by your GP.

After your stent insertion it is important that you take anti-acid medication (PPI). Your specialist nurse or doctor will discuss this with you.

ARE THERE ANY RISKS OR COMPLICATIONS?

Oesophageal stent insertion is a safe procedure but as with any medical treatment there are some risks and complications that may arise.

- A little bleeding may occur following the procedure, this normally stops without requiring any intervention
- It is not unusual to feel some degree of chest pain / discomfort whilst the stent expands. This normally settles within a few days. It is recommended that you take regular pain relief for at least the first 3 days following your stent insertion. Some people may need to take pain relief for longer periods of time and potentially require stronger pain relief.

- Some patients experience heartburn, nausea and vomiting after this procedure. You can speak with your GP about medications to help manage these symptoms.
- Rarely, the stent may slip out of position, it may then be necessary to insert another stent
- Rarely, the placement of a stent may cause a tear in the oesophagus (gullet). This can be a serious complication and may require another stent being inserted.

HOW SOON CAN I EAT AND DRINK?

Most patients will be able to drink fluids after a few hours, and should continue on fluids only on the day the stent is placed.

The day after the procedure it is recommended that you start on very soft foods such as ice cream and yoghurt. Over the next few days, you can start to eat more solid food. Please note that if you have a very dry mouth or have difficulty chewing it may be necessary liquidise your food.

SOME DO'S AND DON'T'S

- Do chew your food well
- Take small mouthfuls of food
- Sit upright when eating
- Use plenty of sauces, gravy and butter to moisten food. Having a warm drink while you are eating may help keep the stent clear
- Have regular fizzy drinks to help keep the stent clear
- Keep teeth and dentures in good order so that chewing is effective
- Avoid chunks of meat and bread
- Don't rush your food, eat slowly. Small frequent meals are best.

Please see below for an example of the first few days following your stent insertion of how to progress with your intake textures:

Day 1 – day of stent placement	Drinks e.g. water, milk, warm tea or coffee, squash, nutritional supplements if the above is tolerated.
Day 2 (if day 1 is tolerated)	Soup, yoghurt, ice-cream, custard, rice pudding.
Day 3 (if day 2 is tolerated)	Softer foods as suggested below (foods to try)

As part of your care, it is likely that you will have contact with the specialist dietitian. The dietitian may see you following your oesophageal stent insertion, or alternatively they may organise a telephone consultation with you in due course.

If you have not spoken with a dietitian and would like a referral, please speak to your specialist nurse or consultant about this.

Below you will find a list of foods we suggest you avoid and suitable alternatives following your oesophageal stent insertion.

Foods to try	Foods to avoid
Porridge, Ready Brek, Weetabix, overnight oats made with additional yoghurt/ milk, other cereals with hot/ cold milk or water	Cereals with nuts, seeds & dried fruit e.g. granola, muesli.
Boiled or mashed potatoes, sweet potato, plantain & yams (with butter, milk, oil). Jacket potato (without skins) with soft filling, soft pasta or rice with lots of sauce. Couscous & bulgar wheat Tinned spaghetti hoops or baked beans	Jacket potato skins, chips, roast potatoes, potato wedges, tough pastries, bread
Minced meat/ Quorn - e.g. bolognaise, shepherd's pie, chilli con carne. Tender meats e.g. chicken thigh in sauce. Soups and stews e.g. dhal Tofu, textured vegetable protein Flaked fish with sauce/ tinned fish Well-cooked lentils & beans Salmon mousse.	Hard and stringy meats e.g. steak, bacon, sausages, lamb or pork chops. Be careful of fish bones.
Well-cooked root vegetables e.g. carrot & swede, parsnip mashed with butter, oil & milk. Ratatouille, ragu, or mushy peas	Vegetables which can be tough and stringy with skins e.g. runner beans, celery. Raw vegetables.
Soft fruits e.g. peaches, bananas, mango, (without skin/ peel). Tinned fruits Stewed fruits e.g. apple & forest fruits. Smoothies	Fruit with skins, pith and pips e.g. grapes, oranges & citrus fruit (but can be eaten if these are removed). Hard fruits e.g. apple Dried fruit Nuts
Scrambled & poached egg, omelette, egg mayonnaise	Fried eggs, scotch eggs
Soft cheese, grated cheese on meals. Avocado & hummus. Yoghurts, custard, rice pudding, fruit pots, soft desserts e.g. trifle, tiramisu, Jelly. Nutritional supplement drinks & shakes	Hard cheeses on its own
Crisps that dissolve on the tongue- Quavers, skips, wotsits, pom-bear. Biscuits dipped in hot drink	Nuts, hard crisps, Bombay mix, popcorn, croissants, doughnuts. Dry biscuits or crackers

Adding extra nourishment

If you have a low body weight or have lost weight, here are some ideas on how to add extra protein and energy into your diet.

Fortified milk

Add 4 tablespoons of dried milk powder to a pint of full cream milk. Use this milk in place of water in soups, jellies, puddings, tea, coffee, hot chocolate and malted milk drinks.

Mashed potatoes

Add one or more of the following: -

- Butter or margarine
- Cream or mayonnaise
- Fortified milk or neutral Complan / Aymes nutritional supplements
- Grated cheese
- Pulses for example lentils

Puddings

Add one or more of the following and avoid low fat options: -

- Cream
- Ice-cream
- Custard
- Evaporated or condensed milk
- Jam or honey
- Natural yoghurt
- Full fat Greek yoghurt
- Crème fraiche

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.