E05 Inserting an Oesophageal Stent (Endoscopy)

Expires end of February 2023

If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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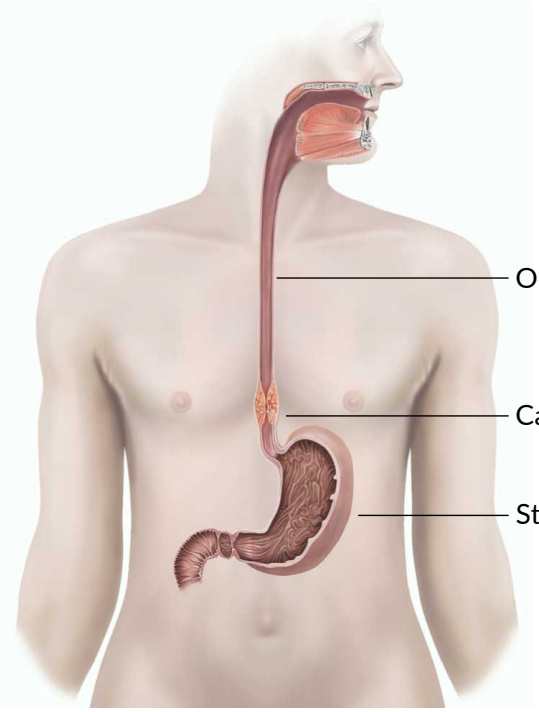
What is oesophageal cancer?

Oesophageal cancer is a malignant growth that starts in the wall of your oesophagus (gullet). Over 8,000 people develop oesophageal cancer every year in the United Kingdom.

A cancer in your oesophagus can prevent food from going down, making it difficult for you to swallow or giving the feeling of food sticking (dysphagia). These symptoms can result in you not being able to eat or drink enough, leading to weight loss.



A cancer in the oesophagus

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

Your doctor has suggested inserting a stent (metal mesh tube) inside your oesophagus where the cancer has made it narrower.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

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

You should already have had some tests to find out if all the cancer is likely to be removed by an operation.

Your doctor has recommended inserting a stent in your oesophagus to help you to swallow more easily.

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

Other options include laser treatment, brachytherapy (radiotherapy given from inside your oesophagus) or techniques, such as alcohol therapy and photodynamic therapy, to shrink the cancer within your oesophagus.

These options have similar benefits and risks to inserting a stent and are available only 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

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

If you take warfarin, clopidogrel or other blood-thinning medication, let the endoscopist (the person inserting the oesophageal stent) know at least 7 days before the procedure.

Do not eat or drink in the 6 hours before the procedure. This is to make sure that your oesophagus and stomach are empty so that the

endoscopist can have a clear view. It will also make the procedure more comfortable.

If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

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 the endoscopist and the healthcare team your name and the procedure you are having.

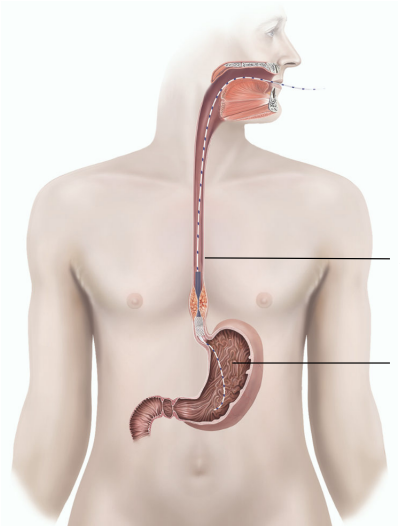
The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

In the endoscopy room

Inserting an oesophageal stent usually takes less than 30 minutes.

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. If you have the sedative you will be able to ask and answer questions but you will feel relaxed.

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



An expanding stent

The endoscopist will ask you to lie on your back or left side and will place a plastic mouthpiece in your mouth.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

If at any time you want the procedure to stop, raise your hand. The endoscopist will end the procedure as soon as it is safe to do so.

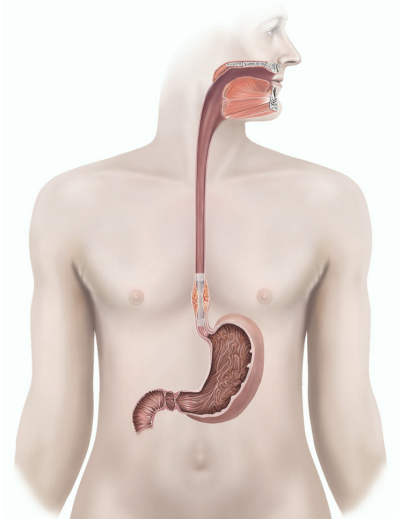
The endoscopist will place a flexible telescope (endoscope) into the back of your throat. They may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus.

The endoscopist will insert a guidewire (thin flexible wire) down the endoscope and across the narrowing. They will remove the endoscope while the guidewire is kept in place and insert a stent, which has not yet been expanded, over the guidewire.

The endoscopist may need to dilate the narrowing so they can insert 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 your oesophagus open.

The endoscopist will often use x-rays to help them insert the stent in the right position.



A stent holding the oesophagus open

What complications can happen?

The healthcare team will try to reduce the risk of complications.

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.

Some complications can be serious and can even cause death (risk: 3 in 100).

You should ask your doctor if there is anything you do not understand.

The possible complications of inserting an oesophageal stent are listed below.

- Sore throat. This gets better quickly.
- Pain caused by pressure from the stent (risk: 3 in 10). This usually eases off after a few days. The healthcare team can give you painkillers to control the pain.
- Allergic reaction to the equipment, materials or medication. The healthcare 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 medication or tests in the past.
- Making a hole in your oesophagus or stomach (perforation) (risk: 1 in 50). You will need further treatment. If you develop severe chest pain, let your doctor know straight away.
- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or inhaling secretions such as saliva. To help prevent this, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth.
- Chest infection (risk: 5 in 100). This often occurs within a few days of the procedure and is often treated with antibiotics.
- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected so the risk is low but let the endoscopist know if you have a heart abnormality or a weak immune system. You may need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.
- 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).
- Inserting a stent in the wrong position or the stent moving (risk: 1 in 10).
- Blocking of the stent. If food blocks the stent, this usually clears. Having a fizzy drink can help but you may need an endoscopy to clear it. The cancer may grow over the top of the stent, causing it to block (risk: 1 in 3). You may need further treatment.
- Developing acid reflux, where acid from your stomach travels up into your oesophagus, if the lower end of the stent lies in your stomach. You may need treatment with medication.
- Fistula. This is where the stent or the cancer erodes (makes a hole) into other structures such as the airway or major blood vessels (risk: 3 in 100).
- Failed procedure, if it is not possible to insert the stent safely. Your doctor may recommend a procedure where a radiologist uses x-rays to help insert the stent in the right position.

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

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 usually recover in about an hour but this depends on how much sedative 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 you to have a chest x-ray or keep you in for close observation for a short time to check if a hole has been made. If a hole has

been made, you will need further treatment and your doctor will discuss this with you.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

Returning to normal activities

If you had sedation and you do 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;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

Once at home, if you get chest or back pain, difficulty breathing, pain in your abdomen, a high temperature, or if you vomit, contact the endoscopy unit. In an emergency, call an ambulance or go immediately to your nearest Emergency department. If you get a sore throat or have other concerns, contact your GP.

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

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

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

If your swallowing gets worse again, this may be caused by the stent being blocked with food and can be easily treated. Contact 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 to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

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

Acknowledgements
Reviewer: Simon Parsons (DM, FRCS)
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