

Inserting an Oesophageal Stent (Endoscopy)

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You can get more information locally from the Endoscopy Unit (9am to 5pm) on 0151 604 7095

You can also contact:

You can get more information from www.aboutmyhealth.org

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What is an oesophageal stent?

An oesophageal stent is a flexible, metal tube that is inserted into your oesophagus (gullet). Your oesophagus is a tube that takes food from your mouth to your stomach.

Tests have shown that your oesophagus has become narrowed. Having an oesophageal stent inserted helps open up the narrowing. This will help you swallow more easily, allowing food and fluids to pass into your stomach.

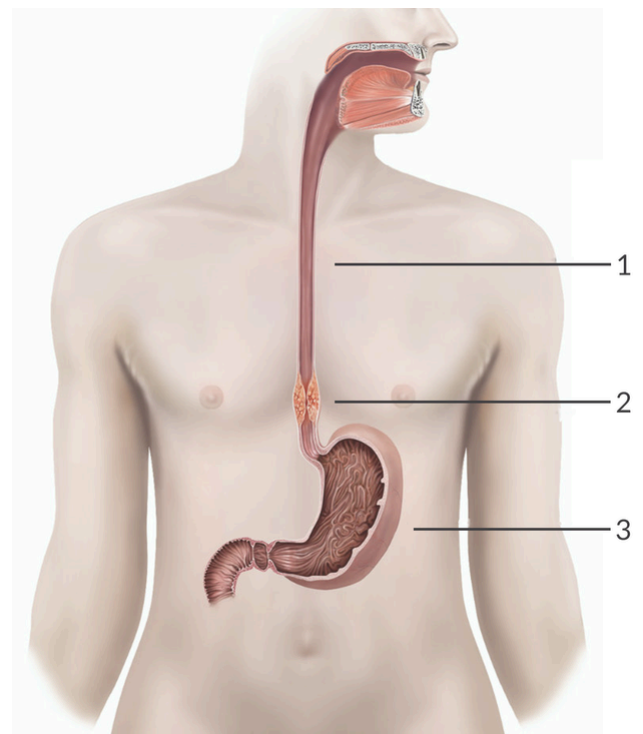
There are several reasons why a narrowing can happen. It is usually because of cancer, but your doctor will explain if this is the case for you. An oesophageal stent does not treat the cancer itself.

What is oesophageal cancer?

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

A cancer in your oesophagus can stop 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. You may get some pain or discomfort behind your breastbone or in your back.

A cancer in the oesophagus



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1. Oesophagus
2. Cancer
3. Stomach

Shared decision making and informed consent

Your healthcare team have suggested inserting an oesophageal stent. 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.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it.

If you have any questions that this document does not answer, it is important to ask your healthcare team. Once they have answered all your questions and you feel ready to go ahead with the procedure, they will ask you 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 after signing the form.

What are the benefits?

You should be able to swallow more easily. This will help you eat and drink.

Are there any alternatives?

You can decide not to have the procedure, 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 uses a balloon to open your food pipe, making it easier for you to swallow. However, this only works for a short time. These dilatation or stretch procedures are relatively safe if your blockage is not caused by cancer. However, they are not usually recommended as a treatment for difficulty swallowing from cancer unless guided by an expert team.

Your healthcare team will discuss with you whether any other options are available.

What will happen if I decide not to have the procedure or the procedure is delayed?

If you decide not to have the procedure, your symptoms may get worse. If they do, speak to your healthcare team.

Before the procedure

Medication

If you take warfarin, clopidogrel or other blood-thinning medication or are diabetic, tell your healthcare team at least 10 days before the procedure. If you are diabetic, you will need special advice depending on the treatment you receive for your diabetes.

Preparation

Do not eat anything in the 6 hours before your appointment and only drink small sips of water. This is to make sure your oesophagus and stomach are empty so the endoscopist can have a clear view. You can continue to drink small sips of water up to 2 hours before the procedure.

When you arrive

The healthcare team will ask you to confirm your name and the procedure you are having.

What does the procedure involve?

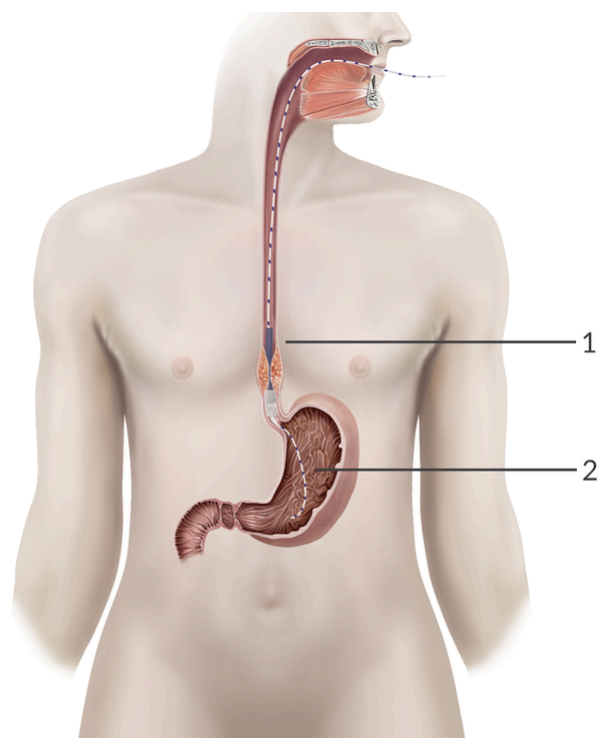
Inserting an oesophageal stent usually takes around 40 minutes.

A cannula (thin, hollow tube) may be put in a vein in your arm or the back of your hand. This allows the endoscopist to give you medication during the procedure.

Some medications that may be used are:

- A throat spray with some local anaesthetic. This can taste unpleasant but helps to keep you comfortable during the procedure.
- A sedative that will help you feel comfortable.
- Pain relief that will reduce the chance of you experiencing severe pain or discomfort during the procedure.

An expanding stent



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1. Stent
2. Guidewire

You will be asked to remove any false teeth or plates.

The endoscopist will ask you to lie on your back or left side and will place a plastic mouthpiece in your mouth. This will keep your mouth open and stop you biting the endoscope (small, flexible camera).

You may be asked to stretch your arm a little behind your back. This can help the endoscopist if they need to use x-rays to accurately position the stent.

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

You may feel some discomfort during the procedure and your stomach may feel bloated because air is blown into it to help the endoscopist have a clear view.

The endoscopist will place an endoscope into the back of your throat and pass it onto your oesophagus, down to the narrowing.

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 stretch the narrowing so they can insert the stent in the right position.

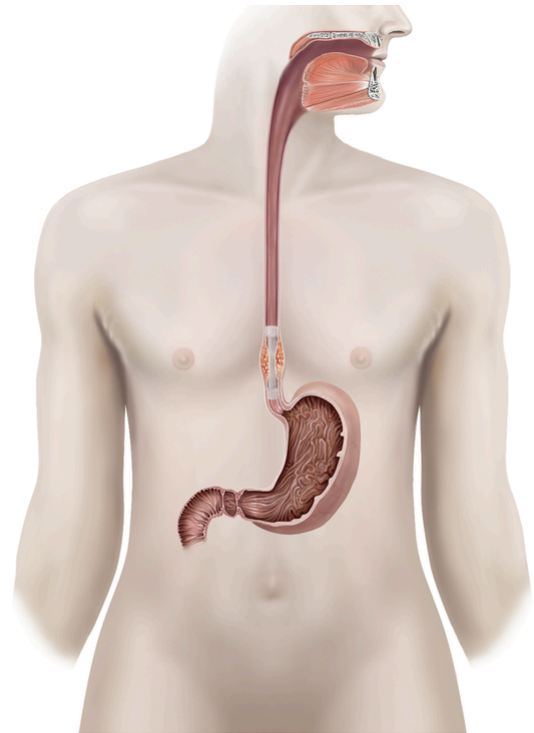
When the stent is in the right position the endoscopist will release it. The stent will expand to hold your oesophagus open. The endoscopist may need to use x-rays to help them insert the stent in the right position.

Photographs and videos may be taken during the procedure. These may help with your treatment and are stored securely by your healthcare team and discussed with other healthcare professionals.

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

Clips, staples, implants, metalwork and any other materials used for the procedure do not react with your body and some can stay in place for the rest of your life. These may also be used to plan procedures you may need in the future.

A stent holding the oesophagus open



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Can I be sent to sleep for the procedure?

In rare cases the procedure can be performed with you asleep under a general anaesthetic or deep sedation. However, most centres do not offer this. If this is an option for you, the healthcare team will talk to you about this before your procedure date.

General anaesthetic is given through the cannula, or as a mixture of anaesthetic gas that you breathe through a tube that passes into your airways. This means you will be unaware of the procedure.

A general anaesthetic has a higher risk of complications than other forms of medication. The healthcare team can give you more information about these. You may also need to wait longer for your procedure.

Most patients manage well without a general anaesthetic.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Possible complications of this procedure are shown below from most to least likely to happen. Some can be serious. Rarely, you may need to come back into hospital for more treatment, including surgery.

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

Complications of an upper GI endoscopy

- Sore throat. This gets better quickly.
- Damage to teeth or bridgework. A member of your healthcare team will place a plastic mouthpiece in your mouth to help protect your teeth. Tell your healthcare team if you have any loose teeth.
- Incomplete procedure caused by a technical difficulty, food or blockage in your upper digestive system, complications during the procedure, or discomfort.
- Missed diagnosis. There is a small chance that significant findings may be missed during the procedure. The risk is higher if your stomach is not completely empty, or it cannot keep hold of the air that was blown into it.
- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or inhaling secretions such as saliva. To help stop this, your oxygen levels will be monitored, and a suction device will be used to clear any secretions from your mouth.
- Allergic reaction to the equipment or medication. The healthcare team are trained to detect and treat any reactions that may happen. Tell the endoscopist if you have any allergies or if you have reacted to any medication or tests in the past.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected before the procedure, so the risk is low. Tell your healthcare team if you get a high temperature or feel unwell.
- Making a hole (perforation) in your gullet (oesophagus) or stomach (risk: 1 in 2,000 to 1 in 2,500). If this complication happens in the endoscopy department you may need to go into hospital for more treatment, which may include surgery. This

complication can cause you to experience severe chest or abdominal pain. If you develop these symptoms at home, tell your healthcare team straight away.

- Heavy bleeding from minor damage caused by the endoscope. This usually stops on its own.
- Rarely, a 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.

Complications of inserting an oesophageal stent

- 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.
- 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 also grow over the top of the stent, causing it to block (risk: up to 4 in 10). You may need more treatment.
- Inserting a stent in the wrong position or the stent moving (risk: 1 in 10).
- Bleeding when the stent is inserted, or later if the end of the stent rubs against your stomach wall (risk: 5 in 100).
- Chest infection (risk: 5 in 100). This usually happens within a few days of the procedure and is often treated with antibiotics.
- It may not be possible to insert the stent safely. Your healthcare team may recommend a procedure where a radiologist uses x-rays to help insert the stent in the right position.
- 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).
- Developing acid reflux, where acid from your stomach travels up into your oesophagus. You may need treatment with medication.
- Death (risk: 3 in 100). This means 97 out of 100 people will not die.

What happens after the procedure?

In hospital

After the procedure you will be moved to the recovery area where you can rest. Your healthcare team will usually keep you in hospital for a short time after the stent has been inserted to check you are okay.

Once you can swallow properly you will be given a drink. You may feel a bit bloated for a few hours, but this will pass.

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow-up care you may need.

Before you leave, you will be given a stent information leaflet, discharge advice sheet and a copy of your endoscopy report. The advice sheet will explain who to contact if you have any problems after your procedure. A copy of the report will be sent to your GP and healthcare team.

You will need to follow a special stent diet after insertion of an oesophageal stent. This can help stopping tougher foods from getting stuck inside the stent.

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

Returning to normal activities

If you had a sedative:

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

Your healthcare team will tell you when you can go back to work after the procedure.

Your healthcare team may want you to have a chest x-ray, CT scan or contrast swallow following the procedure.

Once at home, if you experience symptoms that are causing concern, contact the endoscopy unit, your GP or call 111. If you have serious symptoms, like severe pain or heavy bleeding, go to your nearest emergency department straight away.

The future

If your swallowing suddenly gets worse, this may be because food is blocking the stent. If this happens, contact the healthcare team who will arrange for you to be assessed and treated quickly.

Tell your healthcare team if you have any other symptoms.

Summary

Inserting a stent is usually a safe and effective treatment to help stop a narrowing in your oesophagus. However, complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

[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 treatment options.](#)

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

Reviewer

National Endoscopy Programme, Wales

Illustrator

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