



Oesophageal Stent

Information for patients

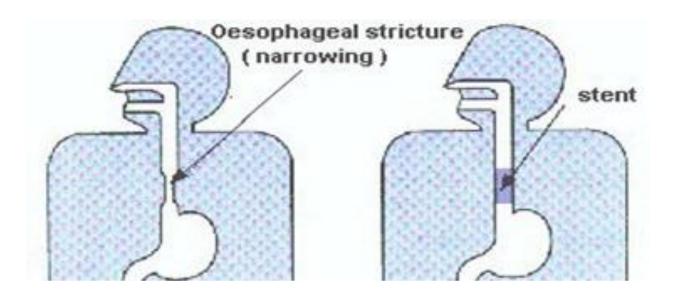


Introduction

Difficulty in swallowing is the most common symptom of oesophageal (gullet) cancer and other benign conditions.

A decision has been made after discussion with you to place a stent in your oesophagus (gullet) which will be done by a Consultant Gastroenterologist.

This is a tube (known as a stent) that is inserted to hold the walls of the oesophagus (gullet) open so that food and fluid can be swallowed easily. The aim of the stent is to improve your swallowing and allow you to drink and eat better than you have recently however you will need to make changes to your usual diet.



What is a Stent?

It is a narrow metal mesh tube that is placed across the blockage. This then expands to keep the gullet open and enables you to swallow more easily. You may be discharged on the same day but be prepared to stay in hospital overnight.



Will it be painful?

You may experience some discomfort in your chest and back while the stent is expanding. It is important to let nursing staff know if you experience any pain so you can be assessed and given painkillers. This discomfort may last for approximately 48-72 hours, and we would advise you to take soluble paracetamol or co-codamol for this period of time.

How is the stent inserted?

It is recommended that you have a liquid diet for 24 hours prior to the procedure and nothing to eat or drink for six hours prior to the procedure.

You will be admitted to the Endoscopy Unit. The stent will be inserted by a Consultant.

On admission

You will be seen by a nurse who will check your personal details.

Please bring a list of your medication with you.

The nurse will want to know if you have any allergies or bad reactions to any drugs.

The staff will want you to be as relaxed as possible for the test and will not mind answering any queries.

We advise you to leave any valuables at home.

Consent

The doctor performing the test will ask you to sign a consent form after ensuring that you understand the procedure and the potential complications.

During the procedure

A nurse will stay with you throughout the procedure. Your pulse rate and oxygen levels will be monitored.

A local anaesthetic will be sprayed on the back of your throat to make it feel numb.

You will be asked to lie on your left side.

A sedative is given to relax you through a needle inserted in a vein in your arm.

A mouthpiece will be placed in between your teeth or gums (if dentures have been removed) in order to protect them. The endoscope will be inserted through the mouthpiece and when it reaches the back of the throat you will be asked to swallow to ease the tube down into the gullet (oesophagus).

It will take approximately 30 minutes to insert the stent and x-rays may be used to guide the stent insertion.

The narrowed area may be stretched (dilated) during the procedure, before the stent is inserted.

After the procedure

You will remain on the endoscopy unit and given water approximately 1-2 hours following the procedure. If after 2 hours, liquids are tolerated and there are no other particular symptoms, medical staff will decide if you are able to be discharged home. You may require an overnight stay in hospital if the medical staff decide this is necessary. Observations will be taken on a regular basis.

Possible Risks

Oesophageal stent insertion is generally a safe procedure. However there are some risks and complications as with any medical treatment:

- Minor bleeding can occur during the procedure. This usually stops without any further treatment.
- Some patients experience heartburn and acid reflux. This can be controlled by medication.
- The stent may slip out of place and another one may need inserting.
- Rarely, the stent may cause a tear in the gullet. This is a serious and potentially life threatening complication. It may require an operation or insertion of another stent to sort it out.

Occasionally it may not be possible to place a stent, this will be explained to you, if necessary.

Management of acid reflux symptoms

If the stent has been inserted through the junction between the oesophagus and stomach, we would recommend that you raise the head end of the bed approximately 30 degrees and use soluble lansoprazole for reducing the acid. The consultant who has inserted the stent may decide to prescribe some other medications which may help with any symptoms that may be encountered.

Dietary Advice

Once the stent has been placed it is advisable to start with fluids for the first 24 hours. Fluids include milk, smooth fruit juice (no bits), coffee, tea and cordial. Aim to include as many nutritious fluids as possible such as milk, Ovaltine®, Horlicks®, Complan®, Recovery®, Build-Up®, yoghurt drinks, milkshakes and clear soups.

When you are managing fluids well you should be able to build up slowly to foods with a soft and moist consistency. It is important to follow the 'golden rules' to help prevent your stent from blocking. The most common reason for stents to block is from food which has been swallowed without being chewed sufficiently.

Golden Rules

- Take time when eating and chew food thoroughly to make sure it is a smooth consistency before swallowing. Do not be afraid to spit out lumps you cannot chew
- Have smaller but more frequent meals.
- Cut food into small pieces and only take small mouthfuls at a time
- Have sips of fluid during meals and then have a good drink at the end. This will help to keep the stent clear and may reduce the risk of blockage. Warm drinks may help the most, but all drinks are beneficial.
- Always sit upright when eating and for at least half an hour afterwards
- If wearing dentures make sure they are correctly fitted so you can chew your food
- Keep food moist so that it is easier to swallow by adding sauces, gravy, custard or cream

Food Choices

Certain foods may be difficult to break down despite chewing and are more likely to cause your stent to block. The table below provides some guidance.

If you have lost weight or are having trouble maintaining your weight you may want to fortify your diet to increase the amount of calories and protein in your food without increasing the portion sizes. **The table below provides some tips in bold**.

Food Group	Foods to CHOOSE	Foods to AVOID
Bread, rice, potatoes and starchy foods	Porridge, cornflakes, Rice Krispies Weetabix® with plenty of milk / milk alternatives Mashed potatoes/ sweet potatoes, inside of jacket potatoes. Well- cooked rice, noodles and pasta with sauce. Polenta, couscous, quinoa Soft, well buttered toast*, pancakes, bagels with plenty of butter or spread, bread sticks or soft crackers with plenty of butter or a dip Use full fat / fortified milk / plant based alternatives and add extra cream to cereals Add butter/ cheese / cream to potatoes / pasta	Cereals / breads with dried fruit or nuts e.g. muesli, granola, Freshly baked or fresh bread, crusty, seeded or wholegrain bread. Shredded and puffed wheat, All bran® Hard chips and roast potatoes, potato skins *some people find bread difficult to manage, this is because it can absorb fluids, swell and may feel like it is sticking. Start with small amounts of well buttered toast and make sure you chew well
Meat, fish poultry, eggs and alternatives	Tender, well-cooked or minced beef, pork, lamb, chicken and turkey or soya, tofu, Quorn® or other vegetarian products served with gravy or sauce. Stews or casseroles. Corned beef, skinless sausages,	Tough, dry meats and gristle, poultry skin, steaks or chops Sausages with skins, mini sausages / dry sausage rolls Dry fish, battered fish, fish skin and bones Hard boiled eggs

	Pate, potted meat, hummus, smooth nut butters Fresh or tinned fish without bones. Eggs can be eaten scrambled, soft boiled, poached, fried or as omelettes Soft cooked beans / lentils / dhal Add butter, parsley or cheese sauce to fish Add cheese/butter/ mayonnaise to eggs	
Food Group	Foods to CHOOSE	Foods to AVOID
Fruit and Vegetables	Well-cooked, mashed carrots, parsnips, butternut squash, pumpkin, or turnip/swede Chopped, tinned tomatoes Cooked spinach, courgettes or aubergines (ensure skin is soft/removed) Avocado Well-cooked cauliflower, broccoli with stalks cut short, Mushy peas, baked beans or soft pulses Peeled soft fruit e.g. Banana, mango, melon, berries or plums Stewed apple, pears, apricot Tinned peaches, pears, mandarins smooth fruit juices Add extra butter, olive oil, ghee or cheese to vegetables e.g. to broccoli, cauliflower, butternut squash Add extra cream, custard, ice cream, full fat yoghurt to fruit	Stalks and stringy vegetables e.g. green beans, celery, asparagus Sweet corn, garden peas or mushrooms Raw vegetables such as onion, peppers, carrots Green salads, sweetcorn Fruits with pith e.g. grapefruit, oranges Skins, pips and seeds e.g. grapes Dried fruit Hard fruit such as raw apple or pineapple

Milk, dairy and alternatives	Milk and milkshakes Fortified dairy free milk alternatives Melted or grated cheese, Cottage cheese Yogurts, fromage frais or mousse	Any varieties with nuts or fruit
	Evaporated or condensed milk Ice cream Custard or egg custard (no pastry) Rice pudding, tapicoa, sago,	
	semolina Choose full fat versions	
	Add 2-4 tablespoons of skimmed milk powder to 1 pint of full fat milk and use instead of milk on cereals and in drinks add a tablespoon milk powder to milky puddings or yoghurts	
Snacks	Biscuits dipped in hot drinks. Crisps that 'melt in the mouth' e.g. Skips®, Quavers®, Wotsits® Boiled sweets / chocolate Soft cakes with custard / cream	Any biscuits or cakes with nuts / fruit Hard crisps

Remember it is important to include a wide variety of suitable foods to give you all the nourishment and nutrients you need.

Meal Choices

Breakfast

Soft, easy to chew cereals, porridge with banana and honey, full fat yoghurt / fromage frais with soft fruit, omelette, scrambled, fried or poached eggs with beans, skinless sausages with chopped, tinned tomatoes, soft, east to chew toast, croissants or pancakes with plenty of butter and jam

Main meals

Corned beef hash; cottage pie; fish pie; macaroni cheese, spaghetti bolognaise ravioli; jacket potato (no skin) with soft filling e.g. tuna mayonnaise, grated or cottage cheese or baked beans; chicken or beef stew; pasta with sauce or bolognaise; vegetable, soft meat or Dahl curry and rice; smooth, blended soups, stews, casseroles or fish in sauce with mashed potatoes and soft, well cooked vegetables.

Desserts

Milky puddings: rice pudding, semolina, tapioca, custard, trifle, stewed fruit with custard, cream, evaporated milk, yoghurt / fromage frais, egg custard, ice-cream, sponge and custard, smooth desserts,

Snacks

Soft crisps e.g. Skips® ,Wotsits®; chocolate (no fruit or nuts); crackers and hummus; soft biscuits or cake (no fruit or nuts), scone with lots of butter and jam; pancakes with chocolate spread, cup-a-soup made with milk; yoghurts; milk / milky drinks; smoothies.

Nourishing drinks

Nourishing drinks such as drinking chocolate, Horlicks®, Ovaltine®, milkshakes or smoothies are a useful way of getting extra calories in your diet. Try to include them between your meals and make them up using fortified milk.

Complan® or Build Up® can be bought from supermarkets or chemists Pharmacies. Prescribed nutritional supplements as recommended by your Dietitian.

Recipes for Nourishing Drinks

Fortified Milk

Full fat milk can be fortified without altering the taste or texture. Add 2-4 heaped tablespoons of dried milk powder to 1 pint (568ml) of milk. This can be taken as a drink or be used in cereals, drinks, custards, rice pudding and milkshakes.

Fortified Milkshake

Ingredients

200ml full fat milk / plant based alternative

- 2 heaped tbsp (30g) of dried milk powder or pea protein powder
- 2 heaped tbsp (20g) of milkshake powder
- 2 tbsp double cream / plant based alternative

Method

Blend together the milk, dried milk powder, double cream and milkshake powder.

Variations

Add fresh or tinned fruit e.g. bananas, strawberries or tinned peaches instead of milkshake powder

Add a scoop of ice-cream to make your milkshake thicker and creamier

Turn your milkshake into an iced coffee by dissolving a teaspoon of instant coffee in 30ml of boiling water and adding to your milkshake.

Low Volume Milkshake

If you have a very poor appetite and would struggle to manage a full milkshake, consider trying this smaller milkshake.

Ingredients

80ml full fat milk / plant based alternative 1½ tbsp dried milk powder / pea protein powder

2 tbsp double cream / plant based alternative1 tbsp milkshake powder

Method

Pour milk into a jug and whisk in dried milk powder
Add milkshake flavouring and double cream
Pour into a glass and serve or separate into three 40ml shots and take one after each meal

Fortified Smoothie

If you don't like milky drinks consider trying a nourishing smoothie.

Ingredients

200ml fresh orange juice125g full fat Greek yoghurt or plant based alternative1 tbsp. honey or sugar

Method

Whisk the fresh orange juice and Greek yoghurt together Add honey or sugar to sweeten.

Variations

Consider using alternative fresh fruit juice flavours for variety and according to your preferences e.g. mango, cherry or pineapple. Try swapping Greek yoghurt for frozen yoghurt or ice cream.

If you have Diabetes?

The advice given includes foods containing high levels of fat and sugar. We advise that you consult your Doctor, Dietitian or Diabetes Nurse for individual advice as some of these foods may not be suitable for you.

Suffering from indigestion or heartburn?

If you suffer from indigestion / heartburn try the following:

- Stay upright after eating
- Avoid fizzy drinks
- Avoid acidic/spicy food
- Do not eat one hour before bed
- Raise your bed head or use pillows to allow you to sleep in a slightly upright position
- Try peppermint tea/extract.

Medication

Medication should be taken in liquid form if possible. Discuss this with your Pharmacist.

If your stent blocks

If you feel that your stent has blocked, follow these guidelines:

- Stop eating
- Try not to panic
- Drink a warm drink, if this fails, try a fizzy drink
- Stand up and walk around

If the stent is still blocked after 1-2 hours, contact your GP/Specialist Nurse/Endoscopy Unit.

Please be aware your Specialist Nurse/Endoscopy Unit work Monday to Friday and may not always be available to take your call.

Contact Numbers for Monday to Friday excluding Bank Holidays

Upper GI Specialist Nurses

Catherine Critchley and Melanie Meecham 01254 732763

Endoscopy Unit

Royal Blackburn Hospital 01254 733191 / 01254 734415
Burnley General Hospital 01282 804660 / 01282 803152 / 01282 8057821 / 01282 805723

IF YOU HAVE COMPLICATIONS ON A WEEKEND OR BANK HOLIDAY, PLEASE ATTEND A&E

If you require this document in an alternative format or language, please contact – Catherine Critchley/Melanie Meecham 01254 732763.

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੋੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveţi nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactaţi

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

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