

Oesophageal Stent

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Having an oesophageal stent inserted

Your doctor has suggested you have an oesophageal stent inserted to help with your swallowing.

What is a stent?

A stent is a flexible metal tube, which is inserted inside your gullet (oesophagus). The stent is made from a special metal mesh that makes it suitable for insertion into the gullet.

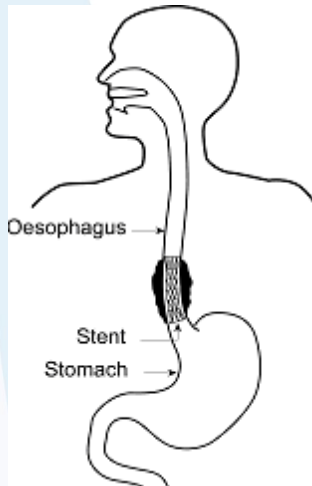


Fig 1. *Picture of a stent in the oesophagus*

How is the stent inserted?

The stent may be put in place during a gastroscopy (OGD) which you will already have had done. The stent is guided into place with the help of x-ray pictures. Once in position it will expand to widen the narrowing in your oesophagus.

You will be admitted on the day of, or the day before the procedure.

You will need to have an empty stomach so will not be allowed to eat or drink six hours prior to having the stent inserted.

Sometimes a hospital admission is required.

This is usually if your stent blocks over the weekend and you are in danger of dehydrating, or if the stent is blocked by the cancer itself, as you will then need a further stent inserting.

If you are concerned at any time, please do not hesitate to contact us on the numbers below.

If you experience problems following the insertion of your stent please contact:

Upper Gastrointestinal Nurse Specialist on:

0151 430 1189

Monday to Friday 9.00am to 5.00pm

or out of working hours, Ward 3D on 0151 430 1641.

You can get further information from:

Oesophageal Patients Association

Helpline: 0121 704 9860

Monday to Friday 9.00am to 7.00pm

What does this mean for you?

- Attempts to prevent an admission via the Accident & Emergency (A&E) Department
- Speedy access to the correct service
- Stop an admission to hospital by receiving the required treatment as an outpatient
- If an admission is required this will be under the care of the specialist who knows you best
- Reassurance that help is at hand if and when you need it

Now you are at home it can be an anxious time whilst modifying your diet to suit your stent. Be reassured that within a short time this will get easier.

Sometimes no matter how rigidly you avoid the foods suggested your stent will block.

This will then create symptoms you experienced prior to the stent being inserted e.g. difficulty swallowing, vomiting etc. Try not to panic, in the first instance and try to drink fizzy drinks as this can sometimes help to shift the blockage.

If this does not help the problem or you are vomiting please contact the **Upper GI Nurses 0151 430 1189**.

If you are unable to contact them, then please try **Endoscopy on 0151 430 1368 or Ward 3D on 0151 430 1641**.

You may have a small needle (cannula) placed in a vein in the back of your hand to enable the doctor to give you something for pain or sedation if appropriate. You will have a probe attached to your finger to monitor your oxygen levels during the procedure and you will require extra oxygen given through small tubes into your nose during the procedure.

The procedure takes about 20-30 minutes and you may experience some discomfort during the insertion but you will be given a painkilling injection. You may also experience some pain or discomfort following the procedure as the stent is opening, (it may take up to 48 hours for the stent to fully expand). Pain killers can be taken for this and will be prescribed for you when you are admitted onto the ward. If you are taking Warfarin or you are a diabetic, please inform us 7 days before your admission.

What are the alternatives to a stent?

There are no effective alternatives to having a stent inserted but this will be discussed when you see your consultant.

What are the risks and benefits?

Stent insertion is generally a safe procedure, but as with all medical treatments there are some risks:

- Minor bleeding can occur during the procedure. This generally stops without further treatment.
- Some people get heartburn and acid reflux afterwards. This can be controlled with simple measures or medicine if necessary.
- Rarely, the stent may slip out of position and the procedure may need repeating.
- Occasionally it may not be possible to fit or place a stent for technical reasons. If this is the case, your consultant will discuss this with you.

- Very rarely, inserting the stent may cause a tear in the oesophagus. This is a serious complication and may require an operation or another stent inserting.
- Despite these possible complications, the procedure is generally very safe and will result in an improvement in your symptoms. After a few days you should not be aware of the stent being in place.

What will happen after I've had the stent inserted?

Approximately four to six hours after the stent is put in, or when you are fully alert, you may drink fluids. You will be allowed to eat a soft diet the following day as your swallowing should now be easier.

You will be required to stay in hospital overnight or until we are happy that you are fully recovered, and able to eat and drink comfortably. You may be seen by the dietitian before going home who will discuss your dietary needs in greater detail but if not possible this will be done at an outpatient clinic following your discharge.

After the tube is inserted, you may feel a little bit nervous about starting to eat again. Try not to worry, your confidence will grow over time.

- Eat little and often rather than trying to have big meals.
- Eat while sitting upright as this will help the food go down.
- Eat slowly, take your time and don't try to keep up with others.
- Take small mouthfuls of food and chew well before swallowing.
- Spit out anything you have difficulty chewing.

Take sips of fluid during and after meals. Warm and fizzy drinks will help to keep the tube clean and prevent food particles from sticking. All food should preferably be of a soft and moist consistency.

What can help when I am feeling sick?

- Don't force yourself to eat when you feel sick. It is important to keep your fluid intake up to prevent dehydration
- Clear, cold drinks may be better tolerated
- Ice-cream, sorbets and jelly may be tolerated
- Ginger has natural anti-sickness properties. Try ginger biscuits, stem ginger, ginger ale/beer
- Avoid wearing tight fitting clothes
- Avoid highly spiced or fatty foods
- If the smell of cooking makes you feel nauseous try eating cold foods such as sandwiches and chilled desserts i.e. yoghurts and mousses.

NB If your symptoms persist your GP can provide anti-sickness (anti-emetic) tablets

What can help prevent heartburn?

- Eat small frequent meals
- Take small mouthfuls of food and chew well
- Sit upright while eating, try not to bend down or rush around until your meal has settled
- Avoid tight fitting clothing
- To prevent acid from your stomach coming back into your gullet, sleep in a semi-upright position
- Avoid eating late at night
- Take antacid medication as prescribed
- Peppermint sweets may help

'Open Door' access

Once your stent is inserted and you are ready to go home your name will be added onto 'Open Door' access.

Puddings

- Rice pudding.
- Sponge cake served with cream / ice-cream / custard / evaporated milk
- Soft/stewed fruit served with cream/ ice-cream/custard/ evaporated milk
- Thick and creamy yoghurt
- Trifle
- Mousse
- Milk Jelly
- Crème Caramel

Supper

- Milky drinks i.e. hot chocolate, Horlicks, Ovaltine
- Biscuits softened by 'dunking' in a hot drink
- Sponge cake with cream
- Cereal with full cream milk/fortified milk

Fortified Milk

- Add 2 to 4 tablespoons of milk powder to a pint of full cream milk, use as you would normal milk.

Dietary advice for patients with an oesophageal tube

The tube cannot stretch, therefore, it is important for you to avoid chunky and sticky foods that may block it. These foods can be replaced with a more suitable alternative.

Food	Include	Best avoided
Meat	Tender cuts of meat. Cook slowly to tenderise and add minced meats, such as beef, chicken, turkey, pork to a blender with plenty of gravy. Include pate & pastes.	Gristle. Chunky, stringy or tough meat.
Fish	Poached, steamed, boiled fish served with a sauce i.e. parsley, butter. Tinned fish with mayonnaise.	Be careful to avoid bones.
Eggs	Scrambled, poached, soft boiled, omelette. Hard boiled eggs if mixed with salad cream/ mayonnaise.	Fried Eggs – yolk is fine if soft.
Cheese	Grate hard cheese into sauces, flans and soups. Cottage cheese. Cream cheese and cheese spread.	Chunks of cheese.

Foods	Include	Best avoided
Bread	Day old bread. Bread can be softened in stews and soups (milk loaf).	Fresh breads likely to form a lump and block the stent. Crusty bread.
Cereals	Use enough milk to make the cereal soft. Make porridge with milk.	Cereals with nuts or dried fruit.
Potatoes, rice & pasta	Add milk and butter/ margarine when mashing potatoes. Have a sauce with rice and pasta.	Hard chips and roast potatoes. Be careful with crisps.
Fruit	Soft fruit peeled. Tinned and stewed fruit.	Fruit skins. Fruit pith. Dried fruit.
Vegetables	Soft, well cooked. Mashed if necessary.	Raw, stringy vegetables or salad.
Miscellaneous	Biscuits dipped in fluid i.e. tea/ coffee/ milk.	Nuts and seeds.

Sample Meal Plan

Breakfast

- Porridge, Ready Brek made with full cream milk/fortified milk.
- Add full cream milk/fortified milk and sugar to breakfast cereals.
- Scrambled egg made with milk and butter/margarine
- Thick & creamy yoghurt
- Soft fresh, tinned or stewed fruit with thick & creamy yoghurt or fromage frais

Light Meals

- Jacket potato with added butter/margarine and a soft filling i.e. tuna mayonnaise, cottage cheese
- Soup with added cream, cheese or tender meat
- Omelette with cheese
- Bread (preferably day old) with butter/margarine and cheese spread, meat paste, pate

Evening Meals

- Tender minced meat in gravy
- Fish in sauce i.e. white, parsley or butter sauce
- Mashed potato with added butter/margarine, cream cheese
- Soft vegetables (add butter/margarine, cream, cheese where possible)
- Lasagne
- Macaroni cheese