

Varices banding



Why is variceal banding needed?

Your doctor has requested this procedure because you have been found to have oesophageal varices. These are swollen veins in your oesophagus (gullet) which are formed when the blood flow through the liver is restricted. If possible, it is important to try to reduce or shrink and obliterate these veins otherwise they could bleed, causing you to vomit blood (possibly in large quantities). This can be done during a procedure called a gastroscopy where we can use a gastroscope (a long, thin, flexible tube with a light on the end) to look at the lining of your upper gut. The tube is passed through your mouth, into your oesophagus and then into your stomach and duodenum. The procedure usually takes between five and fifteen minutes.

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This treats oesophageal varices by compression with tight rubber bands and is the preferred method. The endoscopist will inspect your gullet, stomach and duodenum and decide if the varices require treatment. If so, they will remove the gastroscope to place the banding equipment on the end of the gastroscope before inserting it again. A hollow tube loaded with small rubber bands is attached to the end of the gastroscope and passed into your oesophagus. The swollen vein is identified, suction is applied and the elastic bands are positioned. This is repeated as many times as necessary during the procedure until all the veins have been eradicated.

After a couple of days a clot forms in each treated vein, which will cause them to shrink. It may be necessary to repeat the treatment several times.

How do I prepare for it?

Don't eat or drink anything for 4 hours before your appointment. Wear loose fitting clothing and leave any valuables and jewellery at home.

The nurse who admits you will explain the procedure and answer any questions you may have. You will be asked to sign a consent form but you can change your mind about having your procedure at any time. The nurse will also discuss options for throat spray or sedation with you.

What if I have diabetes?

Please check with your GP diabetic link nurse regarding how to prepare for this appointment. Diabetic patients should be booked on to appointments at either the start of the morning or afternoon list – please call the number on your appointment letter if you have been given an appointment after 9am in the morning or after 2pm in the afternoon so we can change your appointment.

What about other medications?

Please follow the instructions on your appointment letter and ‘frequently asked questions’ information sheet if you are taking any anti-coagulants as these may need to be stopped before this procedure.

Will I need any sedation?

You will be given an intravenous sedation (by injection into a vein) to make you feel relaxed and sleepy. However, this isn’t a general anaesthetic and you won’t be unconscious. This option means you may not be aware of the procedure. The disadvantages of sedation include that you will need to:

- stay in the department for an hour or more after your test
- be escorted home and have someone with you overnight.

The injection will continue to have a mild sedative effect for up to 24 hours so you must not drive, sign important papers or operate machinery during this time. You must arrange for a responsible adult to drive you home and stay with you overnight. **We will have to cancel your procedure if you do not have someone to take you home.**

What happens during the procedure?

A trained nurse will stay with you throughout and you will be asked to put on a gown and lie on a couch on your left side. The endoscopist will give you the sedative injection at this point and we will give you a guard into your mouth so you do not bite and damage the gastroscop. We will also put a plastic ‘peg’ on your finger to monitor your pulse and oxygen levels.

The gastroscop will go through your mouth and you may gag slightly. This is normal and will not interfere with your breathing.

We will also put some air in to you during the procedure so that we have a clear picture and this may make you burp a little. This is also quite normal but some people find it unpleasant. We will remove the air at the end of the procedure. However, if you make it clear that you are too uncomfortable the procedure will be stopped.

How long will it take?

Your appointment time is for your pre-procedure check and not the time of your actual examination. The length of time you will be here can vary but may be anything from two to four hours or more as we are also an emergency unit and unexpected delays may occur. The nurse who admits you will be able to give you more information during your admission check. If you have someone to take you home after your procedure please bring their telephone number with you so we can call them when you are ready to be collected.

What are the possible risks?

- In 1 in 1000 cases there is the risk of haemorrhage (bleeding) or perforation (tear) of the gullet and surgery may be necessary to repair it.
- There may be a slight risk to crowned teeth or dental bridge work and you should tell the endoscopist if you have either of these.
- Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit).
- An adverse reaction to the intravenous sedative or analgesia can be a rare complication.
- Ulcers usually form after banding or of varices and you should be given medicine to help them heal. There is a small risk of bleeding in the few days after the procedure.
- Very rare complications include: infection of ulcers with possible extension to the spinal cord; and when glue is used to inject the varices this can get into the circulation and affect the lungs (embolism).

Benefits should be compared with any risks and complications are generally less with the banding technique. The injection treatment in the non emergency situation carries a complication rate of between 1-2%.

What happens afterwards?

You will be taken to the recovery area and kept nil by mouth for an hour. We will then offer you a cold drink and if this is tolerated you may go home. You will need to stay on cold fluid only for 4 hours after your procedure – you may then drink warm fluids but have soft food only for 24 hours.

We will always do our best to respect your privacy and dignity (such as the use of curtains and providing single sex clinical areas) but if you have any concerns at all please speak to the nurse in charge. We advise you not to drive, operate machinery, return to work, drink alcohol or sign any legal documents for 24 hours after your test.

It is quite likely that your throat and oesophagus will feel slightly sore; please tell the nurse if it becomes too uncomfortable.

Will I have any pain or discomfort?

Following your banding (or injection), your veins will ulcerate for a few days and this can cause some soreness on swallowing. It is also possible for a narrowing (stricture) to form in the oesophagus. To aid this a soft diet is recommended for 24 hours, particularly after banding. This is more likely if the varices are large and repeated treatments (particularly injection treatments) have been necessary. This may make swallowing difficult but can be treated.

When will I get my results?

You will usually be given a copy of your procedure report before you leave the department, which we also send to your GP. If any follow up is required after your procedure we will give you information regarding this before you leave the department.

Any questions?

Please contact the telephone number on your appointment letter if you have any queries before your actual appointment. Following your procedure, if you have any queries regarding your follow-up you should contact your own GP or your hospital consultant's secretary.

Please note we are a training centre for endoscopy training and all training lists are closely supervised by a senior Consultant specialising in endoscopy procedures - please contact the telephone number on your appointment letter if you do not wish to participate in same.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

