

Oesophageal dilatation



What is an oesophageal dilatation?

Your doctor has requested this procedure because you are having difficulty swallowing due to a stricture (or narrowing) in your oesophagus (gullet). The commonest reasons for this is scarring associated with stomach acid damage (heartburn) or following surgery on the oesophagus.

Your oesophagus will be inspected with a gastroscope (a long, thin, flexible tube with a light on the end) and then a stretching device (an inflatable balloon) is passed through the gastroscope and positioned across the narrowed area. The balloon is then inflated and as it expands, the narrowed area expands to the same size. We have different sized balloons to reach the right size to help improve your symptoms. The procedure usually takes about 15 minutes, but may take longer.

Sometimes it is helpful to take a biopsy (a small sample of the lining of the gut). We use a small instrument (forceps) passed through the gastroscope to pinch out a tiny sample of the lining, which we send to the hospital laboratory for analysis.

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.

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 medication to thin your blood such as warfarin, clopidogrel, ticagrelor, or newer anticoagulants ("NOACs" such as rivaroxaban, dabigatran, apixaban) your clinician should have advised you on when to stop taking these. If not contact the Endoscopy Admin staff on your appointment day.

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 enormously 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.

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 an escort to take you home.**

A few patients do choose to have the procedure without sedation, but as it is usually painful when the balloon is inflated we do not routinely recommend this.

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 a 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. You may feel the balloon as it is put into place – this may feel painful but usually only for a few seconds. 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.

What are the possible risks?

- In 1 in 100 cases there is the risk of haemorrhage (bleeding) or perforation (tear) of the gullet and surgery may be necessary to repair it. Some patients, especially the frail or elderly, do not survive oesophageal perforation.
- 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 cause by inhaling or choking on vomit)
- An adverse reaction to the intravenous sedative or analgesia can be a rare complication.

What happens afterwards?

You will be taken to the recovery area and kept nil by mouth for two hours. We will then offer you a cold drink and if this is tolerated you may go home. You will need to stay on cold fluids only for a further 2 hours – you may then drink warm fluids, but should 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, particularly where it was dilated. Please tell the nurse if it becomes too uncomfortable.

Some people do need to stay in hospital after this procedure.

Before you leave the department, you will be given contact details regarding who to contact if you have severe pain, persistent bleeding or black tarry stools following your procedure.

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 biopsies were taken, you should receive the results either from the hospital doctor who requested the procedure (if you are to be seen in clinic again) or by letter to you and/or your GP. The results may take several weeks to come through.

Any questions?

Please contact the telephone number on your appointment letter if you have any queries before your actual appointment. If you have any queries following your appointment, 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

