

Contact details

If you have any queries or concerns, please do not hesitate to contact a health professional.

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Further contacts and support

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Oesophageal Patients Association

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PATIENT INFORMATION

Your Oesophageal Stent

Information and Dietary Advice

Name:

Date:

Given by:

Contact:

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

Oesophageal Stent Insertion

Introduction

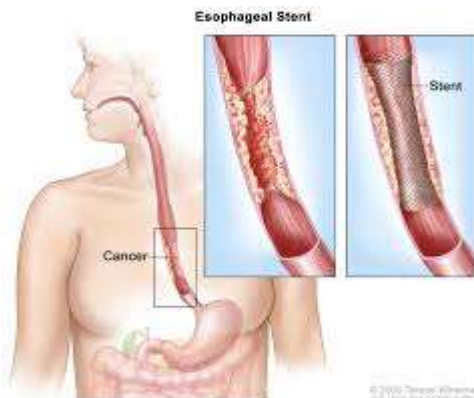
This leaflet should answer any questions you may have about a procedure known as oesophageal stent insertion. The information should help you to understand the benefits and risks involved and allow you to have an informed discussion with your doctor or specialist nurse before the procedure.

The booklet will also give you helpful tips and advice on living with your stent, dietary advice and what to do if problems occur.

What is an oesophageal stent?

The oesophagus, or gullet, is a muscular tube which takes food and fluid from the mouth down to the stomach. If the oesophagus becomes narrowed or blocked, swallowing and eating can be difficult. One way of overcoming this problem is to insert a flexible metal mesh tube, called a stent, into the oesophagus. This will help to hold open any narrowing or blockage. Food is then able to pass down the oesophagus through the stent and should make eating and drinking easier. This should help to improve your quality of life.

Picture showing stent in position



Please note: The vast majority of stents inserted are **permanent**. If this is not your understanding of the procedure, please discuss with the consultant during the consent process.

Who will be doing the oesophageal stent insertion?

A specially trained doctor called a gastroenterologist will insert the stent in the endoscopy department. The procedure will be carried out using x-ray equipment, to make sure the stent is positioned in the right place.

How do I prepare for the procedure?

This procedure can be done as an out-patient - you come into hospital for the procedure and go home a few hours later.

Eating- you will be asked not to eat for 6 hours before the procedure.

Drinking- you may have clear fluids only up until 2 hours before the procedure.

Medication- most people can continue to take their usual medication on the day of the procedure. If you are diabetic and you take insulin or if you take warfarin/blood thinners it is important you inform your nurse specialist or doctor prior to coming into hospital.

Please bring all of your medications with you.

Insertion of your oesophageal stent

Your stent will be put in at the Endoscopy Unit at Torbay Hospital.

You will be taken into the endoscopy room and asked to lie on your side on the couch. A small needle (cannula) will be

inserted into a vein in the back of your hand so that the doctor can give you a sedative to relax you or give you painkillers if necessary. You will be very drowsy but not fully asleep. You will also have an oxygen-monitoring device attached to your finger and you will receive oxygen through a small tube placed in your nostrils. A plastic mouth guard will be placed in your mouth to keep it open during the procedure.

When you are sleepy the stent is placed whilst having an endoscopy. An endoscope is a flexible tube with a camera at the end.

The procedure takes around 20-30 minutes altogether. When the stent is put in place, it is about the same thickness as a pencil. It is slowly released into the gullet and will start to expand. It will slowly expand over the following 48-72 hours. You will be asked to sit up slightly on the couch immediately following the procedure to help reduce acid reflux. If you feel any immediate discomfort following the stent insertion the Doctor in endoscopy can give you some pain relief.

What will happen afterwards?

You will be taken to the recovery area and your routine observations, such as your blood pressure and pulse will be taken. You will generally stay in recovery for a couple of hours. You will be given a drink before you leave the endoscopy department.

Potential problems with an oesophageal stent

- **Pain and discomfort**

You may experience pain after the insertion of a stent. This could be burning central chest pain that can radiate into your back. Pain or discomfort is very common after a stent insertion. This pain can last for several weeks, however, can be managed with appropriate medication. The pain is caused

by the stent embedding itself into the oesophagus. We advise all patients to take regular soluble paracetamol. Sometimes paracetamol is not sufficient for the pain, it is therefore important to advise your specialist nurse or GP, whom can organise stronger pain relief. It is important to keep the pain under control to allow you to eat and drink more comfortably.

- **Bleeding**

Very occasionally stents can cause bleeding.

Important: Please contact your specialist nurse or GP if; you cough up blood stained sputum (phlegm), vomit blood or you pass black 'tarry' stools.

- **Swallowing problems.**

After your stent, swallowing should be much easier. However, swallowing problems can re-occur because the stent has either become blocked, or because the stent has moved. It is very rare for your stent to move.

If food will not go down, do not panic. Try drinking a fizzy drink or lukewarm water and walking around the room. If this does not relieve the blockage, contact your specialist nurse or GP.

General advice following insertion of your stent

- Chew food well. As a guide chew each mouthful for twice as long as usual. If dentures are needed, ensure they are well fitting.
- If you experience discomfort at the site of your stent, or down your back, sipping fizzy drinks may help.
- When eating, sit upright, as this will allow gravity to help food pass down the tube into your stomach.
- Keep sitting upright for at least ½ hour after eating. Eat slowly and try to relax.

- Avoid eating up to 1 hour before going to bed.
- Raising the head of your bed 3-4 inches will prevent acid reflux at night.
- When picking up anything from the floor bend from your knees rather than bending forward from your waist. This will prevent acid reflux.
- You may go home with medication from the hospital to reduce stomach acid. You will need to remain on this medication permanently.
- If prescribed an anti-sickness drug, take it ½ hour before meals as this increases the normal movement of the gullet.

Mashed potatoes
 Corned beef hash
 Omelette/scrambled eggs
 Casserole/stew
 Cottage pie
 Macaroni/cauliflower cheese
 Smooth, milky puddings, ice cream, jelly, yoghurt, sponge/custard

Meals should be small and frequent. You may find having 5-6 smaller meals, snacks and nourishing drinks per day easier to manage than 3 large meals.

Dietary guidelines following insertion of your stent:

Day 1 – Day of stent insertion

Start with sips of clear fluid and build up quantity as you feel more confident. This can include water, squash, fizzy drinks, meat or vegetable extract (Bovril, Marmite, Oxo)

Day 2 – Foods can now be introduced. It is best to start with foods which are runny and smooth e.g. soups, custard, nutritional drinks, milk puddings and smooth yoghurts.

Day 3 – You may want to keep to day 2 for another day or two but if able you can progress to more of a soft diet or semi-soft diet. Foods should be moist with lots of added gravy/sauces. Gradually increase the texture and discover the types and textures of food you can manage best.

For example Bolognaise
 Mashed fish in sauce
 Finely minced meat and mashed vegetables with plenty of sauce or gravy

Food	Foods/consistency to choose	Foods to avoid
Meat and poultry	Tender meat cooked in a sauce/gravy. Minced/liquidised meat and poultry.	Lumpy chewy/gristly meats. Poultry skins.
Fish	Flaked or mashed fish with a sauce. Boneless fish, boil in the bag.	Fish with bones, dry fish without a sauce or in batter/breadcrumbs.
Eggs	Scrambled, poached, boiled and mashed. Omelettes and egg custard.	Hard boiled eggs unless well mashed. Fried eggs or raw – due to risk of infection.
Cheese	Grated cheese or in a sauce. Cottage cheese or cream cheese/spreads.	Lumps of hard cheese or any that contain nuts or hard fruits.
Breakfast cereals	Porridge/oat-based cereals, Weetabix,	Cereals with added nuts or dried fruit,

Food	Foods/consistency to choose	Foods to avoid
	Rice Crispies and Cornflakes with plenty of milk.	coarse cereals such as muesli, puffed wheat and shredded wheat.
Potatoes and starchy foods	Mashed with added milk, cream, butter or cheese. Inside of a jacket potato. Tinned spaghetti or baked beans and soft well-cooked rice with a sauce. Bread such as nimble/danish without the crusts and lots of butter/spread.	Hard chips, roast potatoes, crisps and cracker. Skins of a potato. Crusty bread.
Vegetables	Soft and well cooked, mashed if needed	Raw or stringy vegetables such as green beans or celery. Sweetcorn and salad.
Fruit	Soft peeled fruits or tinned/stewed fruits. Puree fruit and fruit juice	Fruit skins or pith, dried fruit or peel. Hard fruits.
Desserts	Milk puddings, yoghurts, jelly, custards and mousse. Biscuits dipped in drinks.	Desserts with dried fruit and nuts, dry cakes and biscuits.
Miscellaneous	Smooth peanut butter, soup and	Chunky peanut butter, nuts and seeds and popcorn.

Food	Foods/consistency to choose	Foods to avoid
	chocolate without nuts and fruit.	

When introducing new foods do so in small quantities.

Small appetite and/or weight loss?

If you have got a small appetite, or have lost any weight, the following advice should help.

- Try to use a pint of full cream milk daily. This can be used on cereals, for milky drinks, in puddings or in soups. To fortify this milk, add 4 tablespoons skimmed milk powder (for example Five Pints®/Marvel®) to one pint of milk and mix well.
- Try to have 5-6 small meals, snacks or nourishing drinks a day, rather than 1-2 larger meals. Aim to eat every two hours throughout the day.

Enrich your food

To milk based sauces add: cream, evaporated milk and/or cheese.

To a pint of full cream milk add: 2-4 tablespoons of milk powder. This can be kept in the fridge for 24 hours. Use in place of ordinary milk or water to make coffee, packet soups, sauces, jelly, milk puddings, porridge and on breakfast cereals.

To puddings add: cream, custard, evaporated or condensed milk, jam, honey, syrup, butter or ice cream.

To soup add: grated cheese, cream, milk powder, evaporated milk or pasta.

To breakfast cereals add: fortified milk (as above), evaporated milk, yoghurt, syrup, honey and sugar.

To potato and vegetables add: grated cheese, cream, butter, salad cream, milk-based sauces, fried onion

If you have diabetes?

The advice given above includes foods containing high levels of sugar and fat. We advise you to consult your doctor, dietitian or diabetes nurse for individual advice as some of the foods recommended may not be suitable for you.

What If you don't feel like cooking?

If you don't feel like cooking there are meal delivery companies such as Wiltshire Farm Foods (Tel: 08000773100) and Oakhouse available (Tel: 03333706700). They both do smaller meals and have ranges which are pureed/soft. Ready meals from the supermarket are also useful and can be stored in the freezer.

If you miss a meal you can use a meal replacement drink for example Complan® or Build Up® milkshakes and soups which can be bought from chemists and supermarkets. Make with whole milk and use to replace meals.

Nutritional supplements are available if you are unable to get everything you need from your food intake. These are available on prescription from your GP.

Your dietitian will advise you on the range of products available and the quantity recommended.