

Patient information

Inpatient Banding of Oesophageal Varices

Gastroenterology Department

Your doctor to have has advised you the veins in your oesophagus (gullet) need to be banded.

What is banding of oesophageal varices?

Oesophageal varices are dilated veins in the oesophagus (gullet), which if left untreated run the risk of bleeding, as the larger they become the greater the risk of heavy bleeding.

Banding is a procedure that can be performed, again by passing a flexible telescope down into your gullet with a device attached to the tip of the telescope. This device contains several rubber bands that can be used to capture the protruding veins and 'strangle' them thus reducing the risk of bleeding. It may take more than one treatment to ensure that the risk of bleeding is reduced by destroying the dilated veins.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse, and your decision will not affect your treatment in anyway.

What are the benefits?

Banding will greatly reduce the risk of any bleeding from the dilated veins in your gullet and following several treatments will obliterate them altogether.

What are the risks?

You might feel quite sore in the gullet after the procedure for a few days.

There could be significant bleeding caused by the procedure, which will necessitate possibly a further intervention either at the time, or by the X-ray specials techniques department.

Although the risk of bleeding during the procedure is small, there are about one in 500 patients that experience bleeding requiring further intervention and a blood transfusion.

You must tell the nurse if you have any loose teeth or caps, crowns veneers as there is a risk they could become dislodged.

Are there any alternatives to this procedure?

Banding varices in your gullet is the best and safest way if they have been bleeding or the doctor is trying to prevent them from bleeding. In severe or exceptional cases there are more complicated alternatives, which you can discuss with your doctor.

What will happen if I don't have this procedure done?

You will run the risk of the varices bleeding heavily which can be life threatening.

What anaesthetic or sedation will I be given?

It is usual to give a small amount of anaesthetic throat spray to numb the back of your throat in order to pass the telescope over the back of your throat. Sedation can be given alongside that by an injection into your arm. This will make you drowsy and relaxed. You will not be unconscious and you will be given oxygen through your nose via a nasal tube.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be over sensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the procedure.

If you are worried about any of these risks, please speak to your Consultant or a member of their team on the ward.

Getting ready for the procedure.

- Do not have anything to eat or drink for at least six hours before the procedure. This is to ensure the doctor gets a clear view and makes the procedure safer.
- You will be asked to remove any tight clothing, ties, dentures, spectacles and contact lenses.
- Please do not bring large amounts of money or valuables with you, as the Trust cannot be held responsible for them.

When you come to the department, please tell the doctor or nurse about any drugs you are taking, any possible allergies or bad reactions you may have had in the past or any heart problems which may require antibiotics before your procedure.

What will happen next?

The nurse will check your details and record your blood pressure, pulse and weight. You may wait a while before you are called through for your procedure.

After your procedure

After your examination/treatment you will be moved into the recovery area and allowed to sleep. Oxygen will continue to be given and the nurse will record your blood pressure, pulse and temperature if necessary.

You will then be taken back to the ward and again your blood pressure and pulse will be monitored. It is quite likely that your throat will feel slightly sore, it is important to tell the nursing staff if you have any pain.

You will be kept nil by mouth for a few hours, you are then advised to take 'warm' drinks only, not hot, and eat a 'sloppy diet' until the following evening.

Please tell the ward staff if you have severe pain in your neck, chest or stomach.

Results

A doctor or a nurse will be able to give you information as to the result of your examination/ treatment and any other information can be given when you are back on the ward and fully awake.

Further information

If you have any questions or queries please contact the Gastroenterology Unit between 10.00am and 3.00pm Monday to Friday

Tel: 0151 706 2720

Text phone number: 18001 0151 706 2720

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

Author: Gastroenterology Review Date: May 2027

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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