

Patient information

Stretta Procedure

Gastroenterology

Your consultant or doctor has advised you to have a stretta procedure.

What is a stretta procedure?

Stretta is a minimally invasive procedure whereby a flexible balloon catheter is advanced into the oesophagus (gullet) and low power radiofrequency energy is applied to the muscle of the lower oesophagus (the lower oesophageal sphincter). The procedure is undertaken in order to treat gastro-oesophageal reflux disease (GORD).

What is the aim of the stretta procedure?

The aim of the Stretta procedure is to help alleviate heartburn, acid/bitter regurgitation and other symptoms that are associated with your condition.

What are the benefits of having a stretta procedure?

The benefits of having a stretta procedure are several:

1. It is minimally invasive and performed in the gastroenterology unit rather than an operating theatre.
2. The procedure is performed as a day case under anaesthetic so no hospital stay is needed.
3. As the procedure involves only endoscopy and not surgery there are no external scars.
4. The majority of patients who undergo the Stretta procedure are able to stop acid suppression therapy (proton pump inhibitors (PPI)) in the short and long term.
5. The procedure is applicable to patients with extra-gastrointestinal manifestations of gastro-oesophageal reflux disease GORD and can be used after weight-reduction surgery.

What are the risks of having a stretta procedure?

As with any endoscopic procedure it is common to notice a mild sore throat and bloating of the abdomen shortly afterwards.

Minor side effects of the stretta procedure itself may occur and include:

1. Chest discomfort.
2. Some difficulty in belching or swallowing.
3. Upper abdominal discomfort.

These side effects are mild and short lived, usually being treated with simple pain relief medication.

More serious side effects are rare. The following have been noted:

1. Oesophageal perforation (a hole in the wall of the gullet).
2. Bleeding.
3. Delay in stomach emptying with persistent vomiting.

Are there any alternatives available to a stretta procedure?

Patients referred for a Stretta procedure will have already received medication to treat their gastro-oesophageal reflux disease (GORD).

If this treatment has been ineffective then it is likely that the only alternative to a Stretta procedure would be to perform a surgical operation to manage their condition.

Many different forms of surgical operations are available and can be discussed with your doctor.

What will happen if I decide not to have treatment?

This would be entirely your choice. Informed consent will be obtained before the procedure and the procedure would be explained to you in detail. If you decide not to have the procedure performed, the doctor will discuss with you the pros and cons of other treatment options that are available to help resolve your symptoms. Some of these options are outlined above.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

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

Getting ready for your strecta procedure

- You will usually be seen in the pre-operative clinic before you attend for your procedure. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say you understand the procedure, and what the operation involves.

Preparation

To allow a clear view, your stomach must be empty. **You are therefore asked to have nothing to eat or drink for at least six hours before the test.**

You will be asked to remove any tight clothing, ties, dentures, spectacles, contact lenses and hearing aids.

Please **do not** bring large amounts of money or valuables with you, as the Trust cannot be held responsible for them.

Important: If you have:

- ❖ **Diabetes**
- ❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- ❖ **Anticoagulants:**
 - Warfarin
 - Heparin/low molecular weight heparin (including enoxaparin/dalteparin)
 - Dabigatran
 - Rivaroxiban
 - Sinthrome
 - Apixaban
 - Fondaparinux
 - Edoxaban
- ❖ **Antiplatelet therapy:**
 - Clopidogrel (Plavix)
 - Prasugrel (Efient)
 - Ticagrelor (Brilique)
 - Dipyridamole (Persantin) and aspirin
- ❖ **Are on dialysis**
- ❖ **Have suffered a heart attack within the last three months**

You must contact the Gastroenterology Unit as soon as you receive this information leaflet.

Tel: 0151 706 2656

Text phone number: 18001 0151 706 2656

The day of your procedure

- You will come into hospital on the day of your procedure.

- Please bring any medication you take into hospital with you.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.

The Stretta procedure

Once you are anaesthetised the doctor will pass a flexible gastroscope through your mouth and undertake a thorough examination of the oesophagus (gullet), stomach and duodenum. Precise measurements are taken to locate the position of the lower oesophageal sphincter, the barrier mechanism separating the oesophagus from the stomach.

A guide wire is then passed into the stomach and the gastroscope removed. The Stretta catheter is passed over this wire and positioned in the area of the lower oesophageal sphincter.

The balloon on the catheter is then inflated and needle electrodes deployed into the muscle of this area. Low power radiofrequency energy is then delivered using an intelligent generator connected to the catheter.

Multiple treatments at four levels above and two levels below the sphincter are undertaken before the device is removed. The gastroscope is then used to inspect the area which has been treated. The procedure takes between 45 and 60 minutes to perform.

What should I expect after my Stretta procedure?

- After your operation you will be kept in the endoscopy recovery room.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- You will receive an intravenous injection of acid suppressing medication.
- It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

- Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.
- The nursing staff will also advise you when you can start taking sips of water.
- You will be discharged from the gastroenterology department when you have been reviewed by the doctor. This will normally be approximately four hours after the procedure.

As you have had a general anaesthetic you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g.car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge information

- You should have a liquid diet for the first 24 hrs after the Stretta procedure. After this time it is recommended that you have a soft diet for the next two weeks while the oesophagus heals.
- Please take painkillers in liquid form (paracetamol with or without codeine is appropriate). All of your other medication should be taken in liquid form if possible, or tablets crushed. This needs to be for the first four weeks after your procedure.
- Avoid taking all non-steroidal anti-inflammatory drugs for two weeks post procedure.
- You should continue your acid suppressing tablets (PPIs) for at least two months after the procedure.

Getting back to normal

Remember you have just had an operation, even though it was done endoscopically. It is normal to feel more tired than usual for a few days afterwards.

Minor post procedure symptoms

You may experience a sore throat. This sometimes lasts a couple of days but more commonly passes off after a couple of hours.

Stomach ache is most likely due to the air that is introduced into the stomach during the procedure and will pass in its own time. You may feel discomfort under your breastbone due to the tube that has been passed.

Serious post procedure symptoms

If you experience any severe pain in your abdomen, chest and neck this could be due to a perforation (a small hole made in the lining of your stomach or oesophagus).

If you have persistent vomiting, vomit blood or pass black, tarry bowel actions, this could be due to bleeding from your procedure.

If any of these situations occur, you are advised to attend your nearest Emergency department (A&E) as soon as possible taking this information leaflet with you so as to let them know what treatment you have had.

Returning to work

You should be able to return to work a day or two after discharge from the hospital if there were no other issues.

Further appointments

You will be given an appointment in the outpatient clinic to discuss the effect of the procedure and to address further issues if they arise.

You may also receive a phone call from the endoscopy team or nurse specialist regarding your experience, procedure, symptoms and outcome.

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on **Tel: 0151 706 2656.**

Text phone number: 18001 0151 706 2656

We will be able to give your appointment to another patient and arrange a further one for you.

Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.

- If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, please contact us on **as soon as possible Tel: 0151 706 2656 Text phone number: 18001 0151 706 2656.**
- If you have been referred to us by your family doctor, (GP) and need an ambulance please contact their surgery.
- Parking for patients and visitors is available at the Q-Park multistorey car park
- The entrance by car is on Epworth Street off Erskine Street. The car park is open 24 hours a day, seven days a week. This is a private car park and charges apply.
- The car park is continually monitored by parking hosts, and CCTV. There are disabled spaces within the car park. If you need help, please speak with a parking host at the car park entrance.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or queries, please contact the Gastroenterology Unit during the following hours.

Monday – Thursday	0800 – 2100 hrs
Friday	0800 – 1700 hrs
Saturday/Sunday/BH	0800 – 1600 hrs

Tel: 0151 706 2656/ 2819/2726

Text phone number: 18001 0151 706 2656/2819/2726

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

The Emergency Department (A&E) is open 24 hours.

Tel: 0151 706 2051/2050.

Text phone number: 18001 0151 706 2051/2050

<http://www.nhs.uk/Conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx>

<http://patient.info/health/acid-reflux-and-oesophagitis>

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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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