



Patient information

Outpatient Oesophageal Dilatation

Gastroenterology and Hepatology

Your Consultant or doctor has advised you to have Oesophageal dilation because you have a narrowing (called a stricture) of your oesophagus (gullet).

What is oesophageal dilation?

This is where your oesophagus is stretched (dilated) to improve your swallowing. The procedure is usually very straightforward. It will initially involve an endoscopy (gastroscopy) to look at the areas of narrowing (see gastroscopy leaflet).

What are benefits of oesophageal dilation?

The aim of dilation is to improve your swallowing. This may involve more than one dilatation over several appointments depending on how much stretching up your gullet will require.

What are the risks of oesophageal dilation?

Perforation

It is possible to damage the lining of the oesophagus. If the narrowing is benign (non-cancerous), due to long-standing acidity in the oesophagus with subsequent scarring, the risk is very slight with perforation of the oesophagus occurring less than one in 250 procedures. However, if the stricture is caused by cancer, radiation treatment after cancer, or swallowing a corrosive liquid, the risk may be greater, because of the abnormal type of tissue being stretched. This risk should be no greater than one in 50 procedures.

Bleeding

Occasionally, bleeding may occur from abnormal tissue such as cancerous narrowing of the oesophagus.

Are there any alternatives to this procedure?

There is no alternative procedure that can be done to stretch the gullet to allow you to swallow better

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

You will find it increasingly difficult to swallow foods and eventually liquids.

What anaesthetic or sedation will I be given?

It is usually not possible to stretch up narrowing of the gullet without sedation. An injection is given into your arm that will make you slightly drowsy and relaxed. You will not be fully unconscious.

The medicines 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.

You must arrange for a friend or relative to escort you home from the Gastroenterology Unit and we recommend they stay with you afterwards.

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

In addition to sedation, you may also receive a local anaesthetic spray to numb your throat.

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

Getting ready for your procedure

- Do not have anything to eat or drink for at least six hours before your test. This is to make sure that we can have a clear view of your stomach.
- You must tell the nurse if you have any loose teeth, caps, crowns or veneers as there is a risk they could become dislodged.
- 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 medicines you are taking, any possible allergies or bad reactions you may have had in the past or any heart valve problems that may require antibiotics before your procedure.

Your procedure

There are two different methods for dilating the narrowing.

- Method 1 involves passing a balloon through the endoscope and across the narrowed area.
 The balloon is inflated to stretch the narrowing.
- **Method 2** involves passing a thin wire through the endoscope, across the narrowed area and into the stomach. If the narrowing is particularly severe, it may be necessary for this to be done using X-ray. After the wire has been satisfactorily positioned the endoscope is removed and a series of dilators are passed over the wire to stretch the narrowing. Following this the endoscope may be reinserted to look at the stretched area.

After your procedure

- After the dilation, you will be taken to the recovery area to rest for up to an hour. 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 have your pulse, blood pressure and if necessary your temperature taken to ensure there have been no complications.
- You will need to remain in the department for up to four hours before being allowed home and the nursing staff will want to ensure that you are able to swallow satisfactorily before you are discharged.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle.
- 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.

We advise you to drink nourishing fluids until the following day, then a 'sloppy diet' for 24 hours following your dilatation (stretch). Take some fizzy drink with your food.

Results

The outcome of the procedure and any other information can usually be given to you once you are fully awake from your sedation. You may leave the department once your escort has arrived, you have had a drink of water, you have been given relevant information and been discharged by your nurse.

If you get any pain in your neck, chest or abdomen tummy), stop eating and/or drinking and attend your nearest Emergency Department (A&E) taking with you any information you have been given.

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on 0151 706 2720. We will be able to give your appointment to another patient and arrange another for you.

Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.
- Parking for patients and visitors is available at the Q-Park multi-storey car park opposite the
 main hospital entrance on Prescot Street. 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 throughout the car park. If you need help, please speak with a
 parking host at the car park entrance. Disabled parking is still available at the rear of the
 hospital.
- If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, please contact us on 0151 706 2720 as soon as possible.
- If you have been referred to us by your family doctor (GP) and require an ambulance please contact their surgery.

Further appointments

Follow-up arrangements will be made for you before you leave the Endoscopy Unit.

Important: If you have:

- Diabetes
- Are taking:
- ❖ Anticoagulants:
 - Warfarin
 - Heparin/Fragmin/Clexane
 - Dabigatran
 - Rivaroxiban
 - Apixaban
 - Sinthrome
- 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 2720

Text phone number: 18001 0151 706 2720

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 2819/2726 or 2656

Text phone number: 18001 0151 706 2720

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

Author: Gastroenterology and Hepatology

Review Date: January 2022

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

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونيا.

所有經信托基金批准的患者資訊均可以其它格式提供,包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆思體(Moon)盲文和電子格式,敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص گوران، مون و بصورت روی خطی موجود است.

زانیاریی پیوهندیدار به و نهخوشانه ی له لایمن تراسته و پهسهند کراون، نهگس داوا بکریت له فور ماته کانی تردا بریتی له زمانه کانی تر، نیزی رید (هاسان خویندنه وه)، چاپی گهوره، شریتی دهنگ، هیلی موون و نهایکترونیکی ههیه.

所有经信托基金批准的患者信息均可以其它格式提供,包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体(Moon)盲文和电子格式,敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.