Gastroscopy with Oesophageal Dilation

This leaflet provides information about the Endoscopy and Dilation procedure. It aims to answer any questions you may have about the procedure and explain what will happen on the day of the procedure.
What is an oesophageal dilation?

You have been experiencing difficulty swallowing and your doctor suspects that you may have a narrowing of your gullet. This is commonly due to stomach acid causing damage and eventually scarring of the gullet but other causes include previous oesophageal surgery or achalasia (a condition where the lower gullet muscle becomes very tight). Some strictures may be caused by cancer.

Gastroscopy and dilation is performed to improve your symptoms associated with difficulties in swallowing. It is a procedure by which a narrowing in your gullet is stretched in order to improve your swallowing using a flexible endoscope. An endoscope is a long flexible tube about the size of your little finger, with a bright light at the end. Images are seen on a television screen.

During the procedure tissue (biopsy) samples of the lining may be taken. This is a painless procedure and will not cause any discomfort.

Firstly, we use an endoscope to inspect your oesophagus then a stretching device, which is an inflatable pressure balloon, is passed down the endoscope and positioned in the narrow part of your oesophagus. The balloon is inflated and the narrowing stretched.

You may need to return to have this procedure repeated a few times until the narrowing has been adequately stretched. We use different sizes of balloon to reach the right size to improve your symptoms.

X-ray equipment is sometimes used to help.

About your appointment

Please be aware that on occasions there can be a slight delay between your nurse admission and the time you have your procedure. The Endoscopy unit often has to deal with emergency cases which may cause delays to your appointment time. The length of time you will be here will vary but may be anything from two to four hours. The person accompanying you is welcome to stay in our waiting room or alternatively we can telephone them when you are ready to be collected.

Please note car parking charges are in force. Ask your admitting nurse if you require any further information during your admission check.

Property

Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time in the unit.
Risks, benefits and alternatives

What are the benefits?
The aim of oesophageal dilation is to improve your swallowing so that you can eat and drink again. Dependent on the results of this test, which could be normal or abnormal, further tests or treatment maybe recommended.

Are there any risks?
As with every medical procedure, there are some risks involved. Please be reassured your doctor would only have recommended a gastroscopy and dilation if the benefit to you from the procedure clearly outweighs these small risks. Any complications could mean that you need to stay in hospital for treatment.

- There is a small risk of bleeding, or of making a hole (perforation) in the intestine, which may require surgery. The risk of this happening is about 1 in 100 patients with a benign oesophageal stricture.
- About 1 in 50 in patients with achalasia (a certain type of gullet problem),
- About 1 in 10 in patients with an oesophageal cancer. Surgery may be required if a perforation occurs.
- About 1 in 8 patients with achalasia have chest pain for several hours
- Reaction - to any sedation or painkillers used. This can be resolved by the use of other drugs.
- Damages - to dental bridgework, loose or crowned teeth.

Severe complications are rare, but may require emergency surgery, blood transfusion or, in extremely rare circumstances, result in death.

Are there any alternatives to this procedure?
This procedure is the best way of improving your ability to eat and drink. The only alternative would involve major surgery and much higher risks. The decision is yours whether you have an endoscopy and dilation. However, without this procedure your doctor may be unable to improve your ability to eat and drink.

Preparation for procedure

What preparation is required?

Diabetes
If you are taking medication or insulin please follow the advice that is attached to your appointment letter.

Medication to thin your blood
If are taking any medication to thin your blood please follow the advice that is attached to your appointment letter.
Current medication
Please bring a list of any current medication and any inhaler or angina sprays that you use.

Nil by mouth
To allow a clear view during the procedure the stomach must be empty. It is important that you that you do not have anything to eat for at least 6 hours prior to your appointment time. You may have sips of water only up to 2 hours prior to your procedure.

Photographs
We do, sometimes, take photographs during the procedure and these will be kept in your medical records.

Training
The training of doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Shrewsbury and Telford Hospital’s Endoscopy Units are both training units and sometimes deliver National training courses. All trainees are experienced doctors or nurses and the procedure is performed under the direct supervision of an expert consultant or nurse trainer. The trainer is there to ensure your safety and comfort. You can however, decline to be involved in the formal training of medical and other students; please inform the nursing staff on admission, this will not affect your care and treatment.

Pregnant
Please inform the unit prior to your appointment if you are pregnant.

What happens when you arrive at hospital?

On admission
After admission by reception staff a member of the nursing team will prepare you for your procedure. You will be asked some questions, including your medical history. The nurse is very aware that you may be worried and anxious so do not be afraid ask any questions.

Consent
The nurse will explain the procedure to you and discuss any potential risks. You will have the opportunity to ask any further questions. You will then be asked to sign the consent form confirming that you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.
The procedure

What should I expect during the procedure?

- You will be collected and taken into the procedure room where the Endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any questions.
- You may have your throat sprayed with a local anaesthetic before the procedure begins.
- While you are lying comfortable on the trolley the Endoscopist will place a small needle into a vein. Sedation will be given through this needle to help you relax, but you will not be completely aslee (this is not a general anaesthetic). The needle will be removed prior to discharge.
- You will then be asked to lie on your left side.
- If you have any dentures, you will remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard, which will be placed between your teeth/gums through which the endoscope is passed.
- You will be given oxygen through small tubes into your nostril.
- In order to monitor your heart rate and breathing the nurse looking after you will clip a probe onto one of your fingers.
- The Endoscopist will introduce the gastroscope gently into your mouth, down your gullet and into your stomach. You may gag slightly, this is quite normal and does not make breathing or swallowing difficult.
- Your stomach will be gently inflated with air to expand it so that the lining can be seen clearly which may make you burp and belch a little. Most of the air is taken out as the scope is removed.
- When the dilator is passed you may feel some pressure at the back of your throat.
- Any saliva you produce will be removed with a small suction tube, similar to that used at the dentist.
- A nurse will be with you throughout your procedure giving you guidance and support. You may also choose to hold the hand of the nurse.
- The procedure may take 15-30 minutes to perform.

What happens afterwards?

Once completed, the nurse caring for you during your procedure will take you to the recovery area where you will rest until fully recovered.

Maintaining the privacy and dignity of our patients is important to us; the recovery area is divided into separate areas for male and female patients.

If you have had sedation you will be monitored until you are discharged home. You will be allowed to rest for as long as necessary.
Discharge arrangements?

What happens when I am ready for discharge?

Diet and medication
You will also be advised about your diet and medication.

Results
The nursing staff looking after you will speak with you prior to discharge. A report of the examination will be given to yourself and a copy sent to your GP. If you have had sedation this can sometimes make you forgetful so please have someone with you at this discussion.

An aftercare sheet will be given to you prior to leaving the unit which will contain all relevant information. Biopsy results will take a number of weeks to be available.

The numbing effect of the throat spray may last for one hour. After this period of time and when the numbness has worn off, you will be able to eat and drink normally.

Please remember: Sedation may affect your judgment and reflexes for the rest of the day. Therefore it is important that you have a responsible adult to take you home following the procedure and remain with you for the next 12 hours. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure.

Who can I contact for help?

Contact details for more information

If you are worried or have any questions please do not hesitate to contact the hospital where you have been offered your appointment. Endoscopy units

- Royal Shrewsbury Hospital Tel: 01743 261064 / 492395
- Princess Royal Hospital, Telford Tel: 01952 565700 / 565701

Further information is available from;

- Patient Advise and Liaison Service (PALS)
  PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital Tel: 01743 261000 Ext 1691
Princess Royal Hospital, Telford Tel: 01952 641222 Ext 4382
Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**, which is available from PALS (contact details above).

Other Sources of Information

- **CORE - Digestive Disorders foundation**
  Provides information leaflets on a wide range of digestive disorders. For patient information leaflets, send a stamped addressed envelope stating any information you require to the following address:

  **Address:** CORE, 3 St Andrews Place
  **Telephone:** 020 7486 0341 (this is not a helpline)
  **Website:** [www.corecharity.org.uk](http://www.corecharity.org.uk)

- **Patient UK**
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.
  **Website:** [www.patient.co.uk](http://www.patient.co.uk)

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)

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