

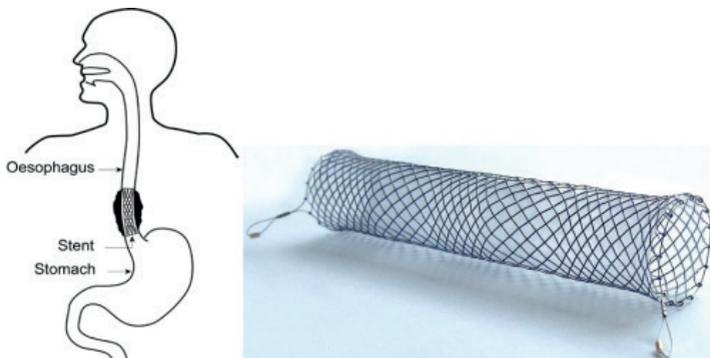
Oesophageal Stent

Gastroenterology Department Patient Information Leaflet



Why an Oesophageal Stent?

Because of your swallowing difficulty, you have been advised to have an oesophageal stent (usually made out of metal mesh) inserted to keep your gullet open. A stent is inserted during a gastroscopy (see leaflet) sometimes with the help of X-ray.



What can I expect?

Stents are usually successful in improving swallowing difficulties. Many patients are able to swallow soft foods well, after a week. All patients can expect some improvement in swallowing liquids. Some chest discomfort is usual in the first day or two and simple analgesia can be taken to relieve this.

Because the stent is not a valve, fluid may come back from the stomach. Staying in a propped up or sitting position is advised even when sleeping. To reduce acid production, long term medication will be given.

What are the risks?

Stent insertion is a safe procedure but as with any medical treatment there are risks. These can be pneumonia, bleeding and perforation (a tear of the gullet).

During the procedure

A nurse will stay with you throughout the test. Your pulse, oxygen levels and blood pressure will be monitored. When you are in the examination room, you will be asked to remove your dentures, if you have any. You will be asked to lie on your left side.

Sedation will be given through a needle in the back of your hand. To protect your teeth / gums and the endoscope, a plastic mouthpiece will be put between your teeth or gums (if dentures have been removed).

The endoscope will then be inserted through the mouthpiece. When it reaches the back of your throat, you may be asked to swallow to help the tube go down into your stomach. This will not interfere with your breathing. Some air will be passed through the instrument to inflate your stomach and allow a clearer view. You may feel wind like discomfort and belch some air up during the test, but please do not be embarrassed, this is normal.

The nurse caring for you will remove any saliva in your mouth, using a small suction tube. When the gastroscope is taken out, most of the remaining air in the stomach will also be removed. It will take approximately 30 minutes to insert the stent. The narrowed area may be stretched (dilated) before the stent is inserted.

After the procedure

You will stay on the Unit for 1 - 2 hours. When you have recovered from the sedation, you will be asked to sit upright.

Observations will be taken regularly and you may be admitted overnight for observation. If you are admitted, you will be assessed the next day, prior to being discharged. You will be given a drink, when you can swallow safely after the sedation.

Dietary advice

Once the stent has been placed, you will need to re-introduce food in a step by step order to find the right consistency for you and prevent blockages. For the first 24 - 48 hours, you should consume fluids only. Following that, you should progress gradually to puree meals, then soft meals and if you can manage, to normal meals. Each individual is different, and it may be that you only manage puree meals.

Equally as important as progressing gradually through food consistency are the **GOLDEN RULES** to help prevent your stent from blocking:

- **Have smaller but more frequent meals.**
- **Take time when eating and chew food thoroughly. Do not be afraid to spit out lumps you cannot chew.**
- **Take only small mouthfuls at a time.**
- **Take drinks during and after a meal. Warm drinks may help the most but all drinks are beneficial.**
- **Always sit upright when eating.**
- **If wearing dentures, make sure they are correctly fitted.**
- **Make meals as moist as possible by including sauces, gravy, custard or cream.**

Below is a guide to gradually introduce foods, which includes the types of foods to try for each food consistency.

Fluids (First 24 - 48 hours)

Start with small sips, one at a time and increase the volume as you feel comfortable. Fluid does not mean water only – it includes milk, fruit juice (but without the bits), coffee, tea and cordial. Aim to include as many nutritious fluids as possible such as milk, Ovaltine, Horlicks, Complan, Recovery, Build-Up, Yoghurt drinks, milkshakes, clear soups and fruit juices.

When you are managing fluids well, start to introduce puree consistency foods.

Pureed (Liquidised) Meals

Food can be easily liquidised using a hand blender, liquidiser or food processor. Food should be prepared and cooked as usual before blending (remove any skin, bones, fat or gristle). Add stock, gravy, sauces or milk to food to make them easier to blend. The thickness of the food will depend on how much liquid you add. Foods can be sieved after blending to give a smoother texture.

Blending items separately rather than all together will make the meal look more appetising. Colour is also important, e.g. try brightly coloured vegetables such as carrots with chicken or potatoes.

Breakfast

- Porridge or instant cereal, e.g. Ready Brek made with full cream milk.
- Wheat Biscuits, e.g. Weetabix made with full cream milk.
- Thick and creamy varieties of smooth yogurt or fromage frais.
- Liquidised fruit with cream.

Main Meals

- Liquidised soups – add meat, lentils, potatoes or beans to increase the nourishment. Make packet soups up with milk rather than water and add extra cream.
- All meat and poultry can be liquidised if gravy or sauce is added.
- Fresh, frozen or tinned fish (ensure all bones are removed first) can be liquidised with sauces such as parsley, white or cheese sauce.
- Ready made meals, e.g. Shepherd pie, fish pie, macaroni cheese, lasagne, corned beef hash and beef casserole – follow the instructions on the tin or packet and then liquidise – you may need to add extra sauce or gravy.
- Liquidise pasta with extra sauce, e.g. tinned or packet pasta, macaroni cheese or spaghetti bolognese.
- Mashed potatoes with butter / margarine / milk / cream / cheese – liquidise if still lumpy. Instant mashed potato with added butter is a useful alternative.
- Peel, then cook vegetables until they are tender before liquidising – add butter / margarine.

Desserts / Snacks

- Liquidise milk puddings, e.g. rice, sago and tapioca.
- Custard made with full cream milk.
- Angel Delight, Instant Whip, mousse, creme caramel, ice cream, jelly, smooth yogurt, fromage frais.
- Liquidise soft, tinned or stewed fruit with custard, ice cream or cream.

If you are managing well with pureed meals, start to introduce soft consistency food.

Soft meals

Breakfast

- Cornflakes, Branflakes, Rice Krispies, Special K or any similar cereal. Leave the cereal to soak in the milk before eating.

Main Meals

- Normal soups – add cream to increase the nourishment. Make packet soups up with milk rather than water and add extra cream.
- Mince or soft tinned meat and poached fish with all skin, bones and gristle removed. No batter on fish.
- Eggs: boiled, poached, scrambled or made into an omelette. Ensure a soft consistency.
- Shepherd pie, fish pie, macaroni cheese, lasagne and corned beef hash.
- Pasta with extra sauce, e.g. tinned or packet pasta, macaroni cheese, spaghetti bolognaise.
- Mashed potatoes with butter / margarine / milk / cream / cheese.
- Vegetables: remove skins and pips and cook until they are tender – add butter / margarine.

Dessert / Snacks

- Milk puddings, e.g. rice, sago and tapioca.
- Egg custards.
- Soft, tinned or stewed fruit with custard / ice cream / cream.

If you are managing well with soft meals, start to introduce normal consistency foods.

Normal meals

There are no forbidden foods, but continue to follow the **GOLDEN RULES** and consider the following:

- Use lots of sauces, gravy and custard.
- Try one day old bread instead of fresh bread.
- Remove skins, pith and seeds from fruit and vegetables.
- Remove gristle and bones from meat and fish.
- Be careful with hard toffees, fruit gums and chewy sweets.
- Cook pasta and rice thoroughly.
- Be careful with freshly baked cakes.

Easy ways to build yourself up

If you have lost weight or are having trouble maintaining your weight, try the following advice to increase the nutritional value of your meals without increasing the bulk of your food.

How to add extra Protein

Milk Try fortifying a pint of full cream milk by adding two heaped tablespoons of evaporated milk. Try to take at least one full pint of full cream milk a day by adding to soups, porridge, cereals, puddings, jelly, mashed potatoes and sauces.

Yoghurt Choose whole milk yoghurts, or those with added cream. Add to fruit and puddings.

Cheese Choose full fat cheese such as Cheddar and Lancashire. Grated cheese can be sprinkled on potatoes, vegetables, omelettes and scrambled eggs. Cheese in a sandwich, with biscuits or on toast, is a very useful snack.

Minced meat or fish Buy tinned fish in oil rather than brine as it will give you more calories. Make sure fish is soft in a sauce and minced meat is in a gravy.

How to add extra Calories

Sugar Add to hot and cold drinks, cereals and desserts.

Honey, Jam, Marmalade, Golden Syrup and Treacle Spread on bread, biscuits and scones. Stir into milk puddings and breakfast cereals.

Tinned Fruit Buy tinned fruit in syrup rather than natural juice. Cover thickly with cream, ice cream or custard.

Drinks Buy regular brands – avoid low sugar, low calorie or diet varieties. Butter and Margarine. Spread thickly on bread, toast and scones. Add onto cooked vegetables, potatoes and pasta.

Double Cream Stir into soups and puddings. Pour it onto fruit and desserts.

If fortifying your diet is unsuccessful in maintaining your weight, try over the counter nutritional, build up drinks such as Complan, Build Up and Recovery. If these are also unsuccessful, contact your Dietitian as there are high energy, nutritional drinks available on Prescription.

High risk foods for blockages

No foods are forbidden, however the following foods are the most likely to cause a blockage and would be best kept to a minimum:

- Green salads and raw / stringy vegetables, e.g. celery, green beans, sweet corn.
- Fruit and vegetables skins.
- Fruit pith, e.g. rhubarb, orange and pineapple segments.
- Tough/dry meats and gristle.
- Fish with bones.
- Crusty hard bread.
- Shredded and puffed wheat.
- Nuts, dried fruit and seeds.
- Freshly baked/new bread.
- Eggs (hard boiled, fried).
- Desserts with dried fruit.
- Chunks and lumps of cheese.
- Chips.

If your stent blocks

If you feel that your stent has blocked, follow these guidelines:

- Stop eating.
- Try not to panic.
- Drink a warm drink. If this fails, try a fizzy drink.
- Stand up and walk around.

If the stent is still blocked after 1 - 2 hours, contact your GP / Specialist Nurse / Endoscopy Unit.

Suffering from indigestion and heartburn?

If you suffer from indigestion / heartburn, try the following:

- Stay upright after eating.
- Avoid fizzy drinks.
- Do not eat one hour before bed.
- Raise your bed head or use pillows to allow you to sleep in a slightly upright position.
- Try peppermint tea/extract.

Medication

Medication should be taken in liquid form if possible. Discuss this with your Pharmacist.

Nutritious drink recipes

Fortified Milk

- 1 pint of full cream milk.
- 2 tablespoons of skimmed milk powder.

Add all the ingredients together using a blender, whisk or with a fork.

Mint Chocolate Cooler

- Half a pint of fortified milk.
- 2 - 4 heaped teaspoons of drinking chocolate.
- Peppermint flavouring.
- Grated chocolate.

Mix the drinking chocolate and peppermint flavouring with

the milk to taste. Pour into a glass and decorate with grated chocolate.

Honey Cup

- Half a pint of fortified milk.
- 2 teaspoons of honey.

Heat the milk to steaming (not boiling).

Pour the hot milk onto the honey and stir well.

Milk Shake

- Half a pint of fortified milk.
- 1 scoop of your favourite ice cream.
- Milk Shake flavouring.

Stir all the ingredients together with a fork, whisk or blend and serve.

Yoghurt Flip

- 1 glass of fortified milk.
- 1 carton of fruit yoghurt.
- Sugar to taste.

Whisk together and serve chilled.

Alcohol

If your doctor has no objection, a small amount of alcohol is acceptable.

Post stent problems

Tube blockage with food occurs in about 5% of cases, this may require further endoscopy to clear it. Occasionally, the stent will move slightly, if it displaces into the stomach, this is usually of no consequence and it is not necessary to remove it. Symptoms may recur, however, it is possible to further extend the stent or dilate the gullet at a later time, if further narrowing does occur.

Follow up

You will usually be contacted the day after and a week later to have you swallowing assessed. If you wish you can attend an outpatient clinic which is run by the Nurse Specialist on a regular basis.

Useful contact details

Upper GI Nurse Specialist:
Telephone: 01253 95 5501

Gastro Unit:
Telephone: 01253 95 3043

Hospital Switchboard: 01253 300000

Patient Relations Department

The Patient Relations Department offers impartial advice and deals with any concerns or complaints the Trust receives. You can contact them via tel: **01253 955588** or by email: **bfwh.patientrelations@nhs.net**

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397** or **bfwh.trustpolicyteam@nhs.net**

Options available

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Our Four Values:

