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ने उदाहृत उदाहरणों में लैंगुएज वी ऑन वरिषा करके इस नंवर के बेल करे: 01932 723553

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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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# Having an Oesophageal Dilatation

## Endoscopy Department

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you still remain concerned please contact our Complaints Manager on 01932 722612 or email [complaints@asph.nhs.uk](mailto:complaints@asph.nhs.uk)

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- Chest pain
- If you are unable to contact or speak to your own doctor, contact the Endoscopy Unit as shown below.

## **St. Peter's Hospital**

Patients can ring the **Endoscopy Unit** on **01932 722037**, Monday to Friday between 08.00 and 18.00 hours.

## **What is an Oesophageal Dilatation?**

It has been recommended that you have oesophageal dilatation.

Oesophageal dilatation is where the stricture (narrowing) of your oesophagus (gullet) is stretched to improve your swallowing.

This is done by passing a long flexible tube (gastroscope) through your mouth, gently passing over your tongue to the back of your throat and down into your oesophagus to look at the narrowing.

There is a mini camera built into its end. Pictures are then viewed on a television monitor

There are three different ways to stretch the oesophagus. The endoscopist will decide which method to use.

### **Method 1:**

A deflated balloon is passed through the gastroscope, and into the narrowed area. The balloon is inflated to stretch the narrowing.

### **Method 2:**

A thin wire is passed through the gastroscope, and the narrowed area and into the stomach. If the narrowing is severe, it may be necessary for this to be done using x-ray.

The gastroscope is removed leaving the wire as a guide for the balloon which is put into the narrowed area. The balloon is inflated to stretch the narrowing.

### **Method 3:**

A thin wire is passed through the gastroscope, and into the narrowed area. The gastroscope is removed leaving the wire as a guide for the bougie dilators (graduated plastic dilators) the dilator is passed into the narrowed area, gently stretching the oesophagus.

This will take between 10 and 20 minutes.

### **Why do I need an oesophageal dilatation?**

Your doctor is concerned about the symptoms you have been having with food sticking, and/or regurgitation, and/or swallowing difficulties. An oesophageal dilatation should help improve this. It also helps your doctor to decide on further treatment, if necessary.

### **Are there any alternatives to oesophageal dilatation?**

As a therapeutic procedure, there are no real alternatives to oesophageal dilatation.

Any concerns regarding possible alternatives should be discussed with the doctor who recommended the procedure.

### **Who will carry out the dilatation?**

An experienced doctor will carry out the procedure

The name of the doctor who will have overall responsibility for your test is:

Dr / Mr .....

Consultant Gastroenterologist / Surgeon

### **Are there any complications?**

Most medical /surgical procedures carry some form of risk.

- \* Oesophageal dilatation carries a very small risk (less than 1 in 100 cases) of bleeding. This usually settles on its own.
- \* Small tear or damage to the lining of the gut, (less than 1 in 100 cases) following which surgery may be necessary to repair it.

If any of these complications occur you may need to stay in hospital for treatment.

After the procedure take fluids only for 6hrs and a soft diet for 24hrs following which you can return to a normal diet.

### **Side Effects**

Serious side effects from this procedure are rare but for the rest of the day you may have a sore throat. You may also feel a little bloated if some air we use in the test has been left behind. Both of these things will pass off and need no medication.

If you experience any of the following problems please contact your GP or Accident and Emergency immediately informing them you have had an oesophageal dilatation.

- Severe abdominal pain (not cramp caused by wind)
- A firm and swollen abdomen
- High temperature or feeling feverish
- Vomiting

little uncomfortable it is not painful and you can breathe normally.

- The test should take about 10 - 20 minutes to complete, depending on which method of dilatation is used.

### **After the procedure**

If you have had **sedation** you will be given time to sleep and rest quietly until the immediate effects of this have worn off which should take about two hours.

Occasionally an X-ray will be requested after the procedure.

You will be offered a drink and something to eat while you wait for your escort home.

**This person must come to the Unit to collect you.** You must have supervision at home for at least 12 hours after your procedure.

Before you are discharged, the nurse will tell you what was seen during your procedure, and what to do next. You will also be given a printed sheet to take home with you, explaining this information.

Sedation lasts longer than you might imagine, so it is very important that after your test you do not do any of the following for at least 24 hours:

- Drive a car
- Operate machinery
- Drink alcohol
- Sign any important documents

### **How do I prepare for the test?**

- When you come to hospital please do not bring any items of value such as jewellery or credit cards. We cannot accept any responsibility for their loss.
- If you are **asthmatic** please bring your inhalers with you and tell the nurse.
- If you are **diabetic**, please check with the Diabetes Nurse for specific instructions and bring your diabetic pills or insulin with you on the day.
- Contact the Endoscopy Department if you are taking **Aspirin or Clopidogrel**
- If you are taking **Warfarin** please **stop 5 days** before the test.
- If you are taking **Clexane** please **stop 1 day** before the procedure.

However, if you have had a heart valve replaced, or a thrombosis (blood clots) in the past three months, do not stop the treatment and contact us for advice.

- If you are taking any other regular medications, please continue to do so.

Wear loose fitting clothes

Nothing to eat for **6 hours** before your procedure, and please do not drink for at least **4 hours** before your procedure.

As you will have been given sedation for the procedure you will need to have arranged transport home after the procedure and have a responsible adult to stay overnight.

- You should tell us about allergies that you may have to medicines/plasters/latex. We will avoid using anything to which we know you are allergic. If you know you have an allergy to latex you should inform us **at least a week before** the date of your appointment, so that we can make the necessary arrangements.

## What happens when I arrive?

**Please note that the appointment time is for your pre-procedure check, not the actual time of your examination.**

The length of time you will be here will vary enormously but expect it to be anything from two to four hours or more.

On arrival, please report to the Endoscopy reception desk where the receptionist will check your personal details.

You will be taken into the ward area where a nurse will ask you about your health, medications and allergies. Your pulse and blood pressure will be taken and the nurse will answer any questions that you may have.

We want to make sure that you understand the procedure and its implications.

## So what does an oesophageal dilatation involve?

- **Sedation** – A light sedation is given through an injection in your hand. It helps you to **relax** and will take away some of the awareness of the procedure. You will be given a strong painkiller with the sedation.

Please note that this is **not** a general anaesthetic. **You will NEED someone to collect you from the Unit.** You will **NOT** be able to drive yourself home.

- Before the procedure you will be introduced to the nurses and the Endoscopist who will be with you throughout your stay.
- The Endoscopist will explain the procedure to you and answer any questions you may have regarding the sedative.
- In order to monitor your heart rate and breathing, the nurse looking after you will place a probe onto one of your fingers.
- A nurse will be with you at all times, giving guidance and support. You will be asked to remove any dentures and glasses.
- You will be asked to lie on your left side.

A nurse will place a mouth guard in your mouth to protect your teeth and/or gums.

- Sedation will be given at this point.
- A flexible tube will be inserted gently into your mouth and passed over your tongue to the back of your throat. We would like to reassure you that although the test can sometimes be a