

## Endoscopy Department

# Having an oesophageal dilatation

### Important Information for inpatients

#### Before your appointment

- If you are taking **Warfarin** or **insulin** remind the medical staff looking after you as they may need to be adjusted.
- All medications should be taken as normal with a little water.

#### On the day

- Have **nothing to eat for six hours and nothing to drink for four hours** before your appointment.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- You will be brought to the Endoscopy department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

## What is an oesophageal dilatation?

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

First, a gastroscope, which is a long flexible tube (thinner than your little finger) with a light at the end is passed into the mouth and down into the oesophagus to look at the stricture. Then one of two different techniques is used for dilating (stretching) the oesophagus. The method used for you will be chosen during the procedure.

**Method 1:** A 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, through 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. 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.

Either method will take between 5 to 15 minutes.

Sometimes it is helpful to take a biopsy – a sample of the lining of the gut. This is done by passing an instrument called forceps through the gastroscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is then sent to the laboratory for analysis.

## Getting ready for the procedure

The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the endoscopist. They will be happy to answer any of your questions as we want to make sure that you understand the procedure and its implications.

Remember, you can change your mind or have further discussions about having the procedure at any time.

An intravenous injection is given into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic); this means you may not be aware of the procedure. You may also be given an analgesic (pain relief). The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

## During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout the examination. In the examination room, you will be asked to remove false teeth, glasses/contact lenses and made comfortable on a couch lying on your left side.

To keep your mouth open so that you do not bite the gastroscope, a plastic mouth guard will be put gently between your teeth. A plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels during the procedure.

When the endoscopist passes the tube through your mouth you may gag slightly; this is quite normal and it will not interfere with your breathing.

During the procedure, some air will be put in to your stomach so that the endoscopist will have a clear view; this may make you burp and belch a little. The air is removed at the end. When the procedure is finished, the tube is removed quickly and easily.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

## Potential problems

Oesophageal dilatations carry a very small risk (1 in 100 cases) of haemorrhage (bleeding) or perforation (tear) of the gut following which surgery may be necessary to repair it. There may be a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have either of these. Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and an adverse reaction to the intravenous sedative drugs.

## After the procedure

It is quite likely that your throat and oesophagus will feel slightly sore particularly in the area that has been dilated. Please tell the staff if it becomes too uncomfortable. You may need to have a chest x-ray about an hour after the procedure. You are advised not to have anything to eat or drink until the x-ray has been checked.

You will normally remain in hospital at least overnight after a dilatation insertion. If however you go home on the same day you are advised not to drive, operate machinery, return to work or drink alcohol for the next 24 hours. You are also advised to have a responsible adult stay with you for the next 12 hours.

If you have any of the following you should contact tell the staff on your ward immediately:

- severe pain,
- black tarry stools
- persistent bleeding.

## When do I know the result?

If you are still sleepy when taken back to your ward, the doctors looking after you on the ward will tell you the result. A written report will be filed in your hospital notes before you leave the department so that the information will be immediately available for the medical team looking after you.

Details of the results and any other necessary treatment should be discussed with the doctor who recommended you to have the procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

## Alternatives

As a therapeutic intervention, there are no real alternatives to oesophageal dilatation; concerns regarding possible alternatives should be discussed with the doctor who recommended this treatment.

## For more information:

- Contact the Endoscopy Office between 0900 and 1700 on 01223 216546.
- See [www.addenbrookes.org.uk/consent](http://www.addenbrookes.org.uk/consent).



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Russian

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### Cantonese

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### Turkish

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বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

## Bengali

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