Oesophageal Dilatation

This information leaflet is for patients who are having a Gastroscopy with oesophageal dilation. It explains what is involved and any significant risks that there may be.

What is a Gastroscopy?

It is an examination of the inside of your oesophagus (gullet), the stomach and the duodenum (the first bend of the small intestine). A thin, flexible tube (gastroscope) is passed through the mouth into the stomach. The tip of the endoscope contains a light and a tiny video camera so that the Endoscopist can see inside your stomach.
Having an Oesophageal Dilation

Oesophageal dilation is a procedure to stretch open a narrowing which slows or prevents the passage of food/fluid through the gullet. The procedure is carried out during a Gastroscopy. A balloon or ‘bougie’ dilator is used to stretch open the narrowing. X-rays may be used to check position and the result of the dilatation during or at the end of the Endoscopy.

Oesophageal dilatation takes longer than a routine Gastroscopy and may be painful so sedation and/or a painkiller are normally given. Depending on how you are following the procedure you may be allowed fluids and be discharged within a few hours. Occasionally your endoscopist may decide that you should not eat or drink for a longer period of time or that you stay in hospital overnight. Your endoscopist may also require an x-ray to be performed before you start taking fluid and food to check for complications.

Preparation for the test

- For this examination to be successful and for the doctor to have a clear view, your stomach must be empty.
- It is important to have nothing to eat or drink for six hours before your test.
- If you have diabetes, please phone the Endoscopy Unit for specific advice.
- If you are taking Warfarin, Clopidogrel, or other blood thinning medications please inform the Endoscopy Unit at least one week before the test.
- Continue to take your other medications with a sip of water.
- If you have any queries about your medication please ring Endoscopy.
- Please bring a list of them with you to the unit.

It is especially important to remember to bring any asthma inhalers or angina sprays with you. Do not bring valuables to the unit.
On arrival to the Endoscopy Unit

- Please report to the reception desk.
- A nurse will admit you to the department; check your details, blood pressure and pulse etc. If you are allergic to anything (such as medicine, latex, plasters), please tell the nurse.
- The endoscopist performing the test will explain the procedure and ask you to sign a consent form. This confirms that you understand the examination and agree to go ahead with it.
- You will be asked to remove any spectacles, contact lenses, tongue studs and dentures (if you have them).
- A nurse will stay with you throughout the examination.
- Expect to be with us for 2-4 hours.

What does the procedure involve?

- A cannula (needle) will be inserted into your hand/arm this allows us to administer the medications you will require for the procedure. This needle will be left lightly taped to your hand/arm until you have recovered from the procedure.
- You will have a device attached to your finger which monitors your heart rate and breathing.
- You will be asked to lie on your left hand side. While you are lying on your side a small mouthpiece will be placed in your mouth and you will be given oxygen via tubing under your nose.
- The endoscopist will gently insert the gastroscope through your mouth and into your stomach. This is not painful and will not make breathing or swallowing difficult, but you may feel like retching and feel uncomfortable during the test.
- The stomach will be gently inflated with air to expand it so that the lining can be seen more clearly. The air is sucked out at the end of the test.
- A wire is passed through the endoscope.
- A balloon dilator or a ‘bougie’ dilator using the wire as a guide is inserted through the stricture.
- The nurse may need to clear saliva from your mouth using a small suction tube.
Are there any risks?

As with all procedures there are some risks associated. These include:

**Perforation**, this is a tear in the gullet. The risk of this occurring is in the region of 1 in 300 cases. For ‘Achalasia’ dilatation, which requires a larger balloon, the risk is around 2-4%. If the tear is not picked up at the time of the endoscopy, it may be suggested by chest pain which gets worse after the procedure rather than getting better. If you get neck, chest or abdominal pain, neck swelling, fever or difficulty in breathing after you have gone home you should contact our department immediately during working hours, or come into Accident and Emergency out of hours. Small perforations can be managed conservatively and can heal with bowel rest and antibiotics. Larger holes may require an operation to repair them.

**Damage** to crowned teeth or dental bridgework.

A **reaction** to the sedative. The sedative can affect your breathing making it slow and shallow.

A small amount of **bleeding** may occur, but more significant bleeding is very rare.

**Fever** (raised temperature).

There is a slightly increased risk of developing a chest **infection** after this procedure.

**Please talk to your endoscopist before your examination if you have any worries about these risks.**

**After the examination**

- You will return to the recovery area to rest for at least 45 minutes. If you are comfortable and there are no obvious complications you will be given clear fluids followed by a cup of tea/coffee and biscuits

- The nurse will discuss the procedure with you

- A letter will be sent to your GP with the results.
Going home

Your procedure will normally have been carried out with a sedative injection. Because of this you must have a responsible adult to take you home and stay with you for the next 24 hours. In addition, you should not:

- Operate machinery or household equipment (kettle, cooker)
- Drive a car or motorcycle
- Take any alcohol or drugs other than those prescribed
- Sign any legal documents
- Look after young children or dependants alone.

You may have a mild sore throat, but this will pass and is nothing to worry about.

You should eat a soft diet only for 48 hours following the procedure.

If you have any queries regarding your procedure please call the Endoscopy Unit on:

01895 279214 Monday - Friday 9am to 5pm
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

If you need this information in another language, large print or audio format, please contact 01895 279973.

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شرطي صوتي، يرجى الاتصال بالرقم التالي 01895279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973查詢。

Spanish: Si necesita esta información en otro idioma, letra grande o formato de audio, póngase en contacto con el personal de información de la unidad de pacientes (patient information) por el número de teléfono: 01895 279973.