

Having an Oesophageal Dilatation

Information and advice for patients

Endoscopy

Quick guide for Ultrasound

1. No food for 6 hours before your procedure.
2. If you are diabetic, make sure you have our diabetic instructions . You can call us or find here:



3. If you plan to have sedation, please make arrangements for someone to pick you up and stay with you at home for 24 hours after the test.

4. TABLETS

Stop blood thinners such as dabigatran, apixaban, rivaroxaban, edoxaban on day of test.

If this is your first gastroscopy, STOP lansoprazole, omeprazole, pantoprazole, esomeprazole, rabeprazole for 2 weeks before if possible.

Take all other tablets on day of test, though please follow the specific diabetic medication instructions.

If you take warfarin, please arrange an INR test the day before. If the level is too high, please call endoscopy as we may not be able to carry out the test.

What is an oesophageal dilatation?

Oesophageal dilatation is a procedure to gently stretch open a narrowing of the oesophagus (gullet) using a special balloon or tapered tubes called bougies. The procedure can help relieve swallowing problems. A flexible tube with a camera on the end (gastroscope) is passed into your oesophagus so any narrowed area can be located. Then, either a balloon is then passed through the gastroscope and inflated, or a guidewire is placed, using the endoscope, and used to gently pass different sized bougies.

What are the benefits of the procedure?

The benefit of an oesophageal dilation is that a narrowed area of your oesophagus can be stretched to make swallowing easier.

Before your oesophageal dilatation, other tests such as a gastroscopy or barium swallow will have shown that your oesophagus has become narrowed. A doctor or specialist nurse will have discussed with you the likely cause of the narrowing of your oesophagus. After an oesophageal dilatation, you should find that your swallowing improves.

What are the risks of oesophageal dilatation?

You may experience chest pain, bloating, abdominal discomfort, and a sore throat for a few hours following the procedure.

There is a slight risk of damage to your teeth, crowns, or bridgework. Please let the nurse know if you have any concerns.

There is a risk of making a small hole in the oesophagus called a perforation. In balloon dilatation this can occur in 1 in 100 patients, though the risk can increase depending on your circumstances. You can discuss this with the doctor doing the dilatation.

A rare complication is an adverse reaction to the intravenous sedation (drugs given into your veins to make you sleepy) and pain killers.

There is a small risk of bleeding (1 in 1000 cases) which may require admission into the hospital and the need for a blood transfusion.

What are the alternatives to this procedure?

This procedure is the best way of improving your ability to eat and drink. The alternative would be major surgery with greater risks.

What are the risks of not having the procedure?

The risks of not having an oesophageal dilatation are that you continue to have difficulty swallowing which could mean you are unable to eat enough to give you adequate nutrition. Additionally, there is a risk that food you swallow may come back up the oesophagus and get into your lungs, causing a serious condition called aspiration pneumonia.

What do I need to do before I attend for my oesophageal dilatation?

To ensure clear views and to reduce risks you should not have ANYTHING to eat or drink for at least 6 hours before the test. You should also ensure that you have a responsible adult, eg friend or relative, to collect and care for you until the day following the dilatation.

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact us as soon as possible.

If you are unable to attend the appointment for any reason, please let us know as soon as possible so that your appointment can be offered to someone else. If you fail to attend without giving us more than 24 hours' notice, you may not be offered another appointment.

Medication

You may continue to take antacids e.g. Gaviscon or Asilone if required, but not within 3 hours of your test.

If you take diabetic tablets or insulin, or tablets that thin the blood (such as warfarin, dabigatran, apixaban, rivaroxaban, edoxaban, clopidogrel/Plavix, prasugrel) please contact the unit as you will need additional information.

You may continue to take your other usual medication. Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment, and details of any allergies or reactions to medicines in the past.

What happens when I arrive at the hospital?

Your appointment will last for 2 - 4 hours. When you arrive, please report to the reception desk at the endoscopy unit where a receptionist will check your details and direct you to the waiting area. Please do not bring any valuables or jewellery to the hospital. To respect the privacy of other patients, we do not usually allow friends or relatives to stay with you whilst you are attending for the test.

A nurse will then explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible for the test and will not mind answering questions. Provided you are happy for the procedure to be performed, you will be asked to sign a consent form.

What happens during the test?

The oesophageal dilatation will take place in a private room with only you, the endoscopist and nurses present. Sometimes the procedure will take place using X ray facilities. You will not have to undress or change into a gown for the procedure, but you must remove dentures, glasses or contact lenses and loosen any clothing around your neck. The procedure usually takes about 15 minutes.

You may be given a throat spray to numb your throat. You will be made comfortable on a couch and will be asked to lie on your left side. A nurse will stay with you throughout the procedure.

Sedative and pain killing drugs will be given through a small tube placed in the back of your hand or your arm (cannula). Sedation will make you sleepy and you may not remember the procedure taking place. You will also be given oxygen through small tubes placed gently in your nostril.

To keep your mouth slightly apart, a plastic mouthpiece will be put gently between your teeth. The endoscope will then be passed into your oesophagus; this will not cause any pain, nor will it interfere with your breathing, but it may be uncomfortable. Air will then be passed through the endoscope to allow a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a sucker.

Balloon dilatation

An instrument called a balloon dilator is passed through the gastroscopy and inflated inside the narrowing of the oesophagus to stretch it open. Once the narrowing has been stretched open adequately the balloon is then deflated and removed.

Bougie dilatation

In this procedure long tapered tubes called bougies are used. A guidewire is placed through the gastroscopy and through the narrowed area of the oesophagus. The gastroscopy is then removed, leaving the guidewire in place. Different sized bougies with tapered ends are then placed over the guidewire and down to the narrowed part of your oesophagus to gently stretch it. Slim bougies are used first, with the size increasing over different passes until your oesophagus has been stretched sufficiently. The gastroscopy will then be passed again to ensure the stretch has been successful and the guidewire will be removed.

You may need to return to have this procedure repeated a few times until the narrowing has been adequately stretched. Different sizes of balloons or bougies are used to reach the right size to improve your symptoms.

What happens after the test?

You will be transferred to the recovery area after the test.

You will not have anything to eat or drink for at least 1 hour afterwards or until the Doctor or nurse are happy with your recovery. If you are comfortable and there are no complications, you will first be given clear fluids.

Once we are satisfied you have recovered, the nurse will prepare you for discharge home and give you after care instructions.

Going home

It is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi. Public transport is not suitable. When you arrive home it is important to rest quietly for the remainder of the day with someone to look after you overnight. It is advisable you have the following day off work. Sedation can impair your reflexes and judgement. For the first 24 hours following sedation do not:

- Drive a car.
- Drink alcohol.
- Take sleeping tablets.
- Operate any machinery or electrical items, even a kettle.
- Work at heights (including climbing ladders or onto chairs).
- Sign any legally binding documents.

When will I know the results?

The procedure results will be explained to you before you are discharged from the unit. If any biopsies have been taken, these will be sent to the laboratory for testing and the results will take longer, we will explain when these results will be available. You will also be given a written report of your procedure and instructions as to what to do if you have any problems following the test and a copy of the results will be sent to your GP. If you need one, you will be given a clinic appointment.

How to contact us

If you have any questions or concerns, please contact us.

Endoscopy Unit

Monday – Saturday 8am – 6.30pm

Telephone: 0121 507 5318 or 0121 507 2796

If you are unable to keep your appointment, please telephone one of the above numbers as soon as possible so the appointment can be allocated to another patient.

Further information

For more information about our hospitals and services please see our website www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

British Society of Gastroenterology (2017) Quality standards in upper gastrointestinal endoscopy: a position statement of the BSG and AUGIS. Available at: <https://www.bsg.org.uk/clinical-resource/quality-standards-in-upper-gastrointestinal-endoscopy-a-position-statement-of-the-bsg-and-augis/> (Accessed: 22 February 2023).

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email swbh.library@nhs.net.



A Teaching Trust of The University of Birmingham

Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

© Sandwell and West Birmingham NHS Trust

ML7019

Issue Date: November 2024

Review Date: November 2027