

## Endoscopy Department

# Having an oesophageal dilatation

## Important Information

### Before your appointment

- All medications should be taken as normal with a little water.
- If you are taking **Warfarin** please read the '[Alert for patients on Warfarin](#)' carefully as you may need to have an INR test seven days before.
- People with **diabetes** should have additional instructions. Contact the Endoscopy department on 01223 216546 immediately if missing.
- If you have any queries about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 0900 and 1700 on 01223 216546.

### 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.

### At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- Please come to the Endoscopy Department, which is on level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', which is opposite the main entrance of the ATC. Take your parking ticket (which is issued at the car park entrance) to the reception desk in the ATC. The receptionist will validate the ticket so that you pay a reduced outpatients rate for your parking. Bring your appointment letter with you.
- **Please note that the appointment time is for your pre procedure check, not the 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. Please ask your admitting nurse for further information during your admission check.

## What is an oesophageal dilatation?

Oesophageal dilatation is where the stricture (narrowing) of your oesophagus (gullet) is stretched 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 on 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

Wear loose fitting washable clothing and leave valuables at home.

On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their implications.

Remember, you can change your mind 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). You will 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. This means you may not be aware of the procedure.

If you are an outpatient (not staying in hospital), you **must** arrange for a friend or relative to come with you to the department, wait with you and take you home. Altogether, you and your escort may be in the department for up to three hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

## 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

Following the examination, the back of your throat may feel sore for the rest of the day and you may feel bloated if some of the air remains in your stomach. Both these discomforts will pass and need no medication.

Following the procedure you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you will be given a drink before getting dressed. You can then go home; this may be up to an hour following the procedure. 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 your GP, the Endoscopy department or the Accident and Emergency department.

- severe pain,
- black tarry stools
- persistent bleeding

## **When do I know the result?**

The endoscopist will be able to tell you the results immediately after the test. If you have had sedation, it is a good idea to have someone with you when you talk to the endoscopist as sedation makes some people forgetful.

If a sample (biopsy) has been taken, the result will not be available for a couple of weeks. Details of the results and any necessary treatment should be discussed with the doctor who recommended you to have the examination.

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

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

## Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

## Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

## Bengali

### Document History

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