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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

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

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Having an Oesophageal Dilatation

Endoscopy Department

This information leaflet contains information about your procedure including the risks, benefits, alternatives to the test and what you might expect when you come to the hospital. If, after you have read it, you have any queries or concerns; please talk to us about any worries and ask any questions you may have.

The aim of this booklet is to enable you to make informed decision when you come for your procedure. It is important to us that you have understood the procedure, its risks and benefits before we ask you to sign your consent form. We will need to have your formal written consent before we can perform your procedure which will be done either by an experienced Registered Nurse or your Endoscopist.

Your appointment time in Endoscopy Unit is approximate, as some procedures may take longer than expected. We also deal with emergencies and these can take priority over patients with outpatient appointment. You should expect to be in the department approximately for most of the morning or afternoon.

Preparation for the procedure

Eating and Drinking

You must not eat anything for at least **six hours** before your procedure because the food in your stomach can prevent the Endoscopist from having a good view of your stomach. It can also increase the risk of inhaling the contents of your stomach into your lungs which can cause severe pneumonia.

You can have few sips of water up to **four hours** before your test.

Further Information

We aim 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 Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Medicines

Unless you have been advised otherwise, you should take your usual medicine normally with few sips of water

If you have diabetes, either on tablet or Insulin, please telephone us on 01932 722231 / 01932 722747 for advice at least one week before your endoscopy appointment.

If you are on any blood thinning medication like Warfarin, Dabigatran, Apixaban, Rivaroxaban or anti platelet medication like Clopidogrel, please inform us as soon as possible as it may be necessary for you to stop taking your tablets for a limited time before the procedure.

What is an Oesophageal Dilatation?

Oesophageal dilatation is where the stricture (narrowing) of your oesophagus (gullet) is stretched to improve your swallowing. This is done by using a special catheter (long, thin tube) with a balloon attached which expands the narrowing to make it easier for you to swallow.

The examination is carried out by a trained doctor called an Endoscopist. Sometimes, however, the test may be carried out by an Endoscopist who is learning, under the close supervision of the experienced Endoscopist.

Why do I need an Oesophageal dilatation?

Your doctor is concerned about the symptoms you have been having with swallowing difficulties. You would have had other tests such as Gastroscopy or Barium swallow to confirm a narrowing or a stricture. Dilatation should expand the narrowing and make it easier for you to swallow.

Are there any alternatives to Oesophageal dilatation?

Your doctor has recommended an oesophageal dilatation as the best option for you but if you would like more information about the procedure, please speak to your doctor.

What options are available to help me during the procedure?

Anaesthetic throat spray – A local anaesthetic spray is given at the back of your throat – this has an effect very much like a dental injection. This medicine will numb your throat allowing the gastroscopist to go down with ease

Pain relief via a needle - A pain relief injection will help you tolerate the procedure.

Sedation via a needle – A sedative injection can help you relax if you are particularly anxious about the procedure. It can sometimes make you drowsy which can help you tolerate the

What happens after the procedure?

After your procedure, you will be taken to the Recovery Area where 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. During this period, you will not be allowed to have something to eat and drink.

You will have your blood pressure, pulse and oxygen saturations checked at least every fifteen minutes. If you are diabetic, we may need to check your blood sugar again.

After a couple of hours, you will be offered some refreshments like tea/coffee and biscuits. The plastic cannula used to give you the sedation will also be removed. The sedative can make you forgetful and can make you feel intermittently tired and drowsy for at least 24 hours, this is why we strongly recommend that you arrange someone to stay with you overnight. For 24 hours following your sedation, you must not drive, drink alcohol, operate any heavy machinery or sign any legal document. If the person collecting you has left the Department, a member of staff will telephone them when you are ready to go home. Once your escort has arrived, you will be taken to a private room where a member of staff will go through all your discharge information with you. After this and you feel ready, you could be discharged from the Department.

A copy of your endoscopy report will be given to you.

stretch the oesophagus. The Endoscopist will decide which method to use.

Method 1:

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

Method 2:

A thin wire is passed through the gastroscop 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 gastroscop 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 gastroscop, and into the narrowed area. The gastroscop 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.

Photographs may be taken during your procedure; these will be filed and kept in your medical notes

procedure. A sedative is different to general anaesthetic, its purpose is to help you relax and not 'knock you out'.

Because you will be given a sedative and pain relief via injection, you will not be permitted to drive home or take public transport. You must arrange for a family member or a friend to collect you from the Endoscopy Unit and you must have an adult to stay with you overnight.

There is a considerable variation in the way people react to this procedure and the sedation. The procedure is safe, but may be unpleasant and at times uncomfortable. We aim to use the sedation to help you relax within safe limits. We do NOT aim to send you to sleep but we will do our best to make the procedure as comfortable as possible.

What are the possible risks of this procedure?

Serious risks and complications of having an oesophageal dilatation are rare. However, as with any procedure, some risks or complications may occur.

- 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.

What will happen when I come in?

When you come to the Department, please present yourself at the Reception where they will confirm your details with you. You will be given a blue booklet where you will be asked to answer several health questions and write a list of your medication (please remember to bring a list of your medications with you when you come for your appointment). Please note that we have a limited amount of space in the Department and there may not be an available space for a friend or relative to accompany you during your appointment.

A member of staff will bring you in the Admissions area to go through your health questionnaire with you. He/she will be taking your blood pressure, pulse and temperature and record it your booklet. An intravenous cannula will be placed in your arm/hand; this will be used as an access so the Endoscopist can give you the sedation before the start of the procedure. Your admission nurse will make sure that the procedure is thoroughly explained and that you understand the procedure before you sign your consent form. This will be an opportunity for you to ask any questions you may have. The member of staff will also ask you about your arrangements for getting home after your procedure. Because you will be given sedation via an injection, a responsible adult must be available to take you home and stay with you overnight, as the sedation can impair your reflexes and judgment. Please note that your procedure will be cancelled if you do not have an escort arranged to collect you from the Department.

We will be asking you to sign your consent before you can be taken into the procedure room where your endoscopy will be done.

What happens during the procedure?

Your procedure will be carried out in one of the procedure rooms where experienced members of the team will be with you at all times.

A local anaesthetic throat spray will be given whilst you are sitting up (if you have any dentures you will be asked to remove them first), the results are rapid and you will immediately experience loss of sensation at the back of your throat. A member of staff will put a blood pressure cuff on your arm and a probe will be placed on your finger to check your oxygen level throughout the procedure and a plastic cannula will also be placed in your nostrils. You will be asked to lie on your left-hand side; sedation will be given at this point.

A small plastic mouth guard will be placed gently between your teeth to help you keep your mouth slightly open and make it easier for the Endoscopist to pass the endoscope (camera), which is no bigger than the tip of your finger.

The Endoscopist will start the test by placing the lubricated endoscope into your mouth. The Endoscopist will then push the gastroscop gently down into your oesophagus; depending on the size of the stricture, the Endoscopist may or may not be able to check your stomach and duodenum. A small amount of air is blown during the procedure, this is necessary to allow the Endoscopist to have a clear view during the procedure. This air will be removed at the end of the test.

Once the doctor has identified where the narrowing is, he can then perform the dilatation. There are three different ways to