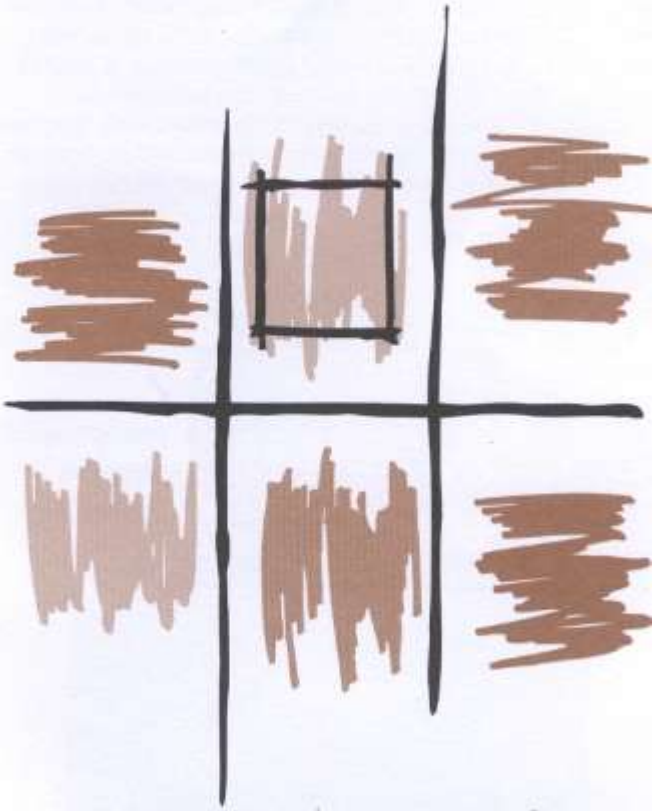
# Having an Oesophageal Dilatation



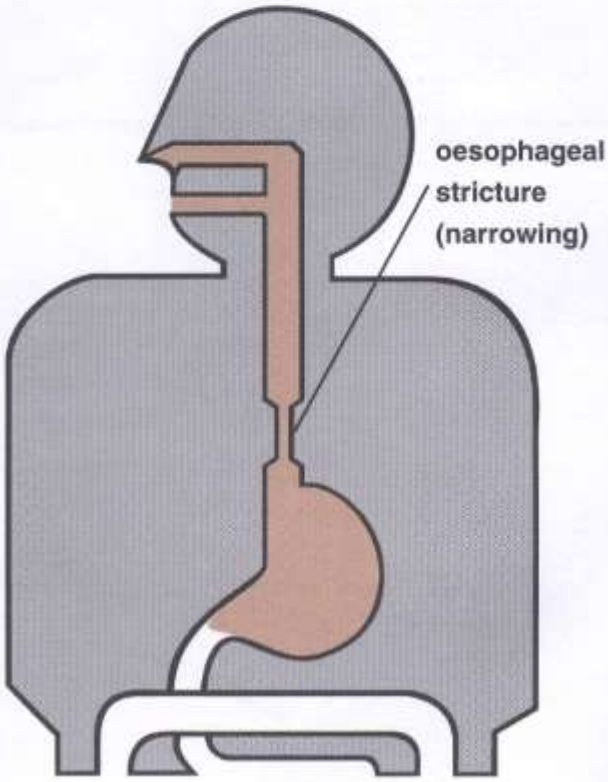
a guide to the procedure

You have been advised to have the narrowing (stricture) of your gullet stretched, to improve your swallowing. The procedure is called **oesophageal dilatation**.

This leaflet has been prepared from talking to patients who have had it done. It may not answer all your questions so if you have any worries please don't hesitate to ask. The staff will be available to answer any queries.

## What is a Dilatation?

You will be given some sedation before the doctor passes the tip of an endoscope through your mouth and into the **oesophagus.** The endoscope is a long flexible tube (thinner than your little finger) with a bright light at the end. Through it the doctor then places a fine guiding wire into the narrowed area and then withdraws the endoscope. The doctor will then pass a **dilator** (another type of tube) through your mouth and down to the stricture, guided by the wire. X-ray equipment is sometimes used to help. Firm but gentle pressure is used to push the dilator through the stricture. The procedure is repeated with larger dilators, until the narrowed area has been stretched adequately. Alternatively, a special balloon may be used on the end of the flexible tube to stretch the narrowing.



## What should you expect?

**The preparation:** Some patients need to be admitted to hospital for a few days. You will be advised about this by your doctor. To allow a clear view the stomach must be empty. You will therefore be asked not to have anything to eat or drink for at least four hours before the procedure. When you come to the department, a doctor will explain the procedure to you and ask you to sign a consent form. This is to ensure that you understand the dilatation procedure and its implications. Please tell the nurse or doctor if you have any **allergies or bad reactions** to drugs or other tests. They will also want to know about any previous endoscopy examinations you may have had. If you have any worries or questions at this stage don't be afraid to ask. The staff will want you to be as relaxed as possible for the procedure and will not mind answering your queries.

You may be asked to take off your shirt or jumper, and to put on a hospital gown. It will be necessary for you to remove any false teeth or contact lenses. They will be kept safely until after the examination.

**During the procedure:** In the examination room you will be made comfortable on a couch, resting on your side. A nurse will stay with you throughout the procedure. X-ray equipment may be beside the couch in preparation and the staff may be wearing protective X-ray aprons. The amount of X-rays you receive will be strictly controlled for your safety.

You will then be given a sedative injection into a vein to make you sleepy and relaxed.

To keep your mouth slightly open, a plastic mouthpiece will be put gently between your teeth. When the doctor passes the endoscope through your mouth and into your oesophagus it will not cause you any pain: nor will it interfere with your breathing at any time during the procedure. Removal of the endoscope is quick and easy. You may feel the dilator as it passes down your throat and through the stricture, but it is not painful. The procedure usually takes approximately 15 minutes. Further sedation can be given if necessary.

## After the dilatation

You will be left to rest for about 30 minutes after the procedure. It is quite likely that your throat will feel slightly sore, particularly in the area which has been dilated. Please tell the staff if you have any other pain or discomfort. Nursing staff will measure your pulse, blood pressure and temperature from time to time to make sure all is well. In order to ensure that everything has gone satisfactorily, you will be asked to stay for several hours after the procedure for appropriate observations. You will be able to have a drink of water after a couple of hours. If there are no problems you will be able to have some food later in the day.

## Going home

If you are going home after the procedure **it is essential that someone comes to pick you up**. Once home it is important to rest quietly for the remainder of the day. Sedation lasts longer than your think so **you should not:**

- drive a car
- operate machinery
- drink alcohol

The effects of the procedure and the injections have usually worn off by the following day when you should be able to resume your normal activities and to eat a soft diet. Your doctor should advise you about your subsequent diet and any medication. In general it is wise to avoid chunks of food, to chew your meals well and to take them with plenty of fluid. Tablets can stick and aggravate swallowing problems. They should always be broken up or crushed and taken with plenty of water or in a spoonful of yogurt.

## Repeated Dilatation

In many cases the dilatation will have to be repeated, either within a week or so to complete the initial stretch or later if the narrowing recurs. The risk of recurrence can be reduced by appropriate medical advice and treatment. It is important for you to discuss this with your specialist. In some cases a plastic tube is left inside the oesophagus to help with swallowing.

## Potential problems

Very rarely, the dilatation can cause a perforation of the oesophagus with the stretching resulting in a split in the wall in or near the stricture. This complication is evident within a few hours when it occurs. For the unlucky ones it means a longer stay in hospital, and possibly an operation.

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**suppliers of**

**OLYMPUS**

**endoscopy equipment in the UK and Ireland**

Printed in UK KI 5012368/194