NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Oesophageal Balloon Dilation

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Oesophageal Balloon Dilation

Patient Information

Endoscopy

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Please read through this leaflet carefully as soon as possible. Do not leave it to just before your appointment as this may cause problems preparing for your test.

This leaflet has been written to provide information, explain the benefits and risks of the procedure and to allay any fears you may have. If you have any further queries, your doctor and the endoscopy staff will do their best to answer them for you.

Please contact the gastroenterology department immediately if you:

- are diabetic
- have suffered a heart attack, stroke or TIA within the last 3 months
- are on kidney dialysis
- are taking warfarin or acenocoumoral (Sinthrome®)
- are taking clopidogrel (Plavix®) or dipyridamole (Persantin® or Asasantin®)
- are taking ticagrelor (Briliique®) or prasugrel (Efient®)
- are taking other anti-coagulants (Dabigatran or Pradaxa®, Apixaban or Eliquis®, Rivaroxaban or Xarelto®, Edoxaban or Lixiana®)
- are unable to attend your appointment time

Endoscopy Unit at Royal Albert Edward Infirmary: **01942 822450**

Oesophageal Balloon Dilatation

You have been advised to have a gastroscopy and dilatation of the oesophagus (gullet or food pipe). Your doctor suspects that you may have a narrowing of your gullet (sometimes called a stricture) but you may have already undergone investigations which prove that this is the case.

What is an oesophageal stricture?

An oesophageal stricture is a narrowing of the food pipe which can lead to restriction of the passage of food through to your stomach. Sometimes, the narrowing can be so tight that it becomes impossible to eat or drink anything at all. There are many causes of an oesophageal stricture. Commonly it is due to stomach acid causing damage and eventually scarring of the gullet (**a peptic stricture**) but other causes include previous oesophageal surgery or achalasia. Some strictures may be caused by cancer.

What is oesophageal balloon dilatation?

It is possible to stretch the narrowing in the gullet with a special balloon. A flexible telescope (gastroscope) is passed into your mouth, over the back of your throat and into your gullet. A deflated rubber balloon is passed through the gastroscope and positioned so that it lies within the oesophageal stricture. The balloon is then carefully inflated with water which stretches the narrowing. Once the narrowing has been stretched, your endoscopist may take a look into your stomach and the first part of your small bowel (the duodenum) to ensure that there are no further abnormalities.

If the narrowing is very tight, and it is not possible to even pass the deflated balloon through it, it may be necessary to use x-rays to help position the balloon by passing a thin wire through the stricture first. If this is needed, it will be discussed with you before the start of

the procedure.

In the case of very tight strictures, you may need to return to have this procedure repeated a few times until the narrowing has been adequately stretched. It is not uncommon for the stricture to reform after a period of time and this may require the procedure to be repeated as well.

What are the benefits?

The aim of oesophageal balloon dilatation is to improve your swallowing so that you can eat and drink again. It is also possible to take small samples from the narrowed area (biopsies) if the cause of the stricture is uncertain. This will help guide further treatment options.

Are there any alternatives to this procedure?

Dilatation through the gastroscope is the best and safest treatment for benign (i.e. non-cancerous) oesophageal strictures and it may be the best treatment for cancerous strictures in some situations. The only other alternative would involve major surgery and much higher risks.

What anaesthetic or sedation will I be given?

It is usual to give a small amount of local anaesthetic throat spray to numb the back of the throat in order to pass the telescope.

You will usually receive sedative drugs, with or without a painkiller, which will be given by an injection into your arm. This will make you drowsy and relaxed but you will not be unconscious like with a general anaesthetic. You will be given oxygen through your nose

during the procedure.

The effects of the sedatives will usually have worn off within an hour after your procedure. However, the drugs may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

You must arrange for a friend or relative to collect you from the Endoscopy Unit and we recommend they stay with you afterwards. You must not drive, ride a bike, operate machinery, climb ladders, or sign important documents for 24 hours following sedation. If you are not able to make these arrangements, we may need to organise overnight admission to hospital for you. Please let us know as soon as possible if this is the case.

What are the risks and side effects to this procedure?

As with most medical procedures, there are some risks involved. Your doctor will have felt that the benefits of this procedure outweigh the potential risks before he/she suggested that you should have it carried out.

You may experience bloating and abdominal discomfort for a few hours after the procedure because air is used to inflate the stomach. This can often be relieved by belching. You may have a sore throat for 24-48 hours. Some patients develop discomfort behind the breastbone or a burning sensation on swallowing which can last for a few days. It is safe to take simple painkillers for this. You must tell the nurse if you have any loose teeth, caps or crowns as there is a risk that they can become dislodged during the procedure.

The sedative drugs can cause your breathing to slow down or result in a fall in your blood pressure. This is the reason we do not give high doses of the drugs for this procedure. We monitor your breathing and oxygen levels carefully throughout the procedure and this rarely becomes a problem.

There is a risk of causing significant bleeding which occurs in less than 1 in 100 patients. This may necessitate blood transfusion or further procedures to stop the bleeding.

Causing a tear (otherwise known as a perforation) in the gullet at the site of the dilatation is a recognised complication with a risk of about 1 in 50 cases. If perforation occurs, it can be serious and will require a prolonged admission to hospital, it may require an operation to repair the damage and rarely, it can result in death. However, it is important to remember that not treating the stricture may eventually stop you from eating and drinking all together, if this is not already the case, and the alternatives have much higher risks.

If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this treatment.

Getting ready for the procedure?

Do not have anything to eat or drink for at least six hours before the procedure. This is to ensure that your gullet and stomach are empty and the doctor has a clear view.

Many patients with swallowing difficulties are unable to take their usual medication. If the difficulty in swallowing has not restricted you from taking your usual medication, please continue to take them prior to your procedure, **except for those drugs that are listed at the beginning of this leaflet**. You will be asked to remove any tight clothing, ties, dentures and spectacles. Please do not bring large amounts of money or valuables with you.

When you come to the department, please tell the doctor or nurse about any medical problems that you may have, any medicines you are taking and any possible allergies or bad side effects to medication you may have had in the past. **It would be very helpful if you could bring a list of all your medication with you.**

What will happen before your procedure?

The nurse will check your details and record your blood pressure and pulse. You may wait a while before you are called through for your procedure. Your doctor or nurse endoscopist will go through the consent form with you before you go into the procedure room.

After your procedure

After your procedure, you will be taken into the recovery area and allowed to rest.

You will continue to receive oxygen and the nurse will record your blood pressure and pulse. When you are fully awake you will be helped from the trolley and escorted to a seated area, where you will be given a drink once an hour has elapsed after your procedure. You will need to stay in the department for up to four hours before being discharged home with your escort.

Once at home after your procedure

You should restrict yourself to a soft diet and avoid very hot drinks until the following evening.

If you experience severe abdominal pain, chest pain, vomiting, a firm or swollen abdomen, high temperatures or feel feverish, you must contact the endoscopy unit immediately or attend your nearest Accident & Emergency Department.

Results

Once you are fully awake, a doctor or nurse will provide some information regarding what was found during the procedure, the treatment that was carried out and any further tests that may be required. If you would like a friend or relative to be present, we can do this with your consent.

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on the phone numbers given on the first page of this leaflet. This will allow us to give your appointment to another patient and rearrange another one for you.

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