Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Banding of Oesophageal Varices

Version number: **10**
Last modified date: **12th November 2026**

Banding of Oesophageal Varices

Patient Information

Gastroenterology Department

- Author ID: AE
- Leaflet ref: End 007
- Version: 10
- Leaflet title: Banding of Oesophageal Varices
- Last review: September 2025
- Expiry Date: September 2027

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
- are taking Mounjaro
- 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

Banding of Oesophageal Varices

Your doctor has advised that you have the varices (enlarged veins) in your oesophagus (gullet or food pipe) banded.

What are oesophageal varices?

Oesophageal varices are enlarged veins in the lining of the gullet which are a little like varicose veins that some people have on their legs. They are often caused by liver diseases but can have other causes as well. They are important to treat because they carry a risk of bleeding.

What is variceal banding?

It is possible to reduce the risk of bleeding from the varices by destroying them. One way of doing this is by applying rubber bands to the varices. A flexible telescope (gastroscope) is passed down into your gullet with a special device attached to the tip of the telescope. This device contains several rubber bands that can be used to capture the protruding veins and ‘strangle’ them, thus reducing the risk of bleeding. It may take more than one treatment to ensure that the varices are adequately destroyed.

What are the benefits?

Banding will greatly reduce the risk of bleeding from the enlarged veins in the gullet and following several treatments can obliterate them altogether.

Are there any alternatives to this procedure?

Banding of varices in the gullet is the best and safest treatment if they have been bleeding or the doctor is trying to prevent them from bleeding. In severe or exceptional cases there are more complicated alternatives, which you can discuss with your doctor.

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 to pass the telescope.

You also have the option to receive sedative drugs which can 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.

If you choose to have sedation, 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 will not be able to give you sedation.

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 for a few hours, but this usually settles with simple painkillers. 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 the 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 can occur in about 1 in 500 patients. This may necessitate blood transfusion or further procedures to stop the bleeding.

There is a risk of causing a tear (otherwise known as a perforation) in the gullet or stomach with the camera. This risk is very small and can occur in 1 in 5000 cases.

Very rarely, scarring of the gullet where the bands have been applied may cause a narrowing of the gullet. This can occur many months after the procedure. If you have trouble in swallowing, occasionally a further procedure to stretch the narrowed gullet may be required.

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 for at least six hours before the procedure. This is to ensure that your stomach is empty, and the doctor has a clear view. You can drink small amounts of water for up to two hours before your appointment time.

Please continue to take your usual medication, 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.

If you received sedation, 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. You will need to stay in the

department for up to four hours before being discharged home with your escort.

If you did not receive sedatives, you will be allowed to resume eating and drinking after about an hour. You should restrict yourself to a soft diet and avoid very hot drinks until the following evening.

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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