Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Oesophageal stent v3

Version number: **3**
Last modified date: **12th November 2026**

Oesophageal Stent

Patient Information

Endoscopy Services

- Author ID: LM
- Leaflet Ref: End 022
- Version: 3
- Leaflet title: Oesophageal Stent
- Last review: September 2025
- Expiry date: September 2027

Introduction

This leaflet aims to inform you about the oesophageal stent procedure. It will look at what will happen before, during and after the procedure, including the risk and benefits. Following the procedure, you will be contacted by the dietitian, who will offer you specialist dietary information and advice to support you with maintaining your nutrition.

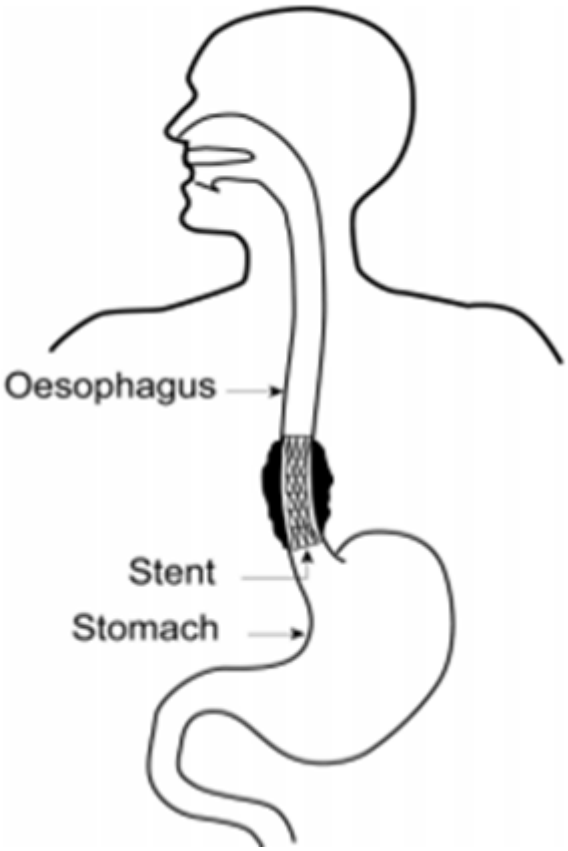
Why do I need an Oesophageal Stent?

The Oesophagus (also known as the gullet or food-pipe) is a hollow muscular tube that takes food from the mouth down to the stomach.

Swallowing and eating may become difficult if there is a narrowing or blockage within the oesophagus. To help to overcome this problem and open up the narrowing, you may be advised to have an oesophageal stent to help you to eat and drink more comfortably.

What is an Oesophageal Stent?

Stents are flexible hollow tubes usually made from thin metal mesh and can be covered in a plastic membrane. It is inserted down the oesophagus and passed through the blockage. The stent expands, creating a passage and therefore allowing food to pass more freely.



Where will the procedure take place?

There are two ways of placing a stent. Most commonly, this would take place within the gastroenterology department (endoscopy unit) by a Consultant Gastroenterologist. In this instance a flexible tube called an endoscope is guided down the food pipe. This endoscope has a light and a camera, allowing the doctor to assess the blockage and accurately place the stent into the narrowed area.

Occasionally, an interventional radiologist within the X-ray department may also perform the same procedure, using a guide wire and X-ray imaging.

What will happen prior to the procedure?

Your doctor will request for the stent to be performed in either the X-ray or Endoscopy Department. You will receive an appointment to come to hospital for the procedure. You will be given fasting instructions, which is usually for 6 hours prior to the procedure. Please ensure you notify the Doctor if you currently take any medication to thin your blood, such as Warfarin, Clopidogrel, Clexane, Rivaroxaban or Aspirin.

The procedure may involve an admission to hospital, so it is best to prepare for an overnight stay. However, most oesophageal stent procedures are now done as a day case.

What will happen at the procedure?

You will usually report to the Endoscopy unit and be greeted by one of the Endoscopy staff who will prepare you for the procedure and insert a cannula (needle) into the back of your hand, for sedation and painkillers.

The procedure is similar to having an endoscopy/gastroscopy; this will be explained to you by the Doctor performing the procedure and you will be asked to sign a consent form after discussing the potential risks and benefits.

You will be asked to wear a hospital gown for the procedure, and remove any false teeth, glasses or contact lenses.

The endoscopy nurse will spray the back of your throat with a local anaesthetic to numb the throat for the duration of the procedure.

You will be given sedative and painkillers, which will make you feel sleepy. A guard will be placed into your mouth to keep it open throughout the procedure, allowing the doctor to work effectively and efficiently.

Your blood pressure and pulse will be monitored throughout, and you will be given extra oxygen through small tubes in your nose.

When you are sleepy, a small wire is passed through the oesophagus via your mouth and over the blockage using X-ray control. At this point, the stent is passed over the wire into the correct position and is released to expand.

The wire is then removed leaving the stent in place.

The procedure will usually take between 30-45 minutes, but you will remain in the endoscopy unit to recover, and for monitoring of your blood pressure and pulse. You will stay on the endoscopy unit until you are discharged or transferred to a ward.

What will happen afterwards?

The nurse will continue to monitor your blood pressure and pulse. Frequently, patients will have some chest discomfort following a stent insertion; this can happen immediately after but generally settles over time with the correct pain relief. You should take regular pain killers as advised, to relieve any discomfort caused by the procedure.

You are allowed to eat and drink once the sedation and throat spray have worn off and you feel comfortable, usually 2-4 hours following the procedure. Your nurse will tell you when you can start to drink and slowly build up to soft foods. You will need a modified diet, because at this stage, solid foods will not pass through the stent. You will be discharged home once the pain is under control and you are able to eat and drink comfortably.

Please note: It will take a few days for the stent to fully expand, opening up the food-pipe allowing food and drink to pass through again.

- Ensure that at mealtimes you sit upright when eating and remain upright for at least 30 minutes afterwards.

- It is essential that you chew all foods to a smooth consistency before swallowing

- Help to keep the stent clean and clear by taking sips of fluid during and after eating.

- Certain foods may block the tube and will need to be avoided. Your dietitian will advise you on what foods are most appropriate for you to eat.

What are the risks involved and possible complications?

Oesophageal stent insertion is a very safe procedure; however, as with all medical interventions, there are some risks as explained below.

- Heartburn may occur if the stent is placed partly in the stomach, but this can be controlled with medication to control stomach acid.

- **Bleeding** may occur during the procedure, and you may vomit a small amount of blood, but this usually stops on its own.

- Insertion of the stent may cause a tear (**perforation)** in the wall of the oesophagus. This is rare; however, if this happens, you won't be able to eat or drink for a few days and you will be given anti-biotics until the tear heals. If the tear doesn't heal, you may need a second stent or an operation.

- The stent may not expand fully, and you may continue to have difficulty swallowing. If there is no improvement with swallowing, then you may need to go to the X-ray department to investigate why. This involves drinking a liquid dye that will show the position of the stent and allow the doctor to see if the stent is allowing fluids to flow through. Depending on the results, it may mean that stent needs repositioning. If the stent is not fully open, you may need another endoscopy intervention, where the doctor places a small balloon in the stent. This is inflated, expanding the stent fully.

- Food may occasionally stick within the stent causing a **blockage**, causing you to vomit and be unable to keep food down. If this happens try not to panic, stand up and walk around and try to sip plenty of fizzy or warm drinks to try to clear the blockage. If symptoms persist, you may need an endoscopy to remove the food.

- The stent may slip out of its position, and you may become unable to eat and drink. If this occurs, the stent can be replaced or repositioned.

- Over time, another narrowing, or blockage may occur, however, an additional stent can be placed through the old one, offering you relief from your symptoms.

Despite these possible complications, this procedure is very safe and the benefits of being able to eat and drink comfortably will outweigh the risks. Unfortunately, there are limited alternatives to having a stent placed in the oesophagus for symptom relief and your doctor has decided this is the best option for you.

Contact Details

If you develop any of the problems outlined in this leaflet then you should contact your doctor or specialist nurse at Wrightington, Wigan and Leigh NHS Teaching Hospitals, Foundation Trust (Monday to Friday).

Endoscopy Department 01942 822939 (RAEI) (Monday to Friday).

Out of Hours contacts

GP out of Hours (Extended Hours Service) 01942 482848

Phone 111 first or your local district nursing team.

Other Useful Contacts

Macmillan Cancer Support

Booklets and information provided on all aspects of cancer and its treatments visit:

www.macmillan.org.uk or telephone: 0808 808 00 00

Oesophageal patients Association

Help advice and support delivered by patients for patients and carers visit:

www.opa.org.uk or telephone: 0121 704 9860

Cancer Research UK

Provides facts about cancer including treatment options visit:

www.cancerresearchuk.org



Version number: **3**
Last modified date: **12th November 2026**

All rights reserved © 2026
WWL Teaching Hospitals NHS Foundation Trust