Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Having a Colonic Stent

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Having a Colonic Stent

Patient Information

Endoscopy Services

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Important Information

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.

Please contact the Endoscopy Department immediately if you:

- are diabetic
- are taking iron tablets or liquid
- 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 taking any injections for weight loss

Endoscopy Unit at Royal Albert Edward Infirmary telephone: 01942 822450

Having a Colonic Stent

Your doctor has advised that you should have a colonic (or large bowel) stent because you have a narrowing (or stricture) of your bowel which is making it difficult for you to pass a motion and may be causing you pain.

What is a Colonic Stent?

A colonic stent is a mesh tube made of special metal alloys which enable it to be flexible and durable. It is placed across the narrowing in your colon in a collapsed state but it is designed to expand like a spring once released, creating a hollow tube that holds the

narrowed area open, hopefully improving your symptoms.



Why Have I Been Referred for a Colonic Stent?

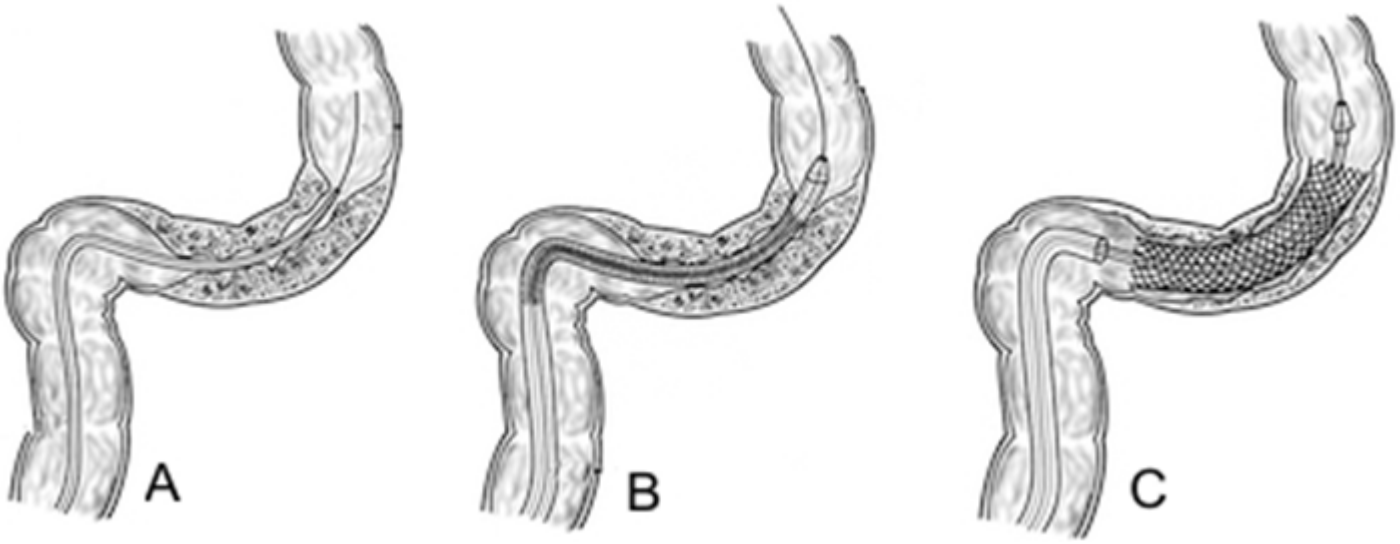
Your doctor has suggested this treatment because you have a narrowing or blockage of your colon. The most common reason for inserting a colonic stent is bowel cancer. The stricture can make it difficult for you to pass a motion and can cause pain, bloating, and vomiting. Once the stent is in place, it will remain in your bowel and these symptoms will improve.

How is a Colonic Stent Inserted?

Colonic stent insertion is usually carried out as part of a colonoscopy or flexible sigmoidoscopy procedure. You will receive a separate information leaflet regarding these procedures. As outlined in these leaflets, you may receive medication to wash out the bowel before your procedure and sedative drugs during the test.

The colonoscope is inserted into the back passage and manoeuvred around your colon until the narrowing can be seen. A thin wire is passed through the colonoscope and then through the narrowing in your bowel. Using the wire as a guide, the stent is placed across the stricture in its collapsed state and its release mechanism is deployed. X-rays are used to ensure it expands in the correct position. The guide wire and endoscope are then withdrawn from your bowel. The whole procedure can take up to an hour.

It may take up to 24 hours before the stent reaches maximum expansion.



Insertion of a colonic stent:

A: A wire is passed through the narrowing in your bowel.

B: The collapsed stent is pushed over the wire into the correct position.

C: The stent is deployed allowing it to expand and open up the narrowing in the bowel.

What are the benefits?

The colonic stent will relieve the blockage of your bowel and improve symptoms such as pain, bloating, vomiting, and difficulty opening your bowels. It may avoid the need for urgent surgery, if this carries a high risk.

What are the risks?

The main risk of colonic stent insertion is causing a tear in the bowel wall, otherwise known as a perforation. This can occur in less than 5% of patients. If perforation does occur, emergency surgery is usually required to remove the part of the bowel which has been damaged. A stoma (bag on the abdomen) may be necessary. Occasionally, the stent can become dislodged which may then cause discomfort. If this happens, the stent may need to be removed requiring another colonoscopy. It may then be possible to have a new stent

inserted.

Although most patients can not feel the stent once it is in the correct position, some patients report a degree of abdominal discomfort, particularly in the first two weeks after insertion. If you experience ongoing discomfort, bloating or abdominal spasms, please contact the endoscopy unit for further advice.

Are there any alternatives to colonic stent insertion?

The only alternative to colonic stent insertion is an operation to remove the narrowed part of your bowel. However, surgery carries the risk of a general anaesthetic and complications such as infection. Surgery will often require the formation of a stoma (bag on your abdomen). The risks of surgery may be considerably higher if you have other medical conditions and your doctor may feel that colonic stent insertion is a safer treatment.

After your procedure

You will be able to rest in the recovery room until the immediate effects of the sedation have worn off. Most patients can go home the same day provided they are accompanied home and have a responsible adult at home with them for that day and overnight. Sometimes, the colonoscopist might advise that you stay in hospital overnight as a precaution. Please bring an overnight bag with you in case this is recommended.

Your bowel function will improve over the next few days but it generally helps to eat a low fibre diet. As a general guide, this means eating food that does not need a lot of chewing. A daily dose of softening laxatives may be recommended to keep your motions loose and easy to pass.

Your 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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