



Department of Radiology

Oesophageal dilatation

Introduction

The medical team caring for you is concerned that you are having problems in swallowing. This may be due to a narrowing or a blockage in your oesophagus (gullet).

To make sure that you getting adequate nutrition and are able to swallow effectively, your medical team has referred you for an oesophageal dilatation (widening of the gullet).

What is an oesophageal dilatation?

The oesophagus is the tube that takes food down from the mouth to the stomach. If this tube becomes narrow or blocked, there becomes a problem with swallowing. Oesophageal dilatation is a procedure which widens the narrowing in your oesophagus using a special catheter (a long thin tube) with a balloon attached. Dilatation should expand the narrowing and make it easier for you to swallow.

What are the benefits of the procedure?

Dilatation should expand the narrowing of the oesophagus and make it easier for you to swallow. More than one dilatation may be needed over several appointments; this is dependent on how much stretching the oesophagus requires.

What to tell the doctor

- If you have any allergies.
- If you have had a previous reaction to intravenous contrast medium (the dye used for some x-rays and CT scanning).
- It is important to tell the doctor or the radiology department **before attending for admission** if you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 446 3325 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.

Apixaban	Dalteparin
Aspirin	Enoxaparin
Clexane	Fragmin
Clopidogrel	Rivaroxaban
Dabigatran	Warfarin

Are there any risks or complications?

Serious risks and complications of having an oesophageal dilatation are very rare. However, as with any procedure, some complications may occur. The radiologist (specialist X-ray doctor) will explain these to you.

- **Perforation:** There is a small risk of a perforation (tear) in the oesophagus. This is greater if you are currently having a high dose of chemotherapy or radiotherapy. Small perforations can heal with rest from feeding and antibiotics. Larger holes may require an operation.
- **Bleeding:** A small amount of bleeding may occur, but more significant bleeding is very rare.
- **Infection:** There is a slightly increased chance of developing a chest infection after this procedure.
- **Sedation:** Occasionally this may cause your blood pressure and blood oxygen levels to become low. We will give you oxygen during the procedure and monitor your blood pressure until you are fully awake.

The use of X-ray guidance during this procedure helps to minimise the risk of complications. The radiologist performing the procedure will discuss the risk factors relevant to your condition with you before starting the procedure and will answer any questions that you have.

Agreeing to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What happens on the day of admission?

On your ward:

- You should be admitted on the day or one day before the procedure. Your stomach needs to be empty for the procedure. This means that you must not have anything to eat six hours before the procedure. (This includes any feeds through naso-gastric tubes or any other feeding tube.) You may have water until two hours before the procedure. You will be advised about this when you are on the ward.
- You will have blood taken to check that it clots properly.
- You can continue to take your other usual medication.
- You will have a cannula (small plastic tube) inserted into a vein in your arm. This will be used to give sedation.

What happens the day of the procedure?

In the Radiology Department:

- A nurse will check that you have understood what is going to happen and that you have signed a consent form and are happy for the procedure to go ahead.

- You need to remove any dentures.
- You will have local anaesthetic sprayed onto your throat to numb it.
- We will ask you to lie on your front with your head turned to the right.
- You will have oxygen through a small plastic tube into your nose.
- We will connect you to monitors to check your blood pressure, pulse and oxygen levels.
- Your nurse will give you an injection to make you sleepy and relaxed.
- The procedure usually takes 30 to 40 minutes.

What actually happens during the procedure?

A fine catheter (long, thin tube) is passed through your mouth and down your oesophagus until it has crossed the narrowing. This is then exchanged for a catheter with a balloon attached).

The radiologist uses imaging machines to follow the progress of the catheter and see when the balloon is in the correct position. When it is, the balloon will be expanded, which widens the narrowing. This is done a number of times, using different sized balloons, until the narrowing has disappeared.

Will it hurt?

The procedure may be slightly uncomfortable, but the local anaesthetic and sedation should prevent you from feeling any pain. A nurse will stand next to you and look after you. If it becomes too painful please let your nurse know, so more pain relief can be given through the tube in your arm.

What will happen after the procedure?

- You will stay in the recovery area until your pulse and blood pressure are stable, then return to your ward.
- You will have your pulse and blood pressure monitored at regular intervals to ensure there have been no complications.
- You may be drowsy for most of the day.
- You may have cold drinks after two hours.
- If a full drink is tolerated you may start to try soft foods after three hours.
- You may go home once eating without pain.

Going home

The medicines used in sedation may affect your memory and concentration for up to 24 hours. You must **not** drive, drink alcohol, operate machinery (including the oven or kettle), sign important documents, or look after children or dependants alone for 24 hours following the procedure.

You may have a sore throat, but this will pass and is nothing to worry about. You should eat soft foods only for 24 hours following the procedure. Take some fizzy drink with your food.

If you get pain in your neck, chest or abdomen, stop eating and/or drinking and attend your nearest Accident and Emergency department taking with you any information you have been given.

Further information

This is available from the radiology department on the phone numbers below or from the following websites:

Macmillan Cancer Support: www.macmillan.org.uk

British Society of Interventional Radiology: www.bsir.org/patients

If you have any problems or worries, please contact:

From 9am to 5pm: Radiology nurse, on **0161 446 3325** or
Radiology department on **0161 446 3322**

Out of hours and weekends:
(for emergencies) Ring The Christie on **0161 446 3000** and ask for the on-call radiologist

Christie Hotline: **0161 446 3658** (24 hours)

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

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For more information about The Christie and our services, please visit www.christie.nhs.uk or visit the cancer information centres at Withington, Oldham or Salford.

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