

Radiology department

Colonic stent – your procedure explained

Introduction

This leaflet tells you about the procedure called a colonic stent. It explains what is involved, and the benefits and risks. It may make you think of things you would like to discuss with your doctor.

What does a colonic stent do?

Stents are flexible hollow tubes made of thin metal wire which is woven into a mesh and may be covered in a plastic membrane. For special situations, biodegradable stents may be used which dissolve over 3 - 4 months. Stents are compressed into a small bendable delivery tube, the size of a biro pen, which allows them to be inserted through the blockage or tumour. Once in place, stents are allowed to expand and keep open a passage through the tumour or blockage.

Why do I need a colonic stent?

Tests that you may have had, such as an endoscopy (telescope test) or a contrast enema or a CT scan, have shown that your colon (large bowel) is blocked. Your doctors will have discussed with you the likeliest cause of the blockage and the possible treatments. It is likely an operation has been ruled out and that inserting a stent is considered the best treatment option for you.

What to tell the doctor before you attend

- 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).
- 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.

Apixaban	Dalteparin
Aspirin	Enoxaparin
Clexane	Fragmin
Clopidogrel	Rivaroxaban
Dabigatran	Warfarin

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.



Who has made the decision?

Your doctors and the radiologist doing the colonic stent will have discussed the situation with you and feel that this is the best treatment option.

Agreeing to treatment

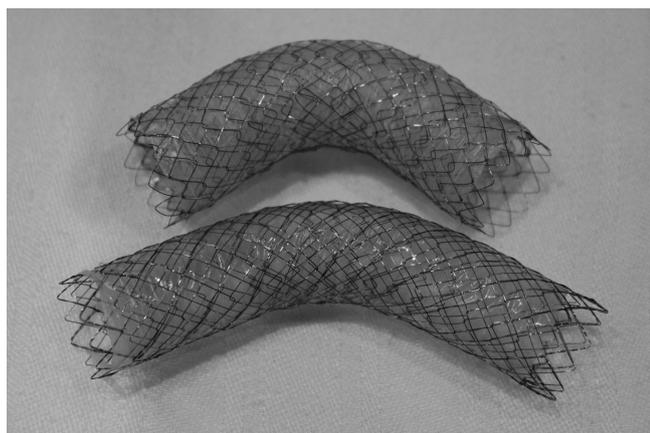
We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request 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.

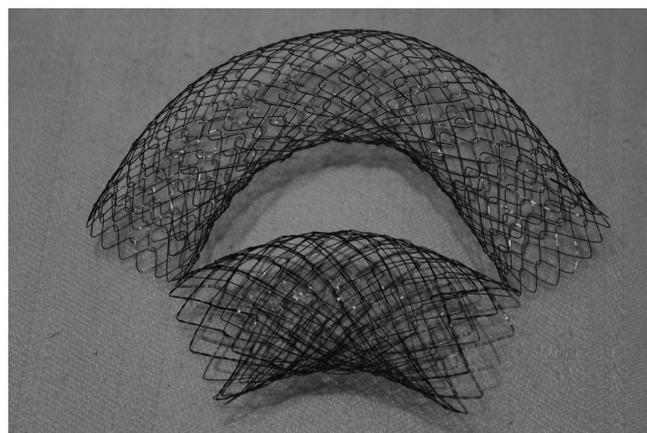
Who will be doing the colonic stent?

A specially trained doctor called an interventional radiologist. Radiologists have special expertise in using X-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure, to make sure the stent is positioned correctly. Depending on the site of the obstruction, the endoscopy team usually assists in the procedure with a flexible endoscope or camera tube.

Type of stent used at The Christie



Covered



Uncovered

Where will the procedure take place?

In the special procedure room in the integrated procedures unit (IPU), (department 2).

How do I prepare for a colonic stent insertion?

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium (the dye used for kidney X-rays and CT scanning) then you must tell your doctor and the X-ray team about this.

You will need to be an inpatient in hospital. We will ask you not to eat for 6 hours beforehand, though you may drink clear fluids up to 2 hours before the procedure.

You may be given an enema to clear your bowel prior to the procedure.

We will ask you to put on a hospital gown for the procedure.

What actually happens during a colonic stent insertion?

On arrival at the radiology department you will have the opportunity to discuss the procedure with the radiologist. He or she will explain all the benefits and possible risks associated with this procedure. You will also be asked to sign a consent form.

The procedure is similar to a camera examination of the colon (endoscopy/colonoscopy). A camera tube is normally used to assist the placement of the stent.

- You will generally lie on your left side on the X-ray table.
- You will need to have a cannula (needle) in a vein in your arm, so that you can be given some painkillers and a sedative as needed. The sedative will make you feel relaxed and sleepy. You will also have monitoring devices attached to you. You will be given extra oxygen through small tubes in your nose.
- When you are relaxed and sleepy, the radiologist will gently pass a soft flexible tube into your back passage. If the blockage is higher up in the bowel, this is done through a camera tube (endoscope). A fine wire is passed through this tube through the blockage. The tube is then removed.

The stent is then passed over this wire and into the correct position. The stent is released and will start to expand. The wire is removed leaving the stent in place. During the procedure we may put some air and water into your bowel so that the radiologist has a clear view. This may make you feel bloated and you will pass wind from your back passage.

Will it hurt?

We will give you painkillers and sedation, so you should not usually feel any pain during the procedure.

How long will it take?

It is not always easy to predict how long it will take as every patient's situation is different. The procedure will probably take between 45 - 60 minutes. As a guide expect to be in the radiology department for about an hour and a half.

What will happen afterwards?

You will be taken back to the ward on a trolley once you are awake. Nurses on the ward will carry out routine observations, such as your blood pressure and pulse. You will generally stay in bed for a few hours until you have recovered. (This may be up to 48 hours).

How soon can I eat and drink?

If you have had sedation for the procedure you will be able to drink as soon as you wake up. If you have not had any sedation, you can drink as soon as you return to the ward.

1st day	liquids only 2nd day normal diet containing high soluble fibre foods (oats, porridge, oatcakes, peas, beans, pulses, banana, strawberries, carrots, potatoes)
2nd day	normal diet containing high soluble fibre foods (oats, porridge, oatcakes, peas, beans, pulses, banana, strawberries, carrots, potatoes)
3rd day	include cooked vegetables, canned fruit, chicken, fish and eggs

It is important that you continue to drink plenty of fluids. We recommend that you take some laxatives or stool softeners regularly.

How long will the stent stay in?

The doctors looking after you will discuss this with you. A metal stent is usually permanent, a biodegradable stent dissolves after 3 - 4 months.

Are there any risks or complications?

Colonic stent insertion is a very safe procedure, but there are some risks and complications, as with any medical treatment.

- Tearing (or perforation) when the stent is placed, leading to a leak from the bowel into the abdomen. If this happens, you may need further treatment including an operation. Although this is rare, it can be serious and life-threatening.
- Difficulty positioning the stent because of the growth and position of your tumour. If the positioning is unsuccessful then we may have to abandon the procedure. If this happens, the procedure may be repeated at a later date or your consultant will discuss an alternative plan with you.
- Stent slipping out of position in the weeks or months after the procedure. You may have pain and urgency in your back passage or the symptoms of the previous obstruction may return. Please let us know as soon as possible and we will see you to discuss inserting a new stent.
- A small amount of bleeding may occur. This may come from the tumour or the stent rubbing against the tumour and is not unusual.
- Abdominal pain or initial diarrhoea while the bowel returns to normal. You may have some discomfort at first, but this should improve.
- If your pain is severe this may be due to an obstruction, perforation or because the stent has moved. Please contact your radiology doctor on call as soon as possible (see contacts).
- Re-obstruction (the tumour grows through the stent or over the ends blocking the bowel). If this happens, you may have abdominal discomfort or symptoms of obstruction (your bowels may stop working, your abdomen may become bloated and you might start vomiting). You may need another stent inserting.

If you develop any of these problems, contact your doctor at The Christie or the radiology department. If this happens in the middle of the night, contact them the following day. If this happens at the weekend, you can contact The Christie Hotline on **0161 446 3658** or your GP. See list of contacts at the end of this information.

Despite these possible complications, the procedure is normally very safe, and the benefit of the colonic stent outweighs the possible complications.

What are the benefits?

Stenting is a minimally invasive procedure that relieves the pressure within the bowel and allows faeces or stools to be passed.

Stenting can be used as an alternative to surgery for patients who are not medically fit or have metastatic disease. (The cancer has spread to other parts of the body).

Occasionally, biodegradable stents may be used for scar formation in the bowel, either after surgery or radiotherapy.

What are the alternatives?

If we do nothing, your bowel is very likely to become completely blocked and may rupture. Major surgery may be an option but has increased risks. A stoma (an opening made on the skin from the bowel) can be used to divert the flow of faeces away from the blockage. If you have a stoma this is usually permanent for patients who are medically unfit or have metastatic disease.

What happens next?

After this procedure we may take an X-ray to assess the position of the stent.

You may experience:

- loose stools
- frequent small bowel motions
- a lack of control of your bowels that may mark your underwear
- a sore bottom
- bleeding from the back passage.

In most people this improves with time. You may stay in hospital for 48 hours.

Contacts

Stent-related problems

If you have any problems or worries please contact:

From 9:00am - 5:00pm:

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.

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

If you need any further dietary information please contact:

Department of nutrition and dietetics – **0161 446 3729**

Other useful contacts

Macmillan Cancer Support – **0808 808 0000** or www.macmillan.org.uk

Cancer Research UK – www.cancerhelp.org.uk

Bowel Cancer UK – www.bowelcanceruk.org.uk

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

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

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

