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Advice for patients and carers about having an **Oesophageal Dilatation** during Gastroscopy

Endoscopy Department Patient information

What is oesophageal dilatation?

The oesophagus, or gullet, is the tube through which food passes from the mouth to the stomach. It is lined with layers of muscle which contract to push food along. Some conditions can affect the ability of the oesophagus to do this, for example by causing stricture (narrowing). This can result in symptoms such as difficulty swallowing, regurgitation, or the sensation of something being stuck in the throat. Dilatation involves stretching or widening the affected area.

Why have I been referred for oesophageal dilatation?

You have been referred for dilatation because your doctor has recommended this as the best form of treatment to relieve your symptoms. Your symptoms will have been investigated using tests such as Gastroscopy, or Barium Swallow, to establish the cause (diagnosis). This may include

- **scarring** of the oesophagus, which may be the result of acid reflux, or treatments for conditions such as Barrett's Oeosphagus, or following surgery.
- **achalasia**, a condition where the ability of the muscle lining of the oesophagus to move food along is impaired, and the sphincter at the bottom of the oesophagus fails to relax.

Are there any alternatives to dilatation?

Your doctor has referred you because it is felt that dilatation is the best way to manage your symptoms. The suitability of alternative treatments will depend upon your diagnosis. For example, in some cases, achalasia may be treated with a surgical procedure (myotomy). If you have any questions or would like to discuss your treatment options further, you should speak to the doctor who has referred you, or to the endoscopist performing your dilatation.

How should I prepare for oesophageal dilatation?

Oesophageal dilatation is performed in the Endoscopy Department during a procedure called a Gastroscopy. If you have been referred for dilatation, you will have received this leaflet with a booklet about the Gastroscopy procedure. Please make sure that you:

1. **Read the Gastroscopy booklet before you attend your appointment**
2. **Inform the Endoscopy Department if you take anticoagulant medication (see over)**
3. **Do not have anything to eat or drink for at least six hours before the procedure**
4. **Arrange for someone to collect and accompany you for at least 12 hours as you will need sedation (you will not be able to drive or work for 24 hours afterwards)**

How is dilatation performed during Gastroscopy?

The endoscopist will pass a thin flexible tube with a camera on the tip (an endoscope) down through your mouth into your oesophagus to have a look at the affected area. Then a balloon dilator will be passed down through a channel in the camera, until it is in the correct position.

In some cases it may be necessary to use X-rays to ensure the correct positioning; you will be advised if this is the case. Once the balloon is in position, it will be inflated in order to stretch the narrowed area (stricture). The balloon will be kept inflated for up to two minutes, and the process may be repeated until the area has been stretched sufficiently.

Does it hurt?

During dilatation you may feel slight pressure or discomfort as the balloon is inflated.

The endoscopist may give you sedation and sometimes a painkiller to help you tolerate the procedure. This is a light, conscious sedation which remains in your system for up to 24 hours.

After sedation you must have an adult with you for at least 12 hours, and may not drive, work, operate heavy machinery, care for children, take alcohol or sedatives for 24 hours.

Are there any risks with dilatation?

When dilatation is performed, some of the risks associated with Gastroscopy are increased. These are discussed in more detail in the Gastroscopy booklet. Most significantly:

Perforation: the risk of a tear being made in the lining of the oesophagus is approximately 0.5% (one in 200) where the cause of the narrowing is benign, to 5% (one in 20) where the cause is a cancer (malignancy). If perforation occurs, it can lead to bleeding or infection, and surgery may be necessary to treat it, which would lead to a stay in hospital.

Bleeding: The risk of bleeding is also increased, and it is very important to inform the Endoscopy Department if you take any medication to prevent clotting (anticoagulants) on the number below.

There is a minimal risk associated with exposure to X-rays, where they are used. Other complications may include aspiration, infection, adverse reaction to medication, damage to teeth or bridgework, failure to complete the procedure and miss rates (these are all defined and discussed in more detail in the Gastroscopy Booklet). It is possible that you may require repeated dilatations in the future, depending on the cause of your symptoms.

How soon after dilatation can I eat, drink and go home?

The nurses in the recovery area will monitor you for signs of any complications (such as pain, fever, breathlessness or a rapid pulse) and supervise you until you are fully alert. You may need to have an X-ray after the procedure before you are allowed to have a drink. In the event of any complications, you may need to stay in hospital overnight for observation and/or treatment. In most cases, you will be able to start taking sips of water approximately an hour after dilatation, followed by fluids and soft, sloppy (semi-solid) food as tolerated for the first 24hours. You should avoid foods that require a lot of chewing (such as meat) or dry foods (pasta, bread, rice) until you feel your swallowing has returned to normal. Cool fluids and simple analgesia (painkillers) such as soluble paracetamol may be soothing and help to relieve discomfort after treatment.

If you develop chest pain or vomit blood, or feel feverish or breathless after oesophageal dilatation, you must contact your GP or attend the Emergency Department immediately.

For further advice please contact:

Royal Bournemouth Endoscopy Department:

0300 019 4668 (Mon - Fri, 8am-6pm)

Pool Hospital Endoscopy Department:

0300 019 2772 (Mon - Fri, 8am-6pm)

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or email **uhd.patientexperienceteam@nhs.net**.

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