

Oesophageal stent insertion

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Aim of the patient information

This patient information tells you about having an oesophageal stent insertion. It explains what is involved and what the possible risks are. It is not meant to replace discussions between you and your doctor but can act as a starting point. If you have any questions about the procedure, please ask the doctor who has referred you or the Interventional Radiology department.

What is an oesophageal stent?

The oesophagus, or gullet, is a hollow muscular tube, which takes food from the mouth down to the stomach. If it becomes narrowed or blocked, then there will be a problem with swallowing. One way of overcoming this problem is by inserting a metal mesh tube called an oesophageal stent. Food can then pass down the gullet through this stent, and this should make swallowing easier. This is an X-ray guided procedure using an X-ray dye which is usually iodine based.

Why do you need a stent?

Other imaging you have had has shown that your oesophagus has become narrowed or blocked. Your doctor will have discussed with you the likeliest cause of the blockage and the possible treatments. It is likely that an operation is not possible and that a stent insertion is considered the best treatment option for you.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Are there any risks?

Oesophageal stent insertion is a safe procedure, but as with any medical procedure there are some risks and complications that can arise.

It is possible that a little bleeding occurs during the procedure, but this generally stops without the need for any action.

An infection can occur after the procedure which can usually be treated with antibiotics. There is the small chance that an infection can spread to the blood (sepsis) and make you unwell.

It is not unusual to feel mild-to-moderate chest pain while the stent 'beds in', but this normally settles in a day or two.

Some patients get heartburn and reflux afterwards and need to take medicine for this.

Very rarely, the stent may move out of position, and it is necessary to repeat the procedure. Very rarely this procedure can damage the oesophagus which can require further procedures or surgery.

Unfortunately, it is not always possible to place the stent. Sometimes the blockage is too severe.

During the procedure you will receive a dose of radiation as a result of the X-rays used. There is a possible risk of cancer induction from exposure to X-rays. However, we are constantly exposed to radiation from the air we breathe, the food we eat, the ground and from space. This is known as background radiation and has a cancer risk of around 1 in 10,000 per year. Having the procedure could result in you receiving an additional dose of radiation equivalent to a few months of background radiation. The associated risk of possible cancer induction from receiving a dose of radiation, equivalent to a few months of background radiation, is considered to be very low. Your doctor has agreed that this procedure is the best examination for you compared with others and that the benefit of having it outweighs the risks from radiation.

Despite these possible complications, the procedure is normally very safe and will almost certainly result in an improvement in your medical condition.

Are you required to make any special preparations?

Oesophageal stents are usually carried out as day case procedures. However, you may be asked to stay overnight. If you are not already an inpatient, you will be asked to attend the ward early in the morning so all required paperwork can be completed.

You will also be asked not to eat or drink for four hours before the procedure.

You may be sent a blood form and asked to arrange a blood test prior to the procedure to check your bloods are within safe limits to have the procedure.

If you are taking anti coagulation or anti platelet medication, such as warfarin, you will be given instructions detailing if this medication needs to be stopped and for how long. If you have not been given this information, please contact the Interventional Radiology department. Unless advised otherwise please continue to take all other medication e.g. for blood pressure.

If you have previously had a reaction to the dye (contrast agent) or a local anaesthesia please contact the Interventional Radiology department.

You should have someone to drive you home following the procedure. Someone should be at home with you for 24 hours following the procedure. If you do not, please let the Interventional Radiology department know.

Who will you see?

A specially trained team led by an interventional radiologist who has special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the Interventional suite, which is located within the X-ray department and is similar to an operating theatre.

What happens during the insertion?

Before the procedure, a member of the interventional team will explain the procedure and ask you to sign a consent form. Please feel free to ask any questions that you may have and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

On the ward you will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) may be placed into a vein in your arm in case you need any medication.

You will be asked to lie flat on your back, or sometimes on your side, on the X-ray table. The X-ray machine will be positioned above you. You may have monitoring devices attached to your arm, chest and finger.

Oesophageal stents are performed under sterile conditions and the interventional team members performing your procedure will wear sterile gowns and gloves.

If sedation is being used this will be given in the interventional suite.

The back of your throat may be sprayed with local anaesthetic to make the procedure more manageable for you. A fine tube containing a wire is passed through your mouth, down the gullet and through the blockage. The stent is passed over the wire and into the correct position across the blockage. The fine tube and guide wire is then withdrawn. You will then be assisted back on to your hospital bed.

Will it hurt?

Some discomfort may be felt in your throat, but this should not be too sore. You may feel the tube at the back of your throat which may make you retch. It is not unusual to feel mild-to-moderate chest pain while the stent 'beds in', but this normally settles in a day or two. Some patients get heartburn and reflux afterwards and need to take medicine for this.

How long will it take?

Every patient is different and it is not always easy to predict, however, expect to be in the radiology department for about an hour.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure. You will generally be required to stay in bed, usually semi-seated, after which you will be allowed to sit up, then to walk around the ward, until you have recovered. If you are going home, you are usually ready to go home 4 to 6 hours post procedure.

How soon can I eat and drink?

Your doctor or dietician may have already discussed this with you. However, if not you will be given instructions following the procedure either whilst in the Radiology department, or on the ward.

Most patients will be able to start on fluids within a few hours. Your doctor may want you to have an X-ray to assess your swallowing before you start eating. It is then necessary to have a fairly liquid diet for a few days, until starting on soft solids. More solid food should be chewed properly before swallowing.

If you have any concerns after discharge; for non-urgent issues please contact your GP or 111, for urgent issues please come to A&E.

Finally, some of your questions should have been answered by this patient information but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Interventional Radiology

Pilgrim Hospital: 01205 445486

Lincoln County Hospital: 01522 573266

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