

A guide to having an endoscopic dilatation



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You have been advised by your doctor that you could have a narrowing (stricture), an outlet that is failing to open in your gastrointestinal tract that may need to be stretched to improve your symptoms. This procedure is called a dilatation.

The narrowing can be in the upper gastrointestinal tract - the oesophagus, stomach or small bowel. You can also develop narrowing in the large bowel (colon).

You will need a Gastroscopy or Colonoscopy examination (the appropriate information is attached), depending where the stricture is so that the endoscopist can see the area of narrowing and dilate the area if needed.

What is a dilatation?

A dilatation balloon is passed through the inside of the endoscope already in position at the stricture site. The endoscopist then sees the dilatation balloon pass through the narrowed area. When in the correct position the balloon is inflated so that the narrowing is stretched and the lumen/outlet widened.

If a balloon dilator is not used then a guide wire may be passed through the endoscope into the narrowed area. The endoscope is then withdrawn. The endoscopist will then pass a dilator (another type of tube) over the guide wire and down to the area of narrowing. Firm but gentle pressure is used to push the dilator through the stricture/narrowed opening.

The procedure may be repeated with larger dilators until the narrowed area has been dilated adequately.

The procedure will usually take between 5 and 15 minutes but sometimes may take longer.

Sometimes it is helpful to take a biopsy - a sample of the lining of the gut. A small instrument, called forceps, passes through the endoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for analysis.

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.

On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.

Before the procedure we will usually give you a sedative (by injection into a vein) to make you feel relaxed and sleepy.

The sedative will not put you to sleep (this is **not** a general anaesthetic). In addition, we may also give you some pain relief.

The sedative will continue to have a mild effect for up to 24 hours.

If you are an outpatient (not staying in hospital), you **must** arrange for a responsible adult to come to the unit to collect you and take you home. You will not be able to drive yourself.

What happens during the procedure

We will ask you to remove any glasses and hearing aid in the left ear and you will be made comfortable on a trolley lying on your left side.

A small amount of oxygen will be given to you, and a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels. For your comfort and reassurance, a trained nurse will stay with you throughout.

You may feel the balloon as it is put into place; most people find this not too uncomfortable. During the procedure, we will put some air into the gastrointestinal tract or large bowel (colon) so that that we have a clear view, this will be removed at the end. If you make it clear that you are too uncomfortable the procedure will be stopped.

Potential risks

Having a dilatation can result in complications such as perforation (with the stretching resulting in a split of the wall of the area being dilated) but these complications are rare 1% (1 in 100) dilatations.

This complication is evident within a few hours when it occurs. For such patients it means a longer stay in hospital, and possibly an operation.

There is also a very rare complication of having an adverse reaction to the intravenous sedative drugs.

After the procedure

Following the procedure, we will take you to a recovery area while the sedation wears off. We will always do our best to respect your privacy and dignity, for example with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

Approximately one hour after the sedation, you will be able to get off the trolley (get dressed if you have had a procedure involving your bowel) and be given a drink. Two hours after the procedure you will be able to go home.

Some people who have this procedure need to be admitted to hospital. If however you go home on the same day you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. We also advise you to have a responsible adult stay with you for the next 12 hours.

When will I know the result?

Some results will be given to you on the day of the procedure.

Final results from biopsies will be given to you by the healthcare professional who requested the procedure either at a clinic appointment or by letter. These results can take several weeks to come through. You should discuss details of these results and any further treatment with that person.

Alternatives

As a therapeutic intervention, the only alternatives to oesophageal dilatation may be an oesophageal stent, concerns regarding possible alternatives should be discussed with the doctor who recommended this treatment.

For more information:

Contact the:

Endoscopy Unit

 **0161 206 4720**

 **0161 206 5959**



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Interpreters are available for both verbal and non-verbal (e.g. British Sign Language) languages, on request. Please contact the service/clinic you are visiting to request this.

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Urdu

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Arabic

إذا كنتم بحاجة إلى تفسير أو ترجمة هذا الرجاء الاتصال

Chinese

如果需要翻译，请拨打电话

Farsi

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0161 206 0224

or Email:

InterpretationandTrans@srft.nhs.uk

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

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This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

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