

Patient Information Leaflet



Colonic Stents (stents for the large bowel)

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What is a colonic (bowel) stent?

A stent is a metal tube which gently expands in your colon and should enable you to pass your bowel motions more easily. It is designed so that, like a spring, it will gently expand once released. This leaflet is provided to give you information about why you need a stent and what to expect before, during and after the procedure.

Why do you need a stent?

When there is a narrowing in the bowel it may be difficult to pass bowel motions easily. The narrowing is called a stricture and a stent is placed in the colon to relieve this narrowing and allow the bowel to empty more normally.

What is a colonic stent?

A stent is a flexible tube which is usually made of metal. It is a mesh which is shaped to form a thin coiled cylinder (see Figure 1). It is designed so that, like a spring, it will gently expand once released, thus making a channel through a narrow area of the bowel. Your doctor will select the right length of stent for the length of narrowing in your colon.

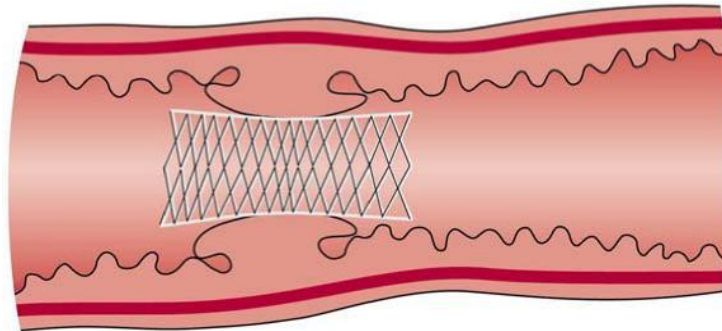


Diagram of a stent placed inside the bowel

What are the benefits of having a stent?

This treatment is suggested because you have a cancer or stricture in the bowel making the bowel narrower and your bowel motions more difficult to pass. By expanding the bowel at the point of the narrowing, the bowel should function more easily and be less painful. Once in place, the stent will sit inside your bowel and keep it held open.

Stenting can relieve the pressure within the bowel allowing free passage of stool. Stents are suitable for patients who have partial or complete bowel obstruction (blockage). Insertion of a stent may be offered as a step before bowel surgery, thereby allowing the bowel to empty and return to its normal size to make this operation safer.

This procedure may also be offered as the best way to keep the bowel working when surgery is not recommended or preferred. A stent, as an alternative to an operation, can prevent the need for a general anaesthetic, surgery and the possible need for a stoma (bag).

Is there an alternative to this procedure?

The alternative procedure is to have surgery; this is not possible for everyone. You will need to discuss this with your surgeon.

What are the risks of having a stent inserted?

Although this procedure is not an operation there are some risks however these are likely to be less than the risk of surgery in your situation.

The main risk from this procedure is perforation of the bowel, which happens in less than five per cent of patients (1 in 20) during stent insertion or stent expansion. A perforation is a split in the bowel lining. If this rare event occurs, it will require urgent surgery under general anaesthetic to remove the damaged part of the bowel. A stoma may be necessary. A stoma is an opening made into the bowel via the skin and allows bowel motions to be diverted from the back passage and instead collected in a bag.

Occasionally, after successful stent placement, the stent can slip out of position in five per cent of patients (1 in 20) If this occurs; you may experience pain and urgency in the back passage. This may mean a further procedure to place a new one, depending upon the symptoms you have.

Although most patients cannot feel the stent once correctly positioned, a few patients have reported some degree of discomfort, particularly in the first two weeks after insertion. If you experience ongoing discomfort, bloating and/or bowel spasms, do

seek medical or nursing advice. Over time, in about 1 in 10 patients the stent may become blocked, which may require further endoscopy or placement of a second stent.

Finally it may not be technically possible to place a stent as planned. Your doctor would discuss this with you after you have recovered from the sedation.

What does it involve?

This is a relatively straightforward procedure performed by an experienced team. Usually a member of the surgical team will refer you to the appropriate doctors when they feel you need a stent. The radiologist and endoscopist will also assess if you are suitable for this procedure.

Before the procedure you may be instructed to take a laxative and/or you may be given an enema to clear the bowel. Please continue to follow any bowel preparation instructions that you have been sent. This may involve laxatives or an enema once you are in the hospital.

If you are taking warfarin, clopidogrel or another blood thinner please refer to the advice sent with this leaflet and inform your doctor immediately as you may have to stop this medication for several days before the procedure.

If you are diabetic please refer to the additional advice sent with this leaflet and discuss any questions with the medical/nursing team.

The procedure

When you arrive at the endoscopy unit you will be given the opportunity to discuss the procedure and ask any questions. You will be asked to sign a consent form. It is important that you understand the procedure and its risks and benefits. It is also important to remember you can change your mind about having the procedure at any time, even after signing the consent form

The stent is usually inserted in the x-ray department. Just before the procedure, you may be given a sedative injection to make you feel more relaxed. Oxygen will be given through your nose. A special flexible tube called an endoscope is used to allow the narrowing or blockage to be seen. You will be asked to lie on your left side,

allowing the endoscope to be passed more comfortably into your back passage. X-rays of the bowel are taken. As the endoscope is passed into your bowel you may feel the need to pass wind or have the sensation of needing the toilet, this is quite normal. You may experience some mild discomfort in the abdomen as the narrowing is dilated when the stent is placed.

Once the correct position for the stent has been found, a thin wire will be gently inserted through the narrowing in your bowel, via or alongside the endoscope. Using the wire as a guide, the stent is then placed inside your bowel. The endoscope and guide wire are then removed. The procedure can take up to an hour. Sometimes, it may take more than one attempt to position the stent. An endoscopy nurse will look after you throughout the procedure and recover you.

After the procedure

Straight after the procedure you will be looked after in the recovery area. It is usual to be admitted overnight for observation following the procedure; however, sometimes it is possible to go home on the same day. This will depend on your individual condition. If you have been admitted for the procedure you will be transferred back to the ward once you are more awake.

The stent begins to expand as soon as it is released into the bowel. This can feel uncomfortable, but is not usually painful. You may experience some bloating or discomfort in your abdomen. You may have an x-ray to check the position and expansion of the stent.

Results

Once you are fully awake, a doctor or nurse will tell you what was found during the procedure and what treatment was carried out. The stent will reach its maximum diameter within 24 hours. It will only stretch as far as the narrowing allows up to a maximum diameter of 3 cms. Your bowel function will therefore be dependent upon the degree of expansion achieved.

Discharge advice

You may experience some bleeding from your bowel in the first two days after insertion, but this should stop. The bowel may feel uncomfortable, possibly painful

for up to three days. Please ask for painkillers if you need them. You will be able to go home once the doctors are happy that the stent is in the correct position and that the bowel is working again.

You will not be able to drive for twenty four hours because of the sedation you will have received.

It is important to follow dietary guidelines, maintaining an adequate fluid intake and taking laxatives as prescribed if the stent is to remain open. It generally helps to eat a low fibre diet; as a guide this means eating foods that do not need a lot of chewing. A daily dose of softening laxative may be recommended to help the bowel motions remain loose and easy to pass.

Following the stent insertion, monitor your bowel function and report any new episodes of pain and/or bleeding.

Once discharged you should see your GP or attend Accident and Emergency if you have **severe pain, persistent bleeding or black tarry stools**. You may also contact the hospital in or out of hours and ask to speak to your team or the Surgical RSO on call.

If a doctor needs to perform a rectal examination please inform them that you have a stent in place. Should you require any more information please contact your consultant or the endoscopy department.

Contact details:

Endoscopy appointments 020 8235 4148/ 4134

Reception 0208 235 4130

Endoscopy recovery 020 8235 4141

St Mark's Hospital switchboard

www.stmarkshospital.org.uk

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