



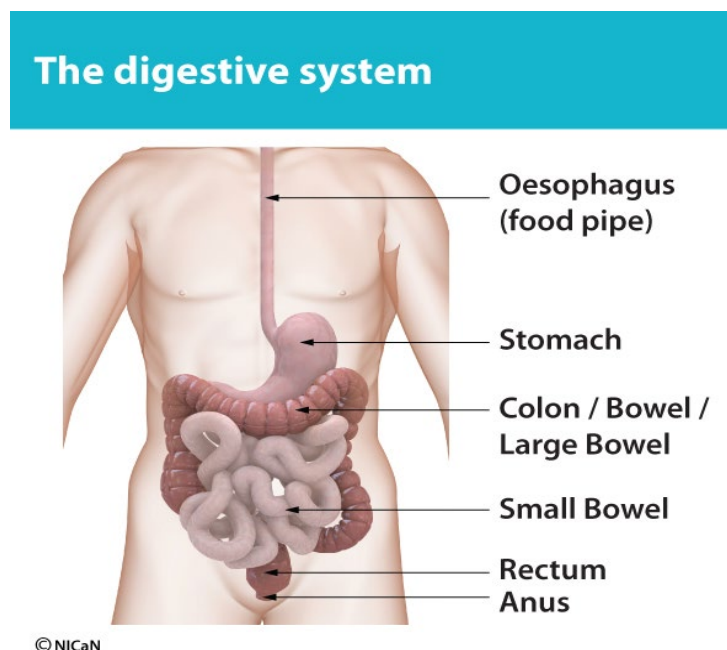
Colonic Stenting Your Procedure Explained

Introduction

This leaflet tells you about the procedure known as colonic stenting. It explains what is involved and some of the common complications associated with this procedure that you need to be aware of. It does not replace the discussion between you and your surgeon but helps you to understand more about what is discussed.

The digestive system

To understand the procedure you are about to have, it helps to have some knowledge of how your body works. When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach where it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), a coiled tube many feet long, where nutrients are digested and absorbed (see drawing below).



The semi-liquid food is then passed into the colon (large bowel), a wider, shorter tube, where it becomes faeces (stools). The main job of the colon is to absorb water into our bodies so making the stools more solid.

The stools then enter a storage area called rectum. When the rectum is full, we get the urge to open our bowels. The stools are finally passed through the anus (back passage) when going to the toilet.

What is a colonic stents?

A stent is a hollow tube made of a flexible alloy mesh (see picture below). Stents can be rolled up tightly to the size of a pen to allow them to be inserted through the blockage or tumour in the bowel. Once in place, stents are able to expand and therefore keep open the passage through the tumour.

Why are stents used?

Stents can be used for the following reasons:

- Stents are suitable for patients who have partial or complete bowel obstruction (blockage). The aim of a stent in these patients is to relieve the obstruction, especially if the patient is not considered suitable for surgery.
- Patients that have potentially curative cancers, where the bowel is obstructed, may have a stent inserted before surgery. Placing a stent allows the bowel to empty and return to its normal size; this can make eventual surgery safer.



How is a stent inserted?

Before the stent is inserted you will need to sign a consent form to confirm you agree to the procedure. Stents may be inserted by surgeons, doctors specialising in the digestive system (gastroenterologists) or radiologists (doctors specialising in X-rays).

- You may be offered a sedative before or during the procedure.
- The procedure is usually performed in the X-ray or endoscopy department. You will be instructed to lie on your left side or face down, on a treatment table.
- A camera called an endoscope is inserted through your back passage until it reaches the obstruction. The stent is then passed through the endoscope to open up the obstruction and the endoscope is withdrawn leaving the stent in place.

Information for Patients

- The procedure will take approximately 30 to 60 minutes to complete, depending on your individual circumstances.
- Sometimes, it may take more than one attempt to position the stent. Occasionally it is not possible to do the procedure, in which case, your surgeon will discuss an alternative plan with you.

Most patients will leave the hospital on the same day of their appointment; however, some patients may remain in hospital for up to 48 hours after the procedure.

After your procedure

An X-ray might be taken to assess the position of the stent and to rule out perforation.

What risks are there in having a stent?

Most people will not experience any serious complications from having a stent, your surgeon will discuss these risks with you. Risks may include:

- **Perforation**

The procedure may cause perforation (a hole) leading to leakage from the bowel into the abdomen. If this happens, you may require further treatment including an operation. Perforation is rare but it can be serious.

- **Malpositioning**

Positioning the stent may be difficult due to the growth and position of your tumour. If positioning is unsuccessful then the procedure will be abandoned. If this happens, the procedure may be repeated at a later date or your surgeon will discuss an alternative plan with you.

- **Migration**

Loosening of the stent could cause it to move. Symptoms of migration may include:

- Pain and urgency in the back passage.
- Recurrence of your previous symptoms of obstruction.

If this happens, this may be treated by removing or replacing the stent, surgery or simple observation.

- **Bleeding**

A small amount of bleeding may occur. This may come from the tumour or the stent rubbing against the tumour. Some bleeding is to be expected but if you are concerned about this, then contact your colorectal nurse.

- **Pain**

Some abdominal pain may be experienced as the bowel returns to normal function.

The majority of patients who experience discomfort (in the back passage) are patients with stents in the rectum. This is usually tolerated after an initial period of discomfort.

Information for Patients

If your pain is severe this may indicate obstruction, perforation or migration. If this is the case, you should contact your colorectal nurse or surgeon.

- **Re-obstruction**

This can be caused by over growth of the tumour through the stent, blocking the bowel. If this occurs, you may experience symptoms of obstruction (your bowels may stop working, your abdomen may become bloated and you might start vomiting) or abdominal discomfort and should contact your colorectal nurse or surgeon. This may require insertion of an additional stent.

What are the benefits of having a stent?

Stenting is a minimally invasive procedure that relieves the pressure within the bowel allowing free passage of stool.

Stenting can be used as an alternative to surgery, in patients who are medically unfit or have metastatic (spread) disease. These patients can avoid major surgery and the need for a stoma (see section below).

What are the alternatives to having a stent?

Not having a stent inserted will very likely lead to complete blockage of the bowel.

Alternatives options are:

- Major surgery may be an option but has increased risks involved.
- A stoma (a false opening made into the bowel via the skin) can be used to divert the flow of stools away from the blockage. Often, a stoma will be permanent in patients who are medically unfit or who have metastatic disease.

What are the consequences of having a stent?

After this procedure you may experience:

- Loose stools
- Frequent small bowel actions
- A lack of control of your bowels that may mark your underwear
- A sore bottom
- Bleeding through the back passage

In most people this improves with time.

If this interferes with any of your activities, please do not hesitate to contact your colorectal nurse for advice. If necessary, medication and exercises can help to improve your bowel control.

Will my diet be affected?

You will need to follow a specific diet for a few days following surgery:

- First day – liquids only.
- Second day – low fibre foods: pasta, mashed potato, white bread, cereals, soft pudding, ice cream.
- Third day – introduce cooked vegetables, canned fruit, chicken, fish, eggs.

Information for Patients

You should avoid: fresh fruit, raw vegetables, fruit or vegetable skins, food with seeds, nuts and tough meats. It is important that you continue to drink plenty of fluids. Stool softeners or laxatives may be recommended.

If your appetite is poor or you are losing weight, please speak with your surgeon, colorectal nurse or dietitian.

Patients taking regular analgesia (in particular morphine) will receive information on long term laxative use.

Discharge advice

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 is important to monitor your bowel function and report any new episodes of pain and/or bleeding to your colorectal nurse immediately.

You must inform any doctor who may need to perform a rectal examination that you have a stent in place.

Contact details:

Solihull Endoscopy Unit

Monday to Friday 8.30am to 5.30pm

Excluding Bank holidays

0121 424 5394

An answer phone is available for you to leave your name, telephone number and message. We will return your call.

Heartlands Endoscopy Unit

Monday to Friday 8:30am to 5.30pm - Excluding Bank holidays

Nursing/Medical enquiries

0121 424 0438

Good Hope Hospital - Scoping Suite Treatment Centre

Monday to Friday 8:30am to 5.30pm

Excluding Bank holidays

0121 424 0596

Queen Elizabeth Endoscopy Unit

Monday to Friday 8:30am to 5.30pm

Excluding Bank holidays

0121 371 3833

Glossary of medical terms:

Analgesia: painkiller.

Metastatic: a new tumour that has spread from the original site, also known as a secondary.

Obstruction: a blockage in the bowel.

Perforation: a hole in the bowel.

Information for Patients

Rectum: the outermost portion of the large intestine. Stools are stored in the rectum until they are passed out of the body through the anus.

The diagrams were provided courtesy of Northern Ireland Cancer Network.

This leaflet was originally developed by a range of health care professionals and the copyright was through the former Pan Birmingham Cancer Network. The leaflet has now been adopted by University Hospitals NHS Foundation Trust and reviewed and revised in line with trust policy.

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk

PATIENT SATISFACTION SURVEY

Your Feedback is important to us. Please use the QR code below to complete our patient feedback survey, and let us know how we can improve our services for you.



If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email: interpreting.service@uhb.nhs.uk