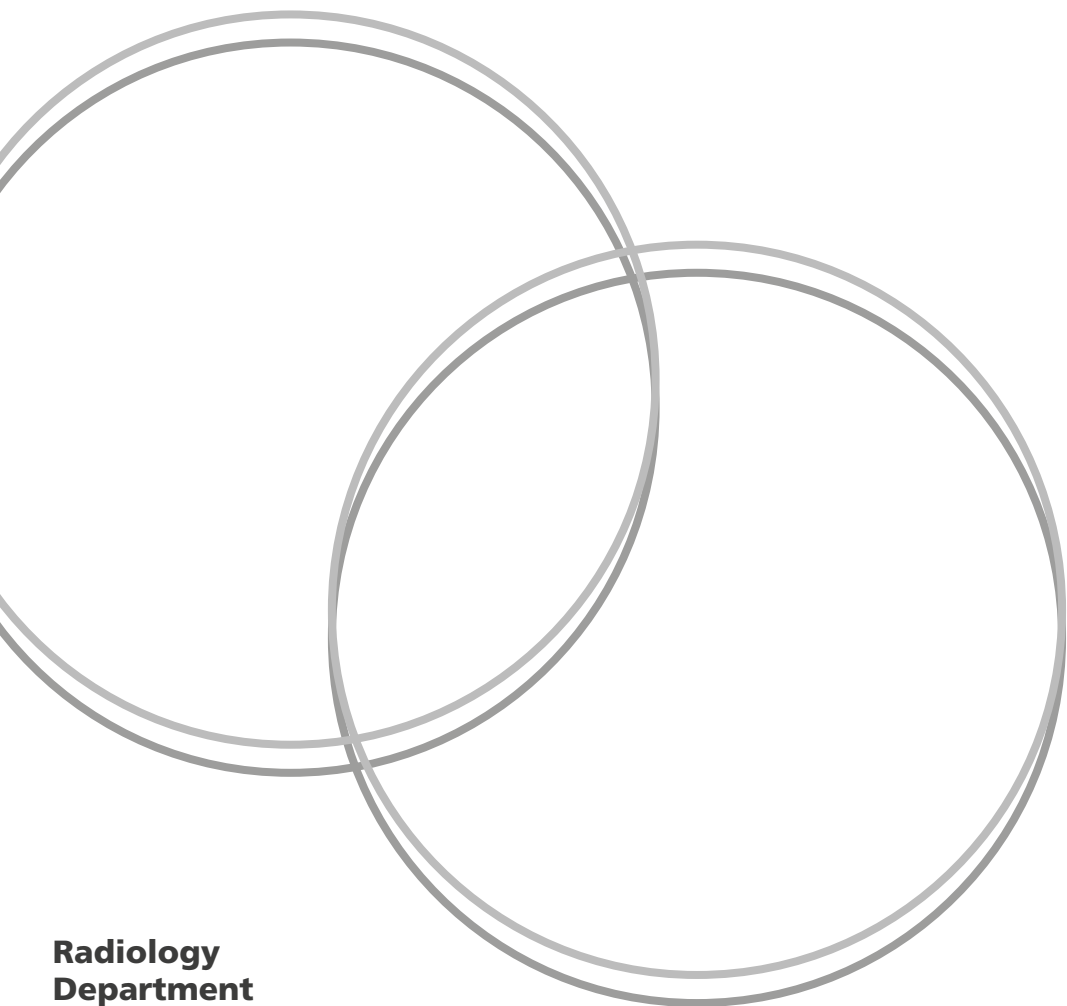




Oxford University Hospitals
NHS Foundation Trust

Colonic stent

Information for patients



**Radiology
Department**

This leaflet gives you further information that will add to the discussion you have with your doctor about having a colonic stent. It is important that you have enough information before you sign the consent form.

What is a colonic stent?

Stents are flexible hollow tubes made of thin metal wire which is woven into a mesh and may be covered in a plastic membrane. They are specially designed to start off compressed into a small bendable delivery tube, the size of a biro pen, which allows them to be inserted through the blockage or tumour. Once in place, stents are allowed to expand and keep open a part of your bowel that is either partially or totally blocked. The blockage reduces the flow of waste products along the bowel. Having a colonic stent placed across the blockage will hopefully mean you can avoid the need for an operation at this time.

What happens before the procedure?

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium (the dye used for kidney X-rays and CT scanning) then you must tell your doctor and the X-ray team about this.

You may be given an enema to clear your bowel prior to the procedure.

You will change into a hospital gown for the procedure. A cannula placed into a vein in your hand arm so that during the procedure you can be given sedation to help you relax and pain killers to relieve any discomfort. We will give you oxygen via a mask before the sedation. You will not be allowed to eat anything or drink for 4 hours before the procedure. You may have had a barium study before the procedure.

What does the procedure involve?

This is usually a combined procedure performed in the X-ray department by your surgeon and a radiologist.

Your surgeon will start by using a colonoscope (a long flexible tube to look inside the colon) to help the radiologist place a small guide wire into your back passage (rectum), beyond the blockage, using X-ray guidance. A small catheter (a thin flexible tube) will be positioned over the wire. X-rays are then taken while contrast medium (a special dye that allows the body tissues to be seen more clearly) is injected in to the bowel to show the exact position of the blockage. The first catheter is removed and a catheter with the stent on it will be placed in the exact position. The catheter is then removed and the stent left in place.

What happens after the test?

Afterwards you will feel rather sleepy for a couple of hours. Most patients can go home the same day provided they are accompanied home and have a responsible adult at home with them for that day and overnight. Your bowel function will improve over the next few days but it is recommended that you drink plenty of fluids with your meals and have smaller but more frequent meals to get enough nutrition. You may be prescribed a stool softener to help you go to the toilet. You should eat a light diet for 48 hours after the procedure. Following the procedure you may experience loose stools, frequent small bowel motions, a sore bottom or bleeding from your back passage. In most people this improves with time.

If you need to have any X-rays, scans or MRI scans you should tell the doctors that you have a stent. The stent should not interfere with any of your normal activities.

What are the benefits?

The colonic stent will relieve the blockage of your bowel and improve symptoms such as pain, bloating, vomiting and difficulty opening your bowels.

It may avoid the need for urgent surgery, if this carries a high risk because of other medical conditions you may have.

What are the risks?

The main complications are:

- movement of the stent which may require a procedure to remove the stent and placement of a second stent (10%)
- blockage of the stent requiring a second stent (10%)
- uncommonly, bowel perforation (2 to 4%); this may require an urgent operation
- a stoma (bag on the abdomen) may be necessary.

Although most patients can not feel the stent once it is in the correct position, some patients report a degree of abdominal discomfort, particularly in the first two weeks after insertion. If you experience ongoing discomfort, bloating or abdominal spasms, please contact your doctor.

What are the alternatives?

If we do nothing, your bowel could become completely blocked and may rupture. This would result in an operation to remove the narrowed part of your bowel. However, surgery carries the risk of a general anaesthetic and complications such as infection.

Surgery will often require the formation of a stoma (bag on your abdomen). The risks of surgery may be considerably higher if you have other medical conditions and your doctor may feel that colonic stent insertion is a safer treatment.

How to contact us

If you have any questions or concerns, please speak to your doctor or nurse on the ward.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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