



York Teaching Hospital
NHS Foundation Trust

Having a Stent Placed at ERCP

Information for patients, relatives and carers

This information leaflet should be read in conjunction
with the ERCP information booklet (ref PIL 78)

Endoscopy Unit

① For more information, please contact:

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Caring with pride

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1. Introduction

You will have been given this information leaflet to read by the endoscopy team after your ERCP procedure. The doctor will have explained why an ERCP was necessary and the ERCP information leaflet itself contains all the important information about this procedure. However, the doctors don't always know beforehand whether a stent will be placed, and so this information booklet should be read alongside the above mentioned ERCP information booklet and will only be given to you, in the event of a stent being placed.

2. What is a 'stent'?

Stents are widely used in many areas of medicine. Generally speaking, a 'stent' is usually placed inside a blocked tube to re-establish flow across the blocked area of that tube. For instance, heart doctors use stents across blocked blood vessels supplying the heart to allow blood to flow freely.

In the same way, if the tube draining digestive juices from the liver or the pancreas gland becomes blocked for any reason, a stent can be placed across that blockage to assist flow. If the blockage is bypassed, the digestive juices can once again mix with food in the bowel and enable digestion to take place.

3. What are stents made of?

In the past, all stents were made of plastic. Nowadays, we also have stents made of metal that expand inside the ducts, after they have been successfully placed. Some of these metal stents are covered in a film of plastic as well. The shape of stents also varies according to the underlying problem they are meant to solve.

4. Where does the stent sit?

Stents used at ERCP are usually placed in the main duct draining bile from the liver, called the bile duct. These stents are often called “biliary stents”. Less commonly, a stent can be placed within the pipe that drains digestive juices from the pancreas gland. Doctors call this pipe, the “pancreatic duct” and these stents are called “pancreatic stents”.

One end of the stent sits in the duct or pipe, whilst the other end of the stent sits in the bowel. A successful stent placement allows the biliary stent to drain bile or pancreatic stent to drain pancreatic juices into the small bowel.

5. Are there any complications of a stent?

Many stents are placed to relieve ‘jaundice’ or yellowing of the skin that result from obstruction of bile drainage. Perhaps the most common complication of the stent seen in hospital is due to further blockage or infection within the stent. A soft sludge-like material can build up inside the stents which can be made worse by in-growth of the tissue lining the bile duct.

Occasionally, stents can move or ‘migrate’ within the tube or duct where they have been placed. This migration can be upwards into the duct (and organ) where they’ve been placed or downwards into the bowel, where they pass out of the body in the stool. Migration is said to occur in five to seven out of 100 patients.

Finally, stents can sometimes become blocked if they were placed to treat inoperable cancer, and that cancer continues to grow into the stent. Further stents can be placed; either by removing the original or by placing the new stent inside the original one.

6. How was the stent placed?

The stent is placed at the time of the ERCP procedure. A wire is first passed down the endoscope into bile duct (if it’s a ‘biliary’ stent) or the pancreatic duct (if it’s a pancreatic stent). The stent is then pushed over the wire up into the bile duct or the pancreatic duct, leaving the other end of the stent protruding into the small bowel.

7. Why did I have a stent placed?

There are a number of reasons why stents are placed, depending on how the underlying disease evolves:

- Narrowing or 'Stricture' of the bile duct that leads to a hold-up of bile above the stricture. There are many reasons for strictures to appear, with the most serious reason being underlying cancer.
- Gallstones can form in the bile duct, even if the gallbladder has been removed. These stones can block the tube. Occasionally, stones are found at ERCP and are too large to be removed. A stent will be placed under those circumstances, to enable a repeat procedure to be arranged, sometimes with different equipment or with an anaesthetic.
- Bile can sometimes leak out of the bile ducts rather than pass down into the bowel. Placing a stent will allow the bile to travel to the correct place.
- Inflammation or cancer of the pancreas gland can obstruct the bile duct and require a stent.
- After an ERCP, there may be a risk of inflammation of the pancreas gland; this is called pancreatitis. Placement of a pancreatic stent can reduce the risk of this particular complication.

There are alternative, much less common reasons for placing stents in the bile duct, but these mentioned here account for the significant majority.

8. How long will my stent remain inside me?

The length of time that a stent will remain inside your body really depends on the underlying reason for placing the stent in the first place. Some stents remain inside the patient, and will never be removed. These stents are usually placed for patients with malignancies. They may also be used occasionally in benign disease and if patients are unwell for other reasons. Stents may also be used in patients who are not well enough for more aggressive surgery, even if it's curative.

Plastic stents tend to block in just a few months and may need to be regularly changed. However, plastic stents are sometimes used as a stop-gap to a repeat procedure, so may well only be in place for a few weeks at most. Indeed plastic stents placed to help treat bile leaks or prevent pancreatitis can be removed after just two weeks or so.

Following your procedure, your doctor will talk to you about your procedure, they will explain if a stent has been placed and how long it might be needed to remain in place before it's removed.

Before removal, some patients may need an x-ray of the bowel to make sure the stent is still in place. Stents can move and pass out of the body naturally meaning that removal is not necessary.

9. How will the stent be removed?

At the time of the ERCP procedure, your doctor will decide whether a stent is necessary. The type of stent will depend on your underlying disease. Not all stents that are placed need removal, so the report of your ERCP procedure will include:

- Underlying diagnosis and indication for the stent (for more information read section 7)
- Details of the stent, such as plastic or metal (for more information read section 3)
- How long the stent should remain in place (for more information read section 8)
- How the stent should be removed – either with a further ERCP investigation or a just a standard gastroscopy procedure. Most stents placed at ERCP can be removed by a simple further endoscopy procedure.
- In addition, your name and details will be placed on the ‘stent registry’ so that the removal of the stent is properly scheduled for the time-period specified by the ERCP doctor.

10. What if I have any questions?

The purpose of this information leaflet is to tell you all about the stent that has been placed at the time of your ERCP.

If there are any details which you do not understand, or anything which for any reason remains unclear, please do not hesitate to ask one of the staff, before you go home.

If you have already been discharged home, please contact the endoscopy department on 01904 726694 (York Hospital) or 01723 385141 (Scarborough Hospital) where your query will be answered.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Consultant Gastroenterologists, The York Hospital,
Wigginton Road, York, YO31 8HE or telephone
01904 725816.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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