



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Colonic Stent

Information for patients, relatives and carers

① For more information, please contact:

Endoscopy Unit

York Hospital
Tel: 01904 726694
York Hospital, Wigginton Road, York, YO31 8HE

Scarborough Hospital
Tel: 01723 385141
Woodlands Drive, Scarborough, YO12 6QL

Important:

1. If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment. We will rearrange your appointment.

Please telephone the endoscopy waiting list team on York: 01904 724111 or Scarborough/Bridlington on 01723 342660 between 8am and 5pm.

To cancel your appointment out of hours, with at least 48 hours' notice, please use our online form:
www.yorkhospitals.nhs.uk/appointment

2. **If you receive a consent form in the post, please read and sign** this before your procedure and bring it with you. If you have doubts that need discussing before signing, please bring the form and discuss it with a health care professional at admission.
3. **If you have a stoma, pacemaker, diabetes, are taking blood thinning medication or have other medical issues**, see the advice given on pages 8-10 of this booklet. You also need to contact us before your appointment.

If you are a York Hospital patient, please contact the pre-assessment nurses on York: 01904 724527.

If you are a Scarborough/Bridlington patient, please phone the automated helpline on 01723 342905.

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General information

You have been advised by your GP or hospital doctor to have this procedure.

This leaflet contains information about having a colonic stent insertion. It explains what will happen before, during and after the procedure. It also tries to answer some of the questions you may have.

This procedure requires your formal consent.

We hope the information in this booklet will enable you to make an informed decision about whether or not to agree to this procedure. The consent form is a legal document; therefore, please read it carefully.

If you do not fully understand anything about the procedure, please ask. We are there to help you and will always make time to listen to you and answer your questions.

Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the procedure, please sign and date the consent form. You will notice that the consent form is duplicated, allowing you to keep a copy for your records. Please check and sign it before you attend.

If however, there is anything you do not understand or wish to discuss further, do not sign the form. Bring it with you and sign it after you have spoken to a health care professional.

What is a colonic stent?

A colonic stent is a flexible metallic tube, specially designed to hold open a part of your bowel that is either partially or totally blocked. The blockage reduces the flow of waste products along the bowel.

It is hoped that a colonic stent placed across the blockage will mean you can avoid having an operation at this time. The following images will help you understand what happens (Figure 1, Figure 2 and Figure 3).

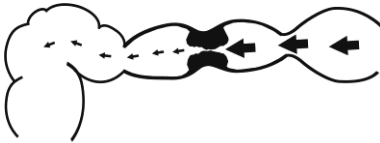


Figure 1 Colonic obstruction.

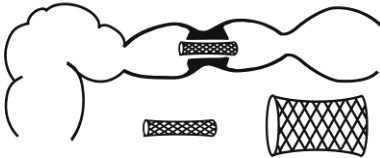


Figure 2 Stent fully deployed relieving the obstruction.

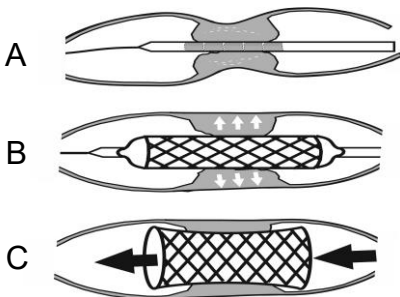


Figure 3 Stents procedure

A: Guide-wire placement of the compressed stent through the stricture.

B: Stent deployment.

C: Final stent position. The stent will reach its maximum diameter within two days.

This procedure is performed in the Endoscopy department by your surgeon and a radiologist. There will also be at least one radiographer and two or three nurses in the procedure room.

How do I prepare for the insertion of a colonic stent?

You will be asked not to eat for six hours before your appointment, but you will be told it is alright for you to drink water up to two hours prior to the procedure. To ensure that the procedure is carried out successfully, it is essential that you follow the instructions exactly.

What are the risks of having this procedure?

The main risk to colonic stenting is causing a tear or perforation in the bowel, which happens in less than five percent of the patients. If this rare complication occurs, it will require an urgent operation under general anaesthetic. A stoma may be necessary.

A stoma is an opening on the front of your abdomen (tummy) connected to the digestive system, which is made by your surgeon with an operation. It allows waste to be collected in a pouch (bag) on the outside of your body. Occasionally, the stent may move. If this happens,

a further procedure may be required to remove the stent and replace it with a new one.

Over time, the stent may become blocked, which may require a further endoscopy or placement of a second stent. If it is not possible to insert a stent, the procedure will be abandoned and the consultant responsible for your care will discuss an alternative plan with you.

What are the benefits of this procedure?

The colonic stent will relieve the blockage of your bowel and will improve the symptoms such as pain, vomiting and difficulty opening your bowels. It may avoid the need for surgery. Stents are suitable for patients who have partial or complete bowel obstruction.

Sometimes, a stent is inserted before an operation to remove the blockage. This may bring improvement in your physical condition, and may also improve the outcomes of the operation.

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.

What are the alternatives?

The alternative procedure is to have surgery, but this is not possible for everyone. There are cases when surgery is considered too high risk because of other medical conditions you may have.

What if I have a pacemaker?

If you have any implantable cardiac device, such as a pacemaker or internal defibrillator, please let us know as this may need adjusting on the day of your procedure. York Hospital patients please call the pre-assessment nurses: 01904 724527.

Scarborough and Bridlington Hospital patients please call our automated helpline: 01723 342905.

What if I have diabetes?

We need to know if you have diabetes. If you have tablet or insulin treated diabetes, we may need to give you additional advice about how to prepare for the procedure and how you take your medication. If you have not received any specific diabetes information, please contact the following numbers for advice:

If you are being treated in York, please ring the pre-assessment nurses on: 01904 724527.

If you are being treated in Scarborough or Bridlington, please ring the Endoscopy automated helpline number for advice on: 01723 342905.

What if I am on blood thinning medication?

If you take any of the following blood thinning medications, you need to let us know:

- Warfarin
- Apixaban
- Edoxaban
- Dabigatran
- Rivaroxaban
- Clopidogrel
- Ticagrelor
- Prasugrel
- Dipyridamole

If you are a York Hospital Patient.

You will need to inform the pre-assessment nurses on:
01904 724527.

If you are a Scarborough or Bridlington Hospital Patient.

You will need to phone the automated helpline on:
01723 342905.

We will advise whether or not you should continue taking these drugs in the days leading up to the procedure. Although aspirin is a medication which thins the blood, it is safe to continue, and we therefore do not need to know about this.

What about other medications?

You must stop taking iron (ferrous sulphate or fumarate) tablets for the five days leading up to your procedure. You can continue any other medication as usual.

What about other health issues?

Please ring us as soon as possible if any of the following apply to you:

- You have an abnormal or artificial heart valve or a blood vessel graft.
- You have been advised that you need antibiotics before an operation or dental treatment.
- You have a latex allergy.
- You have been informed that you are at risk of CJD or vCJD for public health purposes.

If you are a York Hospital Patient

Phone the pre-assessment nurses on: 01904 724527.

If you are a Scarborough or Bridlington Hospital Patient

Phone the automated helpline on: 01723 342905.

What happens when I arrive at the Endoscopy Unit?

Your appointment time is not the time we will do your procedure as you will be assessed by a nurse first.

Please expect to be on the unit for up to four hours.

The nurses will introduce themselves and explain what will happen during your appointment. You will be asked about the medicines you are taking and any allergies you may have. We will also check your arrangements for going home and, if necessary, who will look after you.

The nurse will check your details and (if this has not already been done) ask you to sign a consent form (reference FYCON181-1 Colonic Stent). If you have received a consent form in the post and have signed it, they will check this. By signing the consent form, you are saying that you:

- fully understand the procedure and sedation
- fully understand the risks and benefits
- are aware of the alternatives, and
- agree to have the examination.

Please ask if there is anything you do not fully understand about the procedure or if there is anything you are uncertain about. A copy of the consent form will be kept in your medical records, and you will also be given a copy for your own records. You may change your mind and withdraw consent at any time, even after you have signed the form.

What happens before the procedure?

We will ask you to change into a hospital gown and disposable pants. We will also ask you to remove any contact lenses, jewellery or other metal objects. Please bring a bag with you for your belongings.

We will take you to the examination room where we will check your identity as part of our safety procedures. A nurse will stay with you during the procedure.

You will need to have a cannula (soft plastic tube) placed into a vein in your arm, so that the doctor can give you a sedative or painkiller by injection, if needed. The endoscopist will check your details with you to ensure that you understand what procedure you are going to have and will answer any questions you may wish to ask.

You will be asked to lie on your left side and you will be given an enema (fluid that is placed in your rectum to clear your bowel) prior to the procedure.

We may ask you to remove any false teeth in the examination room just before the procedure begins. We will put a small plastic pipe in your nose if we need to give you oxygen.

We will attach a clip (called a pulse oximeter) to your finger. This helps us to monitor your condition.

Will I be awake during the procedure?

You do not need a general anaesthetic to have a colonic stent inserted, so you will be awake during the procedure.

In the first instance, we offer you a medicine called Entonox (a mixture of nitrous oxide gas and oxygen). This is breathed in through a special mouthpiece. It is a powerful pain relieving agent which is also used in labour pains. It can also help you to relax. Most people are comfortable and do not need any further pain killers or sedatives.

However, if the above mentioned medicine is not enough to make you comfortable and the endoscopist thinks you will benefit, we can give you a strong painkiller and if necessary a mild sedative as well. This will make you sleepy and relaxed. We give this by injection through the cannula (soft plastic tube) inserted before the procedure.

If you do have sedation we will give you some oxygen via a nasal cannula, which is a device comprising two short plastic prongs that fit into each nostril. This is because sedation can depress your breathing.

Sometimes we also give a drug to relax your bowel wall. If you did not have a sedative or strong pain relief during the procedure, you will recover quickly and may drive yourself home or use public transport.

If you did have a sedative or pain relief medication, we will need to assess your condition to ensure you are fully recovered. Please see below for a list of the medications you might receive during the procedure and what the restrictions are for each.

Entonox® (Gas and Air)

You will be allowed to leave the unit 30 minutes after your procedure without adult supervision. You can then use public transport and drive. There are no other restrictions after this medication.

Fentanyl (strong pain relief)

You will need adult supervision if you are discharged within one hour after having your procedure. You will not need adult supervision if discharged over an hour after your procedure. Avoid using public transport. You must not drive or operate machinery for 24 hours.

Midazolam (sedative)

You will need adult supervision, recommended for 24 hours and for a minimum of three hours. Avoid using public transport. You must not drive, operate machinery, drink alcohol or sign legal documents for 24 hours.

Midazolam + Fentanyl

You will need adult supervision, recommended for 24 hours and for a minimum of four hours. Avoid using public transport. You must not Drive, operate machinery, drink alcohol or sign legal documents for 24 hours.

Please note: Public transport means any type of transport that would not be able to turn around and bring you back to hospital if you felt unwell.

Remember: If you have a sedative, you must not drive yourself, operate machinery, drink alcohol or sign legal documents for at least 24 hours.

What happens during the colonic stent insertion?

You will lie on the x-ray table, generally on your left side. A special flexible tube called an endoscope is used to allow the narrowing or blockage in the bowel to be seen. We insert the endoscope gently through your anus and into your colon. We pass air through the endoscope tube to distend the colon. This gives us a clearer view.

After this, a thin wire is passed through the endoscope and then through the narrowed part of your bowel, 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.

Using the wire as a guide the stent is placed across the stricture and is deployed. X-rays are used again to ensure it expands in the correct position.

Do not worry if you pass wind during the procedure, this is normal.

When the endoscopist has completed the procedure, they will remove the guide wire and endoscope quickly and painlessly. The procedure takes about 30-40 minutes for a straightforward case but for the more complex ones can take longer.

I have been told that photos or videos may be taken. Why would they be needed?

As part of your treatment, we may take photos of your bowel; these will be kept in your medical records. We may use these images both to increase the skills and experience of our doctors and to teach medical students.

Occasionally we take a video recording to help us assess the quality of the procedure we have carried out. You cannot be identified from the video recording. We destroy the recording when we have reviewed it.

What happens after the procedure?

After the procedure you will be looked after in the recovery area. Sometimes it is possible to go home on the same day, but you could be admitted overnight for observation following the procedure. This will depend on your individual condition.

We would like you to be prepared in case you will have to stay in hospital overnight. On the day of your admission, please bring with you any medication you're currently taking, personal toiletries/wash bag, night/casual wear and slippers. If you use a walking aide, please bring this with you as well.

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.

Your bowel function will improve over the next few days, but sometimes a daily dose laxative may be recommended to keep your motions loose and easier to pass.

You should eat a light diet for 48 hours after the procedure, choose low fibre options after that and drink plenty of fluids with your meals. The stent should not interfere with any of your normal activities.

When can I go home?

It is essential that you have someone to accompany you home unless you have had no sedative drugs or strong pain relief. A responsible adult must accompany you for a minimum of three hours after the last dose of sedative or a minimum of four hours if you have had both a sedative and strong pain relief, but we recommend supervision for a full 24 hours.

Please see the list of medications in this booklet to help you identify if you need an accompanying adult to take you home.

These precautions are extremely important. If you feel you cannot make these arrangements, please let us know in plenty of time by contacting us on the following numbers:

If you are being treated in York contact the pre-assessment nurses on: 01904 724527.

If you are being treated in Scarborough or Bridlington phone our automated helpline on: 01723 342905.

If you have had a sedative, you must not drive yourself, operate machinery, drink alcohol or sign legal documents for at least 24 hours following your procedure.

What happens before I leave the Endoscopy Unit?

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you any necessary follow-up papers and appointments.

Please ask if you are unsure of any of the instructions, or if you have any concerns, please ring us:

If you are being treated in York, contact the nurses on: 01904 726694.

If you are being treated in Scarborough or Bridlington phone our automated helpline on: 01723 342905.

Instructions and advice for when you go home

Can I have a shower or bath?

You may have a shower or bath as usual. If you do so within 24 hours following your colonic stent insertion, you may feel lightheaded or faint. We suggest you leave the bathroom door unlocked and arrange for someone to check on you from time to time. You may use any safety equipment that you usually use.

When can I resume my day-to-day activities?

You may resume your day-to-day activities 24 hours after your procedure.

What should I do if I have any problems or worries about my procedure after going home?

If you have problems in the first 24 hours after you leave hospital, please contact us.

For York patients please telephone the Endoscopy unit on: 01904 72 6694.

For Scarborough, Bridlington patients telephone: 01723 385141.

Out of hours, please telephone York hospital: 01904 631313 or Scarborough and Bridlington hospital: 01723 368111 and ask for 'the on-call surgical registrar'. If you have problems after 24 hours, please contact your GP.

A checklist for patients

- Bring your consent form with you to your appointment.
- Do follow the advice and take your medication as instructed. Please refrain from eating seeds and food items that have skins (such as tomatoes).
- Please ring us if you have a pacemaker or are on blood thinning agents.
- Do bath or shower as usual before your appointment.

- Do bring a clean dressing gown and slippers with you if you wish.
- Do bring a bag with you for your belongings, as you will need to change into a hospital gown.
- Do keep all jewellery and other valuables at home.
- Please bring a list of your medications with you.
- Do bring something to help pass the time while you wait on the Endoscopy Unit, e.g. books, magazines.
- If you normally wear reading glasses, please remember to bring them with you.
- Important: please see the list of medication in this booklet to help you identify if you need an accompanying adult to take you home.
- Do arrange your transport home. You may wish to bring change if you are going to use the hospital car park.

A checklist for patients

- It is essential that you arrange for an adult to accompany you home if you have had sedation. Remember you must not drive or operate machinery for at least 24 hours following sedation.
- We strongly advise that an adult stays with you for 24 hours following sedation.
- Your appointment time is not the time you will have the procedure, as a nurse will assess you first.

Please use this space to make a note of any questions you have or to list any items you need to bring with you.

The section on consent is taken with adaptations from the British Society of Gastroenterology patient leaflet “Colonoscopy – the procedure explained” dated June 2005. Used with permission.

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:

York Hospital patients' contact: Sister Michelle Robinson, Endoscopy Unit, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726690. Scarborough/Bridlington Hospital patients contact: Sister Bev Taylor, Endoscopy Unit, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL, telephone 01723 385106.

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 yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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