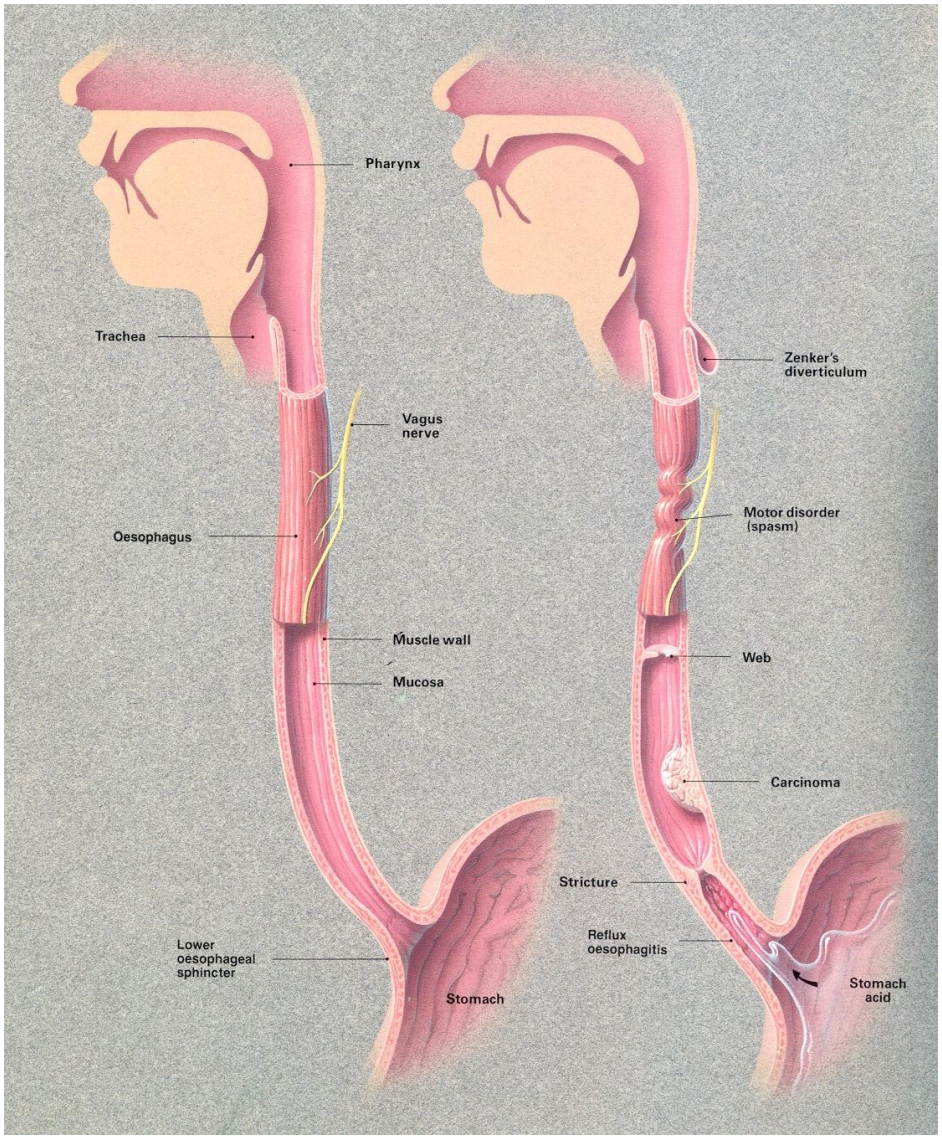


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# OESOPHAGEAL DILATATION

These notes give a guide to your procedure. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

## What is the Oesophagus or Gullet?

The oesophagus is a tube about 10 inches (25 cm) long which runs from the back of your throat in the neck to your stomach just below your left ribs. It runs in line with your breast bone, but about 6 inches (15 cm) behind it. It carries food and drink down to your stomach. Sometimes the oesophagus becomes narrow making swallowing difficult or painful. Then the narrow part has to be stretched up to allow proper swallowing.

## What does the procedure consist of?

After your throat has been numbed with a local anaesthetic and you have been made comfortable with sedatives, a flexible telescope is passed down the back of your throat to the narrow part in your oesophagus. We nip out a small piece of the narrowed part to be examined in the laboratory. The narrowed part is stretched by pushing special instruments through until there is a proper channel. We check afterwards that there has been no serious damage to the lining of the oesophagus.

## Welcome to the rooms.

You will be welcomed to the rooms by the nurses or the receptionist. We will check that you have not had anything to eat or drink for at least 6 hours so that your stomach will be empty. You will be asked about any medicines or drugs you may be taking. Please tell the nurses of any allergies to drugs or dressings. You will be asked to sign a consent form agreeing to the gastroscopy. The surgeon who will be doing the procedure will see you. He will check that all the necessary preparations have been made.

**The procedure.**

The procedure is timed to the nearest quarter hour or so. Do not be surprised, however, if there are delays. First you will have your mouth and the back of your throat sprayed 3 or 4 times to make the lining numb. The spray tastes of orange and is a little sour.

You have a needle put into an arm vein in order to give a sedative as necessary. A probe to monitor your breathing is attached to a finger. You will be turned to lie on your left side. You will be given a plastic tooth guard to bite on.

The gastroscope is then passed slowly down the back of your tongue. It tickles and makes fizzing noises. You will be asked to swallow once or twice to get the tube started on its journey down the back of your throat. You will be able to breathe normally, but you will not be able to talk because of the tube. The oesophagus is then carefully examined. Once the situation has been assessed special dilating tubes are slid down the throat to open up the narrowed area. Because of the sedatives. you will seldom be aware of any discomfort. Some people get a sickly feeling during the examination. This passes off fairly quickly. As the gastroscope is taken out at the end of the examination, it makes a noise in your mouth clearing any secretions.

**What happens after the procedure?**

You may feel drowsy afterwards. You may in fact not remember the procedure at all.

You may drink after the procedure but your throat will still be numb. Clear fluids during the day and you may eat a light supper if you have no pain. After 24 hours you can eat and drink normally.

You can leave the rooms after 30 - 60 minutes provided someone goes with you. If you cannot remember the details of the test and the results because of the sedative then either phone the surgeon to discuss it again. Often samples of the lining are removed for testing and the result take a day or two to be received.

You should not drive, use machinery or make any important decisions for 24 hours after the procedure because of the effect of the sedatives on the system. Should you develop any chest pain, pain on swallowing or vomiting of blood, please contact your surgeon straight away.

**Complications**

Sometimes it is necessary to observe you in hospital. This is because it is possible to tear the wall of the oesophagus during the stretching. A chest x-ray is often done after the procedure to assess this possibility. Rarely this can be a serious complication

If you have any problems or queries, please ask the nurses or doctors.

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