



Imaging



**Brighton and Sussex
University Hospitals**
NHS Trust

Colorectal Stent Insertion

Information for patients

What is a Colorectal Stent Insertion?

The colon is a muscular tube that connects the bowel to the rectum. If it becomes blocked or narrowed, there will obviously be a problem with movement of faecal matter (poo) through the body. One way of overcoming this problem is by inserting a metal, mesh tube called a stent across the blockage. Faecal matter can pass through the bowel via the stent. This procedure is called colorectal stent insertion, and is very helpful to treat your symptoms.

Why do I need an Colorectal Stent Insertion?

You have probably had other tests such as an Endoscopy or CT, which has shown a blockage or narrowing. Your doctor will have discussed the cause of the blockage or narrowing and the possible treatments.

Who has made the decision?

The consultant in charge of your case, and the Interventional Radiologist (the doctor who specialises in Imaging Procedures) who will be carrying out the Colorectal Stent Insertion will have discussed the situation, and feel that this is the best option for you. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be performing the Colorectal Stent Insertion?

A specialist doctor called a Interventional Radiologist. Interventional Radiologists are experts in using X-ray equipment and in Imaging Procedures.

Where will the procedure take place?

In the Imaging Department, in a special Interventional Radiology (IR) Procedure Room which is designed for these specialised procedures. You will be checked into the department by a nurse, who will ask some medical questions and fill out some paperwork. The Interventional Radiologist will then come and talk to you about the procedure, where you will have the opportunity to ask any questions or raise any concerns. If you are happy to continue with the procedure will you be asked to sign the consent form.

What happens during the procedure?

You will lie on the x-ray bed, on your side. You will have a needle put into the vein in your arm for sedation and pain relief. The radiologist may use an endoscope which is a small flexible tube with a light and camera attached to it to locate the blockage. They will then insert a small tube called a catheter past the blockage. The stent will be inserted across the blockage.

What is the preparation for the procedure?

You will need to have a blood test before your procedure.

When you arrive in the department you we will administer an enema (a small amount of fluid to cleanse the lower bowel) to ensure that the bowel is free from most faecal waste (poo).

Please let us know if you are taking any **antiplatelet medicines** (for example, Aspirin, Clopidogrel) or any **medicines that thin the blood** (for example, Warfarin), as these may need to be stopped temporarily before the procedure. Call the IR department for advice as soon as you get your appointment letter on **01273 696955 Ext. 4240/4278** and ask to speak to one of the IR nursing team.

You cannot eat or drink anything (except water) for four hours before your procedure.

You can drink water up to two hours before your procedure.

You will be admitted to a ward for an overnight stay following the procedure.

Will it hurt?

It may hurt a little until the stent fully expands, but in the majority of cases the discomfort resolves within 24 to 48 hours. Any pain your may experience should be reported promptly to the nurse looking after you and then pain killers can be given to help control this.

How long will it take?

Whilst every patient and every patient's situation is different, we allow an hour and a half for the procedure.

How soon can I eat or drink?

Most patients will be able to drink fluids within a few hours. You will see a dietician for dietary advice before discharge.

What happens afterwards?

You will stay in our recovery area on a trolley. Once your bed is ready, you will be taken up to the ward. The nurses will carry out routine observations, blood pressure and pulse. You will be seen by a dietician on the ward.

It is important you follow dietary advice given by the dieticians, drink plenty of fluids and take laxatives if prescribed. It is important to monitor your bowel function after the stent is inserted and report any changes/pain or bleeding to the team looking after you.

What are the possible risks?

Colorectal Stent Insertion is generally a safe procedure, but complications can arise, as with any medical treatment.

- **Perforation** - The procedure may cause perforation (a hole) leading to leakage from the bowel into the abdomen. If this does happen you may need further treatment such as an operation.
- **Unable to position the stent** - Positioning the stent can be difficult depending on how and why your colon is blocked or narrowed. If this is the case the procedure maybe abandoned. If this happens the radiologist will discuss this with you and the possible options.
- **Migration** - the stent moves from its intended position and may need replaced.
- **Bleeding** - some bleeding can occur post procedure
- **Pain** - some patients experience some abdominal pain.
- **Re-obstruction** - this can be caused by regrowth of the tumour.

Despite the above mentioned complications, the risks are small. The procedure is safe.

What are the benefits?

The procedure is minimally invasive and relieves pressure. It will improve the movement of faecal matter (poo) through the body and can be an alternative to surgery.

What are the consequences of having a stent?

After this procedure you may experience some of the following:

- A lack of bowel control for a short time
- Bleeding from the back passage
- Loose stools (diarrhoea)
- More frequent bowel actions.

For most people this improves with time.

Finally

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the team looking after you.

Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Interventional Radiology:

01273 696955 Ext. 4240/4278

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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