

Having a stent inserted to treat a blockage in your large bowel (colonic stent)

Department of Radiology

Information for Patients

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Introduction

This leaflet tells you about your examination. Please read it carefully as it contains important information and instructions.

What is a colonic stent insertion?

The lower part of your bowel is called the large bowel. It has 2 parts called the colon and rectum. These are shown in **Picture 1**.

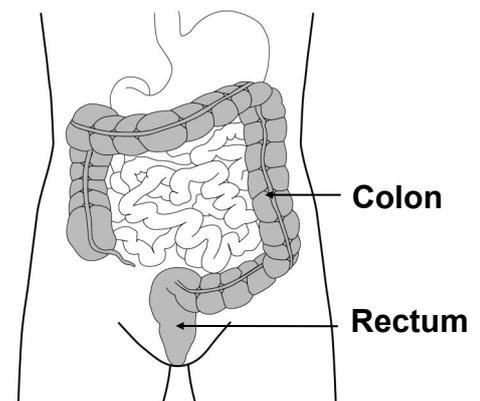
If the colon or rectum get blocked, as shown in **Picture 2**, you will be unable to have a poo (open your bowels).

One way of treating this blockage is by putting a metal mesh tube (stent) through the blockage, as shown in **Picture 3**. Food or poo can then pass down the colon through this stent. This should make going to the toilet easier. This procedure is called colonic stent insertion.

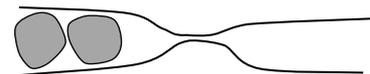
Why do I need a colonic stent?

Tests have shown that your colon or rectum are blocked. Your doctor will have talked to you about the cause of the blockage and the possible treatments.

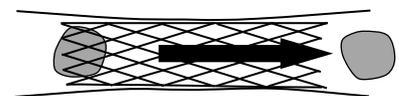
Picture 1. The colon and rectum



Picture 2. showing a colon or rectum blocked, so poo cannot pass



Picture 3. showing a colonic stent in place to open blockage so poo can pass



Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Important information about blood thinning medication

If you are taking medication that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it, or take a different medication for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter and near the end of this leaflet. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. You still need to call the radiology department so we can check this.

Important information to tell us

Please tell the X-ray staff when you arrive if:

- **you are allergic to rubber (latex)**, have any other allergies or have asthma.
- **you have diabetes.**
- **there is any possibility that you may be pregnant.**



How do I get ready for my procedure?

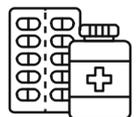
Eating and drinking instructions

- Do not eat for 6 hours before the procedure. You may drink clear fluids up to 2 hours before it.
- Do not drink anything for 2 hours before the procedure.



Do I take my usual medications?

- If you are on medication from your doctor please continue to take it as normal, except medication that thins the blood.



What happens when I come to the hospital?

- You may be given a sedative to help you feel relaxed and less anxious. The sedative will make you feel drowsy but not make you go to sleep. The Radiologist will talk to you about this if it is needed. The sedative injection can last longer than you think. It can stay in your body for up to 24 hours. If you want to have sedation, an adult must stay with you for 12 hours and you must not drive for 24 hours afterwards.
- You will be asked to take off some of your clothes and put on a hospital gown.
- A small tube (cannula) will be put into a vein in your arm so that you can be given medication.

What happens during my procedure?

- The procedure is usually done in the X-ray department.
- You will lie on the X-ray table, usually on your left side.
- The doctor will use X-rays to see where the blockage is.
- A thin tube (catheter) and a flexible wire (guidewire) are put into your bottom and up to the blockage.
- The doctor may need to use a long, flexible tube with a tiny video camera at the end (a colonoscope) to look inside your bowel as well. The colonoscope is about the thickness of a finger.
- The doctor will check that the guidewire is in the right position through the blockage. Then the catheter will be removed.
- The colonic stent will be put into your bottom and along the guidewire. The doctor will check that the stent goes up to the right position through the blockage. They will then open the stent (make it wider). This will open up the blockage.
- You may feel some discomfort in your tummy (abdomen). This should not be too bad.
- There will be a nurse or another member of staff looking after you. Tell them if the procedure gets painful for you. They will be able to arrange for you to have sedation and painkillers through the cannula in your arm.

How long will my procedure take?

Every patient's situation is different. It is not always easy to know how tricky or straightforward the procedure will be. It will probably last about 45 to 60 minutes but sometimes takes longer.

Who will be doing my procedure?

The colonic stent insertion is done by a team including:

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist).
- A doctor who specialises in colons (a colorectal surgeon).
- A nurse.
- Someone trained to take X-ray pictures (a radiographer).
- There may also be a healthcare assistant.

As we are a teaching hospital a student may also be in the room. If you do not want this, you can ask that a student is not in the room when you have your procedure.

What happens after my procedure?

- You will be taken back to your ward.
- Nurses will carry out routine observations, such as taking your pulse, blood pressure and temperature, to make sure there are no problems.
- You will usually have to stay in bed for a few hours until you have recovered.
- After the procedure you may need to go to the toilet to poo more often. This means the stent is working. For some people this does not happen for several hours.
- You may need to stay in hospital overnight.
- The number of times you poo each day or week (your bowel movements) should return to what was usual for you before you had the blockage.

If you had sedation please follow the advice below:

A responsible adult must stay with you for **12 hours**. An adult must take you home. If you are being transported by ambulance you must have someone waiting at home to stay with you.

For 24 hours:

- do not drive a car or other motor vehicle, or ride a bicycle.
- do not drink alcohol.
- do not operate any machinery or do anything that needs skill or judgement.
- do not make important decisions or sign any documents.
- do not climb ladders.
- do not return to work until after 24 hours. You may need more time off if you are still not well enough after this.
- do not do any hard exercise or heavy lifting

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a hospital doctor or a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will check that you understand why you are having the procedure, the potential risks and the chances of success.

You will sign a consent form to confirm this. **You should feel that you have had enough explanation and fully understand the information before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can choose not to have it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The possibility of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

Complications happen in about 1 in every 4 people (25%) who have this procedure.

- **Bleeding** - You may have some bleeding during and after the procedure. This usually stops without the need for any action.
- **Pain** - You may feel mild to moderate pain in your tummy (abdomen). This usually gets better in 1 or 2 days. About 1 in 50 people having this procedure have very bad (severe) pain.
- **The colonic stent could move out of place** - For about 1 in 6 people the stent may move so that is not through the blockage any more. If this happens, the symptoms you had could come back. You may need to have the procedure again.
- **The colonic stent could get blocked** - Over time the stent can get blocked. This happens for up to 1 in 10 people (up to 10%). This usually happens in patients whose blockage was caused by a tumour. The tumour may grow into or around the end of the stent and block it. If this happens your symptoms may return. We will need to assess if it is possible to treat this with another stent.
- **A hole in your colon (perforation)** - Putting in the stent may cause a tear in the colon. This is called a perforation. The risk of this happening is less than 5 in 100 people (less than 5%). Your poo may leak into your tummy. This can be a serious, life threatening condition. It may need an emergency operation. Symptoms of perforation include worsening pain in your tummy, high temperature (fever) and feeling shivery, or low temperature, fast heart rate, feeling sick or being sick. Rarely, some people may be too frail or unwell to have an emergency operation.
- **You could develop a connection between the bowel and bladder (colovesical fistula)** - Over time it is possible for the stent to damage (cause ulceration or erosion of) the wall of the colon. In rare cases, this could lead to a leak or a join (fistula) to the bladder. Symptoms of this include bubbles in your pee (urine), brownish or cloudy pee, blood in your pee, pain and burning feeling when you go for a pee. If this happens, it may need an operation to separate the bowel and bladder again.

During and after your procedure the staff will check your health. This is to look out for any complications and treat them if needed.

If you have any problems when you go home please call your GP surgery or call the NHS helpline on 111.



What if I need to talk to someone?



Before you go to the hospital for your appointment:

If you have any questions or concerns, or cannot make the appointment please call the Radiology Department on **0116 258 8765 (option 7)**. Monday to Friday - 9am to 5pm, excluding bank holidays.

When you are still in hospital:

During the procedure a member of staff will be with you and you can talk to them.

After the procedure you can talk to the medical or nursing staff in the radiology department or on the ward.

When you are at home:

If you have any non-urgent questions about your stent you can call one of the Clinical Nurse Specialists on either of these numbers, Monday to Friday between 8am and 4pm:

- 0116 258 4455 at Leicester General Hospital
- 0116 258 5184 at Leicester Royal Infirmary

Outside these hours, please leave a message.

If you have any problems please see your GP or call the NHS helpline on 111.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk