

# Having a stent in the stomach or small bowel (pyloric or duodenal stent)

Department of Radiology

Information for Patients

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## Introduction

This leaflet tells you about the procedure called pyloric or duodenal stent insertion. Please read it carefully as it contains important information and instructions.

## What is a stomach or small bowel stent insertion?

The food you eat travels down your food pipe (oesophagus) into the stomach and then into the small bowel. If the stomach or small bowel becomes blocked, there can be a hold-up of food which may cause problems such as being sick (vomiting).

One way of treating this problem is by placing a metal mesh tube called a stent down the food pipe, through the part of the stomach called the pylorus, into the first part of the small bowel (duodenum). The stent goes past the blockage to hold the bowel open and food can then pass through the stent. This procedure is called a pyloric or duodenal stent insertion.

## Why do I need a stomach or small bowel stent?

Other tests that you probably have had done (either an endoscopy (telescope test) or a barium meal) have shown that your stomach or small bowel has become blocked.

Your doctor will have discussed with you the most likely cause of the blockage and the possible treatments. It is likely that an operation has been ruled out and that a stent is considered the best treatment option for you.

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or call 111 for non-emergency medical advice**

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## Referral and consent

The doctor who referred you should have discussed the reasons for this procedure and any other options with you.

You have been referred to a hospital doctor or a radiologist for this procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation 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 decide against it.

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.

## Important information

**If you are taking medication that thins the blood please contact the radiology department for advice, as soon as possible, by phoning the number on your appointment letter.**

**These drugs are sometimes called anticoagulants and include warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto) and ticagrelor (Brilinta).**

Please tell the doctor who is doing the procedure if:

- you have any allergies - such as allergy to rubber (latex).
- you are diabetic.
- there is any possibility that you may be pregnant.

## How do I prepare for the procedure?

You will need to stay in hospital in order to have this procedure done.

**Do not have anything to eat or drink for 6 hours before your procedure.**

## What happens during the procedure?

The procedure usually happens in the X-ray department. You will be asked to put on a hospital gown.

You will lie on the X-ray table, generally on your back or side. A small plastic tube called a cannula may be put into a vein in your arm so that you may be given medication if needed. You will receive some medication (a sedative) to help with any pain and anxiety.

A thin tube (catheter) and a guide-wire are passed through your mouth, down the food pipe, into the stomach and through the blockage. The doctor will use X-rays to see where the blockage is.

When the guide-wire is in the correct position through the blockage, the catheter is removed. The stent is then passed over the guide-wire and into the correct position across the blockage to open up the blockage.

You might feel some discomfort in your tummy (abdomen) but this should not be too sore. There will be a nurse or another member of staff looking after you. If the procedure becomes painful for you they will be able to arrange for you to have more painkillers through the cannula in your arm.

## How long will the procedure take?

Every patient's situation is different. It is not always easy to know how difficult or how straightforward the procedure will be. The procedure usually takes 45 to 60 minutes but can take longer.

## What happens after the procedure?

You will be taken back to your ward. Nurses will check your pulse, blood pressure and temperature to make sure that there are no problems. You will need to stay in bed for a few hours until you have recovered.

## When can I eat?

**For the first 4 hours after the procedure:** you will not be able to eat or drink for 4 hours after the procedure.

**After 4 hours:** most patients will then be able to start drinking clear fluids and then tea and coffee. Avoid acidic liquids like orange juice and pineapple juice.

**After 24 hours:** after 24 hours you will be able to start eating a fairly liquid diet for a few days. This includes jelly, custard, yoghurt, ice cream, smooth soup, and any nutritional supplements you have been prescribed. If you manage these without feeling sick or being sick, you can move on to soft moist foods. See the diet advice on the next 2 pages for more information about eating soft moist foods.

## Advice on eating

If after the first few days of the procedure, you can manage the liquid foods such as soups and yoghurts, you can then build up to a soft / moist food diet. See the ideas of foods you can eat on the next 2 pages.

It is important to eat slowly and chew food well before swallowing. Sit as upright as possible and take sips of fluid during and after meals.

If you wear false teeth (dentures) in your mouth, make sure they fit well so you can chew properly.

Avoid lying down for at least half an hour after eating.

You can try adding sauces, gravy, custard or cream to make foods more moist and easier to swallow.

It may be easier to spread your food into smaller meals by eating every 2 to 3 hours, rather than having 2 to 3 big meals a day.

## What if I feel my stent is blocked?

If you feel that your stent has become blocked:

- Stop eating.
- Try having a drink to see if it clears the blockage.
- If it still feels blocked, you can contact your specialist nurse who will advise you.

## Foods to avoid

**Some foods have a higher risk of getting stuck in the stent and causing a blockage. You should avoid these foods:**

- Hard unripened fruits, pith / skins of fruits such as oranges, grapes and sweetcorn
- Seeds / pips
- Hard cereals e.g. granola, fruit & fibre
- Nuts
- Hard, raw or stringy vegetables such as celery and French beans
- Tough meat and chicken skin
- Fish - unless free from bones
- Hard chips and jacket potato skins
- Cakes or biscuits that have dried fruit, nuts or popcorn in them
- Bread

Also avoid having watery soups and avoid drinking large amounts at mealtimes, as this will fill you up without providing you with much energy or protein.

## Ideas of soft moist foods you can eat

### Breakfast:

- Porridge
- Wheat biscuits/cereals (not containing fruit or nuts) soaked in plenty of milk
- Yoghurt
- Omelette, scrambled, fried or poached eggs
- Soft fruits such as banana, stewed apple or pear

### Savoury snacks or main meals:

- Soups
- Macaroni cheese or ravioli
- Tinned spaghetti
- Jacket potato (with skin removed) with soft filling such as cottage cheese, tuna mayo

- Cottage pie, shepherd's pie, bolognese, mince
- Fish pie (with mashed potato topping), fish in sauce, 'boil in the bag' white fish
- Chicken or beef stew (small pieces of tender meat, cooked slowly)
- Pasta dishes with plenty of sauce (cook in the pan not the oven to avoid the topping becoming hard and crunchy)
- Noodles or pasta
- Tofu, Quorn in gravy or sauce
- Soft, well cooked vegetables
- Mashed potatoes
- Vegetable or lentil curry or other soft rice based dishes
- Soft bread or chapati

### **Sweet snacks or desserts:**

- Milky puddings such as rice pudding, sago, semolina, tapioca, custard or crème caramel
- Soft trifle, Mousse, instant whip, milk or fruit jelly
- Ice cream or sorbet
- Sponge and custard
- Biscuits dipped in hot drink to soften
- Pancakes
- Dhokla/Dokra (steamed gram flour snack)
- Jelly sweets, chocolate (no nuts or dried fruit)

### **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, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

**Failure to place the stent:** sometimes the tumour or blockage can be too long, too tight or too far from the mouth to allow successful placement of the stent. You will be informed immediately if the procedure has not been successful.

**Failure to relieve symptoms:** sometimes despite putting the stent in, there may still be problems with eating and/or vomiting. You may also find that your appetite does not return to normal. 85 in every 100 people (85% of people) get improved symptoms after successful stent placement.

**Bleeding:** bleeding can happen in around 3 to 8 people in every 100 (3 to 8%) This generally stops without the need for any action. Serious bleeding is less common (less than 1 person in 100).

**Pain:** most people will have some discomfort in the abdomen for a few days after the stent is put in place while the stent “beds in”, but this normally settles by itself.

**Stent not working (dysfunction) - usually due to movement or blockage:** this may happen in about 1 patient in every 5 patients who have this procedure (20%). The stent may move or block over time due to treatment, disease progression or food getting stuck (impaction). Sometimes this can be treated with endoscopy (a procedure when a camera is passed down the food pipe) or by repeating the stent procedure.

**Perforation:** rarely, putting the stent in may cause a tear to the wall of the stomach or small bowel. This is a serious condition and is usually obvious at the time of procedure. If it happens you may need an operation or another stent. This may happen in less than 2 people in every 100 (less than 2%).

**Stent fracture:** sometimes the stent can break. This happens because of the normal movements of the bowel which can bend and flex the stent repeatedly. This could happen to between 1 and 5 people in every 100 people (up to 5%). This may mean a repeat procedure is necessary to put in a new stent or having an endoscopy or surgery to remove the broken stent.

**Risk of death:** there is a risk of death following a pyloric / duodenal stent procedure. This rate is less than 2 patients in every 100 stent procedures performed.

## What if I have any questions?

If you have any questions about your stent after you have gone home, you can call the Macmillan Upper Gastrointestinal Cancer Nurse Specialist on 0116 258 5809. If you have any problems when you go home please contact the ward you were discharged from, see your GP or call 111.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
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