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## **Introduction**

This leaflet tells you about the procedure known as Colonic Stenting, and explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point.

If you are having a Colonic Stent as a pre-planned procedure, then you should have plenty of time to discuss the situation with your Consultant and the Radiologist who will be inserting the stent. You should have had sufficient explanation before you sign the consent form.

## **What is a Colonic Stent?**

A colonic stent is a mesh tube made of special metal alloys which enable it to be flexible and durable. It is placed across the narrowing in your colon in a collapsed state but it is designed so that it expands like a spring once it has been released. This creates a hollow tube which holds the narrow area open and will hopefully improve your symptoms.

## **Who has made the decision?**

The consultant in charge of your case will have had a discussion with the Radiologist.

## **Why do I need a Colonic Stent?**

Your doctor has suggested this treatment because you have a narrowing or blockage in your colon. This narrowing can make it difficult for you to pass a motion and can cause pain, bloating and vomiting. Once the stent is in place, it will remain in your bowel and these symptoms will improve. This may prevent the need for surgery.

## **Where will the procedure take place?**

In the x-ray department, in a special "screening" room which, is adapted for this type of procedure.

## **How do I prepare for insertion of a Colonic Stent?**

You will need to be an in-patient in the hospital, and have some routine blood tests taken. You will be asked not to eat for four hours beforehand, though you may be told it is alright for you to drink some water.

You will be asked to put on a hospital gown, and you will be given a 'wash out' enema prior to the procedure. Please let your doctor know if you have any allergies, and also if you take any of the following blood thinning drugs.

- ✚ Warfarin, Aspirin, Enoxaparin, Dalteparin, Tinzaparin, Bemiparin, Lepirudin, Fondaparinux, Danaparoid, Coumarins, Acenocoumarol, Phenindione, Bivalirudin, Argatroban, Dabigatran, Rivaroxaban, Clopidogrel, Dipyridamole, GP IIb/IIIa inhibitors, Abciximab, Eptifibatide, Tirofiban and Plasugrel.
- ✚ The Radiologist will need to know if you have a hereditary bleeding abnormality or abnormal bleeding history after minor procedures such as dental extraction.

## **What actually happens during Colonic stent insertion?**

You may need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative or painkiller. You will also have a monitoring device attached to your chest and finger, and may be given oxygen through small tubes in your nose.

The radiologist will keep everything as clean as possible, and will wear a theatre gown and operating gloves.

You will lie on the x-ray table, generally on your left hand side.

A colonoscope is inserted into the back passage and moved around your colon so the narrowing can be seen. A thin wire is passed through the colonoscope and then through the narrowed part of your bowel. Using the wire as a guide the stent is placed across the stricture and is deployed. X-rays are used to ensure it expands in the correct position. The guide wire and colonoscope are then withdrawn from your bowel.

## **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.

### **What are the risks?**

The doctors may not be able to deploy the stent for a number of reasons.

The main risk to colonic stenting is causing a tear or perforation in the bowel. This can occur in less than 5% of patients. If this should occur, emergency surgery is usually required to remove the part of bowel which has been damaged. A stoma may be necessary.

Positioning of the stent may be difficult due to the nature of the narrowing. If positioning the stent is unsuccessful then the procedure will be abandoned, maybe repeated at a later date or your Consultant will discuss an alternative plan with you.

Occasionally the stent can become dislodged and may need removing. They can become blocked over time and surgery or a repeat stent will be necessary.

### **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Generally, the procedure will be over in about half an hour, but you may be in the x-ray department for about an hour altogether.

### **What happens afterwards?**

You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems.

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

The procedure is normally safe, and is carried out with no significant side effects.

**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 doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Inserting a colonic stent is considered a safe procedure. There are some slight risks involved, and although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

**For further information contact:-**

Radiology Nurses on:- 01633 - 234327

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