

Colonic Stenting: Your Procedure Explained

**Pan Birmingham
Cancer Network**

Patient Information 

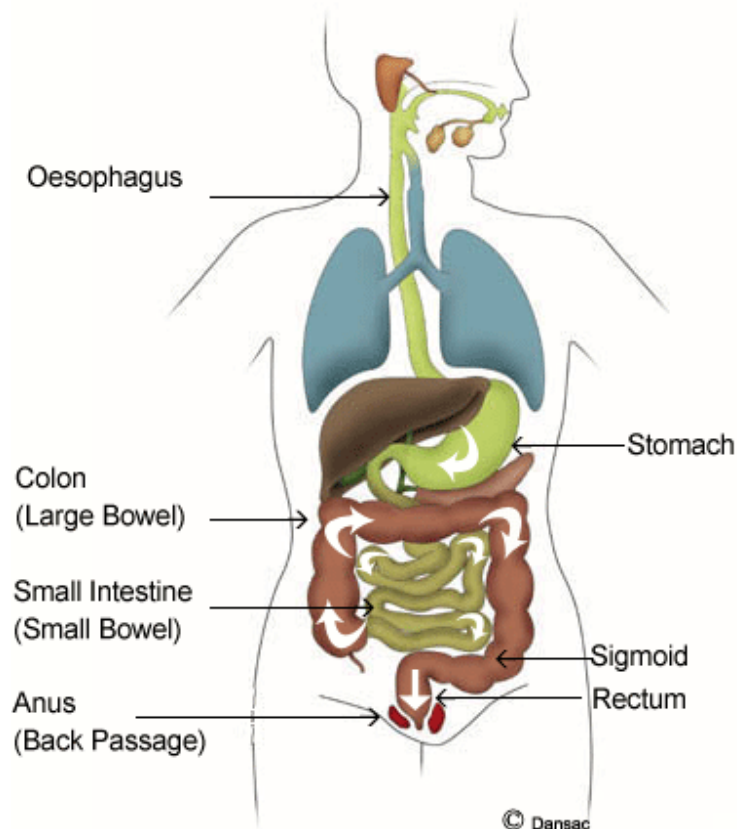
Introduction

This leaflet tells you about the procedure known as colonic stenting. It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It is not meant to replace discussion between you and your doctor, but as a guide to be used in connection to what is discussed.

The digestive system

To understand the procedure you are about to have, it helps to have some knowledge of how your body works. When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), a coiled tube many feet long, where nutrients are digested and absorbed.

THE DIGESTIVE SYSTEM

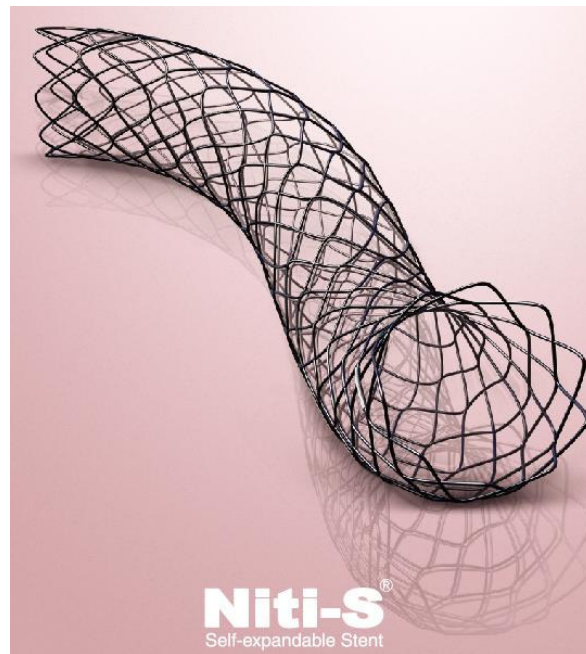


The semi-liquid food is then passed into the colon (large bowel), a wider, shorter tube, where it becomes faeces (waste). The main job of the colon is to absorb water into our bodies so making the faeces more solid.

The faeces then enter the rectum (storage area). When the rectum is full, we get the desire to open our bowels. The waste is finally passed through the anus (back passage) when going to the toilet.

What is a stent?

A stent is a hollow tube made of a flexible alloy mesh. Stents can be rolled up tightly to the size of a bic pen to allow them to be inserted through the blockage or tumour in the bowel. Once in place, stents are allowed to expand and therefore keep open the passage through the tumour.



Why are stents used?

Stents can be used for the following reasons:

- Stents are suitable for patients who have complete or partial bowel obstruction (blockage). The aim of a stent in these patients is to relieve the obstruction, especially if the patient is not considered suitable for surgery
- In patients that have potentially curative cancers, where the bowel is obstructed, a stent is used prior to surgery. Placing a stent allows the bowel to empty and return to its normal size and this can make eventual surgery safer.

How is a stent inserted?

The procedure is usually performed in the X-ray or endoscopy department.

You will be instructed to lie on your left side, or face down, on a treatment table.

You may be offered a sedative before or during the procedure.

The procedure will take approximately 60 to 90 minutes to complete, depending on your individual circumstances.

Sometimes, it may take more than one attempt to position the stent. Occasionally it is not possible to do the procedure, in which case, your consultant surgeon will discuss an alternative plan with you.

Before the stent is inserted you will need to sign a consent form to confirm you agree to the procedure.

What risks are there in having a stent?

Perforation

The procedure may cause perforation (a hole) leading to leakage from the bowel into the abdomen. If this happens, you may require further treatment including an operation. Perforation is rare but it can be serious and life threatening.

Malpositioning

Positioning the stent may be difficult due to the growth and position of your tumour. If positioning is unsuccessful then the procedure will be abandoned. If this happens, the procedure may be repeated at a later date or your consultant surgeon will discuss an alternative plan with you.

Migration

Loosening of the stent could cause it to move. Treatment may include removal of the stent, replacement, surgery or simple observation.

Symptoms of migration may include:

- Pain and urgency in the back passage
- Recurrence of your previous symptoms of obstruction.

These symptoms should be reported promptly to your colorectal nurse or consultant surgeon.

Bleeding

A small amount of bleeding may occur. This may come from the tumour or the stent rubbing against the tumour.

Some bleeding is to be expected but if you are concerned about this, then contact your colorectal nurse.

Pain

Some abdominal pain may be experienced as the bowel returns to normal function.

The majority of patients who experience discomfort (in the back passage) are patients with stents in the rectum. This is usually tolerated, after an initial period of discomfort.

If your pain is severe this may indicate obstruction, perforation or migration. If this is the case, you should contact your colorectal nurse or consultant surgeon.

Reobstruction

This can be caused by over growth of the tumour, through the stent, blocking the bowel. If this occurs, you may experience symptoms of obstruction (your bowels may stop working, your abdomen may become bloated and you might start vomiting) or abdominal discomfort and should contact your colorectal nurse or consultant surgeon. This may require insertion of an additional stent.

Most people will not experience any serious complications from this intervention. Your consultant surgeon will discuss these risks with you.

What are the benefits of this procedure?

Stenting is a minimally invasive procedure that relieves the pressure within the bowel allowing free passage of faeces.

Stenting can be used as an alternative to surgery, in patients who are medically unfit or have metastatic (spread) disease. These patients can avoid major surgery and the need for a stoma (see below).

What are the alternatives to having a stent?

Doing nothing will very likely lead to complete blockage of the bowel.

Major surgery may be an option but has increased risks involved.

A stoma (a false opening made into the bowel via the skin) can be used to divert the flow of faeces away from the blockage. Often in patients who are medically unfit, or who have metastatic disease, a stoma will be permanent.

What are the consequences of having a stent?

After this procedure you may experience:

- Loose stools
- Frequent small bowel actions
- A lack of control of your bowels that may mark your underwear
- A sore bottom
- Bleeding through the back passage.

In most people this improves with time.

If this interferes with any of your activities, please do not hesitate to contact your colorectal nurse for advice. If necessary, medication and exercises can help to improve your bowel control.

After your procedure

An X-ray might be taken to assess the position of the stent and to rule out perforation.

You may remain in hospital for up to 48 hours after the procedure.

Will my diet be affected?

You will need to follow a specific diet for a few days following surgery:

1st day – liquids only

2nd day – low fibre foods: pasta, mashed potato, white bread, cereals, soft pudding, ice cream

3rd day – introduce cooked vegetables, canned fruit, chicken, fish, eggs.

You should avoid: fresh fruit, raw vegetables, fruit or vegetable skins, food

with seeds, nuts and tough meats.

It is important that you continue to drink plenty of fluids.

Stool softeners or laxatives may be recommended.

Patients taking regular analgesia (in particular, morphine), will receive information on long term laxative use.

Discharge advice

It is important to follow dietary guidelines, maintaining an adequate fluid intake and taking laxatives as prescribed if the stent is to remain open.

It is important to monitor your bowel function and report any new episodes of pain and / or bleeding to your colorectal nurse immediately.

You must inform any doctor who may need to perform a rectal examination that you have a stent in place.

Glossary of medical terms used in this information:

Analgesia — Painkiller.

Metastatic — A new tumour that has spread from the original site, also known as a secondary.

Obstruction — A blockage in the bowel.

Perforation — A hole in the bowel.

Rectum — The outermost portion of the large intestine. Faeces are stored in the rectum until they are passed out of the body through the anus.

Stent — A hollow tube made of a flexible alloy mesh used to keep open the passage through the tumour.

Stoma — A false opening made into the bowel via the skin on the surface of the tummy.

Local sources of further information

You can visit any of the health/cancer information centres listed below:

Birmingham Women's Healthcare NHS Trust

Health Information Centre
Birmingham Women's Healthcare NHS Trust
Metchley Park Road
Edgbaston
Birmingham
B15 2TG
Telephone: 0121 627 2608

Good Hope Hospital NHS Trust

Cancer Information and Support Centre
Good Hope Hospital NHS Trust
Rectory Road
Sutton Coldfield
B75 7RR
Telephone: 0121 378 6641

Heart of England NHS Foundation Trust

Patient Information Centre
Birmingham Heartlands Hospital
Bordesley Green East
Birmingham
B9 5SS
Telephone: 0121 424 2280
Email: healthinfo.centre@heartofengland.nhs.uk

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich
B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

The Cancer Information Service
Birmingham Treatment Centre
City Hospital
Dudley Road
Birmingham
B18 7QH
Telephone: 0121 507 3792 Fax: 0121 507 3816

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
University Hospital Birmingham NHS Foundation Trust
Queen Elizabeth Hospital
Edgbaston
Birmingham
B15 2TH
Telephone: 0121 697 8417

Walsall Primary Care Trust

Cancer Information & Support Services
Challenge Building
Hatherton Street
Walsall
Freephone: 0800 783 9050

Cancerbackup - Information in your language

Cancerbackup is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues: <http://www.cancerbackup.org.uk>

Cancerbackup's freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on freephone **0808 800 1234**, who will then link in a relevant interpreter. There are also 12 additional freephone lines specifically for speakers of the most common community languages. Lines are open Monday to Friday 9am-8pm.

(Source: <http://www.cancerbackup.org.uk>)

Freephone numbers:

Arabic: 0808 800 0130

Bengali: 0808 800 0131

Cantonese: 0808 800 0132

English: 0808 800 1234

French: 0808 800 0133

Greek: 0808 800 0134

Gujarati: 0808 800 0135

Hindi: 0808 800 0136

Polish: 0808 800 0137

Punjabi: 0808 800 0138

Turkish: 0808 800 0139

Urdu: 0808 800 0140

Vietnamese: 0808 800 0141

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website:

<http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

Good Hope Hospital Trust
Heart of England NHS Foundation Trust
Sandwell and West Birmingham NHS Trust
University Hospital Birmingham Foundation Trust
Walsall Hospitals NHS Trust

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