Oesophageal Balloon Dilatation

This leaflet explains more about your gastroscopy with oesophageal balloon dilatation and how to prepare for this procedure including when to stop eating and what medications you may need to stop. It also covers what you can expect when you come to hospital.

Important information about your procedure

- St George's is a University Hospital and a National Training Centre for endoscopy, providing specialist training for qualified doctors and nurses developing skills in endoscopy. As part of this training, supervised specialist trainees may be involved in your care. If you would prefer trainees not to be present, please inform the doctor or nurse when you are admitted.
- It is usually recommended to have sedation for this procedure therefore, you will need to arrange for a friend or relative (18+) to escort you home after your appointment and to be with you for at least 12 hours. We kindly ask escorts not to wait in the Endoscopy Unit due to limited space, but we will call when it is completed.
- **STOP EATING SIX HOURS** before your appointment, clear fluids are allowed (**no milk**). You may require a more prolonged liquid diet depending on the indication (e.g. achalasia patients should have liquids only for 24 hours before the procedure. If you have been advised to follow a liquid diet, please refer to the instructions on page 3 and 4).
- **STOP DRINKING CLEAR FLUIDS TWO HOURS** before your appointment.
- **IMPORTANT**: If you are taking **GLP-1 and/or GLP-3 and/or GIP blocker medication** e.g. Mounjaro, Wegovy, Ozempic, you will need to **STOP EATING** solid foods for **24 HOURS** before your appointment, and drink clear fluids only. **STOP DRINKING CLEAR FLUIDS TWO HOURS** before your appointment. Please follow the instructions on page 3 and 4 to ensure your stomach is empty.
- We recommend you bring a book or magazine with you to read whilst you are waiting as the mobile phone signal is weak.

Important information about medication

- If you are taking medications for **diabetes** or to **prevent blood clots** such as Warfarin, Apixaban, Edoxaban, Rivaroxaban, Dabigatran, Clopidogrel, Ticagrelor or Prasugrel, please follow the instructions provided by the nurse. If you have not been contacted, please **contact us** on the numbers on page 6.
- If you take **GLP-1 medication** such as Mounjaro, Wegovy, Ozempic, **please inform us.**.
- Take other medications as normal.
- Please bring a list of your regular medications and bring any inhalers or sprays with you.
- If you a diabetic, please bring your medication and a snack to eat after the procedure.

What is oesophageal balloon dilatation?

Oesophageal balloon dilatation is a procedure used to stretch a narrowed area (normally a stricture) in the oesophagus (food pipe). It is usually performed during a gastroscopy (OGD) using a flexible camera passed through the mouth into the stomach. Sometimes the procedure will take place with the assistance of an x-ray. The procedure usually takes 10 to 20 minutes, but please allow up to four hours in the hospital for the whole process to be completed.

A local anaesthetic spray will be used to numb the back of your throat and reduce your gag reflex; this has a slightly bitter taste. The effect will wear off in 30 minutes. It is recommended to have sedation for this procedure. This helps reduce discomfort and anxiety and may make you feel drowsy but does not put you to sleep.

The endoscope will then be passed into your oesophagus; This is not painful and will not affect your breathing, but it may be uncomfortable. The nurse may need to clear saliva from your mouth using a small suction tube. If you gag you won't vomit as your stomach will be empty. Air will then be passed through the endoscope to allow a clearer view. During the procedure, a small balloon is positioned across the narrowed area and gently inflated to widen the oesophagus. This can improve swallowing and allow food and drink to pass more easily.

Why do I need a balloon dilatation?

You may be offered oesophageal balloon dilatation if you have:

- Difficulty swallowing (dysphagia)
- A narrowing caused by:
    - Acid reflux or inflammation
    - Scarring after surgery or radiotherapy
    - A Schatzki ring or benign stricture
    - Certain motility or inflammatory conditions

The aim of the procedure is to **relieve symptoms**, improve swallowing and reduce the risk of food becoming stuck.

What are the benefits?

- Improves swallowing
- Reduces discomfort when eating or drinking
- May prevent food bolus obstruction
- Can improve quality of life

Some patients may require **more than one dilatation** to achieve lasting benefit.

What are the risks?

Although dilatation carries risks, it is only carried out when the doctors have carefully considered the risks of doing this test compared with doing any other test or operation and the risk of doing nothing.

The procedure is safe and well tolerated under sedation, but rarely there can be a problem, for example:

- Dislodging loose teeth, caps or crowns.
- The sedative can affect your breathing making it slow and shallow.

- Significant bleeding which occurs in less than 1 in 100 patients. This may necessitate blood transfusion or further procedures to stop the bleeding.
- Perforation in the gullet at site of the dilatation is a recognised complication with a risk of approximately between 1 in 50 and 1 in 300 but varies depending on the indication. If perforation occurs, it can be serious and will require a prolonged admission to hospital and may require an operation.

However, it is important to remember that not treating the stricture may eventually stop you from eating and drinking all together, if this is not already the case, and the alternatives have much higher risks. If you are worried about any of these risks, please speak to your doctor before you are due to have this treatment.

Are there any alternatives?

Alternatives depend on the cause of the narrowing and may include:

- Medication (e.g. acid-suppressing treatment)
- Dietary modification
- Injection or other endoscopic therapies
- Stent placement (in selected cases)
- Surgery (depending on the indication)
- No treatment (if symptoms are mild)

Your doctor will have discussed why balloon dilatation is recommended for you.

Asking for your consent and signing the consent form

It is important that you feel involved in decisions about your care. The doctor performing the procedure will explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet, before signing the consent form. You can withdraw your consent at any time, even if you have said 'yes' previously.

Advice for patients taking GLP-1, GLP-3 and/or GIP blocker medications e.g. Mounjaro, Wegovy, Ozempic medications or patients having an achalasia dilatation

If you are taking medication such as Semaglutides (e.g. Wegovy, Ozempic, Rybelsus), Tirzepatide (Mounjaro) or Liraglutides, to manage diabetes, cardiovascular disease or weight loss, food moves more slowly through your gut, and you therefore need to follow an extended fasting period to ensure your stomach is empty of food. If you are having a dilatation for achalasia, you also need an extended fasting period. Please follow the instructions below.

DO NOT EAT FOOD FOR 24 HOURS BEFORE YOUR APPOINTMENT. During this time, you should **DRINK CLEAR FLUIDS ONLY**. Please see the suggested clear fluids on the next page. **STOP DRINKING TWO HOURS** before your appointment time.

Clear fluids include:

Water, fizzy drinks, Lucozade, squash (not red or blackcurrant), clear soups, Bovril or broth, black tea and coffee (no milk) and jelly (green and yellow only).

Advice for diabetic patients

The period of starvation can upset your diabetes temporarily. A nurse will contact you with advice on how to manage your diabetes whilst you are fasting. If you have not been contacted, please contact us on the telephone numbers on page 6 of this leaflet under **Contact**. Alternatively, you may wish to speak to your diabetic nurse for advice.

On arrival at the endoscopy unit

- A nurse will check your details, including health history, medications and allergies.
- The procedure will be explained, and you will have the opportunity ask any questions with the doctor before you sign a Consent Form.
- An intravenous cannula will be inserted and secured before the start of the procedure.

What happens after oesophageal balloon dilatation?

Following the procedure, you will be taken to the recovery area where you will be monitored for 45 minutes to two hours. There is a small chance that you would need to be admitted to hospital, for example if there is a complication such as a perforation.

A nurse will give you a copy of the endoscopy report as well as some important discharge advice. It is common to experience mild chest discomfort or soreness for 24 to 48 hours. You will be advised on when to start with fluids and soft foods and when you can resume normal diet after the procedure.

You must arrange for somebody to accompany you home. The medication given during the procedure will prohibit you from driving for 24 hours after the examination. Please do not plan to take public transport home unless accompanied. If you are unable to arrange transportation, we can arrange a taxi to take you home, however you are responsible for the fare. You will need a responsible adult at home for at least 12 hours. We would advise that a friend or family member stays overnight with you.

Will I get the results?

We will give you a copy of the gastroscopy and oesophageal balloon dilatation report and discuss the findings with you before you are discharged. We will be able to tell you of any visual findings and the outcome of the procedure but if tissue samples are taken, they will be sent to the laboratory for testing. This can take up to six weeks. A copy of the report and any histology results will be sent to your referring doctor and your GP.

Will I need follow up?

Some patients require **repeat dilatation**, depending on symptoms and underlying cause. Follow-up arrangements will be discussed with you and communicated to your GP and referring doctor.

Is there anything I need to watch out for after the procedure?

Minor side effects: It is normal to experience a mild sore throat or difficulty in swallowing for at least 48 hours following the procedure, simple lozenges will help. You may also feel bloated or have mild abdominal (tummy) discomfort. This is normal and should settle within 24 hours.

Chest discomfort when swallowing

It is common to have a mild aching, or 'bruised' sensation when swallowing for 24 to 72 hours. This should gradually improve day by day. Take small sips of water when eating to help food pass comfortably. Choose a soft diet for 24 to 48 hours, eat slowly and chew well. Avoid very hot, spicy, acidic foods if they trigger discomfort. Simple pain relief such as paracetamol can be used if needed.

When to seek urgent medical attention:

For up to one week following your procedure, if you develop any of the symptoms listed below, please seek medical advice **immediately** by EITHER contacting the St George's Endoscopy Unit, Monday to Friday between 9am and 5pm on 0208 725 1491/2893, OR outside of working hours by attending your nearest Emergency Department. Please ensure you **take a copy of your endoscopy report with you.** Additional information will be provided about procedural aftercare on the day of your appointment.

IMPORTANT: These telephone lines are for emergencies only and the staff will not be able to assist you with queries about your procedure, results or appointments.

The symptoms to look out for include:

- Fever (>38°C) / Chills / Rigors
- Severe or worsening abdominal, neck or chest pain
- Persistent nausea or vomiting
- Vomiting blood or 'coffee ground' material
- Black, sticky tar-like poo
- Difficulty breathing / Shortness of breath
- Fainting / Collapse

When can I get back to my normal routine?

You should be able to return to work and all your usual activities within 24 to 48 hours. Please be advised you cannot drive, sign legal documents or drink alcohol for 24 hours following sedation.

Where do I go?

Please attend the Endoscopy Unit, St George's Hospital, First floor, St James' Wing, Blackshaw Road, London, SW17 0QT.

Parking at the hospital

There is a car park with the entrance located on Blackshaw Road. Please ensure you check the rates before parking.

Contact us

If you have any questions or concerns about your procedure, you can call the Endoscopy department on **020 8725 1913** Monday to Friday 8.30am to 3pm.

Please note that our phone lines are very busy, as we manage over 300 patient bookings each week. As a result, it may take up to 40 minutes for us to answer your call.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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