OESOPHAGEAL DILATATION

BRIEF DESCRIPTION

This is done when there is a narrowing in the oesophagus(food pipe). It is usually done as an office procedure using a flexible fibre – optic scope but occasionally we do this procedure in theatre under GA to protect the airway.

WHY IS THIS OPERATION NECESSARY?

To facilitate swallowing. The commonest causes are long-standing untreated reflux, a cancer or previous operation to the oesophagus.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

By the time a decision is made to dilate all alternatives have been unsuccessful .

IS IT SAFE TO HAVE THIS OPERATION?

Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small. Before you agree to the operation, you should consider the risks that may be involved.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The main surgical complications is perforation (rupture) or bleeding. This occurs in less than 2% of patients. This can be life threatening and may require urgent surgery.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

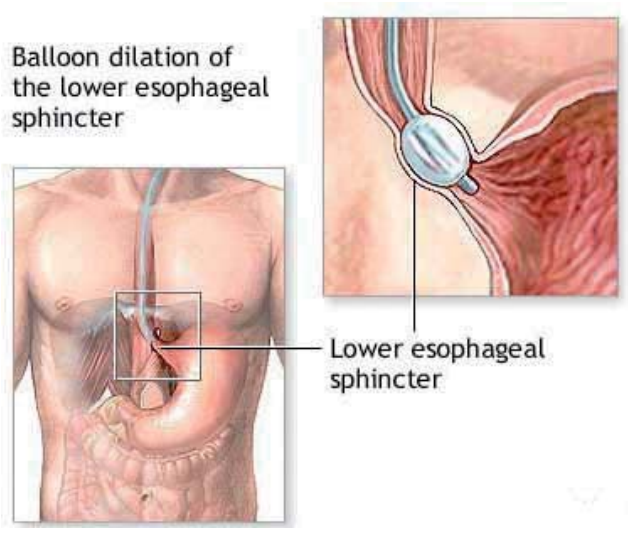
WHAT SHOULD I DO BEFORE THE OPERATION?

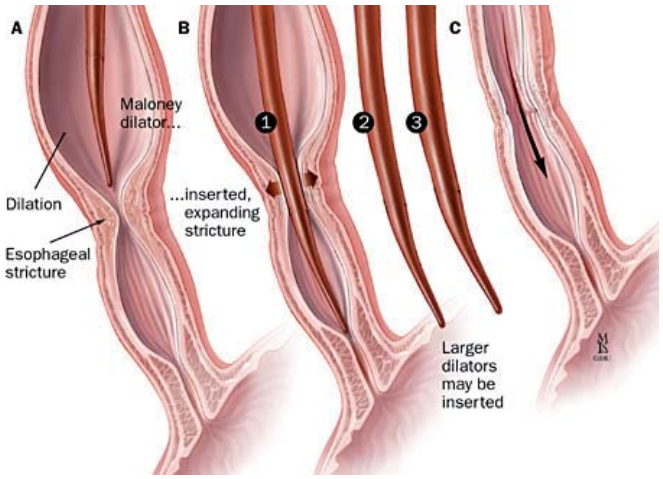
You should not eat or drink anything for at least six hours before your procedure.
Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines(including homeopathic) before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

The following would be details of a procedure performed in the hospital theater under general anaesthetic. The procedure can sometimes be done in our endoscopy suite as an outpatient.

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.
When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE PROCEDURE TAKE?

30 – 60 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You may have an oxygen mask and a drip (intravenous) line.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed small amounts of fluid initially and gradually building up to being able to drink as much as you like and thereafter start eating – usually around day five after the operation.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

We will usually assist you into a chair the following day and on occasion the same day. You will be encouraged to mobilise as early as possible. The physiotherapist and nursing staff will assist you.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 7 – 10 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and possibly injections for deep vein thrombosis prophylaxis

You will also get an appointment for your follow-up visit in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You will be able to do your own day to day care ie, having a bath, walking without any aid/support. Your appetite will be returning but will not be back to normal, you may have intermittent nausea. Eat small, regular light meals. You will have some degree of difficulty in swallowing and this improves with time. Bowel patterns tend to be irregular and may take a few weeks to return to normal. Try and mobilise as much as you can, avoid excessive sleeping or sitting and build in regular gentle walks.

HOW SOON CAN I START EXERCISE?

Mild exercise like walking or climbing stairs would be possible on discharge but anything more takes at least four weeks. Discuss this with your surgeon as there are a lot of individual variations

HOW SOON CAN I DRIVE A CAR?

3 – 4 days

HOW LONG WILL I BE OFF WORK?

Usually between 1 – 2 weeks