Calderdale and Huddersfield
NHS Foundation Trust

Colorectal Nursing Team

Colonic Stent
An Information Guide

This leaflet will explain why you need a stent and what to expect before during and after the procedure.

What is a colonic stent?

A colonic stent is a hollow tube made of a flexible alloy metal. It is used to keep a segment of the large bowel open when it becomes blocked by a stricture (narrowing) or a tumour. A stent is about the size of a pen when it is inserted and designed to gently expand once it is released. This will make a channel through the blockage and allow the bowel to function more easily and reduce pain.

Why are stents used?

Stents can be used when there is either a partial or complete blockage in the bowel to reduce the pressure in the bowel and relieve the obstruction. Once the bowel is functioning again an operation to remove the tumour can be carried out safely. Stents can also be used when surgery is not recommended as an alternative to keep the bowel working. This will help to relieve the symptoms and improve quality of life.

Are there any risks?

Most people do not have any complications as a result of having a stent however you do need to be aware of the possible risks:

Perforation - (a hole in the bowel) this can cause leakage from the bowel into the abdomen. Although very rare it is a serious complication and requires surgery to remove the affected part of the bowel.

Failure to insert - sometimes it is not possible to insert a stent due to the size and position of the tumour.

Migration - the stent can become loose and move position causing pain and urgency in the back passage or recurrence of the previoussymptoms. The stent may need removing and replacing.

Re-obstruction - the stent can cause a further obstruction if the tumour grows through it. Your bowels will stop working properly and you may feel bloated or you may start to vomit. If this happens please contact your consultant or colorectal nurse.

Bleeding - it is normal to pass a small amount of blood which is caused by the tumour and stent rubbing together. If you have a lot of bleeding please contact your consultant or colorectal nurse.

Pain - you may experience some abdominal pain as the bowel returns to normal. If your pain is severe this may indicate obstruction, perforation or migration. Please contact your consultant or colorectal nurse if you are concerned.

compassionate care

How is a stent inserted?

Before the procedure most patients will be given 2 enemas (liquid laxative) which will be inserted into your bottom to clear the bowel out. You will also be given a sedative injection to make you feel more relaxed and oxygen will be inserted through your nose. The procedure is carried out in the X-ray department. A specialist doctor will place a camera called an endoscope through your back passage until it reaches the blockage . The stent is then passed through the endoscope to the site of the blockage once it is in the correct position it will slowly expand. The endoscope is then withdrawn. The procedure will take approximately 25 – 60 minutes depending on how accessible the obstruction is. You will need to stay in hospital overnight to monitor for any complications such as bleeding, vomiting or pain.

How will I feel after the stent?

After the procedure you may experience:

- Loose frequent stools
- Lack of control over your bowels
- Rectal bleeding

These symptoms should improve, if you have any concerns please contact your colorectal nurse.

It is very important that you do not become constipated, stool softeners or laxatives may be recommended to keep the bowels moving. If you have diarrhoea with lots of wind the dose will be reduced or stopped.

Willl need a special diet?

A low residue diet is recommended for a few weeks as this will reduce the amount of undigested material that passes through the bowel and also reduce the size of your stools. You can slowly introduce fibre back into your diet when you feel ready.

Low residue diet :

- White bread, cereals pasta and rice
- Milk, smooth yogurt, rice pudding, semolina, ice cream (limit dairy to two portions per day)
- Tender lean meat, poultry and fish
- Eggs, butter, fat, mayonnaise
- Fruit juice (except prune)
- Soups and sauces (strained)
- Smooth peanut butter, jam (no seeds), honey, marmite
- Desserts without seeds or nuts

You should avoid:

- Wholegrain cereals ,bread, pasta, brown rice
- Tough coarse meat
- Chunky peanut butter, soup with vegetables, coconut seeds and nuts
- Baked beans and pulses
- Dried fruits, raw fruit, raw vegetables
- Make sure you drink plenty of fluids

If you have any comments about this leaflet or the service you have received you can contact :

The Colorectal Nursing Team
at Huddersfield Royal Infirmary
Telephone No: 01484 355062
Bleep 895 via hospital switchboard

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym fomacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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