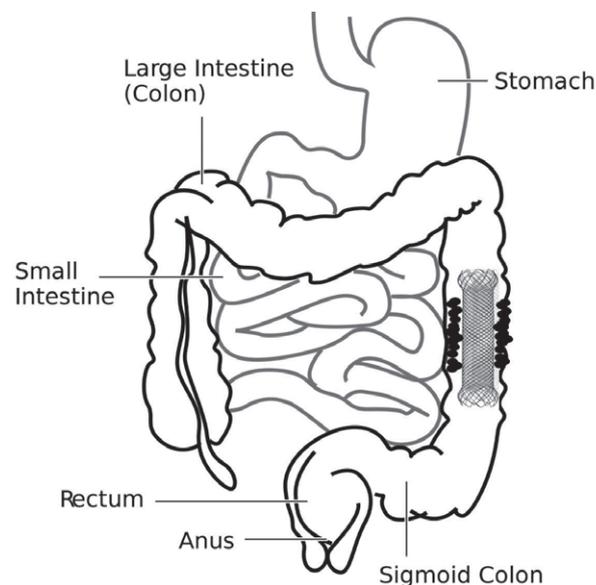


What is a colonic stent?

A colonic stent is a flexible, hollow tube designed to keep a segment of the colon (large bowel) open when it has become blocked (obstructed). This blockage is commonly caused by a tumour inside the bowel or by outside pressure on the bowel wall.

The stent is flexible and durable and will gently expand once released, re-opening the blocked section of the bowel.



A colonic stent in place in the large bowel.

Why are stents used?

- For patients who are going to have surgery to remove a tumour, a stent reduces the pressure in the bowel, and allows bowel preparation to be taken if required. This can make surgery safer, and improve the chance of a successful outcome for patients.
- For patients who are not suitable for surgery, a stent relieves the pressure in the bowel to provide relief from symptoms and improve quality of life.

Are there any alternatives to having a stent inserted?

Alternatives might include surgery to remove the blockage, or to create a stoma above the blockage by taking a loop of healthy bowel and creating an artificial opening (stoma) on the abdomen.

A patient may also choose not to have any active treatment, and symptoms can sometimes be managed with a combination of laxatives, a low residue (low fibre) diet and pain relief.

Are there risks of having a stent?

Most people will not have any serious complications as a result of the procedure. Before you give your consent, your doctor and specialist nurse will explain the possible risks, which include:

- Perforation (a hole in the bowel, causing leakage from the bowel into the abdomen). This is a rare, but serious complication. If it did happen, it would require surgery to remove the damaged part of the bowel.
- Failure to insert the stent in the correct place due to the size and position of the tumour.
- Migration (loosening of the stent, causing it to move). If this happens, and causes discomfort or other symptoms, it may need surgery to remove or replace it.
- Re-obstruction - this can be caused by growth of the tumour through the fabric of the stent. If this occurs, your bowels will stop working, you may start to feel (or be) sick, and your tummy may become very bloated and gurgling. Contact your colorectal nurse or surgeon immediately if this happens.
- Bleeding - a small amount of bleeding may occur after the stent is fitted and this is not usually anything to worry about. If, however, you notice a lot of bleeding, tell your colorectal nurse.
- Pain – there might be some tummy (abdominal) pain felt as the bowel returns to a more normal function. Contact your colorectal nurse if the pain is more than simply 'uncomfortable', or if you have on-going bloating and / or bowel spasms.



Beating Bowel Cancer

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Before the procedure

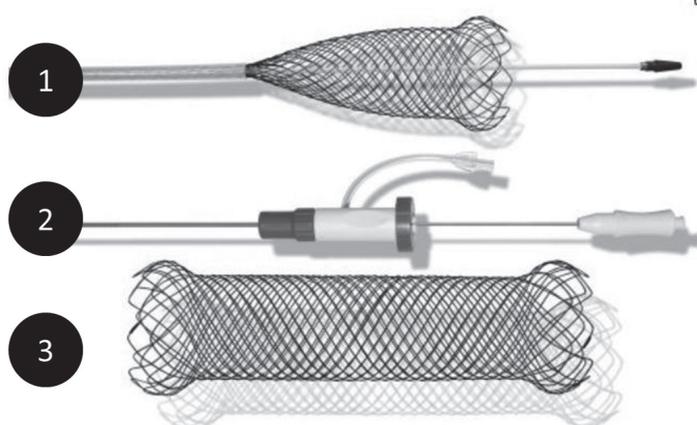
Your bowel may be cleared below the blocked area by giving you an enema - liquid inserted in your bottom (anus). Occasionally, oral bowel preparation will be given if it is considered safe to do so.

How is a stent inserted?

The procedure will be done in the X-ray or endoscopy department. In either case, you may be offered a sedative to help you stay relaxed, and you may be given an injection of antibiotics through a needle (cannula) in your hand. During the procedure your pulse and oxygen levels will be monitored. Let your doctor know immediately if you have pain or nausea, as medicines can be given to relieve this.

In the X-ray department, a radiologist, (specialist X-ray doctor) will place a fine tube into your bottom (anus), through which they will feed a small guide wire up into the bowel to the site of the blockage. Once the stent is in the right position the radiologist will open it and it will slowly expand.

Alternatively, a specially trained endoscopist may undertake the procedure in the endoscopy department. They will still use X-ray support, which allows them to see inside the bowel and the tumour whilst placing the guide wire. Every patient is different and the procedure can take between 45 and 90 minutes to complete. Sometimes it may not work first time and more than one attempt may be needed.



1. Colonic stent is introduced using a guide wire
2. Guide wire
3. Stent expands into the bowel

After your procedure

An X-ray might be taken 24 hours after the procedure to assess the position of the stent, check it has expanded properly and to rule out perforation. You may need to stay in hospital for up to 48 hours after the procedure, until your bowel is working again.

Will there be any changes to my bowel habit once I've had a stent inserted?

Most patients will be given a course of laxatives to keep the bowel moving. This may develop into diarrhoea with lots of wind, at which point your nurse will reduce the dose or stop the laxatives, especially if you have started chemotherapy, which can cause looser stools as one of its side-effects.

You may also experience:

- loose stools
- frequent small bowel movements
- less control of your bowel habits
- a sore bottom (rectum)
- bleeding from the back passage.

In most people, things will improve with time, but do not hesitate to contact your colorectal nurse for advice if concerned.

There are medications such as loperamide to help with diarrhoea, and exercises which can help to improve your bowel control. Please see our fact sheet '**Regaining Bowel Control**' for further information.

Will my diet be affected?

You will need to follow a specific diet for a few days following the procedure. It is important to avoid re-blockage once you have a stent in place, so you may also need to restrict the amount of fibre you are eating by following a low residue diet. This should be explained to you before you go home. We have more information about a low residue diet in our booklet **Living With Bowel Cancer - Eating Well**.

Will the device cause any problems with X-rays?

No, it is visible on X-ray but will not interfere with future X-rays. However you should always inform the Radiology department that you have a stent in your bowel before you have CT scans or MRI scans.