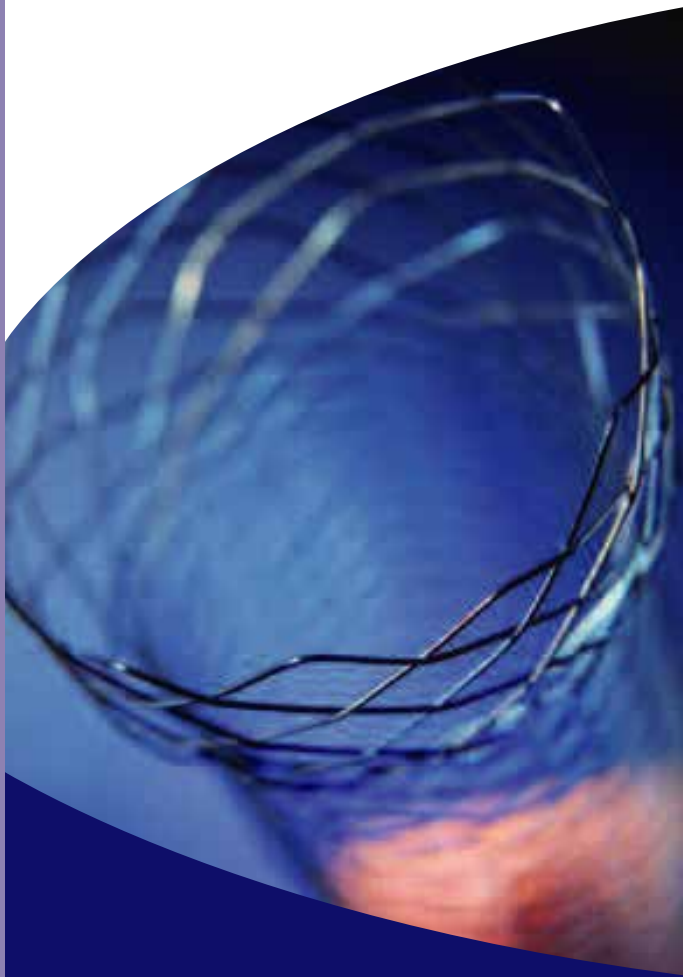


Rectal Stenting



What is a Rectal Stent?

A stent is a wire mesh tube, which will allow bowel motions to pass through an area of the bowel which has become blocked, either by scarring or by tumour.

How do I prepare for the procedure?

If you are on any medication, kindly inform your referring doctor and the Radiology Department of this. If you are currently taking any blood thinners, this may have to be stopped for 3-5 days prior to the procedure. Your referring doctor will advise you on this.

Do not eat or drink for 6 hours before your procedure. An anaesthetist will be required to sedate you during the procedure.

You will have to admit to the hospital at least 2 hours before your procedure or the day before your procedure.

If you are pregnant or may be pregnant, please inform the doctor or staff before the procedure as the procedure involves radiation.

What is a rectal stenting procedure?

This procedure will be done in the X-ray fluoroscopy room. Endoscopy may sometimes be required. The radiologist will pass a catheter through the rectum and contrast will be injected to demonstrate the area of stenosis (blockage). A thin guidewire will then be placed through the blockage. At times this may require the blockage to be stretched (dilated), using a balloon catheter before the stent can be inserted.

The stent will then be passed over the wire, through the blockage using fluoroscopy for guidance.

After ensuring that it is in the correct position, the stent is “released” which allows it to open up and hold open the blockage.

Will it hurt?

The procedure can be mildly uncomfortable but you will be sedated for this. When the stent opens and expands to its full extent in the first 48 hours this may be painful or uncomfortable, but this discomfort usually resolves after 48 hours. Painkillers may be prescribed if required.

What are the benefits of stent placement?

The stent will reduce pain and bloating and will allow bowel motions to pass more easily. The stent relieves obstruction and your surgeon may decide to operate once the obstruction has been adequately relieved.

What are the risks, consequences and alternatives associated with this procedure?

Most procedures are straightforward; however as with any procedure there is a small chance of side-effects or complications. Occasionally, bleeding can occur during the procedure but this usually stops and no action is needed.

In about 1 in 50 cases, placing the stent causes a tear or perforation in the bowel. This may require an operation or insertion of a further stent. You may then be required to stay in hospital for several days.

The stent may migrate or slip out of position.

Please be assured that these risks are rare and most people have vastly improved symptoms following placement. If you are concerned about any of these risks, or have any further queries, please speak to the radiologist or referring doctor.

There may be other options available and your referring doctor may be in a better position to discuss these with you.

In addition to the potential risks associated with the procedure, there may be other unpredictable and rare risks including death.

After the procedure

Pain relief

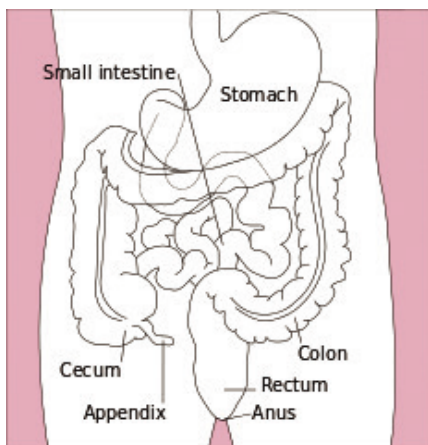
It is usual to feel some discomfort following this procedure. When the stent opens and expands to its full extent in the first 48 hours this may be painful or uncomfortable, but this discomfort will usually resolve over 48 hours. Painkillers may be prescribed if this is uncomfortable.

How soon can I eat or drink?

You will be able to drink fluids 3 hours after the procedure and eat normally after 24 hours.

Returning to normal activities

You can return to your usual activities 24 hours after the procedure.



What are the benefits vs. risks?

BENEFITS

- The stent will reduce pain and bloating and will allow bowel motions to pass more easily.
- Stents are suitable for patients who have partial or complete 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.
- Patients that have potentially curative cancers, where the bowel is obstructed, may have a stent inserted before surgery. Placing a stent allows the bowel to empty and return to its normal size; this can make eventual surgery safer.

RISKS

- Most procedures are straightforward, however as with any procedure there is a small chance of side-effects or complications. Occasionally, a little bleeding can occur during the procedure but this usually stops and no action is needed.
- Very rarely, the stent may slip out of position.
- 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.
- 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 surgeon will discuss an alternative plan with you.
- Some pain may be experienced as the bowel returns to normal function.
- If your pain is severe this may indicate obstruction, perforation or migration. If this is the case, you should contact your colorectal nurse or surgeon.
- 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 surgeon. This may require insertion of an additional stent.

I confirm that I understand the information herein about Rectal Stenting as it has been read by me and / or explained to me.

Name: _____

*Passport/NRIC No: _____

Signature: _____

Date: _____

Confirmation given before (Staff's name): _____

Staff's Signature: _____

Date: _____

*Please delete as applicable



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