Holly Springs
Ear, Nose, Throat
& Allergy

Understanding Esophageal Dilation

What is Esophageal Dilation?

Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus [swallowing tube]. Doctors can use various techniques for this procedure. Your doctor might perform the procedure as part of a sedated endoscopy. Alternatively, your doctor might apply a local anesthetic spray to the back of your throat and then pass a weighted dilator through your mouth and into your esophagus.

Why is Esophageal Dilation Done?

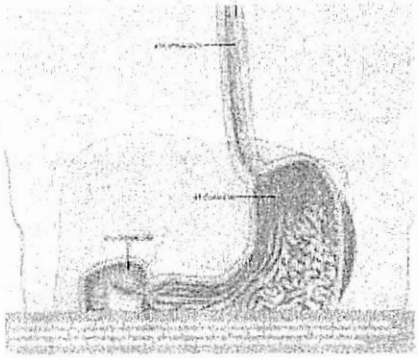
The most common cause of narrowing of the esophagus, or stricture, is scarring of the esophagus from reflux of stomach acid occurring in patients with heartburn. Patients with a narrowed portion of the esophagus often have trouble swallowing; food feels like it is "stuck" in the chest region, causing discomfort or pain. Less common causes of esophageal narrowing are webs or rings (which are thin layers of excess tissue), cancer of the esophagus, scarring after radiation treatment or a disorder of the way the esophagus moves [motility disorder].

How Should I Prepare for the Procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to drink, including water, for at least six hours before the examination. Your doctor will tell you when to start fasting.

Tell your doctor in advance about any medications you take, particularly aspirin products or anticoagulants (blood thinners such as warfarin or heparin), or clopidogrel. Most medications can be continued as usual, but you might need to adjust your usual dose before the examination. Your doctor will give you specific guidance. Tell your doctor if you have any allergies to medications as well as medical conditions such as heart or lung disease. Also, tell your doctor if you require antibiotics prior to dental procedures, because you might need antibiotics prior to esophageal dilation as well.

What Can I Expect during Esophageal Dilation?



Your doctor might perform esophageal dilation with sedation along with an upper endoscopy. Your doctor may spray your throat with a local anesthetic spray, and then give you sedatives to help you relax. Your doctor then will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope does not interfere with your breathing. At this point your doctor will determine whether to use a dilating balloon or plastic dilators over a guiding wire to stretch your esophagus. You might experience mild pressure in the back of your throat or in your chest during the procedure. Alternatively, your doctor might start by spraying your throat with a local anesthetic. Your doctor will then pass a tapered dilating instrument through your mouth and guide it into the esophagus. Your doctor may also use x-rays during the esophageal dilation procedure.

What Can I Expect after Esophageal Dilation?

After the dilation is done, you will probably be observed for a short period of time and then allowed to return to your normal activities. You may resume drinking when the anesthetic no longer causes numbness to your throat, unless your doctor instructs you otherwise. Most patients experience no symptoms after this procedure and can resume eating the next day, but you might experience a mild sore throat for the remainder of the day.

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If you received sedatives, you probably will be monitored in a recovery area until you are ready to leave. You will not be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home, because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the Potential Complications of Esophageal Dilation?

Although complications can occur even when the procedure is performed correctly, they are rare when performed by doctors who are specially trained. A perforation, or hole, of the esophagus lining occurs in a small percentage of cases and may require surgery. A tear of the esophagus lining may occur and bleeding may result. There are also possible risks of side effects from sedatives.

It is important to recognize early signs of possible complications. If you have chest pain, fever, trouble breathing, difficulty swallowing, bleeding or black bowel movements after the test, tell your doctor immediately.

Will Repeat Dilations be Necessary?

Depending on the degree and cause of narrowing of your esophagus, it is common to require repeat dilations. This allows the dilation to be performed gradually and decreases the risk of complications. Once the stricture, or narrowed esophagus, is completely dilated, repeat dilations may not be required. If the stricture was due to acid reflux, acid-suppressing medicines can decrease the risk of stricture recurrence. Your doctor will advise you on this.

Post Operative Instruction:

1. Throat discomfort may persist for several days. Tylenol or prescribed pain medication should relieve the pain; if it becomes worse please notify our office.
2. Do not take aspirin, Motrin, Advil, Aleve or any Ibuprofen containing products for 2 weeks after surgery.
3. Absolute **VOICE REST** for 2 days after surgery and no voice excessive voice use (shouting or whispering).

4. No smoking or alcohol.
5. Maintain high humidity at home with a vaporizer or sauna.
6. Follow up appointment should be about 2 weeks after surgery.
7. Avoid steaming hot foods for 1-2 days.
8. Drink plenty of liquids and eat a soft diet for 1-2 days.
9. If any of the following occur, you may contact Holly Springs Ear, Nose, Throat & Allergy at 984-225-2558

- Spitting up bright red blood
- Fever higher than 101.5 F
- Inability to eat or drink
- Difficulty breathing, shortness of breath, abnormal wheezing, high-pitched crowing-like sound when breathing, or bluish discoloration of lips