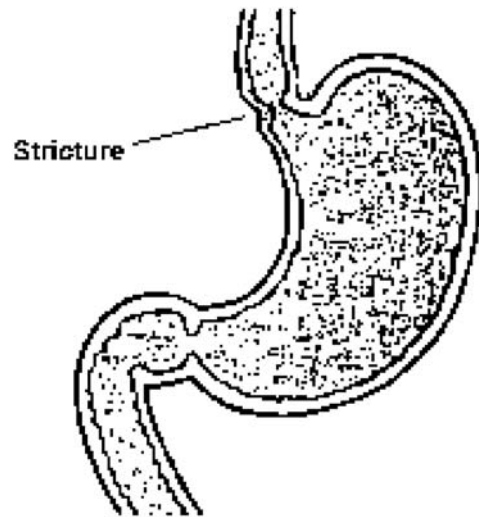


ESOPHAGEAL DILATION

SOME THINGS YOU SHOULD KNOW...

Dilation is a procedure used to stretch open a narrowed area in the esophagus or other part of the gastrointestinal tract. Narrowing or constriction of the esophagus usually causes difficulty swallowing. Food or liquid may become lodged in the chest or neck. When this occurs, it is a most distressing sensation and can cause pain and a feeling of choking. Esophageal dilation usually will relieve these symptoms if they are due to a narrowing. Dilation may also relieve chest pain and swallowing difficulty in patients who suffer from esophageal spasm.



How is it performed?

Esophageal dilation is usually performed after examining the esophagus with a gastroscope (see our pamphlet on gastroscopy). Gastroscopy is necessary in order to clearly see what is causing the problem and to exclude serious conditions such as cancer. Most strictures are treated with Maloney dilators. These are tapered rubber tubes which are passed gently down the throat and through the stricture. A series of dilators of gradually larger sizes are passed in order to enlarge the narrowed area. In some cases, Maloney dilators cannot be used to safely dilate a stricture. For these patients we use other techniques.

Balloon dilation.

Balloon dilators are long, sausage shaped balloons which are passed through the scope and then inflated under pressure within the stricture. This process is similar to what is done with coronary angioplasty wherein small balloons are used to stretch open narrowed areas in the coronary arteries.

Wire guided dilators (Savary dilators)

These dilators are tapered and shaped like Maloney dilators. The scope is used to pass a guide-wire through the stricture. The scope is then removed and the Savary dilators are passed over the

guide-wire through the stricture. The dilators have a small passageway through the center which allows them to slide over the wire. These are used when strictures are too firm or too narrow to be dilated with Maloney dilators.

Fluoroscopy

X-ray guidance may be used with any of these dilating techniques if the physician feels it is necessary.

Risks

Esophageal dilation carries a small but significant risk of the following complications:

Reaction to Medication

Medication given for sedation can cause slowing of the breathing and lowering of oxygen levels. We monitor oxygen levels continuously in order to identify and treat this problem immediately if it should occur. Monitoring is also performed in order to identify any drops in blood pressure or changes in the pulse or heart rhythm.

Bleeding

Bleeding may occur during or after the dilation. If you experience vomiting of blood or passage of black stool or become weak, dizzy and pale, please notify our office immediately or go directly to the emergency room.

Esophageal Perforation

This is the most serious complication of esophageal dilation. It often requires major surgery for correction. Fortunately, it is quite uncommon. Symptoms suggesting esophageal perforation would include severe chest pain, abdominal pain, fever or shortness of breath after dilation. If the physician suspects the possibility of an esophageal perforation, then x-rays will be obtained to identify this complication.

Sore Throat

About ten percent of patients undergoing endoscopy and/or dilation may experience some mild sore throat. If this occurs, Chloraseptic spray can be used to relieve the discomfort. This generally resolves in a matter of a day or two. Please notify our office if you are having any severe pain or swelling in the neck.

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