

Information leaflet for parents/carers

Oesophageal Dilatation Discharge Advice



This leaflet gives important information about your child's discharge after an oesophageal dilatation here at Birmingham Children's Hospital.

The procedure

An oesophageal dilation is performed to relieve narrowing of the foodpipe (the oesophagus) to improve swallowing. The procedure is performed using either a set of different sized balloons or flexible dilators (called bougies). The procedure is performed under a general anaesthetic using either a telescope (called an endoscope) or x-rays to see the narrowing which is being stretched.

What to expect?

- Your child will return to the ward after they have recovered from the general anaesthetic.
- Your child may have a headache or feel dizzy, but these side effects usually do not last for very long
- Your child may find swallowing uncomfortable in the first few hours and this can normally be helped with simple pain relief, such as Paracetamol.
- Some children may initially have a sore throat and sound a bit "croaky" but this should settle down before you are discharged home.
- Your child may feel sick or vomit a few times immediately after the procedure. The vomit may sometimes be slightly blood stained.
- Most children return to normal eating or drinking within a few hours of surgery.

Complications

- Although every anaesthetic carries a risk, this is extremely small.
- There is only a very small chance of infection because no cuts are necessary.
- There is a very small chance that the oesophagus could be damaged during the procedure, causing a tear in the wall of the oesophagus (called an oesophageal perforation).

Although this is rare, **a perforation can be life threatening**. This can happen after any dilatation, even if there has not been a problem before.

What to look out for?

As it can be life threatening it is extremely important to identify oesophageal perforation early. The possible warning signs are:

- Your child is in pain and pain relief does not seem to help
- Your child has difficulty breathing
- Your child has a high fever
- Your child is not drinking any fluids (if they normally can)
- Your child's skin looks pale or mottled
- Your child brings up red, black or brown vomit several times

If you notice any of the above warning signs, in the first three days after surgery, please take your child to the nearest Emergency Department immediately. We would expect your local hospital to contact our on-call surgeon if there are any concerns.

Further Information

This information was produced using the latest evidence available. Further details are available upon request. If you need any further information or have any more questions please contact the hospital on 0121 333 999 and ask for the ward from which your child was discharged or ask to speak to your child's Consultant's secretary.

This leaflet has been approved by both the Department of Paediatric Surgery and the Department of Paediatric Radiology at Birmingham Children's Hospital.

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