

Your child's procedure to stretch a narrowing of the food pipe (oesophageal dilatation)

This leaflet is about your child's oesophageal dilatation procedure to stretch and widen a narrow area of their food pipe (oesophagus). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need oesophageal dilatation?

Your child needs this procedure because there is a narrowing in their food pipe (oesophagus). This is the tube that carries food and drink from the back of the mouth to the stomach. The narrowing can happen for different reasons and is making your child's feeding difficult.

Oesophageal dilatation is a procedure to stretch or open the part of your child's food pipe that is too narrow. The aim is to help your child swallow food and drink more easily.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol[®]. Ibuprofen for children may also be called Calprofen[®] or Nurofen[®]. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we pass a flexible camera tube into their food pipe. This allows us to examine the narrowed area. Using the view from the camera or X-ray guidance, we pass a balloon into position at the same level as the narrowing. We then inflate the balloon to stretch your child's food pipe.

We watch to see if the narrowed area expands and how wide this makes the food pipe. If needed, we can look back down with the camera to check the food pipe after the stretch.

Are there any other treatment options to this procedure?

Narrowing of the food pipe happens for different reasons. We may do the procedure to examine or treat the narrowed area. Other treatment options depend on the reason for the narrowing.

In adults, there are ways to stretch the food pipe while the individual stays awake. However, children do not cope with this well.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Children often have a slightly sore throat for 2 days (48 hours) after their food pipe is stretched. This usually settles without medicine. Sometimes, it takes a few days for the child's swallowing to improve because there can be swelling after the stretch.

Rarely, a hole (perforation) is made in the food pipe when we stretch it. Often, this is a small hole and heals on its own with time. Sometimes, a larger hole is made that causes a leak into the chest. We then need to do more procedures. This can make your child unwell and need to stay in hospital for longer. Some children need to spend time in intensive care.

The chance of making a hole depends on:

- how narrow your child's food pipe is before stretching
- the cause of the narrowing in the food pipe

If the surgeon thinks that there is a higher chance of making a hole, they will talk to you about this.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure.

Your child might have a bit of a sore throat and feel or be sick (vomit), but this is not common. During the procedure, we give your child painkillers, fluids and anti-sickness medicines.

Will my child be in pain after their procedure?

Your child should not be in pain but may have a slightly sore throat. If needed, we give your child paracetamol and ibuprofen while they are with us.

It is uncommon for there to be pain in the food pipe. Sometimes, a child might have pain behind their chest bone. If the pain is severe, it could be a sign of a hole in the food pipe. In this case, you need to contact a GP or go to your nearest emergency department (A&E) immediately.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure, if everything has gone to plan.

If there is any concern about a hole in your child's food pipe, the surgeon will speak to you. This is a rare complication of the procedure. In this case, your surgeon gives you a full plan but your child's feeding is delayed for a while.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when at least 3 to 4 hours have passed and they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

In some cases, children need to stay in hospital overnight if we are worried about:

- their feeding
- the risk of a hole in the food pipe causing a leak into the chest
- any other health conditions that your child may already have

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

Do I need to look for any symptoms after my child's procedure?

Sometimes, your child's feeding gets more difficult after a stretch but this should settle within 2 days (48 hours). If you are worried about your child's feeding, contact a GP urgently or go to your nearest emergency department (A&E) straight away.

It is also important to get urgent medical help if you feel that your child is unwell or they have:

- trouble breathing
- chest pain
- a high temperature (fever)
- difficulty swallowing
- bloody or black poo

Do you see my child again after their procedure?

After your child's food pipe has been stretched, we talk to you about what happens next. This depends on the cause of the food pipe becoming tight and if the stretch is successful. We might:

- book another stretch (oesophageal dilatation procedure) for your child
- give you a follow-up appointment by phone or face to face in the clinic

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



Leaflet number: 5396/VER1

Date published: June 2023

Review date: June 2026

© 2023 Guy's and St Thomas' NHS Foundation Trust
A list of sources is available on request