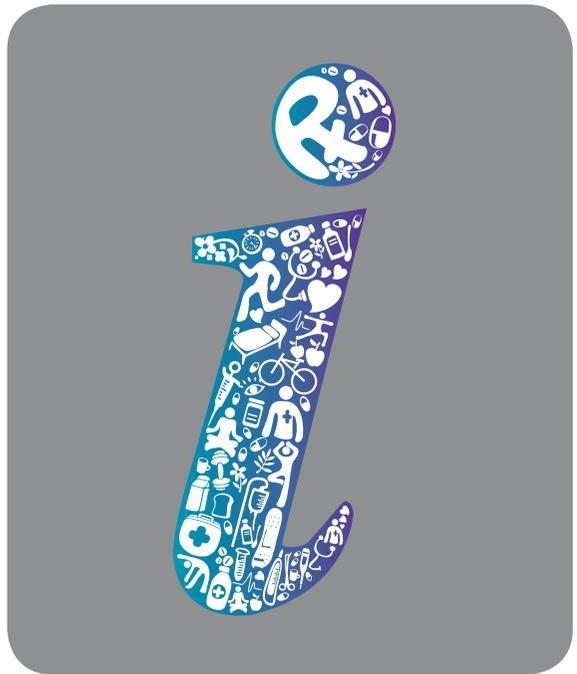




*Providing the
very best care for
our patients in
every way*



Oesophageal Varices

An Information Guide



Advice Leaflet
Medical Division

What are Varices?

- Blood from the intestines and spleen is brought to the liver via the portal vein.
- In people with severe liver scarring (cirrhosis) the normal flow of blood through the liver may become impaired.
- Blood from the intestines may then be re-routed around the liver through small vessels primarily in the stomach and oesophagus.
- Some of these blood vessels may become quite large and swollen; they are known as varices.
- Varices can occur anywhere within the gastrointestinal tract, but occur most commonly in the oesophagus and stomach.
- Due to high pressure (portal hypertension) and thinning of the walls of varices, they may rupture, causing bleeding.

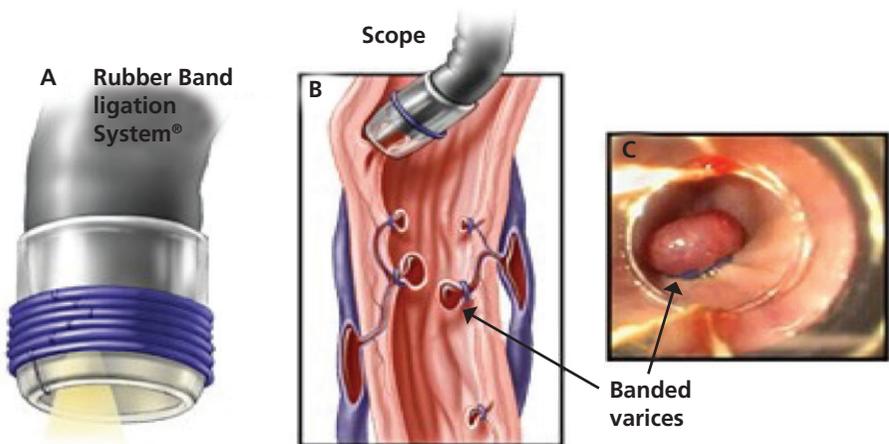
How are they treated?

- Endoscopic therapy is a way of preventing and treating variceal bleeding without the requirement for surgery. The varices are either treated using 'band ligation' (rubber bands) or injection of a 'sclerosant' (special glue) to scar and dry up the varices. The method used will be decided at the time of the procedure by the endoscopist. The procedure will generally take between 5-20 minutes.
- **Variceal banding:** This is an endoscopic method for treating oesophageal varices using a similar technique to the treatment of haemorrhoids (piles) using compression with tight rubber bands. A hollow tube over which small rubber bands have been loaded is attached to the end of the gastroscop. The gastroscop is placed in the oesophagus (gullet), the vein is identified and suction is applied to draw the vein up into the tube. Small elastic bands are then placed over the vein. After a day or two a clot forms in the vein which causes shrinkage. Several treatments, on more than one occasion, may be required to achieve complete shrinkage.
- **Injection of varices:** This procedure can be carried out using an injection needle, which is passed down the channel in the gastroscop whilst it is in your oesophagus (gullet). Through the needle, a drug can be injected into the varices, which creates a clot, blocking them off and causing them to shrink. In order to completely shrink the veins several injections may be needed over the course of several weeks.
- In patients with large oesophageal or gastric varices that are at risk of rupture, medications are an alternative method of treatment but your doctor should discuss all the options with you and explain why endoscopic treatment can be more appropriate in most cases.

Benefits of the procedure

- The main benefit is that the procedure is safe and the bands are easy to apply.
- It can be used to either prevent varices from rupturing or as treatment for already bleeding varices.
- More than one of these procedures is usually required to completely destroy the varices. The procedure will be repeated every 2 to 4 weeks, until there are no varices left for banding.

Image demonstrating the Banding Technique



Are there any possible risks?

You will be undergoing an OGD (endoscope into your stomach). This will make it possible to access the oesophagus (gullet) where the varices are.

- During the OGD you may feel mild discomfort caused by air blown into your stomach. This is used to inflate your stomach so that it can be viewed clearly. Your throat will be sprayed with local anaesthetic to numb your throat as this helps with the scope passing down. You may also have a sore throat for 24 hours post procedure. Sedation may also be given.
- The nurse will place a plastic mouthpiece into your mouth to help protect your teeth. If you have any loose teeth, please attend your dentist before the procedure. Failure to do so may result in your appointment being cancelled.

Endoscopic treatment of oesophageal varices is safe but there are some risks, which are rare (less than 1 in 50 cases).

These include –

- Perforation (tear) of the gullet.
- Bleeding from the varices (which will usually stop on its own, if not, it may mean admission to hospital and/or a blood transfusion.
- Infection
- Aspiration of blood (entering your lungs) or secretions during the procedure which could cause a chest infection.
- Complications relating to the sedative drugs that are administered during the procedure.

If you have any queries before you attend the unit, please do not hesitate to contact your GP or the Endoscopy Department.

Please bring with you any medications you take regularly for the nurse to look at prior to your test.

On the Day of your Procedure

- The procedure time can vary, depending on how many varices will need banding. We normally offer sedation but it can be discussed with your nurse on the day.
- You will have an assessment with a nurse who will take your medical history.
- You will then meet the doctor and other nurses who will help carry out your procedure.
- Once you have had your procedure, which can take between 5-20 minutes, your nurse will take you into the recovery area where you will be given instructions from the doctor regarding your recovery.
- Recovery times can also vary, depending on how many bands have been placed and if you have had sedation. The minimum is 1 hour, with just fluids and then soft diet at home for 24 hours after.
- You will be followed up by your consultant/specialist nurse.

After the Procedure

Following sedation, it is essential that someone comes to the department to pick you up and then stay with you for the rest of the day. Once home, it is important to rest.

Sedation lasts longer than you think, so if you have had sedation, you should not do any of the following for 24 hours:

- Drive a car
- Operate machinery
- Drink alcohol
- Do not make any important decisions or sign important documents.

Also, please arrange to have someone stay, or you stay with someone, overnight.

If you need any advice or have concerns about how you feel after the procedure, you can ring the department on 01282 805117. If you have any bleeding/vomiting blood please visit A&E as soon as you can.

It is common to feel uncomfortable for the first 48 hours when trying to eat or drink. Just continue with soft diet until settled if you do or ring the above number if you are concerned.

English

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department Telephone:	01254 734023
Urgent Care Centre Telephone:	01254 734023
Urgent Care Department Telephone:	01282 804050
Minor Injuries Unit Telephone:	01254 359036
Main Hospital Switchboard:	01254 263555

Royal Blackburn Teaching Hospital
Royal Blackburn Teaching Hospital
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

URDU اردو

اگر آپ کے پاس آپ کی حالت، علاج یا طریقہ کار کے بارے میں مزید سوالات ہیں تو ٹیلی فون

ایمرجنسی ڈیپارٹمنٹ ٹیلی فون	01254 734023
ارجنٹ کیئر سینٹر ٹیلی فون	01254 734023
ارجنٹ کیئر محکمہ ٹیلی فون	01282 804050
معمولی زخموں کی یونٹ ٹیلی فون	01254 359036
مرکزی ہسپتال سوئچ بورڈ	01254 263555

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Burnley جنرل ہسپتال
Accrington وکٹوریہ ہسپتال
مشرق لنکاشائر ہسپتالوں NHS ٹرسٹ

POLISH

Nasz serwis

Jeśli masz jakieś pytania na temat stanu, leczenie procedury prosimy o kontakt telefoniczny:

Emergency Department telefon	01254 734023
Telefon Urgent Care Centre	01254 734023
Departament Urgent Care telefon	01282 804050
Drobnych urazów telefon	01254 359036
Główny Szpital Centrala	01254 263555

Szpital Królewski Blackburn
Szpital Królewski Blackburn
Burnley General Teaching Hospital
Accrington Victoria Hospital
East Lancashire Hospitals NHS Trust

The **Patient Advice and Liaison Service (PALS)** can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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