

Oesophageal variceal banding

This leaflet tells you about having oesophagus variceal banding – treatment for swollen veins in your gullet. It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

What are oesophageal varices?

You have been found to have swollen veins (oesophageal varices) rather like varicose veins in your gullet. These swollen veins are formed when blood flow through the liver is compromised. These veins can bleed, causing you to vomit blood, (possible in large quantities), so it is important to try to reduce or shrink of them. This can be done during your gastroscopy investigation.

Treatment of oesophageal varices

Variceal banding is used to treat oesophageal varices. The majority of varices develop due to underlying chronic liver disease. The damaged liver restricts the blood flow through it, causing a rise in the pressure in the blood vessels entering the liver. Known portal hypertension pressure results in the formation of varices.

How is variceal banding undertaken?

Variceal banding is carried out using an endoscope (see 'Therapeutic gastroscopy' leaflet) and you may receive a light sedation during the procedure. It is possible to view the varices using the endoscope where a small rubber band is inserted around each varix. This reduces the blood supply in the varices, making them smaller in size until they are no longer visible. You may require several endoscopies to check and treat varices.

Preparation for variceal banding

Variceal banding is often undertaken as an emergency, when one of the varices has ruptured and there is severe bleeding. .

The preparation for variceal banding is exactly the same as that presented in the 'Therapeutic gastroscopy' leaflet. The main difference is that the procedure will take longer (10-30 minutes). The endoscope will be passed down the gullet on two occasions, the first to assess the varices and the second time to apply the rubber bands.

Following variceal banding

You will probably have a slight sore throat after the procedure. It is important that for the first 6 hours after you have had a variceal banding, you drink fluid only .This is to prevent the variceal bands being dislodged. After 6 hours, you can resume a normal diet.

What happens afterwards?

Following the procedure you will be taken to the recovery room, where the nurses will look after you. You will be monitored and when recovered, you will be discharged home. You will be given any additional instruction specific to your condition.

Complications

Serious complications are rare with variceal banding; however, listed below are some of the complications to be aware of:

- Small ulcers can form under the banding areas
- Potentially a band could dislodge and the area could bleed (this is rare)
- Difficulty in swallowing could arise, as the gullet becomes scarred from recurrent banding (this is rare)
- Banding can cause a hole in the gullet (this is very rare)

Summary of important information

- Variceal banding is a safe procedure and a very good way to treat your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your procedure may be delayed. If emergencies occur, these patients will be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible.
- This information leaflet must only be used in conjunction with the 'Therapeutic gastroscopy' leaflet you have been given. Please read this carefully.

What about my medication?

If you have diabetes, follow the advice in the booklet provided or read the Trust leaflet called 'Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy' on the Trust website.

Anticoagulants and Antiplatelet (medication that affect the blood):

- If you are taking Aspirin you may continue.
- If you are taking Dipyridamole, **please stop 7 days prior to procedure.**
- If you take Clopidogrel, Prasugrel or Ticagrelor and **do not have any stents in your heart, please stop 7 days before the procedure.**
- If you have coronary artery stents, or are unsure, please **do not stop** taking your anticoagulant. Please call the Endoscopy Unit nursing team Monday to Friday on 0778 322 7458 for advice.

- If you are taking Rivaroxaban, Dabigatran, Apixaban or Edoxaban, **please stop these medications at least 3 days before the procedure**. If you have any kidney problems or unsure, please call the Endoscopy nursing team on 0118 322 7458 or 5249.
- If you are taking Warfarin, please call the Endoscopy nursing team on 0118 322 7458 or 0118 322 5249 as these may need to be paused temporarily before the examination.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be withheld, so please ensure that the number you give to us, will receive our calls.

All other routine medication can be taken as normal.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7458, 0118 322 5249.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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