

Section: Division of Nursing

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\* **PROCEDURE** \*

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HACKETTSTOWN COMMUNITY HOSPITAL

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**MINOR PROCEDURE**

(Scope)

**TITLE: DILATION: POLYVINYL CHLORIDE DILATORS**

**PURPOSE:** To outline the steps for assisting with dilation: polyvinyl chloride dilators

**SUPPORTIVE DATA:** 1. Dilatation of strictures via polyvinyl chloride dilators involves the placement of a guidewire past the affected area and the introduction of a semi-flexible polyvinyl chloride taper-tipped dilator over the established guidewire.

2. Indications:

- a. Esophageal strictures (peptic, malignant, post-surgical, post-radiation)
- b. Esophageal webs/rings
- c. Diffuse esophageal spasm
- d. Chemically induced strictures (lye or sclerosing agent)
- e. Scleroderma

3. Contraindications:

- a. Significant coagulopathy
- b. Esophageal impaction
- c. Uncooperative patient
- d. Recent myocardial infarction
- e. Active ulcer
- f. Severe cervical arthritis

4. Potential Complications:

- a. Perforation
- b. Bleeding
- c. Aspiration
- d. Bacteremia

**EQUIPMENT LIST:**

1. Refer to safety procedure
2. Refer to equipment needed for EGD
3. Polyvinyl chloride dilators in graduated sizes
4. Flexible-tip guidewire
5. Sedative medications as ordered by physician
6. If procedure to be done under fluoroscopy, fluoroscopy unit with lead aprons and dosimeters

**CONTENT: PRE-PROCEDURE ASSESSMENT/CARE:**

1. Obtain patient's brief medical-surgical history and complete other pertinent information.
2. Explain the purpose and approximate length of the procedure, techniques to be used, and sensations the patient is likely to experience, and document teaching and patient comprehension.
3. Check functioning of all equipment.

4. Type patient information in for video monitor screen.

**RESPONSIBILITIES DURING PROCEDURE**

1. Apply automatic vital signs and cardiac monitor and oximeter if conscious sedation used. (Printout will provide V.S., ECG and O<sub>2</sub> saturation every five minutes.)
2. Assist physician with topical anesthetic if used.
3. Assist patient with positioning--usually on left side.
4. Assist physician with sedative medication administration.
5. Suction oral secretions as needed.
6. Provide encouragement and support throughout procedure.
7. Pass the guidewire to the physician, assuring there are no kinks or bends. The spring tip is to be inserted first while controlling the loose end. As endoscope is removed, the nurse must fix the wire at the level of the patients's mouth.
8. Assist physician with feeding the desired lubricated dilator's onto the correctly placed guidewire.
9. Stabilize guidewire to maintain correct position during advancement and withdrawal of dilator. Note markings on guidewire to confirm placement of guidewire.
10. Notify physician if there is any blood on the contaminated dilator or in the secretions.
11. Document the sizes of dilators used, if not done by physician.
12. Document dilatation procedure done and patient tolerance.

**POST-PROCEDURE ASSESSMENT/CARE:**

1. Keep patient NPO until gag reflex returns.
2. If sedated, monitor vital signs as ordered, or according to HCH protocol and document, refer to safety procedure.
3. Instruct patient to notify physician immediately if any of the following occur:
  - a. Chest, back, or abdominal pain
  - b. Fever
  - c. Regurgitation of blood
  - d. Abdominal pain
  - e. Pain on swallowing
  - f. Rectal bleeding
  - h. Black stools
  - i. Shortness of breath
  - j. Chills
  - k. Tachycardia
4. Document any signs or perforation noted during the recovery period and notify physician.
5. Provide written instructions to outpatients.

Reference: MANUAL OF GASTROINTESTINAL PROCEDURES, Fifth Edition; copyright 2004, Society of Gastroenterology Nurses & Associates, Inc.