

Section: Division of Nursing
Approval: _____

* **PROCEDURE** *

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HACKETTSTOWN COMMUNITY HOSPITAL

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MINOR PROCEDURE
(Scope)

TITLE: ESOPHAGEAL PROSTHESIS

PURPOSE: To outline the care of the patient undergoing Esophageal Prosthesis

1. Esophageal endoprosthesis placement is a palliative therapy designed to enhance the patient's quality of life by minimizing dysphagia, restoring swallowing, promoting adequate nutritional intake and enhancing self-esteem.
2. The procedure involves the insertion of a prosthetic device into an obstructing carcinoma of the esophagus to provide a patent lumen.

SUPPORTIVE DATA:

3. Indications:
 - a. Carcinoma of the lower 2/3 of the esophagus. The patient should have completed radiation or laser therapy or dilatation and failed to have satisfactory relief from dysphagia. Circumferential stenosis is necessary to hold the prosthesis in place.
 - b. Esophageal pulmonary fistula
 - c. Extrinsic compression

EQUIPMENT LIST:

1. Refer to EGD equipment and safety procedure
2. Commercial silicone or "handmade" prosthesis
3. Prosthesis introducer preferred by the physician
4. Savary guidewire
5. Esophageal dilators preferred by the physician
6. 4-0 silk thread
7. Fluoroscopy unit with lead aprons and dosimeters

CONTENT:

<p><u>PROCEDURE STEPS:</u></p> <p>A. Pre-Procedure Assessment/Care:</p> <ol style="list-style-type: none">1. Verify signed informed consent2. Verify length of NPO status, at least 8 hours3. Obtain patient's medical history including current medications, allergies and information pertinent to current complaint4. Inform the physician if the patient is on anticoagulation therapy or recently ingested aspirin products or non-steroidal anti-inflammatory products5. Obtain baseline vital signs. Assess for any indication of cardiopulmonary compromise and notify physician.6. Obtain necessary lab results if ordered by physician7. Establish patent IV line.8. Administer antibiotics if ordered9. Remove dentures if present	<p><u>KEY POINTS:</u></p> <p>Contraindications:</p> <ol style="list-style-type: none">1. Any medical condition that takes priority over the prosthesis.2. Cancers less than 2cm below the upper esophageal sphincter3. Invasion with compression of the trachea and/or bronchus4. Recent chemotherapy5. Inadequate dilatation of the stricture
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Patient Teaching:

1. Refer to EGD
2. Explain the purpose of the procedure, positioning, relaxation methods, techniques to be used, the estimated length of the procedure and sensations the patient is likely to experience during and after the procedure.
3. Explain that following the procedure there will be a feeling of a presence of the prosthesis in the chest for a few hours.
4. Explain that once an x-ray has determined that the prosthesis is properly positioned, instructions for a special diet will be given. Usually the diet is instituted in 24 hours; sometimes clear liquids are given during the first 24 hours.

B. Responsibilities During Procedure:

1. Refer to EGD procedure
2. Follow Conscious Sedation Policy Addendum #12
3. Position patient on left side
4. Assist physician with medication administration
5. Provide emotional support to the patient during the procedure
6. Maintain oral airway and manage oral secretions
7. Assist physician during procedure
8. Monitor vital signs, color, warmth and dryness of skin, level of consciousness, pain tolerance and respiratory status.

Potential Complications:

Early:

1. Perforation
2. Bleeding
3. Airway obstruction
4. Retrosternal pain secondary to placement of the prosthesis
5. Respiratory depression secondary to medication or the displacement of the prosthesis
6. Displacement of the prosthesis after positioning

DOCUMENTATION:

C. Post Procedure Assessment/Care:

1. Refer to EGD
2. Monitor vital signs and O₂Sat according to Hackettstown Community Hospital Conscious Sedation Protocol.
3. Observe for symptoms of compromised respirations, respiratory depression, aspiration, bleeding or perforation and document.
4. Order PA and lateral chest x-ray or gastro-grafin swallow as directed by physician and document.
5. Alleviate anxiety by reassuring and explaining all post-procedure care and document.
6. Evaluate pain tolerance and report to physician and document.

Late:

1. Food bolus obstruction
2. Obstruction secondary to tumor overgrowth
3. Esophagitis secondary to reflux when the prosthesis extends across the gastroesophageal junction

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REFERENCE: Manual of Gastrointestinal Procedures, Fifth Edition; copyright 2004, Society of Gastroenterology Nurses & Associates, Inc.