This factsheet is about using a stent to unblock your bowel if it has become blocked due to bowel cancer. It explains why you might have a stent fitted, what’s involved and the possible complications.

What is a colonic stent?

A colonic stent is a flexible tube designed to keep the bowel open when it has become blocked (obstructed) or partly blocked by bowel cancer. The stent is made of a metal mesh, sometimes coated with silicone.

Why are stents used?

If your bowel has become blocked, your bowel movements can’t pass through. This can cause pain or cramp, bloating and sickness. A stent can relieve these symptoms and get your bowel working again.

Stents can be temporary or permanent. You might be offered a temporary stent if you are going to have surgery later to remove the cancer that is blocking your bowel. By relieving your symptoms, it gives you and your doctor more time to prepare for surgery. Some research suggests this can mean less time in hospital or intensive care and lead to fewer complications.

You might be offered a permanent stent to relieve your symptoms if surgery isn’t suitable for you or you choose not to have it.

Before your stent is fitted

You will have a CT (computed tomography) scan to see exactly where the blockage is. You will be asked to provide consent to have your stent fitted. This is a good time to ask further questions or express any concerns you may have about the procedure.

When you get to the hospital, you will probably have an enema. This is where liquid is inserted into your bottom (anus) to clear the bowel below the blocked area. You might be given an injection of antibiotics through a needle (cannula) in your hand to help prevent infection before you have your stent fitted.
Fitting your stent

Your stent will be fitted in either the X-ray or endoscopy department. You’ll be asked to lie on your side on a treatment table. You will be awake but you might be offered a sedative to help you stay relaxed. Let the doctor know if you feel pain or feel sick as they can give you medicines to help.

Your stent will be fitted by a radiologist and/or an endoscopist. A radiologist is a doctor who specialises in using scans such as X-rays and an endoscopist is a doctor who specialises in using endoscopes. Endoscopes are tubes with a camera and a light on the end and they’re used to see inside the body.

Your doctor will place an endoscope into your bottom and through your bowel until it reaches the blockage. They will pass the stent through the endoscope using a guidewire to help.

Your doctor will use images on a screen (from the endoscope and X-rays) to see inside your bowel.

Fitting your stent usually takes between 45 and 90 minutes. It can sometimes take more than one procedure to get the stent in the right place.

Having your stent fitted

Step one
Your doctor will place the stent inside the blocked area using an endoscope and guidewire. The stent is very narrow to start with, about the thickness of a pen.

Step two
The stent will start to open up. After the stent has opened up the endoscope will be removed.

Step three
The stent will slowly expand until it is about 3cm wide to hold the bowel open. Your bowels will then be unblocked.

Key

- Colon
- Anus
- Small bowel
- Bowel cancer
- Rectum
After your stent is fitted

After the procedure you will be closely monitored for the first four to six hours. You might have an X-ray 24 hours after your stent is fitted to see if it’s in the correct position and has expanded properly. You may need to stay in hospital for up to 48 hours to make sure your bowel is working again. If you have a permanent stent fitted, you will have follow ups over the following few weeks to make sure it is working properly.

Possible risks with having a stent

Most people don’t have any serious problems caused by their stent. Your doctor or specialist nurse will explain the possible risks which may include:

- **Stent failure** – sometimes the stent can’t be fitted in the right place or doesn’t open the bowel enough and the bowel doesn’t start working again. If this happens, your doctor will need to stop the procedure and discuss other options with you

- **Perforation** – this is a hole in the bowel causing leakage from the bowel into the body. This is an unusual but serious complication. It can mean you need an operation to remove the damaged part of the bowel

- **Migration** – this is where the stent comes loose from its position and moves out of place. If this happens your bowel could become blocked again. You might need to have the stent removed or replaced

- **Re-obstruction** – this is where the tumour grows through the mesh of the stent, blocking your bowel again. This might need treating with another procedure such as a new stent fitted

- **Bleeding from your bottom** – it’s normal to notice a little bit of blood after the stent is fitted and it’s usually nothing to worry about. If you notice a lot of bleeding, tell your specialist nurse straight away

- **Mild discomfort or pain** – some discomfort or pain is normal as your bowel starts working normally again. You may feel discomfort in your tummy (abdomen) or your rectum depending on where your stent is fitted

Contact your doctor or specialist nurse straight away if you have any of the following symptoms, as they could be a sign of a problem that needs treating quickly:

- Pain or tenderness of the tummy (abdomen) that is more than mild or uncomfortable

- A lot of bleeding from your bottom

- Fever, a faster heart rate, faster breathing or confusion

- You become constipated, feel sick, or your tummy becomes uncomfortable or bloated with spasms or gurgling
Will there be any changes to my bowel habits?

It is likely that your bowel habits will be different after you have a stent fitted. The changes vary from person to person, and range from small changes to bigger problems that could have more of an effect on your life.

You may experience:
- diarrhoea
- loose stools
- frequent small bowel movements
- less control of your bowel movements
- soreness
- a small amount of bleeding from your bottom

You might be given laxatives to keep your bowel moving and poos soft or slightly loose after your stent is fitted. These can lead to diarrhoea and wind. Your nurse will keep adjusting the dose to allow any problems to settle whilst keeping your bowel moving.

Get support

Contact your specialist nurse if you’re having problems that are causing you a lot of trouble or don’t improve. There are medications to help with diarrhoea and exercises that can help to improve your bowel control.

Managing your diet

You may need to eat softer foods for a few days after your stent is fitted. Start with just liquids, then introduce some soft foods such as porridge, blended soups and well-cooked casseroles. Then add in cooked vegetables and other foods that are easy to digest like fish and eggs. You may find it helpful to avoid eating anything hard like raw vegetables, nuts and seeds.

Your healthcare team might also suggest eating a low-fibre diet, also known as a low residue diet, for several weeks to keep your bowel moving. This means avoiding lots of fruit, vegetables, and some cereals. It also helps to drink plenty of fluids like water or herbal teas. Avoid sugary, fizzy and caffeinated drinks.

Your specialist nurse will explain more before you go home. You can also read more about diet and bowel cancer at bowelcanceruk.org.uk

Are there other treatment options?

If your bowel is blocked, you might be offered surgery straight away without having a stent fitted. During the operation, you may have a stoma created. A stoma is where the surgeon brings part of your bowel out through an opening on the surface of your tummy (abdomen). The bowel empties into a bag that is stuck onto your skin, known as a stoma bag. If you do have a stoma, you will be supported by a stoma care nurse who will help you manage your stoma.

Researchers are still finding out more about different types of stents and you might be offered the chance to take part in a clinical trial.

Some people choose not to have treatment with a stent or surgery. If your bowel is blocked, it might be possible to manage your symptoms with laxatives, a low-fibre diet and pain relief. Your doctor might talk to you about this if the aim of your treatment is to provide comfort rather than to remove the cancer.

It is important that you understand and are happy with the treatment suggested for you and any possible side effects it may cause.
Online community
Our online community is a welcoming place for everyone affected by bowel cancer to ask questions, read about people’s experiences and support each other. Join us at bowelcanceruk.org.uk/community

Ask the nurse
If you have any questions about bowel cancer, contact our nurses at bowelcanceruk.org.uk/nurse

Publications
We produce a range of expert information to support anyone affected by bowel cancer. Order or download our free publications at bowelcanceruk.org.uk/ourpublications

Website
Visit our website for a range of information about bowel cancer including symptoms, risk factors, screening, diagnosis, treatment and living with and beyond the disease. Visit bowelcanceruk.org.uk

Other useful organisations

Cancer Research UK
W cancerresearchuk.org
T 0808 800 4040
Information for people affected by cancer. You can speak to an information nurse by calling their helpline.

Macmillan Cancer Support
W macmillan.org.uk
T 0808 808 0000
Offers support and information for people with cancer, including information on diet and recipes.

NHS
W nhs.uk
The UK’s biggest health website.

To donate or find out more visit bowelcanceruk.org.uk

Please contact us if you have any comments about the information in this factsheet: feedback@bowelcanceruk.org.uk

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