



Stretching a narrowing in the gullet (oesophageal dilatation)

What you need to know before and after the test

PE-PROC-11

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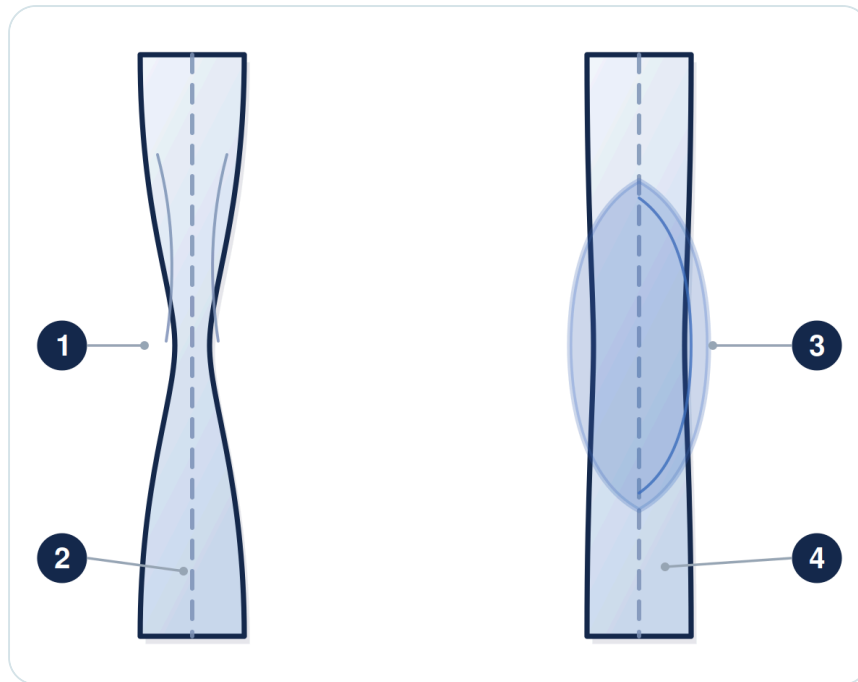
This procedure widens a narrowed part of the gullet so that food and drink pass more easily. It is done during an endoscopy, using either a tapered dilator passed over a guidewire or a balloon inflated inside the narrowing.

What it is, and why you are having it

A narrowing — a stricture — is scar tissue that has slowly tightened the gullet. The commonest cause is long-standing acid reflux. Others are scarring at the join after surgery, radiotherapy, swallowed corrosive substances, and the allergic condition eosinophilic oesophagitis. The result is food sticking, usually solids first.

Stretching relieves the sticking, but it treats the narrowing, not the cause. If reflux caused the stricture, acid-suppressing tablets are also needed, usually long-term, or the narrowing will simply come back. If the cause is eosinophilic oesophagitis, the same principle applies: the stretch relieves the symptom while the disease itself is treated with an acid-suppressing tablet, a swallowed steroid or a diet. Stretching an eosinophilic gullet is no more likely to tear it than any other stricture, but chest discomfort afterwards is very common.

A single session is often not enough. The gullet is stretched a little at a time to reduce the risk of tearing it, so several sessions a week or two apart are common before swallowing is comfortable. Some strictures need stretching again from time to time for years.



1 the narrowing · 2 the guidewire passed through it · 3 the balloon inflated across the narrowing · 4 the widened gullet

Getting ready

- Nothing to eat for six hours before, and clear fluids only up to two hours before. If food tends to sit in your gullet, you may be asked to fast for longer or to take only fluids the day before – follow your appointment letter.
- Blood thinners: stretching a stricture is a higher-bleeding-risk procedure, so contact the unit at least seven days before. See sheet [PE-PROC-16](#).
- If you have sedation you will need a responsible adult to take you home. See sheet [PE-PROC-17](#).

On the day

The procedure is done during a gastroscopy, with throat spray and sedation. The endoscopist first looks at the narrowing and takes biopsies if needed. A guidewire is then passed through it and dilators of increasing size are passed over the wire, or a balloon is placed across the narrowing and gradually inflated. X-rays are sometimes used. The stretching itself takes only a few minutes.

A steroid is occasionally injected into the scar at the same time, to try to make the narrowing come back more slowly.

What are the risks?

Dilatation is generally safe, but the gullet is a thin-walled tube and stretching it carries a real, if small, risk of tearing.

Complication	How often it happens
Chest discomfort and a sore throat afterwards	Common and expected. Settles within a day or two.
Perforation – a tear in the wall of the gullet	Between about 1 in 100 and 1 in 200 for a benign narrowing, and appreciably higher – around 6 in every 100 – when the narrowing is caused by a cancer. It is the reason for stretching gradually. A tear is a medical emergency and may need a stent, a drain or surgery.
Bleeding	Uncommon – fewer than 1 in 1,000 cause bleeding that needs treatment.
Bacteria entering the bloodstream	Detectable in roughly 1 or 2 in every 10 people for a short time – and in more than that when the narrowing is caused by a cancer. It is almost always harmless, and antibiotics are not routinely given.
The narrowing coming back	Common. This is expected rather than a complication, and is the reason repeat sessions are planned.

Afterwards

You will be watched for at least two hours and must be able to swallow water comfortably before you go home. Start with fluids, then soft food for the rest of the day, and return to a normal diet the next day unless you are told otherwise.

Mild chest discomfort for a day or so is normal. Pain that is severe, or that keeps getting worse rather than settling, is not.

Get urgent help if

- You have severe chest pain, back pain or abdominal pain, or pain that is getting worse.
- You are breathless, or it hurts to breathe.
- You have a fever or a racing heartbeat.
- You vomit blood, or pass black tarry stools.
- You cannot swallow your own saliva.

These may mean the gullet has torn. Most problems appear within a few hours, but they can appear later – if you get these symptoms at any point in the days afterwards, go to the Emergency Department and say you have had the gullet stretched.

PE-PROC-11 · For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. This sheet supports the discussion with your doctor and the consent process; it does not replace them. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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