**Definition**

The esophagus is a muscular tube that carries food and liquids from the mouth to the stomach. If the esophagus is too narrow, swallowing problems can occur.

During an esophageal dilation, the doctor places a tube-shaped device into the esophagus to widen the narrow part. This procedure makes it easier to swallow and get proper nutrition.

**Reasons for Procedure**

Esophageal dilation is done to treat a narrowing in the esophagus, called a stricture. This happens when there is a build-up of scar tissue, which may be due to conditions like:

- Gastrointestinal reflux disease (GERD)
- Injury to the esophagus

Esophageal Stricture

Esophageal dilation widens the esophagus. Some patients may need the procedure repeated within a year.

**Possible Complications**

Complications are rare. But no procedure is completely free of risk. If you are planning to have esophageal dilation, your doctor will review a list of possible complications, which may include:
A lot of bleeding (including coughing up blood or having bloody vomit)
Poor reaction to the anesthesia or sedatives
Chest pain
Shortness of breath
Infection
Soreness and pain in the throat
Nausea and vomiting
Severe swelling in the middle part of the chest
Tear or hole in the esophageal lining (can lead to bleeding and the need for more surgery)

Some factors that may increase the risk of complications include:

- Obesity
- Smoking
- Diabetes
- Heart or lung problems

Talk to your doctor about these risks before the procedure.

What to Expect

Prior to Procedure

In the days leading up to the procedure:

- Arrange for a ride to and from the hospital. Also, ask someone to help you at home.
- If instructed by your doctor, avoid eating or drinking for six hours before the procedure.

Talk to your doctor about:

- Any allergies
- Whether you need antibiotics before the procedure
- Any medicines, herbs, and dietary supplements that you take—You may be asked to stop taking some medicines up to one week before the procedure, like:
  - Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen, naproxen)
  - Blood-thinning drugs, like warfarin (Coumadin)
  - Anti-platelet drugs, like clopidogrel (Plavix)

Anesthesia

In some cases, general anesthesia will be used. This will block any pain and keep you asleep during the procedure. A local anesthetic may also be used to numb the esophagus, and a sedative will be given to relax you.

Description of Procedure

An esophageal dilation will usually be done along with an endoscopy. During an endoscopy, the doctor will place a slim, flexible tube into the mouth and then into the esophagus. The tube has a tiny light and a camera attached. This will allow the doctor to view your esophagus on a monitor.

An imaging technique called fluoroscopy may also be used, especially when the dilator is being placed. With fluoroscopy, x-rays images of your esophagus will be sent to a monitor for viewing.

After observing the stricture, the doctor will decide which type of dilator to use to stretch the stricture. These tube-shaped devices are available in different sizes and styles. Depending on how severe your stricture is, the doctor may choose a plastic dilator or a balloon dilator.
For the plastic type, the doctor will use a scope to place a guide wire into the esophagus. This will allow the doctor to place the dilator in the correct spot. The scope will be taken out, and a tapered dilator will be placed through your mouth and throat to the site of the stricture. Depending on your condition, the doctor may need to do this process several times using wider dilators.

If a balloon device is used, it will also be inserted using a scope. Once the dilator is in the correct position, the doctor will inflate the balloon to a certain size to widen the stricture.

**Immediately After Procedure**

**How Long Will It Take?**

About 15 minutes

**How Much Will It Hurt?**

In most cases, you will not have any pain or discomfort during the procedure. In the days that follow, you will have a sore throat.

**Post-procedure Care**

**At the Care Center**

You will be monitored in the recovery room. The hospital staff will check to make sure your gag reflex is working normally. The gag reflex is your body’s natural reaction when something too large enters the back of the throat. It is your body’s way to protect you from choking.

**At Home**

Do the following to help ensure a smooth recovery:

- Take special precautions during the first 24 hours:
  - Rest when you get home.
  - Slowly return to your normal diet. Begin with clear fluids and then eat soft foods that are not too hot.
  - Do not drink alcohol.
  - Do not drive or operate any machinery. You will be able to return to your normal activities the next day.
- If you have been diagnosed with GERD, take acid-suppressing medicines as prescribed.
- Be sure to follow your doctor’s instructions.

**Call Your Doctor**

After arriving home, contact your doctor if any of the following occurs:

- Signs of infection, including fever and chills
- Coughing up blood or vomiting blood (Right after the procedure, you may cough up a small amount of blood.)
- Pain in the esophagus
- Difficulty swallowing or breathing
- Nausea or vomiting
- Chest pain

In case of an emergency, call for medical help right away.
RESOURCES:

The American Gastroenterological Association
http://www.gastro.org/

American Society for Gastrointestinal Endoscopy
http://www.asge.org/

CANADIAN RESOURCES:

Canadian Digestive Health Foundation
http://www.cdhf.ca/

Health Canada
http://www.hc-sc.gc.ca/index-eng.php/

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