Esophageal dilation is a procedure that allows your doctor to dilate, or stretch, a narrowed area of your esophagus (swallowing tube). Doctors can use various techniques for this procedure. Your doctor might perform the procedure as part of a sedated endoscopy. Alternatively, your doctor might apply a local anesthetic spray to the back of your throat and then pass a weighted dilator through your mouth and into your esophagus.

Why is Esophageal Dilation Done?

The most common cause of narrowing of the esophagus, or stricture, is scarring of the esophagus from reflux of stomach acid occurring in patients with heartburn. Patients with a narrowed portion of the esophagus often have trouble swallowing; food feels like it is “stuck” in the chest region, causing discomfort or pain. Less common causes of esophageal narrowing are webs or rings (which are thin layers of excess tissue), cancer of the esophagus, scarring after radiation treatment or a disorder of the way the esophagus moves.

Can I take my current medications?

Most medications can be continued as usual. Inform us about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products.

What about Aspirin?

Aspirin should be discontinued for 5 days prior to esophageal dilation.

What about Plavix® (clopidogrel)?

Plavix® (clopidogrel) should be discontinued for 5 days prior to esophageal dilation.

What about Pradaxa® (dabigatran)?

Please stop taking Pradaxa® (dabigatran) 36 hours before your EMR. Pradaxa® (dabigatran) has an extremely short half-life, unlike Coumadin®, which means the blood thinning effect is gone after 24-36 hours after stopping the medication.

What about Coumadin®?

Your physician will discuss holding Coumadin® with you prior to scheduling your procedure.

What Can I Expect during Esophageal Dilation?

Upper endoscopy is well tolerated and pain-free. You will be given a sedative, propofol, by our anesthesia team who will be present to monitor your vital signs during the examination. You will not experience any sensation of gagging or choking. A mouthpiece will be placed between your teeth to keep your mouth open and to prevent your teeth from biting our scope. You will lie on your left side, and the endoscope will be passed through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing.

Your doctor will then pass a tapered dilating instrument through your mouth and guide it into the esophagus. Your doctor may also use x-rays during the esophageal dilation procedure. The examination typically lasts 10 minutes.

What Can I Expect after Esophageal Dilation?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of air introduced into your stomach during the test. You will be given a liquid to drink before you leave our office. Once you leave the office, you will be able to eat unless you are instructed otherwise.
The results of the examination will be discussed with you. If a biopsy was taken or a polyp was removed, the material is sent to a pathology lab and the results are available in approximately 5 business days. Your results will be given to you directly at a follow-up appointment or you will receive a letter via standard mail delivery with the results and recommendations for follow-up. All of the results, including your pathology results and procedure reports will be forwarded to your primary care physician and the physician that referred you to Gastroenterology Consultants.

You will not be allowed to drive for 12 hours. You will need to arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the Potential Complications of Esophageal Dilation?

Although complications are rare, they can occur even when the procedure is performed correctly. A perforation, or hole, of the esophagus lining occurs in a small percentage of cases and may require surgery. A tear of the esophagus lining may occur and bleeding may result. There are also possible risks of side effects from sedatives.

It is important to recognize early signs of possible complications. If you have chest pain, fever, trouble breathing, difficulty swallowing, bleeding or black bowel movements after the test, contact us immediately.

Will Repeat Dilations be Necessary?

Depending on the degree and cause of narrowing of your esophagus, it is common to require repeat dilations. This allows the dilation to be performed gradually and decreases the risk of complications. Once the stricture, or narrowed esophagus, is completely dilated, repeat dilations may not be required. If the stricture was due to acid reflux (GERD), acid-suppressing medicines can decrease the risk of stricture recurrence. Your doctor will advise you on this.