Stricture

Esophageal dilation

What is esophageal stricture?

The narrowed areas of the food tube are called esophageal strictures. A stricture may be from:

- Scarring after surgery.
- Scarring from reflux.
- Being born with it. This is called a congenital abnormality.

What is esophageal dilation?

A procedure to stretch (dilate) the narrowed area of the

esophagus. Various techniques such as a balloon or a soft plastic tube are used, based on the type of narrowing. The procedure is done by a Pediatric Interventional Radiologist or Gastroenterologist.

The procedures may be done with the use of fluoroscopy (live X-ray) or endoscopy (a soft flexible camera) to help the doctor see your child's esophagus. Sometimes a medication may be injected into the scar tissue to prevent the narrowing from coming back. It is common to require repeat dilations. This allows the dilation to be performed gradually and decreases the risk of complications

Balloon

Risks	Benefits
 The esophagus could tear. A tear may cause leaking. Treating the tear may mean that your child would stay in the hospital. Your child may also need surgery. 	 It will reduce or stop vomiting, choking or gagging with feeding.
 The stretching may cause bleeding. It is rare to have bleeding severe enough to need treatment. 	
 Rarely, there is a risk of infection with procedures. 	



Tube dilator





Special Instructions

Do **not** let your child eat or drink anything before the procedure. Use this guide:

- No solid food 8 hours before the procedure.
- No milk or formula for 6 hours before the procedure.
- No breast milk for 4 hours before the procedure.
 - No clear liquids for 2 hours before the procedure.

Please note:

It is important that you follow these special instructions. If your child eats or drinks anything after the times listed above, the procedure may be cancelled.

What should I expect after the procedure?

Read the after visit summary (AVS) for instructions.

Activity	 Your child had medicine to make them sleepy during the procedure. Because of the medicine, you must watch your child closely for the next 24 hours. A responsible adult must be with your child because your child may feel light-headed or sleepy. Your child may do quiet activities for the first 24 hours after the procedure. They can then return to normal activities over the next few days.
Diet	 Most children may slowly return to a regular diet the day after the procedure. If your child needs a special diet after the procedure, it will be discussed with you before you go home.
Medicine	 You may give your child medicine for pain. Your doctor will discuss which pain medications your child can take. Your child may start taking their normal medicine. Your child may need a new medicine after the procedure. Your doctor will talk to you about this before you go home.

Follow up

Your child will need to see the doctor for a follow up visit.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Has a temperature over 101° F (38.3° C).
- Is vomiting, coughing, or gagging.
- Has a hard time breathing or is short of breath.
- Has a hard time waking up.
- Develops a rash on the skin.
- Cries a lot and you are not able to comfort your child.
- Has pain that is severe or getting worse.
- Has special health care needs that were not covered by this information.
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This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.

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