Gastroscopy with Radiofrequency Ablation (RFA) for Oesophageal Dysplasia

General Surgery
Surgery & Critical Care
Diana, Princess of Wales Hospital, Grimsby

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Introduction

This leaflet has been developed to provide you with the information that you need with regard to the procedure Gastroscopy with radiofrequency ablation (RFA) for oesophageal dysplasia.

The information provided should enable you to make an informed decision about the treatment being offered.

What is dysplasia in the oesophagus?

Dysplasia is a term used to describe cells in the lining of the gullet that look abnormal when they are looked at under the microscope. It commonly occurs in patients with Barrett’s oesophagus – a condition associated with the excess acid produced with gastro-oesophageal reflux disease (GORD).

The more severe forms of dysplasia (known as ‘high grade dysplasia’) can signify that the cells have the potential to turn cancerous.

Oesophageal cancer is a serious condition and we would rather prevent it occurring or catch it at a very early stage when it can be very successfully treated.

What are the Options and Alternatives for treating dysplasia in the oesophagus?

When a diagnosis of high grade dysplasia is made, we will have a detailed discussion about the options available to you. There are pros and cons to each.

The options are:

- Repeated endoscopy examinations to monitor the abnormal areas so that if cancer develops, it is picked up at an early stage when it can still be successfully treated
- Endoscopic treatment to destroy (or ‘ablate’) the cells lining the oesophagus which usually requires a stay as a Day Surgery patient
- Surgery to remove the oesophagus (called ‘oesophagectomy’). This is a very major operation

About radiofrequency ablation (RFA)

Radiofrequency ablation is the name given to a procedure where a balloon device is passed down the oesophagus (gullet) and energy passed through the balloon to burn away the lining of the gullet containing the abnormal (dysplasia) cells within it.

It is performed very much like endoscopy procedures you have undergone before.

Is radiofrequency ablation widely used?

Radiofrequency ablation is a relatively new procedure in the oesophagus. It is used to treat conditions in other parts of the body such as the liver.

NICE have issued guidance (interventional procedure guidance 344) saying that, as a new procedure for treating oesophageal conditions, close monitoring of patients who undergo this treatment should be undertaken to ensure that it produces excellent long term results.

It has been in use for several years in Europe and USA and is now common practice.
What is the aim of radiofrequency ablation?
Dysplasia and very early oesophageal cancer affects only the cells lining the oesophagus. In performing radiofrequency ablation, we can destroy these abnormal cells. When the treatment has been performed, we expect the oesophagus lining to heal with normal cells.

Who is suitable for radiofrequency ablation?
Patients with high grade dysplasia and early cancer in the oesophagus can potentially undergo this treatment.

What does the procedure involve?
Radiofrequency ablation is performed under light general anaesthetic. A plastic tube (also called a ‘cannula’) will be placed into a vein in the back of your hand or forearm. This will be used to give you two sedative medications during the procedure. When you are asleep, the endoscope is passed down your gullet to look carefully at the area in the gullet to be treated. Once the area has been assessed and we have confirmed it is suitable to carry out the procedure, a balloon device will be passed down the gullet to allow us to select the exact size of balloon required to deliver the radiofrequency energy.

The first balloon will then be removed and the balloon for delivering the treatment passed. You do not have to swallow either balloon as they are passed down the gullet over a guiding device. Passing the balloon down is no different to the endoscope passing down the gullet during an endoscopy.

How long does the procedure take?
This depends on the amount we are treating. On average, the procedure will take about 45 minutes. We will ensure you receive adequate anaesthesia for the whole time the procedure takes.

Who will perform my procedure?
This procedure will be performed by a consultant who has been trained in RFA and is experienced in endoscopy techniques.

Benefits
Treat abnormal cells within the lining of the oesophagus.
Prevent the development of cancer, therefore preventing the need for major surgery.

Risks
Radiofrequency ablation is a safe procedure and serious complications are very rare.
You should contact us if you experience any of the following:
- Chest pain
- Great difficulty swallowing
- Shortness of breath
- Fever
- Abdominal pain
- Bleeding
Before your appointment
All medications should be taken as normal with a little water.

If you are taking Warfarin please read the ‘Alert for patients on Warfarin’ carefully as you may need to have an INR test seven days before.

People with diabetes should have additional instructions. Contact the Day Surgery Unit immediately if this is missing.

If you have any queries about the procedure or find that you cannot keep this appointment please contact the Upper GI Consultant’s Secretary or the Day Surgery Unit between 0900 and 1500.

On the day of the procedure
Have nothing to eat for six hours and nothing to drink for four hours before your appointment.

At the hospital
If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure. Bring your appointment letter with you.

Please note that the appointment time is for your pre procedure check, not the time of your examination.

The length of time you will be here will vary enormously but expect it to be anything from two to four hours or more.

Please ask your admitting nurse for further information during your admission check.

Immediately after the procedure
You will wake up in the recovery room after the procedure. You will be given oxygen until you are fully awake.

You should not be in great discomfort after the procedure.

When you go home
As you have been given sedation for this procedure, you must have someone to take you home.

For 24 hours after the procedure, you should not drive, drink alcohol or operate heavy machinery.

After radiofrequency ablation, you may notice some after effects for as long as 10 to 14 days.

These effects most commonly consist of mild chest discomfort (like heartburn) and mild discomfort when you eat food. Paracetamol should be sufficient to relieve this discomfort.

You should not take Aspirin or other Non-steroidal painkillers (such as Ibuprofen or Diclofenac).

Eating and drinking:
After the procedure, you should drink liquids only for the following day. These liquids (this does include soup) should not be too hot or too cold – around room temperature is the best.

After 24 hours, we recommend you begin taking soft, sloppy foods and continue with this for the next five days.

You should remain on your acid reducing medication continuously.

You can also take simple ‘over the counter’ indigestion remedies.
Reference section

NHS Choices  
http://www.nhs.uk/Conditions/Gastroesophageal-reflux-disease/Pages/Complications.aspx

Macmillan  
http://www.macmillan.org.uk/Cancerinformation/Cancertypes/Oesophagusgullet/Pre-cancerousconditions/Barrettsoesophagus.aspx

NICE (National Institute for Clinical Excellence) – IPG344  
http://guidance.nice.org.uk/IPG344/Guidance/pdf/English

Contact details within the Trust for patients to obtain additional information

If you have any concerns or further questions please contact:

Upper GI Specialist Nurse  
Tel No: 01472 874111 ext 2882

Secretary to Consultant Surgeon (Upper GI)  
Tel No: 01472 875544

Day Surgery Unit (DSU)  
Tel No: 01472 874111 ext 7410

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 290132 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

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Date of issue: June 2012

Review Period: June 2015

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IFP-707

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