

A guide to having a Gastroscopy with radiofrequency ablation (RFA) for oesophageal dysplasia



Turnberg Building
Endoscopy Unit
0161 206 4720

**Saving lives,
Improving lives**

Important information

Before your appointment

- All medications should be taken as normal with as little water as possible
- If you are taking **warfarin, clopidogrel, rivaroxaban, apixaban, edoxaban, or dabigatran** please phone the Endoscopy unit on:
 **0161 206 5959**
at least 7 days before your procedure date for advice.
- If you have implanted cardiac device such as a **Pacemaker or Implanted Cardioverter Defibrillator** please contact the Endoscopy unit:
 **0161 206 5959**

Diabetic advice

am appointment

Do not eat from midnight. Do not take the diabetic tablet or insulin you would normally take with breakfast.

pm appointment

Take half of your normal diabetic tablet or half of your usual insulin dose with a light breakfast at 7am.

- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the Endoscopy office between 9:00 and 17:00 Monday to Friday on:
 **0161 206 5959**

On the day

- Bring your appointment letter with you
- **To allow a clear view, the stomach must be empty. You will therefore be asked not to eat or drink for 6 hours before the test**
- Please ensure you have arranged an escort home. We cannot sedate you if you do not provide details of your escort. They need to be available to collect you from 90 minutes after your appointment time. If you are entitled to use hospital transport, an escort is not required. Please inform the department prior to your appointment if you have arranged hospital transport
- **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 dependant on whether you are having sedation or a general anaesthetic. Please ask your admitting nurse for further information during your admission check.

What is dysplasia in the oesophagus?

Dysplasia is a term used to describe cells in the lining of the gullet that look abnormal (pre-cancerous) when viewed under a microscope. It can occur in patients with Barrett's oesophagus.

Dysplastic cells have the potential to turn cancerous. Oesophageal (gullet) cancer is a serious condition and we would rather prevent it occurring or catch it at an early stage when it can be successfully treated.

What are the options for treating dysplasia in the oesophagus?

When a diagnosis of dysplasia is made, we will have a detailed discussion about the options available to you in outpatient clinic.

The options are:

1. 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.
2. Endoscopic treatment to destroy (or 'ablate') the cells lining the oesophagus.
3. Surgery to remove the oesophagus (called 'oesophagectomy').

About radiofrequency ablation (RFA)

Radiofrequency ablation is the name given to a procedure where an endoscope (flexible camera) with an attached radiofrequency device is passed down the oesophagus (gullet).

This device allows energy to be delivered onto the gullet wall burning away the lining of the gullet containing the abnormal cells.

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

Is radiofrequency ablation widely used?

Yes, radiofrequency ablation is a well-established and widely used treatment for oesophageal dysplasia.

It is a recommended treatment in both national and international guidelines.

What is the aim of radiofrequency ablation?

The main aim of radiofrequency ablation is to treat dysplasia (pre-cancer) and very early cancer affecting the oesophagus (gullet).

In performing radiofrequency ablation, we can destroy these abnormal cells preventing progression to cancer and need for major surgery.

After treatment we expect the oesophagus lining to heal with normal cells.

Who is suitable for radiofrequency ablation?

Patients with dysplasia or early cancer in the oesophagus can potentially undergo this treatment.

What does the procedure involve?

For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

In the procedure room or theatre room you will be asked to remove false teeth and glasses, and be made comfortable on a trolley.

Radiofrequency ablation is performed under a general anaesthetic or conscious sedation.

When you are sleepy (sedated) or anaesthetised (unconscious under a general anaesthetic) the endoscope is passed down your gullet to look carefully at the abnormal area before carrying out the radiofrequency treatment.

Conscious Sedation

This will be administered via a plastic tube called a cannula which is inserted into a vein. It will make you feel relaxed and sleepy but you will not be unconscious (this is not a general anaesthetic).

This option means you may or may not be aware of the procedure.

General Anaesthetic

An anaesthetist will be present in the room to give you medications to make you unconscious. A tube may be passed in to your airways to help you with breathing when you are unconscious.

The anaesthetist will be present in the room throughout the procedure to monitor you while you are unconscious.

At the end of the procedure they will assist you as you wake up from the effect of the anaesthetic.

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 sedation/general anaesthetic for the whole time the procedure takes. Minimal restraint may be appropriate during the procedure.

However, if you make it clear that you are too uncomfortable the procedure will be stopped.

Who will perform my procedure?

This procedure will be performed by a doctor who has been trained in RFA and is experienced in endoscopy techniques.

Risks and possible problems following the procedure

Radiofrequency ablation is a safe procedure and serious complications are very rare.

You may notice some after effects for as long as 10 to 14 days.

These effects most commonly consist of mild-moderate chest discomfort (like heartburn) and mild-moderate discomfort or difficulty swallowing 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) unless advised to do so.

The risk of tearing the gullet or causing significant bleeding requiring transfusion is less than 1:1000. There is a 1:20 risk that RFA can cause the oesophagus (gullet) to narrow (stricture), making your swallowing difficult for longer than two weeks. This is reversible, but may require another endoscopy to stretch the narrow area.

Other rare complications include aspiration pneumonia (inflammation/infection in the lungs caused by inhaling or choking on vomit) or an adverse reaction to the intravenous sedative.

When you go home you should contact us OR, if your symptoms are severe, attend your nearest accident and emergency department if you experience any of the following:

- Chest pain
- Shortness of breath
- Abdominal pain
- Bleeding (vomiting red or dark blood or passing black motions)
- Difficulty swallowing persisting for over two weeks (contact us)

Immediately after the procedure

You will be monitored in the recovery area after the procedure. You will be given oxygen until the sedation or anaesthetic wears off and you are more alert.

Some of the effects of sedation or general anaesthetics can last 24-hours. Therefore we advise you not to drive, operate machinery, return to work, drink alcohol or sign legally binding documents for a 24-hour period after the procedure. We also advise you to have a responsible adult to stay with you for the next 12 hours.

You should not be in great discomfort after the procedure. You may feel a little bloated and have some wind-like pains because of the air in your stomach. This should settle down quickly. You may also feel that your throat is a little sore, this is nothing to worry about and usually will pass within 24-48 hours.

Eating and drinking:

After the procedure, you should drink liquids only (includes soup) for the following day. Liquids 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 for the next seven days. You should remain on your acid reducing medication continuously.

You can also take simple 'over the counter' indigestion remedies (e.g. Gaviscon).

How soon after the procedure can I go home?

If you have undergone the procedure under sedation then typically you will be observed for up to 2 hours before going home

If you have undergone the procedure under a general anaesthetic then typically you will be observed for up to 4 hours before going home.

In some cases an overnight stay in hospital for further observation may be required. This will be discussed with you if deemed necessary.

When will I know the result?

The doctor or endoscopy nurse will tell you about the procedure in the recovery area once you are awake.

The sedation can affect your ability to remember any discussion. If you would like someone with you when you talk to the endoscopist or endoscopy nurse please inform the nurse looking after you.

A follow up endoscopy is generally arranged in three to six months from the treatment to assess whether the treatment has been effective and possibly apply another treatment.

Contact details

8.30am to 5.00pm



0161 206 5959

If you do attend an Accident and Emergency or a General Practitioners please take a copy of the RFA procedure report with you.

Notes

A series of horizontal dotted lines for taking notes, arranged in two columns.

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Jeżeli potrzebne jest Państwu to tłumaczenie, proszę zadzwonić pod numer.

Urdu

اگر آپ کو اس ترجمانی کی ضرورت ہے تو مہربانی کر کے فون کریں۔

Arabic

إذا كنتم بحاجة الى تفسير او ترجمة هذا الرجاء الاتصال

Chinese

如果需要翻译，请拨打电话

Farsi

اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

0161 206 0224

or Email:

InterpretationandTrans@srft.nhs.uk

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This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

Salford Royal NHS Foundation Trust
Stott Lane, Salford,
Manchester, M6 8HD

Telephone 0161 789 7373
www.srft.nhs.uk

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