Radiofrequency ablation for Barrett's oesophagus

We've given you this factsheet because your doctor has recommended that you have a procedure called radiofrequency ablation (RFA). It explains what RFA is, what the procedure involves, and what the potential benefits and risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Please make sure you read this information and follow the instructions carefully before your procedure.

What is Barrett's oesophagus?

Barrett's oesophagus is a long-term medical condition in which the cells in the lining of the oesophagus (food pipe) start to change shape, becoming more like the cells in the lining of the small intestine.

The main cause of Barrett's oesophagus is gastro-oesophageal reflux disease (GORD). GORD is a general term used to describe when stomach juices and acid travel back up into the food pipe and cause symptoms, such as acid reflux and heartburn.

Barrett's oesophagus often does not have any symptoms. However, you may experience symptoms of indigestion and heartburn.

Dysplastic Barrett's oesophagus

Dysplastic Barrett's oesophagus is a medical condition in which the cells of 'normal' Barrett's oesophagus develop further abnormal changes. The condition can either be:

- low grade (the cells are slightly abnormal)
- high grade (the cells are more abnormal)

In a small number of people, these abnormal cells can develop into oesophageal cancer. This is why Barrett's oesophagus is sometimes called a pre-cancerous condition.

What is radiofrequency ablation (RFA) for Barrett's oesophagus?

RFA is a safe and effective treatment for Barrett's oesophagus. It uses heat energy (made by radio waves) to destroy abnormal cells in the food pipe. Current studies suggest that the treatment is successful 90% of the time.

Why do I need this procedure?

By destroying any abnormal cells within your food pipe, we can:

- reduce the risk of these abnormalities developing into cancer or a more advanced cancer
- prevent you from needing major surgery

How should I prepare for the procedure?

Medication

Contact us as soon as you receive your appointment letter for advice if you are currently taking any blood-thinning or anti-platelet medications, such as warfarin or clopidogrel (unless we have advised you about this already). These medications can increase your risk of bleeding during the procedure.

On the day of your procedure:

- continue to take your other medications as normal (unless we have advised otherwise)
- bring a list of the medications you are currently taking

Eating and drinking

You must not have anything to eat or drink for **six hours** before your procedure. However, you may continue to drink **water only** up to two hours before your procedure.

What will happen during the procedure?

The procedure will be performed by a specially trained medical professional (for example, a consultant gastroenterologist or an upper gastrointestinal clinical endoscopist).

To ensure you remain comfortable and stay still during the procedure, we will usually give you a sedative (a drug to make you sleepy), or in some cases, a general anaesthetic (medicines used to send you to sleep, so you're unconscious and unaware of the procedure).

We will then perform a gastroscopy (a test that looks at the inside of your food pipe, stomach and the first part of your small intestine) to assess your condition. This is to ensure no new changes have occurred. If we are happy to go ahead with RFA, we will use an endoscope (a long, flexible tube with a tiny camera and light on the end) to pass an RFA device down your food pipe. The device will send an electrical current (radiofrequency) directly to the abnormal area on the wall of your food pipe. This will then heat the abnormal cells to such a high temperature that it destroys them.

There are different types of RFA devices. We will choose the most appropriate one to treat your Barrett's oesophagus.

The procedure will take between 15 and 45 minutes.

What will happen after the procedure?

You will usually be able to go home on the same day.

After the procedure, you may experience some of the symptoms below:

- mild bloating
- chest discomfort
- nausea (feel sick)

These are all common and will usually improve within 72 hours. However, some people may experience chest discomfort and pain when they swallow. This can last up to two weeks. To help ease your symptoms, we will prescribe you two medications before you leave hospital:

- a pain relief medication (such as co-codamol)
- antacid and oxetacaine oral suspension (a liquid that numbs the food pipe and neutralises stomach acid)

We will explain how and when to take these medications.

We will also recommend that you only drink cool liquids for the first 24 hours after your procedure, and then only eat soft foods and liquids for the following week to allow your food pipe time to heal.

Are there any risks or potential complications?

RFA is a very safe procedure and serious complications are very rare.

Complications that can occur include:

- a narrowing of the food pipe as it heals (occurs in one in 10 people)
- perforation (puncture) of the food pipe (occurs in less than one in 1,000 people)
- bleeding (occurs in less than one in 1,000 people)

When should I seek medical help?

Contact us straight away on **023 8120 6066** (every day, 8am to 6pm) if you develop any of the following symptoms in the **two weeks** after your procedure:

- severe chest or abdominal (tummy) pain
- vomiting
- a large amount of blood or blood clots from your back passage

Outside of these hours, go to your nearest emergency department. It is important that you take a copy of your procedure report with you.

When will I receive my results?

Before you leave the department, we will:

- explain what we did and what happens next
- make alterations to your current medications (if needed)
- give you an RFA aftercare advice factsheet
- give you a copy of your procedure report
- answer any questions you may have

Will I need any follow-up care?

Most people will need up to four sessions of RFA treatment (performed three months apart) to remove all the abnormal cells in their food pipe.

Are there any alternatives?

Although RFA is usually an effective treatment for Barrett's oesophagus, for a small number of people, the treatment may be unsuccessful, or the dysplasia (presence of abnormal cells) may return (this is known as recurrence). The risk of dysplasia recurrence after successful RFA treatment is very low (approximately one in 100 people each year).

There are some alternatives to having RFA as a treatment for Barrett's oesophagus, including:

Endoscopic mucosal resection (EMR)
EMR is a procedure that involves inserting an endoscope into your food pipe and removing abnormal cells in the lining of the food pipe using special instruments.

Cryoballoon ablation
Cryoballoon ablation is a procedure that uses cold energy to accurately target and destroy abnormal cells in the food pipe. The procedure involves inserting a thin catheter with a small balloon attached to the end into your food pipe. The balloon is then filled will nitrous oxide. The nitrous oxide freezes the balloon from within and the frozen surface of the balloon destroys the abnormal cells in the lining of your food pipe.

Surveillance
Surveillance means being monitored on a regular basis. This means you will need to have regular gastroscopies (tests that look at the inside of your food pipe, stomach and the first part of your small intestine) to check for any early changes to the cells in your food pipe that may develop into cancer. If found early enough, you can have treatment to reduce the risk of the cancer developing. It is important to note that surveillance does have limitations and it cannot always detect every cancer that may develop.

Oesophagectomy
An oesophagectomy is a major surgery that involves removing part, or sometimes all, of your food pipe (depending on the stage and position of your cancer).

If you are not sure whether RFA is the right treatment for you, or you would like more information about any of the alternative treatment options, please speak to your consultant.

Contact us

If you have any questions or concerns, please contact us.

Endoscopy unit
Telephone: **023 8120 6066** (every day, 8am to 6pm)

Useful links

www.gutscharity.org.uk/advice-and-information/conditions/barretts-oesophagus

www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/pre-cancerous-and-genetic-conditions/barretts-oesophagus

www.cancerresearchuk.org/about-cancer/other-conditions/barretts-oesophagus

www.nhs.uk/conditions/oesophageal-cancer

www.macmillan.org.uk/cancer-information-and-support/treatments-and-drugs/oesophagectomy

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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