

Endoscopy Department

Gastroscopy with radiofrequency ablation (RFA) for oesophageal dysplasia

Important information

Before your appointment

- All medications should be taken as normal with a little water.
- If you take **Warfarin** please read the **Alert for patients on Warfarin** on page 2 as you may need to stop this prior to your procedure.
- If you have **diabetes** please read the advice on page 6 and 7.
- If you have any questions about the procedure or find that you cannot keep this appointment please contact the Endoscopy Office between 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

- Have nothing to eat for six hours and nothing to drink for four hours before your appointment.

At the hospital

- Please come to the Endoscopy Department on level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', opposite the main entrance of the ATC. Take your parking ticket and your appointment letter to the ATC reception desk to obtain discount parking
- **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.

Alert for Endoscopy patients on Warfarin or Clopidogrel

or other anticoagulant medication

You **must** read this guidance **before** your procedure.

If you have any questions or do not know whether to stop your medication before your Endoscopy please phone 01223 216515

Warfarin: for patients advised to continue medication

- You should have an **INR test seven days** before the Endoscopy.
- If that **INR result** is **3.0 or less**, continue with your usual daily Warfarin dose.
- If that **INR result** is **more than 3.0**, ask your supervising anticoagulant service for advice to **reduce your daily Warfarin dose** so that your INR is 3.0 or less when you have the Endoscopy.

Warfarin: for patients advised to stop medication

- You should **stop Warfarin five days** before the Endoscopy.
- After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
- You should have your INR checked one week later to ensure you are adequately anticoagulated again.

If you have:

- metal mitral valve
- metal valve + previous stroke/thrombosis
- valvular heart disease

you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.

Clopidogrel: for patients advised to continue medication.

- Continue with your usual dose.

Clopidogrel: for patients advised to stop medication.

- You should stop **Clopidogrel seven days** before the Endoscopy.

Other anticoagulant medication:

Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515.

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. 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 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:

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 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 244) 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.

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.

Intended benefits of the procedure

To treat abnormal cells within the lining of the oesophagus and prevent the development of cancer, therefore preventing the need for major surgery.

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 can be performed under sedation or general anaesthesia.

If sedation is used 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. For your comfort and reassurance, a trained nurse will stay with you throughout the procedures. In the procedure room you will be asked to remove false teeth and glasses, made comfortable on a couch, lying on your left side.

If general anaesthesia is used 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 he will assist you as you wake up from the effect of the anaesthesia

When you are sleepy, 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.

If the area to treat is small, instead of ablating with the balloon we may decide to use a little device that is mounted on the tip of the camera. This looks like the tip of a finger and delivers the energy once in contact of the lining of the gullet.

How long does the procedure take?

This depends on the amount we are treating. On average, the procedure will take about 45 minutes. If the procedure is carried out under sedation we will ensure you receive adequate sedation 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 an endoscopist who has been trained in RFA and is experienced in endoscopy techniques.

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 I 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 and you may be prescribed double the amount you were taking
- You can also take simple 'over the counter' indigestion remedies.

Serious or frequently occurring 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

Information and support

You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

Gastroscopy with RFA Morning Appointment

Please follow these instructions if you have diabetes which is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food and Drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below 4, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml, until your level is 5.
- After your procedure, you may eat and drink normally unless specifically told otherwise.

Insulin and Tablets

Please adjust your normal insulin and tablet doses as instructed below.

If you take insulin once daily

- No change to insulin dose necessary.

If you take insulin twice daily

- Do not have your morning insulin. Bring it with you, plus something to eat.
- If you are able to eat before 11:00, have your normal morning dose with food.
- If you are able to eat after 11:00, have ½ your normal morning dose with food.
- Have your normal evening dose.

If you take insulin four times daily

- Do not have your morning insulin. Bring it with you, plus something to eat.
- If you are able to eat before 11:00, have your normal morning dose with food.
- If you are able to eat after 11:00, omit your breakfast dose and have your normal lunchtime dose with food.
- Have your normal tea time and bedtime evening doses.

If you take tablets for diabetes

- Do not have your morning diabetic tablets.
- After your procedure, re-start your tablets at the next dose time.

Gastroscopy with RFA Afternoon Appointment

Please follow these instructions if you have diabetes which is controlled with insulin or tablets.

If you have any questions related to your diabetes during this preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078

Food and Drink

- Do not eat for six hours prior to your appointment.
- Do not drink for three hours prior to your appointment.
- Test your blood glucose regularly. If it drops below 4, please treat with a sugary drink such as lucozade 100ml, apple or grape juice 200ml until your level is 5.
- After your procedure you may eat normally unless specifically told otherwise.

Insulin and Tablets

Please adjust your normal insulin and tablet doses as instructed below.

If you take insulin once daily

- No change to insulin dose necessary.

If you take insulin twice daily

- Have your normal morning insulin dose unless your breakfast is smaller than usual. If so reduce your normal dose by 1/2.
- Have your normal evening dose.

If you take insulin four times daily

- Have your normal morning insulin.
- Do not have your lunchtime insulin.
- Have your normal tea time and bedtime evening doses.

If you take tablets for diabetes

- Do not have your morning diabetic tablets.
- After your procedure, re-start your tablets at the next dose time.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需要以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasınlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے: 01223 216032 یا patient.information@addenbrookes.nhs.uk کی درخواست کریں:

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পোতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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