

## Cancer Services

# Gastroscopy with radiofrequency ablation (RFA) for oesophageal dysplasia

## Information for patients, relatives and carers

### Introduction

This leaflet gives you information about gastroscopy with radiofrequency ablation (RFA) for oesophageal dysplasia. We hope it will answer some of the questions that you or those important to you. This booklet is not meant to replace the consultation between you and your medical team. If you have any questions or concerns, please speak to a member of the medical team.

### What is gastroscopy?

Gastroscopy is the examination of the inside of the oesophagus (gullet, where food passes from your mouth to your stomach) or stomach. This is done using an endoscope (a long, flexible tube) which is put into your mouth and down your throat. Using a light and camera on the end of the endoscope, the doctor can look for anything abnormal (not normal).

### What is oesophageal dysplasia?

Oesophageal dysplasia means there are abnormal cells in your oesophagus. We can only see these cells when we use a microscope because they are very small. It is quite common for patients with Barrett's oesophagus (a condition affecting the cells of the lower oesophagus) to have oesophageal dysplasia.

Having these abnormal cells does not mean you have cancer. However, more severe forms of dysplasia (known as 'high-grade dysplasia') can show that the cells might become cancerous in the future. Oesophageal cancer is a serious condition so it is better to stop it from developing 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 we diagnose you with dysplasia, we will have a detailed discussion with you about the options available. The options are:

1. Repeat examinations in 6 months using an endoscope. This will mean we can monitor the abnormal areas of your oesophagus so that if cancer develops, it will be picked up at an early stage when it can still be successfully treated.

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2. Endoscopic treatment (such as gastroscopy with endoscopic mucosal resection or RFA) to remove the cells lining the oesophagus.
  3. Surgery to remove the oesophagus (called 'oesophagectomy').

There are pros and cons to each of these procedures, and we will discuss these with you.

## What is radiofrequency ablation (RFA)?

RFA is an endoscopic treatment where a special balloon is passed through an endoscope to your oesophagus. Energy is then transferred through the balloon to burn away the abnormal cells in your oesophagus.

## Is RFA widely used?

RFA is a very common procedure for treating the Barrett's oesophagus with dysplasia.

## What is the aim of RFA?

Dysplasia and very early oesophageal cancer affect only the cells lining the oesophagus. We use RFA to destroy these abnormal cells. After RFA the oesophagus should heal and grow normal cells. If RFA works it will stop cancer developing and reduce the need for you to have major surgery in the future.

## Who can have radiofrequency ablation?

Patients diagnosed with Barrett's oesophagus with dysplasia might be able to have this treatment. In cases of high-grade dysplasia or early cancer (carcinoma in situ) in the oesophagus, this treatment may be recommended, followed by endoscopic mucosal resection.

## What does the procedure involve?

RFA can be performed under sedation, which will make you feel relaxed and sleepy, but you will still be awake. Sometimes general anaesthesia can be used, which means you will be unconscious during the procedure. Your doctor will tell you if you will have general anaesthesia.

If sedation is used, a plastic tube (called a 'cannula') will be put 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 if you wear them. You will then be 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 into your airways to help you with breathing when you are unconscious. The anaesthetist will tell you if they plan to use this and stay in the room throughout the procedure to monitor you while you are unconscious. At the end of the procedure, the anaesthetist will support you as you wake up from the effect of the anaesthesia.

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While you are under sedation or general anaesthetic, we will use an endoscope (long flexible tube) to look at your oesophagus. We will check that RFA is the right thing to do in your case and then we will put the special balloon through the endoscope into your oesophagus. To do this we will have to take the endoscope out and put it back in again. You won't need to swallow the balloon as it is put in using the endoscope.

Sometimes if we are doing the procedure on a small area, we might do it a different way using a camera to deliver the energy. Your doctor will tell you if they will use this for you.

## How long does the procedure take?

How long the procedure takes depends on the size of area we treat. On average, the procedure will take about 45 minutes.

If you are under sedation, you will feel sleepy and relaxed for the whole of the procedure. If you feel uncomfortable at any time, please tell us and we will stop the procedure.

## Who will perform my procedure?

Your procedure will be performed by an endoscopist who has been trained in RFA and is experienced in doing procedures using endoscopes.

## What will happen after the procedure?

We will take you to a recovery area while the sedation or anaesthetic wears off. We will always do our best to respect your privacy and dignity. If you have any concerns, please speak to the department sister or charge nurse.

You must arrange for a responsible adult to come with you and wait to take you home. You will not be able to drive yourself. If you come without an adult to wait for you and take you home, we will have to cancel the procedure. If you are using hospital transport, you don't need someone to come with you.

When you are properly awake, we will give you a drink, and you can then go home. You should not drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24-hour period. You should have a responsible adult stay with you for 12 hours after your procedure.

### **Food and drink**

After the procedure, we recommend you begin taking soft, sloppy foods and continue with this for the next five days. On the day of your procedure, it may be best to avoid hot drinks as the area treated can be sensitive but there is no restriction otherwise. Soft foods include anything that are not difficult to chew such as mashed foods, soups etc.

### **Medication**

After RFA you will need increased anti-acid medication which will be prescribed on the day of the procedure. You may notice some after effects for as long as 10 to 14 days. The most common effects are mild chest discomfort (similar to heartburn) and mild discomfort when you

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eat food. Paracetamol should be enough to help with this discomfort. You can also take simple 'over the counter' indigestion remedies.

**You can take aspirin after the procedure, and we will give you specific instructions about when to start taking other blood thinner medications. You should not take non-steroidal painkillers (such as ibuprofen or Diclofenac). Please call the department for advice if you are on any blood thinning medication as you will need to stop it before the procedure.**

## What are the possible risks?

RFA is a relatively safe procedure and serious complications are very rare. For the two weeks following the procedure, you may encounter mild to moderate discomfort in throat or chest and difficulty with swallowing. Please be aware that these sensations are typical during this period.

RFA is a relatively safe procedure and serious complications are very rare. The main risk is that the food pipe can narrow causing swallowing difficulties for more than two weeks. This happens in one out of 20 (5%) of RFA procedures and can be fixed. Sometimes another endoscopy will be used to fix this.

For two weeks after the procedure, it is very common to feel mild to moderate discomfort in your throat or chest and to have some difficulty swallowing. This is normal. However, if this continues for more than two weeks, please ring us using the number at the end of this leaflet.

There is a very small risk of tearing the oesophagus or bleeding. This risk is so small that we would call it insignificant.

If you experience any of the following after you are discharged home, you should call 111 or attend A&E:

- Chest pain
- Great difficulty swallowing
- Shortness of breath
- Fever
- Abdominal pain
- Bleeding

You can let your clinical team know by calling the Macmillan Navigator service. However please note this service is not an emergency service so you should call 111 or attend A&E first, for immediate help.

A follow-up endoscopy is usually scheduled three to six months after the treatment to see if the procedure worked and if you need any other procedures.

## Gastroscopy and RFA for patients with diabetes

Please follow the instructions below if you have diabetes that is controlled with insulin or tablets. If you have any questions relating to RFA and diabetes, please contact your GP.

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## Food and drink

- Do not eat for six hours before your procedure
- Do not drink for three hours before your procedure
- Test your blood glucose regularly. If it drops below four, please have a sugary drink such as Lucozade (100 ml), apple or grape juice (200 ml), until your blood glucose level is five.
- After your procedure you can eat and drink normally unless specifically told otherwise.

## Insulin and tablets

On the day of your procedure, please adjust your normal insulin and tablet doses as detailed 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 can eat after 11am (if 11am is six hours or more before your procedure), have half of 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
- Do not have your morning insulin. Bring it with you, plus something to eat
- If you can eat after 11am (if 11am is six hours or more before your procedure), don't take 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.

## Further sources of support and information

### Macmillan cancer navigator service at Imperial College Healthcare NHS Trust

This is a single point of contact for cancer patients at Imperial College Healthcare NHS Trust, and their family, friends and carers. The service is here to help you to navigate your care and resolve queries that you may have. Our Navigators can access information about your appointments, connect you to appropriate services and signpost you on to further support. They can also book you in for a telephone call back from your Clinical Nurse Specialist (CNS) if you have a question that needs clinical input.

The service is open Monday to Friday 08:30 to 16.30 excluding bank holidays. (The service is closed for training between 14.00- 14.45 on Thursdays.)

Call: **020 3313 0303**

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## **Macmillan cancer information and support service at Imperial College Healthcare NHS Trust**

The Macmillan cancer information and support service offers free support and information to anyone affected by cancer, including family and loved ones. The service has physical centres at Charing Cross and Hammersmith Hospitals, and also offers virtual and telephone support. When you call or visit you can speak to one of the Macmillan cancer team one-on-one about whatever matters most to you. You can sign up to a range of weekly virtual groups that provide the opportunity to connect with other people with cancer in a relaxed environment. You can also speak to our Macmillan welfare and benefits adviser, who can offer patients of the Trust tailored advice on additional financial support.

The service is open Monday-Thursday (excluding bank holidays), with various drop-ins available within our physical centres. For more information please call us on **020 3313 5170** or email [imperial.macmillansupportservice@nhs.net](mailto:imperial.macmillansupportservice@nhs.net)

## **Maggie's West London**

Maggie's is a cancer charity that provides the emotional, practical and social support to people with cancer and their family and friends.

The centre offers a calming and beautiful space, a professional team of support staff, and the opportunity to talk and share with a community of people who have been through cancer too.

Maggie's centres are warm, friendly and informal places full of light and open space, with a big kitchen table at the heart of the building. Maggie's West London is located in the grounds of Charing Cross Hospital but is independent of our hospital.

The centre is open Monday to Friday, 09.00-17.00. For more information please call **020 7386 1750**.

## **Macmillan Support Line**

The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. This support line is a national line provided by Macmillan and is independent of our hospital.

The Support Line is open every day, 08:00 to 20:00. Please call: **0808 808 000** or visit [www.macmillan.org.uk](http://www.macmillan.org.uk)

## **How do I make a comment about my visit?**

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

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Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

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