

Having a Radiofrequency Ablation (RFA) for the treatment of Barrett's Oesophagus

Endoscopy Department [patient and carer information](#)

What is Radiofrequency Ablation (RFA)?

Radiofrequency ablation is a form of treatment which involves using radio waves to apply energy to remove abnormal cells and tissue in the body.

What is RFA used for?

In the Endoscopy Department, RFA is used to treat areas of **high grade dysplasia**; patches of abnormal cells in the lining of the oesophagus (gullet), which have the potential to become cancerous. It is also used to treat early cancers in the oesophagus.

What is dysplasia?

Dysplasia is a term used to refer to cells which are found to be abnormal when examined under a microscope. Dysplasia can occur in patients who have a condition called **Barrett's Oesophagus**. Barrett's oesophagus is a condition in which the cells lining the lower oesophagus have changed from flat, pale, pink (squamous) cells to taller, red (columnar) cells, similar to those which line the stomach. The main cause of Barrett's oesophagus is gastro-oesophageal reflux disease (GORD). In GORD, acid from the stomach rises up into the oesophagus (reflux) causing irritation and inflammation.

If the reflux persists over time, the cells lining the oesophagus can change, leading to the development of Barrett's oesophagus.

Why has my doctor recommended that I have RFA treatment?

RFA treatment of high or persistent low grade dysplasia can help to reduce the likelihood of someone with Barrett's oesophagus developing oesophageal cancer. RFA can also be used as part of the treatment of cancerous cells in the gullet, for example, in combination with other endoscopic treatments such as Endoscopic Mucosal Resection (EMR).

Are there any alternatives to RFA treatment?

Having regular endoscopies (surveillance) to monitor abnormal areas in the oesophagus may help to ensure that if cancer develops it is detected early, which in turn may increase the likelihood of successful treatment. Endoscopic Mucosal Resection may be indicated where abnormal sections of tissue need to be removed.

This may be followed by RFA treatment, and may be used to treat early cancers in the oesophagus, in cases where surgery is not recommended. Surgical removal of the oesophagus (oesophagectomy) may be considered in some cases. Your consultant will discuss the options with you and recommend the most suitable form of treatment for you, taking into account the risks, benefits and your particular health and needs.

How do I prepare for RFA?

RFA treatment is performed in the Endoscopy Department during a procedure called a Gastroscopy. If you have been referred for RFA treatment you will have received this leaflet with a booklet about the Gastroscopy procedure. Please make sure that you:

- 1. Read the Gastroscopy booklet before you attend your appointment**
- 2. Inform the Endoscopy Department if you take anticoagulant medication**
- 3. Do not have anything to eat or drink for at least six hours before the procedure***
- 4. Arrange for someone to collect and accompany you for at least 12 hours after sedation (you will not be able to drive or work for 24 hours afterwards)**

(*Please contact the Endoscopy Department if you are diabetic and need additional advice)

How is RFA administered during Endoscopy?

The procedure is very similar to a normal Gastroscopy. It takes approximately 45 minutes and it is advisable to have sedation rather than just throat spray, as the procedure can be uncomfortable. The endoscopist will pass a thin, flexible tube with a camera on the tip (an endoscope) down through your mouth and into your oesophagus to have a look at the affected area. The endoscopist will assess the area and confirm that RFA treatment is appropriate. At this stage a guide-wire will be passed down through a channel in the camera and left in place as the endoscope is withdrawn. The treatment device is then passed over the guide-wire and down into the oesophagus alongside the endoscope. Different treatment devices may be selected according to whether the area to be treated affects the full circumference of the oesophagus, or smaller, isolated areas. The endoscope will be reintroduced to observe the effect of the treatment. The treatment may be repeated more than once during the course of the procedure.

Does it hurt?

RFA treatment can be uncomfortable. During the procedure, sedation and analgesia (pain relief) will be given via a cannula (a flexible plastic tube inserted into your arm or hand). The nurses and endoscopist will make sure that you are kept as comfortable as possible and will stop the procedure if necessary. Afterwards, the treated area may feel sore for several days. Taking simple pain relief, such as paracetamol, can be helpful, but you should avoid Non-Steroidal Anti-Inflammatory Painkillers such as Aspirin, Ibuprofen and Diclofenac (Voltarol). You may experience mild discomfort in your chest for the next 10 to 14 days, particularly after eating. Over-the-counter indigestion remedies may help. You will be given detailed advice by the Endoscopy nursing staff.

Are there any risks with RFA treatment?

RFA treatment is considered to be a safe and effective procedure. Serious complications such as perforation and bleeding are very rare. In general, the potential complications are very similar to those associated with Gastroscopy, and are discussed in more detail in the Gastroscopy booklet. It may be necessary to return for regular endoscopies to keep the area under surveillance, and further RFA treatment may be needed in the future. In a small number of cases, narrowing of the oesophagus (stricture) may occur which may make swallowing food difficult. The narrowing is caused by scarring after RFA treatment and can be treated during endoscopy by stretching the scarred area.

How soon after RFA can I eat, drink and go home?

The recovery following RFA treatment is very similar to that after a Gastroscopy, except that it is recommended that you should only drink liquids for 24 hours after the procedure. These liquids, which may include soup, should be not too hot or cold. After 24 hours you may begin to take soft, sloppy food for the next week, before returning to a normal diet. Medication may be prescribed to help the area to heal, relieve discomfort and prevent further damage. You will be given detailed discharge instructions by the nursing staff in the recovery area before you leave the Department.

For further advice contact:

The Royal Bournemouth Hospital Endoscopy Department
on **0300 019 4668** (Monday to Friday, 8am to 6pm)

Poole Hospital Endoscopy Department
on **0300 019 2772** (Monday to Friday, 8am to 6pm)

For information on Barrett's:

website: www.barretts.org.uk

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