

Sussex Tumour Ablation Centre

**Having Ablation Treatment
at Sussex Tumour Ablation Centre**

What is ablation?

Traditionally, cancer has been treated by a combination of Surgery, radiotherapy and chemotherapy. Ablation involves the use of extreme temperatures applied to tumours to cause destruction of cancer cells. Small needles are used and inserted into the tumour. The needles are heated or cooled and cause thermal damage and eventual destruction of the cancer cells.

Who has made the decision?

The decision to undergo ablation will be made in conjunction with your referring doctor (usually an oncologist), the radiologist and yourself. You will have had up-to-date imaging, usually in the form of a CT scan, which the radiologists will look at and base some of their decisions upon and may use to plan any ablation treatment.

Who will be doing the ablation?

A specialist doctor called a radiologist. Radiologists have special expertise in using diagnostic imaging equipment such as CT and in interpreting the images produced, as well as skills in placing needles into precise locations in the body.

There are two consultant radiologists at the Sussex Tumour Ablation Centre who can perform this procedure:

Dr Nigel Marchbank (Director of Centre)

Dr Guy Burkill

The consultant anaesthetist who you will meet is **Dr Peter Larcombe**.

Our nursing sister in Imaging is **Sue Francis**. The Lead Nurse in charge of Level 9 is **Jane Kingsbury**.

Where will the procedure take place?

In the CT Scanning Department at the Royal Sussex County Hospital, Brighton on Level 5 of the Thomas Kemp Tower.

What happens at my Pre-assessment Clinic?

You will be sent an appointment to come and meet staff at the Pre-assessment clinic on Level 5 at the Royal Sussex County Hospital site at Brighton. The clinics are run on a Tuesday afternoon.

The purpose of the pre-assessment visit is to meet key staff before the procedure to:

- 1** Discuss the procedure in detail with a Consultant Radiologist (Dr Marchbank) and decide whether treatment is appropriate for you. It is your decision and you will need all the information about potential benefits and risks. For this reason, we recommend that you bring with you a partner/relative or friend.
- 2** Assess your fitness for the procedure. You will meet Dr Larcombe, Consultant Anaesthetist, as well as one of our team of nurses.
- 3** Perform any further tests e.g. check your blood clotting or perform an ECG.
- 4** Perform any further scans if necessary.

It is extremely important that you let us know if you are taking warfarin, clopidogrel or any other drug that can affect how your blood clots. These medicines may need temporarily discontinuing if you decide to proceed with the tumour ablation.

What happens on the day of the RFA procedure?

We will call you the day before the operation to confirm with you final details.

You should report to CT Reception (Level 5 Thomas Kemp Tower at RSCH) on the day of the procedure at 8.00am.

You will be required not to eat anything solid for six hours before the procedure. You may take clear fluids up to two hours before the procedure. You will be asked to put on a standard hospital gown.

You will be asked to sign a consent form saying that you agree to allow us to carry out the procedure.

You will be admitted and given a bed in the hospital on Level 9a in the Thomas Kemp Tower, where you will be looked after by Jane Kingsbury and her team of nurses.

What happens during the examination?

The procedure will usually be carried out under a general anesthetic.

You will be scanned again routinely as part of the procedure. This allows the consultant radiologist to further plan the treatment and confirm the best means of access to the tumour. Usually, this is done with you lying on your front or on your side (occasionally you may need to lie on your tummy). Using the scans, the point of entry for the needles is marked on the skin. The area of the skin to be used is cleaned with antiseptic solution. A biopsy of the area may be taken prior to the needles being inserted, and then the needles are guided into the tumour, using the CT/Ultrasound images to ensure they are correctly targeted. The ablation is then undertaken, with possibly several areas being targeted and the needles being manipulated several times.

How long will it take?

The procedure can take up to three hours to complete. If all has gone well, you will be transferred to our Theatre Recovery ward for a few hours before proceeding up to Level 9a.

We are happy for a partner or close relative to attend with you. We would normally recommend that they drop you off in the morning. They are welcome to visit later on L9a following the procedure. The normal visiting times are between 3.00pm and 5.00pm as well as 7.00pm and 8.30pm. The ward can be phoned on **01273 696955 Ext. 4499**.

What happens after the examination?

Most patients experience some discomfort following the procedure and this is usually managed by simple painkillers. You may need to take these for up to a week. You may have a mild fever for one to two days following the procedure and you may have a general sensation of 'feeling under the weather'. This is quite common and usually only lasts a few days. The majority of patients are observed in hospital for one night following the procedure and are then discharged home the following day (usually in the morning). We advise a period of rest for around a week following the procedure with no strenuous exercise, and no driving for a similar period.

The needles only make a very small point of entry through the skin and the dressings involved are simple plasters (please remember to let us know if you are allergic to any types of plaster). These can be removed after 48 hours. If there is any continued bleeding or discharge from the needle sites, you should promptly seek medical advice (either by phoning the Sussex Tumour Ablation Centre on **01273 696955 Ext. 4177**) or by contacting your GP.

A member of staff from the Sussex Tumour Ablation Centre will let you know about the follow-up arrangements at the time of your discharge.

What are the advantages of ablation?

Ablation can be performed percutaneously – i.e. with the probes being placed directly through the skin and with no need for a large incision. We use it to treat a range of tumours (e.g. lung, liver and kidney). Many trials show that it is an effective treatment and can prolong life expectancy.

There is usually little in the way of blood loss and as there is no incision, recovery times are much faster when compared to traditional open surgery.

The procedure can be used as an alternative when a patient is not considered fit enough to undergo surgery. The procedure can also be repeated if required.

What are the risks?

There is a risk of thermal damage to structures other than the tumour. In most cases, an area of normal-appearing tissue around the tumour will also be treated as it is known that this area may contain microscopic tumour cells that may not be visible on a scan. This reduces the risk of recurrence. However, other structures adjacent to the tumour may be damaged, such as bowel or blood vessels and cause a bowel perforation or bleeding (in liver and kidney tumours). Such damage is usually apparent on the post-procedure scan and can be dealt with promptly usually with percutaneous techniques but very occasionally surgery.

In patients undergoing lung tumour treatment there is a 30% chance of developing an air leak (pneumothorax) during or following the procedure. If this occurs during the procedure it may make it impossible to complete the procedure. In most patients this complication can be treated quickly and effectively by draining any air with good result and no delay to discharge. However, in some patients (approx 10% of all patients having Lung ablation) it may need longer than a one night stay to resolve this.

There is a small risk of serious complication or even death due to the procedure, though large studies suggest this is a lot less than 1 in 100.

With any use of sedation or general anesthetic, there are some risks involved but all doctors and nurses involved have appropriate training in their use and the actual incidence of such risks are minimal. You will be informed more about the risks involved in the general anesthetic by Dr Peter Larcombe, consultant anaesthetist at the Sussex Tumour Ablation Centre.

There is a very small risk of an allergic reaction to the dye used when CT scans are obtained. You should let us know if you think you may have an allergy to any injections. All the staff are trained in dealing with such a situation and medicines used to treat the reaction are kept within the X-ray rooms themselves.

There is a risk of recurrence of the tumour after an ablation procedure. The exact risk varies from patient to patient and follow-up scans to examine the ablated area will be arranged as appropriate.

Are there any alternatives?

If you are unable to tolerate this procedure your referring doctor will be informed and he/she can decide if an alternate treatment is appropriate for you.

Finally

Most of your questions should have been answered by this leaflet but remember it is only the starting point for discussion about your treatment with the doctors looking after you. If you have any special requirements/Dietary requirements please do not hesitate speaking to a member of staff. If you have vision, mobility or access issues please contact **Rebecca Steen (Imaging Medical Secretary) on Ext. 4177.**

If you require this document in a language other than English please inform your interpreter or a member of staff.

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