

Patient information

Barrett's Oesophagus Radiofrequency Ablation

Digestive Diseases Care Group

Background

You have Barrett's oesophagus (a pre-cancerous change to the lining of the swallowing tube – the gullet - from acid reflux) with dysplasia (abnormality of the cells) or early cancer and have been referred for treatment with radiofrequency ablation. You may already have had an endoscopic resection (removal of a large piece of tissue from the oesophagus) as initial treatment for your problem.

What is radiofrequency ablation?

Radiofrequency ablation is the use of a high energy electric current to generate heat energy in order to cause very limited tissue destruction. Applied to Barrett's oesophagus tissue with abnormality of the cells (dysplasia), it can cause a complete response and return the gullet lining to normal.

What devices are used?

There are several different types of radiofrequency ablation devices.

The 360 express balloon catheter treats the entire circumference of the wall of the gullet (all the way round) over a four cm length. It is passed into the gullet over a wire guide alongside the endoscope. This allows for accurate positioning and direct observation of the effect of treatment.

There are various smaller focal radiofrequency ablation devices which either fit on to the endoscope tip or pass down the endoscope. These are used to treat smaller areas of Barrett's oesophagus.

Which device is used depends on different factors and is decided by the doctor treating you on the day.

Initial Radiofrequency ablation treatment

Radiofrequency ablation is a day case procedure in the Endoscopy Department. Before your treatment, you should be taking your usual medication for blocking the production of stomach acid, such as omeprazole.

While you lie on your left side on a table, you will have a sedative injected into a vein in your arm or hand to make you sleepy.

A small flexible tube with a light and camera at the end (the endoscope) will then be passed through your mouth and into your gullet. A careful examination of the Barrett's oesophagus will be undertaken.

You will then have radiofrequency ablation treatment applied to the Barrett's oesophagus until the whole area is treated. Treatment time is usually around 20 - 30 minutes. You should remember very little about the treatment as you will be sleepy throughout. Occasionally your doctor will see something in the Barrett's oesophagus which means you may not be suitable for radiofrequency ablation treatment that day. They will discuss this with you after you have recovered from the procedure.

Sometimes radiofrequency ablation is performed under a general anaesthetic; this is at the discretion of your doctor.

Subsequent visits

You will have an endoscopy with ablation of Barrett's oesophagus every three months for up to one year, until there is no visual evidence of Barrett's oesophagus remaining. Once there is no visual evidence of Barrett's oesophagus, you will have an endoscopy with a biopsy to confirm that the Barrett's oesophagus is no longer present on a microscopic level.

If these biopsies are normal, you will enter a period of surveillance or follow up endoscopy with biopsy to continue to watch for Barrett's oesophagus returning. The frequency of these procedures varies from patient to patient. Should any new Barrett's oesophagus develop, you may receive additional ablation procedures.

What are the side effects of the treatment?

Some patients may experience chest discomfort after the procedure which can last up to two weeks, but usually resolves after two to four days. This is to be expected given the nature of the treatment.

Some patients experience difficulty with swallowing. This is usually limited to the first two weeks after treatment, again related to the effect of damaging the gullet lining. You will be advised to modify your diet accordingly. It is usual just to take fluids for the rest of the day that the procedure is performed, with a soft diet for the following two days. After that you should be able to start introducing more normal food stuffs.

You will receive extra medication to take for up to two weeks to minimise any of these symptoms developing.

There is a small risk of a narrowing of the gullet caused by the procedure – approximately 10 per cent (10%) of patients experience this complication. In this situation swallowing difficulty is more prolonged. If this were to occur you may require stretching of this narrowing, which is the standard treatment and is performed as an outpatient in endoscopy. You should contact the nurse specialists on the numbers listed below should you be worried about any symptoms after your procedure.

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any further questions, please do not hesitate to contact

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