

Patient information

Microwave Ablation

Interventional Radiology Department

This leaflet tells you about the procedure known as microwave ablation, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

You should have plenty of time to discuss the situation with your consultant and the Interventional Radiologist who will be doing the procedure, and perhaps even your own family doctor (GP).

You should have had sufficient explanation before you sign the consent form.

What is Microwave Ablation?

Microwave ablation is a way of destroying tumour tissue by passing a probe through the skin into the organ containing the tumour. By passing microwaves through the probe the adjacent tissue heats up and the cells die. If needed, more than one area of tumour can be treated at the same time. Sometimes it may be necessary to have a second or third procedure at a later date if it is not possible to treat the entire tumour in one go.

Why do I need it?

Other tests that you probably have had performed, such as an ultrasound scan or a CT scan, will have shown there is an area of tumour inside your body. The procedure will slow the progression of the tumour and in some cases may be curative. You may have already had some surgery to try to treat the tumour or your surgeon may think that a big operation is too dangerous.

What are the benefits of having Microwave Ablation?

- Avoids a big operation and scar.
- You can usually go home on the following day.
- There is less discomfort after the procedure compared with an operation.

What are the risks of having Microwave Ablation?

- If your liver is being treated, then there is a risk of bleeding from the liver, though this is generally very slight. If the bleeding were to continue, then it is possible that you might need a blood transfusion. Very rarely, an operation or another radiological procedure is required to stop the bleeding.

- If the tumour is close to the lung, then it is possible that air can get into the space around the lung. This generally does not cause any real problem, but if it causes the lung to collapse, then the air will need to be drained, either with a needle, or else with a small tube, put in through the skin.
- Sometimes when the tumour tissue dies it can become infected and may form an abscess. If this happens, you may need to be treated with antibiotics or even need to have a small tube inserted into the abscess.
- There is a very small risk that some of the heat from the probe can pass back along the probe and cause a burn to the skin.

If you are worried about any of these risks, please speak to your Consultant or a member of their team

Getting ready for your Microwave Ablation

You will need to be an in-patient in the hospital.

- You will probably have had some blood tests performed beforehand, to check that you do not have an increased risk of bleeding.
- You will be asked not to eat for four hours beforehand, though you may be allowed to drink some water.
- You will be asked to put on a hospital gown.

If you have any allergies, you must let your doctor know.

The procedure

This will be performed in the CT scanner within the main theatre complex.

The procedure is performed under general anaesthesia.

The Interventional Radiologist will keep everything as sterile as possible and will wear a theatre gown and operating gloves. Your skin will be cleaned with antiseptic, and you may have some of your body covered with a theatre towel. The radiologist will use the ultrasound machine or the CT scanner to decide on the most suitable point for inserting the probe. Then your skin will be anaesthetised with local anaesthetic so that it is more comfortable when you wake up. The probe is then inserted into the abnormal tissue.

Will it hurt?

The procedure is performed using a general anaesthetic so you will be asleep throughout. When you wake up you may feel uncomfortable, but painkillers and sedation will be given to you to control the pain. There will be a nurse, and anaesthetist, standing next to you and looking after you. Your abdomen may feel a bit sore for a day or two after the treatment.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straight forward the procedure will be. It may be over in 30 minutes, or may take up to 90 minutes.

After the examination

After a short time in theatre recovery, You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

All being well, you will be allowed home either on the next day, or perhaps a few days later.

Results

Usually the Interventional Radiologist will send a brief report back to the ward immediately after the procedure. This report is mainly to inform the ward staff about the details of the procedure, and whether or not there are any specific observations that need to be performed.

A full report, following close inspection of the X-rays produced during the procedure, usually takes a few days to reach the doctors on the ward. Your GP will receive a letter to let them know you have been treated.

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

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