Lung tumour ablation
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This leaflet gives you general information about your ablation treatment. It does not replace the need for personal advice from a healthcare professional. Please ask us if you have any questions.
What is ablation?

Ablation is a lung cancer treatment that does not involve surgery. It uses either heat or extreme cold to destroy cancer cells. The cancer cells die and the treated area slowly shrinks and becomes scar tissue.

Ablation has been available since the 1990s and has been successfully used in Europe and America. It is now being used increasingly in the UK.

There are three main methods of ablation, all of which are available for patients of Royal Brompton & Harefield NHS Foundation Trust. These are:

1. Cryo ablation: a probe produces very low temperatures that freeze the tissue and kill the cancer cells

2. Radiofrequency ablation: an electrode produces high-energy radio waves that kill the cancer cells

3. Microwave ablation: a probe produces microwaves (heat) that kill the cancer cells

Your doctor will choose the type of ablation depending on the exact type and location of your tumour.

Some patients need to have further treatment on the lung. For many patients ablation can be repeated, if needed.

When is ablation used?

Ablation can be used to treat primary or secondary cancer in the lung. Primary cancer means the original cancer. A secondary cancer means that cancer cells have spread to another part of the body and made a new tumour there.

Ablation can be used alone as a treatment, or it can be used together with other treatments such as surgery, radiotherapy or chemotherapy. You and your hospital doctor can discuss the best course of treatment for you.
Ablation may be the right treatment for you if:

- Surgery is not an option
- There are a small number of secondary tumours in your lungs

**What happens on the day of the procedure?**

It is important that you do not eat anything for six hours before the procedure, but you may drink water up to two hours before the procedure.

Before your treatment you will see a doctor who will explain the procedure to you. This is a good time to ask any questions. You will be asked to sign a form to say you agree (consent) to the treatment.

Ablation is carried out in the CT scanning department and not in the operating theatre. It is usually performed under a general anaesthetic, which means that you will be asleep. You can have a local anaesthetic to numb the area of your body that is to be treated, and medication to make you drowsy instead. You can discuss the options with your doctor.

**How is ablation carried out?**

The probe is put into the middle of the tumour. This produces heat, or freezes, the tumour and destroys the cells. The procedure usually takes between one and three hours.

**Will it be painful?**

It is likely you will have some pain in the part of your body where the treatment is being carried out. The doctor will prescribe painkillers for you to have after the procedure.
Should I keep taking my medicine?

You should continue to take your medication as usual. However, if you take aspirin, warfarin or clopidogrel, we will let you know when you should stop taking these.

What are the benefits of having ablation?

- Ablation does not involve a surgical operation
- Side effects and complications from ablation are less common and less serious than with surgery
- The procedure can be repeated
- You can go back to your normal activities within a few days

What are the risks of having ablation?

- **Pneumothorax (collapsed lung):** This is caused by the build-up of air in the space around the lung. The risk of having a collapsed lung is low and it is not usually serious. Our clinical staff can help the lung to expand quickly and easily by inserting a tube to drain away the air from around the lung. If this occurs you may have to stay in hospital and this may be for between two and four days.

- **Haemoptysis (coughing up blood):** Occasionally patients cough up a small amount of blood. This is normal after an ablation treatment. If this persists, or develops more than 24 hours after treatment, you should contact the hospital for further advice.

Your doctor will discuss any specific risks that apply to you. Please ask your doctor about anything that concerns you.
What happens when I go home?

Normally, you will be able to go home the day after your procedure. Before you go home we will discuss your follow-up treatment with you. It is likely you will be off work for one week after your treatment.

Signs to look out for when you are back at home

- Shortness of breath and pain on inhaling (breathing in)
- Pain that is not controlled by regular pain killers – for example, paracetamol
- A raised temperature or pain one to two weeks after the treatment

If you have any of these symptoms, please contact the hospital. During normal working hours, speak to your clinical nurse specialist. Evenings, weekends or bank holidays, please contact the ward where you were admitted.
Who can I contact for more information?

If you have any questions or would like to talk to one of our team, please contact:

**Harefield Hospital**
Lung clinical nurse specialist
01895 823 737, extension 5989
Dr Paras Dalal
Consultant cardiothoracic radiologist
Tel: 01895 828 609

**Royal Brompton Hospital**
Lung clinical nurse specialist
020 7352 8121, extension 4134
Dr Simon Padley
Consultant radiologist
Tel: 020 7352 8121, extension 2943

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on 020 7349 7715 or e-mail pals@rbht.nhs.uk. This is a confidential service.
Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
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textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

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