

Harefield Hospital

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 heat or extreme cold to destroy cancer cells. The cancer cells die and the treated area slowly shrinks and becomes scar tissue.

This treatment (also sometimes known as radiofrequency ablation, or RFA), has been available since the 1990s and successfully used in the UK, Europe, and America.

There are three main methods of ablation, all of which are available at Royal Brompton and Harefield hospitals. These are:

1. **Cryoablation:** a probe produces very low temperatures which freeze the tissue and kill the cancer cells.
2. **Radiofrequency ablation:** a probe produces high-energy radio waves which heats the cancer cells.
3. **Microwave ablation:** a probe produces microwaves generating heat to kill the cancer cells.

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

Patients who have several tumours may need to have more than one treatment on the lung. This treatment can be repeated as needed.

When is ablation used?

Ablation can be used to treat primary or secondary cancer in the lung. Primary lung cancer means that the cancer first started in the lung. A secondary cancer in the lung is a cancer that has spread from another organ in the body.

Ablation can be used on its own, or 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
- the tumour is on an area of the body where it is difficult to operate.

What are the benefits of having ablation?

- Ablation does not involve a surgical operation.
- 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 (a collapsed lung)**

This is caused by leakage of air from the puncture in the lung surface. This collects in the space around the lung. The risks from pneumothorax are low and it is not usually serious. We can help the lung to expand back to normal size by inserting a tube to drain away the air from around the lung. If this happens you may have to stay in hospital for a little longer.

- **Infection**

Any procedure where the skin is broken carries a risk of an infection. You will be given a course of antibiotics after the procedure to prevent infection – the course will usually last 14 days.

- **Haemoptysis (coughing up blood)**

You may 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 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 for 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 then be asked to sign a form to say you agree (consent) to the treatment.

Ablation is carried out in the CT scanning department or in the operating theatre. It is usually performed under a general anaesthetic, which means that you will be asleep. In some situations, it may be possible to have a local anaesthetic to numb the area of your body that is to be treated, and medicine to make you drowsy instead. You can discuss the options with your doctor.

How is ablation carried out?

Once you are asleep (anaesthetised), a needle is used to place a probe through the chest into the middle of or next to the tumour. A CT scan is used to guide its position. The tip of the probe produces heat or freezes the tumour, which 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 procedure is being carried out. The doctor will prescribe painkillers for you to have after the procedure.

Should I keep taking my current medicine?

You should continue to take any medicine you are currently taking. However, if you take aspirin, warfarin, clopidogrel or other blood thinning medicine, we will let you know when you should stop taking these.



After your procedure

You will have a chest X-ray or scan to check your lung. This usually happens on the morning after your procedure.

We will also discuss a follow-up appointment and any further treatment with you.

What happens when I go home?

Normally, you will be able to go home the day after your procedure. 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 when breathing in.
- Pain that is not controlled by regular pain killers – paracetamol, for example.
- A raised temperature or pain one to two weeks after the treatment.
- Coughing up a large volume of blood, more than an egg cup, for example.

If you have any of these symptoms, please contact the hospital. During normal working hours, speak to your clinical nurse specialist. In the evening, at weekends or bank holidays, 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 specialists

0330 128 5989
or **07971 074 940**

Secretary to Dr Paras Dalal
Consultant cardiothoracic radiologist

0330 12 88121
ext **85609**

If you have any 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 Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

Alternatively email gstt.rbhh-pals@nhs.net. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Phone: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Phone: 0330 12 88121

Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجنّاح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.