

Radiofrequency Ablation

Information for patients and families

Read this booklet to learn:

- What radiofrequency ablation is
- How to prepare
- What to expect
- Who to contact if you have any questions

Your radiofrequency ablation has been scheduled for:

Date: _____

Arrival time: _____

Doctor: _____

**Toronto General Hospital
585 University Avenue
Medical Imaging Reception
1st floor - Peter Munk Building**



What is radiofrequency ablation?

Radiofrequency ablation (RFA) is a treatment that destroys tumours. The procedure uses electrical energy to create heat. The heat destroys both the cancer tissues and the normal tissues in the area. It is a safe and effective treatment for some patients.

How do I prepare for RFA?

- Have blood work done no earlier than 1 month before your procedure date. We will give you a requisition form or hospital appointment to have your blood tests.
- **Some medicines may increase your risk of bleeding during or after your procedure. Tell your doctor or health care provider if you are taking:**
 - medicines such as acetylsalicylic acid (Aspirin®), clopidogrel (Plavix®), prasugrel (Effient®), ticagrelor (Brillinta®), ibuprofen (Advil®, Motrin®, Nuprin®), naproxen (Naprosyn®) or indomethacin
 - medicines such as warfarin (Coumadin®), dalteparin (Fragmin®), enoxaparin (Lovenox®), tinzaparin (Innohep®), fondaparinux (Arixtra®), dabigatran (Pradaxa®), rivaroxaban (Xarelto®) or apixaban (Eliquis®)

Your doctor or health care provider may tell you to stop taking these medicines for a certain number of days before your procedure.

- **Don't eat or drink anything after midnight before your procedure. If you need to take medicine, take it with only a sip of water.**
- Remember to bring your health card (OHIP) on the day of your procedure.

After you check in, we will:

- help you change into a hospital gown
- ask you questions about your health and medicine history
- put in an intravenous (IV) line so that you can have pain medicine and sedatives (medicine to relax you) during your procedure
- answer any questions that you have
- ask you to sign a consent form (a form that says you agree to have the procedure)

What can I expect during the procedure?

1. When you are ready, we take you to the procedure room.
2. We help you get on a table and help put your body in the right position for the procedure (arms over your head). It is important for you to stay in this position for the whole time during your procedure. We want to protect the area where we are working and keep it sterile (germ-free). Keeping the area sterile lowers your chance of getting an infection.
3. We put a heart monitor, blood pressure cuff and finger oxygen probe on you.
4. We clean the area of your body where we are doing the procedure.
5. After you are in position, the radiologist freezes the area with a local anesthetic.
6. The radiologist makes a small cut in the area that is frozen. They put a radiofrequency probe through this opening and use ultrasound or computed tomography (CT) to find the cancer. Once the radiologist finds the right spot, they turn the radiofrequency machine on.
7. The radiologist uses the probe to destroy the tumour and some surrounding normal tissue. The radiofrequency machine automatically adjusts the power to keep the correct temperature in your tissues. It is normal to feel some pain during the procedure. We will give you medicine to help control your pain. Your body may also feel warm.

The procedure can take 1 to 3 hours. How long it takes depends on the size and number of tumours you have.

What can I expect after?

After your procedure, we take you back to the Medical Imaging Day Unit (MIDU) to recover.

We will monitor your:

- heart rate
- blood pressure
- breathing rate
- temperature
- oxygen level

You will rest for at least 4 hours. You may have a CT scan before you are discharged home. Most patients go home on the same day as their procedure.



What problems should I look out for once I go home?

Pain

You may have pain at your cut site for about 3 to 5 days after the procedure. This is normal. Sometimes the pain moves up to your shoulder. We will work with you to control your pain, and it should get better over time.

Please call the nurse coordinator or the medical imaging department if your pain gets worse or your pain medicine is not helping.

Bleeding

You had blood work done before the procedure so we know if there are any problems with your blood that we have to correct. For example, if the results show that your blood doesn't clot properly, we may give you blood products before or during your procedure.

During the procedure, your doctor is checking for bleeding using the ultrasound or CT scan. We also keep you in hospital for 4 hours after the procedure to check for bleeding.

Once you are home the chance of bleeding is very low. If you feel light headed or dizzy you should contact the nurse coordinator or the department.

Post-ablation syndrome

After your procedure, you may feel like you have the flu. You may have a fever, feel discomfort or feel ill. This is called **post-ablation syndrome**, and it is normal. It usually starts 2 to 3 days after your procedure, and it can last for about 2 to 3 days. During this time, rest and drink lots of fluids. This will help you feel better faster.

Will I have to come back?

Radiofrequency ablation is usually done in 1 visit. Some patients need another session. The radiologist will talk to you about this after your procedure.

After RFA, you will have a follow up CT scan or MRI. Both of these tests take pictures of your body. We will schedule your CT scan anytime from 2 weeks to 2 months after the procedure. It will show if the procedure worked and if you need any more treatments. You will then have a follow up visit with the radiologist to talk about these results.

After, you will have CT scans every 3 to 4 months for several years. We want to keep a close watch so we can deal with any new problems that may come up.

Who can I call if I have any questions?

If you have general questions about your procedure, please call your referring doctor (the doctor who sent you to have this procedure done at UHN).

Patients who had their procedure at UHN only and have a question about their procedure or recovery, please call the Clinical Nurse Coordinator:

TGH Phone: 416 340 4800, extension 5403

TWH Phone: 416 603 5800, extension 6301

***Please do not call us to book an appointment or ask for a referral.**



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