

Information for patients



Lung Tumour Ablation

Leading Interventional Oncology Network

Contents

What is Ablation?	3
What are the benefits of Ablation?	3
How is it done?	3
Are there any risks?	3
What are the alternatives?	4
Pre-operative Assessment	4
Consent	4
Admission and the day of your procedure	4
Who will perform the procedure?	4
How long will the procedure take?	5
What happens after the treatment?	5
What happens when I go home?	5
Signs to look out for	5
Contact information	6

What is Ablation?

You have been selected by your doctor to have ablation treatment for your lung tumour. Ablation is a technique that destroys tissue through heating. In order to produce the heat, needles are placed into the lung, using image guidance (e.g. CT scanning). Only a small amount of heat is produced – slightly less than a boiling kettle and the heat only travels a small distance (a few centimetres) within your body. Most of the normal lung tissue is not affected. A radiofrequency electric current or microwaves may generate this heat.

Radiofrequency ablation has been available since the late 1990's and has been used successfully in Europe and America. It is now being used increasingly in England. Microwave ablation is a new technique, which may prove more effective.

What are the benefits of Ablation?

Ablation can be an effective treatment for primary lung cancers and for cancers that have already spread to the lung from elsewhere, but which would be unsuitable for surgical treatment. The procedure can be repeated. You can usually resume your normal activities within a few days.

How is it done?

Ablation is performed either in X-ray or the operating theatres and is most often done using local anaesthetic and sedative medicines. One of the consultant radiologists will then find the abnormality in your lung using the CT scanner.

The ablation needle will then be guided into the correct area of your lung and heated to destroy the tumour. The needle will then be removed.

The needle may need to be inserted more than once during the same procedure to treat the whole abnormality within the lung.

Are there any risks?

Unfortunately there are always risks involved when undergoing any procedure. These have been made as small as possible by making sure that you have the right lung abnormality suitable for the ablation, and that there are no other problems making it more risky. You will also have been seen by your consultant looking after you, and they will have suggested that we should perform the ablation.

The risks are:

- A post ablation syndrome occurs in about 1 in 4 patients. This is a flu-like illness that happens 3-5 days after treatment.
- The lung deflating (pneumothorax)
- Bleeding from the needle inserted into the lung
- Lung infection
- A track forming between the treated area and the outside of the lung (an 'air leak')

The consultant that discusses the procedure with you will give you an estimate of the risks. We quote the risk of a serious complication from ablation as 2-3 patients in 100 (2-3%) and the risk of death as less than 1 in 200 (less than 0.5%). We believe that in general the likelihood of these risks is actually less than this.

What are the alternatives?

Ablation may be combined with other treatments to treat lung tumours. Your doctor will discuss with you the best course of treatment in your case.

Pre-operative Assessment

We will ask you to come for a pre-operative assessment appointment. At this appointment we will ask you about your medical history and carry out any necessary clinical examinations and investigations to make sure you are well enough for the procedure to go ahead. You may need an ECG and a blood test. We will check the functioning of your lungs. The nurse will explain the procedure to you and give you instructions about eating and drinking before your procedure. This is a good opportunity for you to ask us any questions about the procedure. This assessment may take place on the day of your treatment.

The hospital you will be treated at will also give you separate information which tells you about eating and drinking before your procedure, what to bring with you, the admission process, and what will happen on the day.

The nurse will ask you about any medicines or tablets you are taking – either prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details of your medicines with you to the pre-operative assessment and your admission for treatment. We will tell you whether you need to stop taking any of your medicines before your procedure. When you come into the hospital please bring all your medicines with you.

Consent

The hospital will give you a copy of the consent form. Please read this carefully. If you have any further questions, please ask a member of the surgical team on the day of your procedure before signing the consent form.

Admission and the day of your procedure

Your **Consultant** will see you to talk to you about your procedure and to answer any remaining questions you may have. Once you have understood all the information, including the benefits and the risk of complications, they will ask you to sign a consent form to give your agreement for the procedure to go ahead.

The **Anaesthetist** will also see you before the procedure and talk to you about the sedation or anaesthetic. If you have any questions or concerns, this is the time to ask.

Who will perform the procedure?

Ablation is performed by your Consultant Radiologist who has particular expertise in guiding needles and catheters using imaging. You will have an opportunity to meet your consultant in clinic before the procedure to discuss the treatment and have any questions answered that you may have.

How long will the procedure take?

This is variable depending on the complexity and size of the tumour. Generally the ablation itself will take 60 to 90 minutes but may take longer.

What happens after the treatment?

When you wake from your sedation, you will be in the recovery area. The nurse will regularly check your pulse rate and blood pressure. Once you are comfortable and your blood pressure is stable, you will be taken to the ward for an overnight stay.

On the ward you will gradually be allowed to drink water. If you are able to tolerate good amounts and don't feel sick, then you will be able to have a hot drink and something light to eat.

You may have an intravenous drip in your arm, which will be removed before you go home. Your nurse will offer you pain relief to help with any discomfort. By the next day most people require painkillers no stronger than paracetamol. When you get out of bed for the first time a nurse will need to be with you in case you feel light headed or dizzy.

What happens when I go home?

Normally, you will be able to go home the day after your procedure. Before you go home your Consultant will discuss your follow-up treatment with you. You should expect to be off work for 1 week after the treatment.

You will need to have follow up CT appointments at 3, 6 and 12 months after treatment.

Signs to look out for

If you experience either of the following symptoms:

- Increasing shortness of breath and pain on breathing in
- Pain that is not controlled by regular painkillers (e.g. paracetamol)
- Fever (>30°) that does not settle with paracetamol
- Coughing up fresh blood
- Coughing up green sputum

You will be given the contact details of your Consultant whom you should contact directly if you experience any of these signs after treatment.

Contact details:

Should you experience any problems upon discharge, such as increasing shortness of breath, pain or bleeding please contact LION.

In working hours (09:00-17:00) LION may be contacted via the medical secretaries:

Email: Lion@hcahealthcare.co.uk

or

Telephone: 0207 908 3756

or

Fax: 0207 908 3773

Correspondence Address

London Interventional Oncology Network
30 Devonshire Street
London
W1G 6PU

Space for notes and questions