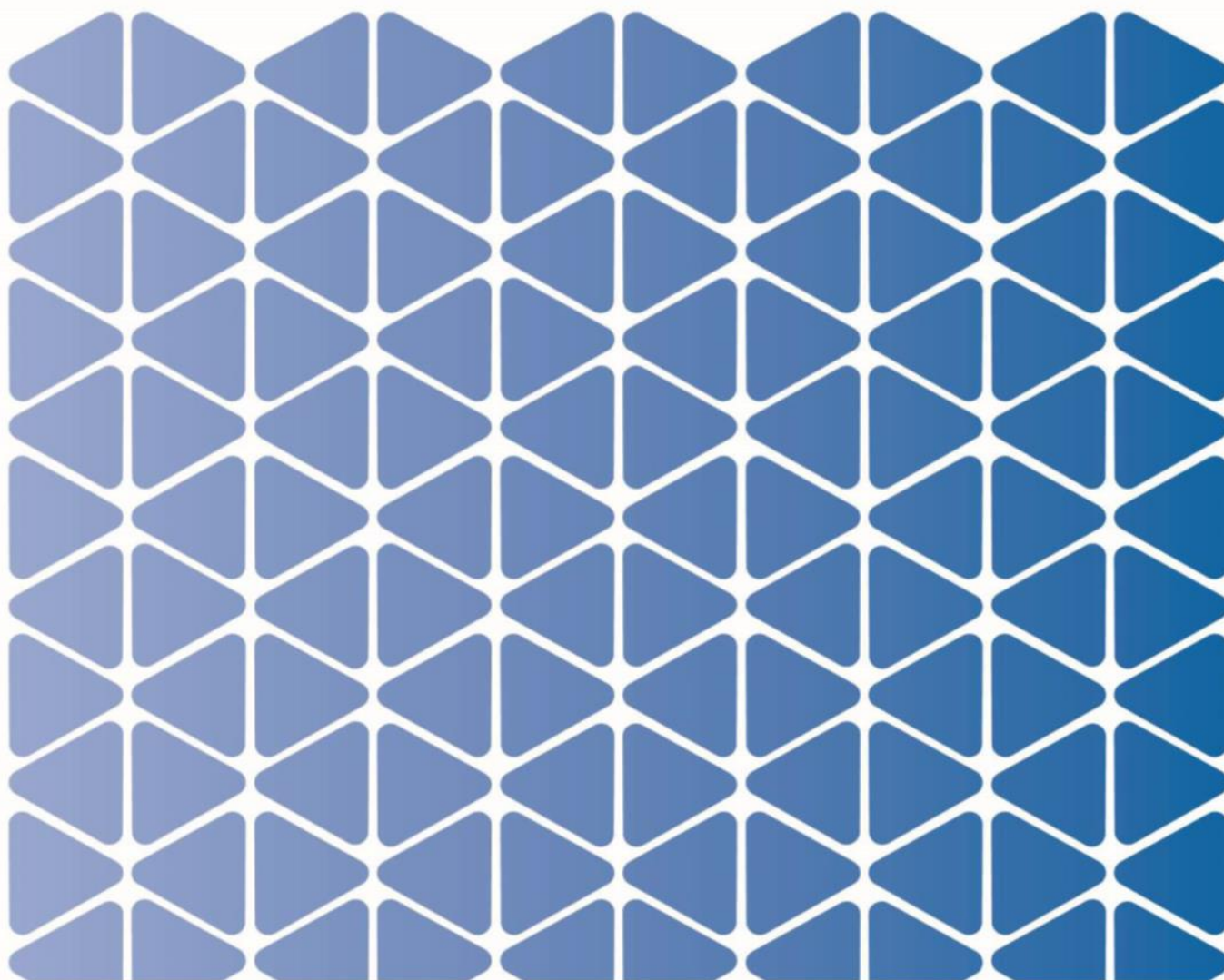




PATIENT INFORMATION

LUNG ABLATION



Name of procedure:

About this Procedure

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 and this heat only travels a short distance (a few centimetres) within your body. Most of the normal lung tissue is not affected. A radiofrequency electric current or microwaves are used to 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 increasingly used in the United Kingdom. Microwave ablation is a newer technique, which we believe offers an equivalent effect but takes less time.

Intended Benefits of the Procedure

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

Who will perform the procedure?

Ablation is performed by radiologists who have particular expertise in guiding needles using imaging. Imaging techniques are used to monitor the procedure and to follow up results.

Serious or Frequent Risks

There are always risks involved when undergoing any procedure. These have been made as small as possible by making sure that your lesion is suitable for ablation, and there are no other problems which may increase your risk. You will also have been seen by the doctors 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.
- Air trapped in the lining of the lung (pneumothorax).

- Bleeding caused by the needle being inserted into the lung.
- Lung infection after treatment.
- Risks of general anaesthetic

The radiologist 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.

We expect the immediate success of the procedure to be close to 100%.

This investigation involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. The doses that are used in medical x-rays are very low and the associated risks are minimal. The radiologist is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.

Female patients

X-rays can be harmful for an unborn baby and should be avoided by women who are or may be pregnant. If you think you may be pregnant, please contact the x-ray department.

Are there any alternatives to ablation?

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.

Will I feel any pain?

It is common to have some pain at the site procedure for a few days afterward also this should be managed with simple analgesia.

On the Day of the Procedure

On the ward you will be asked to change into a hospital gown. You may be asked to remove jewellery, dentures, glasses and any metal objects or clothing that might interfere with the x-ray images.

Pre-operative Assessment

We will ask you to come for a pre-operative assessment appointment. At this appointment you will be asked about your medical history and carry out any necessary clinical examinations to make sure you are well enough for the procedure to go ahead. You may need an ECG and blood test. We will check the functioning of your lungs.

You will get instructions about eating and drinking, what to bring with you, admission process and what will happen on the day.

You will be asked about medicines or tablets you normally take; it may help if you bring a list with you to your appointment. We will tell you whether you need to stop taking your medicines before your procedure. When you come to hospital please bring your medications with you.

Consent

We will discuss the risks and benefits of the procedure and alternative treatments and if you wish to proceed we will ask you to sign a consent form.

We will give you a copy of the consent form. Please read this carefully, if you have any further questions please asks a member of the team on the day of the procedure. On the day of the procedure the consultant will re-sign the form to confirm that you are still happy to go ahead.

You are free to change your mind and withdraw consent at any time.

Admission and the day of your procedure

The consultant radiologist will see you to talk about your procedure and to answer any remaining questions you may have.

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

How long will the procedure take?

This is variable depending on the complexity and size of the tumour as well as the number of tumours we are treating. Generally the ablation itself will take 60 – 90 minutes but may take longer.

What happens after the treatment?

When you wake you will be in a recovery area. The team will carry out routine observations checking for pulse rate and blood pressure regularly. Once you are comfortable and the team are happy with your observations you will be transferred to the ward for an overnight stay.

On the ward you will be gradually allowed to drink water and if you tolerate this 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.

A proportion of patients have a tube placed in their chest during the procedure to treat a collapsed lung. This can cause some discomfort but is normally removed the next day before you go home. In the unlikely event that the lung has not completely re-inflated by the next day you can still be discharged with an adaptor placed on the tube. You will return a couple of days later to have the tube removed. Rarely an operation is required to repair the collapsed.

What happens when I go home?

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

You will receive follow up CT appointments at 3, 6 and 12 months.

Signs to look out for

If you experience either of the following symptoms:

- Shortness of breath and pain on breathing in
- Pain that is not controlled by regular painkillers (e.g. paracetamol)
- Increasing fever or pain 1-2 weeks after the procedure

You should contact your GP

What happens after the procedure?

There are no after-effects to the examination.

When will I get the results?

The images taken during the examination will be studied by the radiologist who will then produce a detailed report which will then be available to the doctor who referred you for the test. Your referring doctor will then discuss the results with you and any treatment you may need.

You should already have a follow up appointment with the team who referred you. If not, please contact them to arrange one so that you can discuss the results of this test.

Your Normal Medicines

You can continue with your normal medication unless instructed otherwise. Any drug changes will be discussed at your pre-operative clinic.

After your Investigation

A report will be sent to the doctor who requested your procedure; this can take up to 10 working days.

You should feel well enough to go home and return to work.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Rebecca Rawlinson, **Interventional Booking Co-Ordinator**

Worcestershire Royal Hospital | Charles Hastings Way | Worcester | WR5 1DD
Tel: 01905 760 174 (EXT: 30833)

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.