



Radiofrequency Ablation (RFA)

Important! This exam requires that you have an empty stomach. You should not consume any food for 8 hrs before the procedure. After that, you may drink clear* liquids only - 4 hrs before the exam, stop all liquids including water (minimal sips are allowed only to take your usual medications). Avoid gum and hard candy.

Medications: If you take insulin or other diabetic medicines, dosage adjustments will be provided for you. Bring your insulin with you so that you can take it after the procedure if necessary. If you are on blood thinners such as Coumadin or Plavix (clopidogrel), let us know at the time of scheduling because they may need to be held. All other meds should be taken at their usual time with a few sips of water.

What is it and why do I need it?

Radiofrequency ablation (also known as RFA or Barrx) is a technique that allows for a controlled superficial burn of the gastrointestinal tract lining to eliminate abnormal tissue. Most commonly, it is used to treat a precancerous condition called “dysplastic Barrett’s esophagus” and less often, early stage esophageal cancer. Patients with dysplastic Barrett’s esophagus are at high risk of developing esophageal cancer. RFA to eliminate the dysplastic tissue is often curative and at the very least, significantly diminishes the chance of later progression to cancer. Also, once dysplastic tissue is found, RFA is used to eliminate the regular Barrett’s tissue so that it does not later become dysplastic. RFA is occasionally used to treat gastric antral vascular ectasia (GAVE) and radiation proctopathy.

The risks

You will be asked to sign a consent form at the time of the exam. The risks of RFA are low but do include bleeding, infection, perforation, tearing, aspiration, medication reactions and heart/lung problems. Chest pain may develop after the exam, but this usually subsides in 1-3 days. A stricture (narrowing) or ulcer may also develop. If the stricture is severe, sometimes dilation (stretching) is required. Ulcers usually heal on their own or with acid-reducing medications. If you have concerns about these risks, please contact your physician before your procedure. You will also be able to discuss this with your physician at the time of the exam.

The procedure

In the preparation area, you will be asked questions about your health history. Your procedure usually takes 30-90 minutes and you will be sedated for it. For lesions in the upper gastrointestinal tract, the procedure will be part of an **EGD**. For lesions in the colon, the procedure will be part of a **colonoscopy**. Please refer to these exams as appropriate.

After the Procedure

In the recovery unit, your physician will discuss the results with you and give you discharge instructions. You and your driver will remain there until your sedation has worn off to a satisfactory level. Rarely, patients are admitted to the hospital for observation or if complications occur. After discharge, you may resume your usual activities and diet and return to work the following day. However, **you may not drive, make important decisions or operate machinery the rest of the day. You must have someone at least 18 yrs old with you during the entire time from check-in through recovery and to drive you home after the exam (a taxi or bus is not an option).** A report will be sent to your referring physician. If any biopsies are taken, you will be contacted with the results.

** A clear liquid diet includes water, coffee (only if you must; please limit coffee intake to 8 oz and must be black, no cream or non-dairy creamer), tea, soda, broth or clear juice like apple juice or white grape juice, popsicles, and Jell-O (no added fruit). Avoid red colors. No milk products.*