CT Radiofrequency Ablation

Radiology Service

Information for patients

What is a CT Radiofrequency Ablation (RFA)?
A RFA is a treatment suitable for some types of cancerous tumours in the liver, kidney, lung or bone. A needle is placed directly into the tumour and an electrical current is delivered to destroy the diseased tissue. The normal tissue is spared and the function of the involved organ or area can be preserved. The procedure is usually performed under a general anaesthesia so you will not be awake for the procedure.

Risks of RFA:
• Bleeding
• Infection
• Damage to nearby organs

What to bring:
Please bring any relevant imaging scans (film packet or a CD containing X-rays, CT scans, ultrasound or MRIs etc.).

Preparation:
You will be required to have a blood test prior to your RFA to check your blood clotting ability and kidney functioning.

You will need to have a CT and an ultrasound scan no more than 4 weeks prior to the RFA.

Usually an appointment to see the Radiologist who will perform the procedure will be made through the Radiology Interventional outpatient clinic.

Eating/ drinking:
You will be required to fast for 8 hours prior to your procedure.

Medications:
Tell staff at the time of booking if you are taking any blood thinning medications (e.g. Warfarin, Xarelto, Rivaroxaban, Pradaxa, Apixaban, Eliquis), any antiplatelet medications (e.g. Clopidogrel, Plavix, Aspirin) or any medication for diabetes as they may need to be ceased.

Continue taking other medications as prescribed, unless directed otherwise by medical or nursing staff prior to your procedure.

On the day of your scan, please bring with you a list of all medications you are taking.

Procedure:
On admission to hospital a nurse will discuss your medical history with you and dress you in a patient gown. A cannula (small plastic tube) will be inserted into a vein in your hand or arm. You will be seen by an anaesthetist who will be with you for the duration of the procedure.
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The procedure will be performed using CT and ultrasound guidance. Your skin will be cleaned with antiseptic wash and a small incision will be made.

A RFA needle electrode will be inserted into the tumour to be treated. Once the RFA needle is in place, an electrical current is applied to treat the tumour.

Once treated, the needle will be removed and pressure will be applied to the puncture site and it will be covered with a small waterproof dressing.

Post Procedure Care:
After a recovery period you will be returned to the ward where you will need to rest in bed lying flat for 4 hours. Your pulse, blood pressure and temperature will be recorded at frequent intervals.

You may experience some pain post procedure that may last for a few days. You may take pain relief such as paracetamol as required. You may be prescribed medication for pain should you need it.

Usually you will be required to stay in the hospital overnight and should arrange for someone to drive you home the following day.

Discharge:
It is important to understand that a period of follow up is required after a RFA. It often takes a year (sometimes longer) to be certain that the tumour has been treated. This requires having more scans and visits to your specialist doctor.

Radiation Risk:
Most medical imaging tests, except MRI and ultrasound, result in exposure to low doses of radiation from X-rays. Your doctor considers that the benefits of the test you need are greater than the small risks from radiation.

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References
Inside Radiology: www.insideradiology.com.au
The Royal Australian and New Zealand College of Radiologists®

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