

Radiofrequency Ablation (RFA) for Barrett's Oesophagus – Patient FAQs

What is radiofrequency ablation (RFA)?

Radiofrequency ablation (RFA) is an advanced endoscopic treatment that uses controlled heat energy to treat abnormal Barrett's oesophagus tissue within the lining of the oesophagus.

The procedure delivers controlled heat energy to the abnormal lining, allowing healthy tissue to regrow over time.

RFA is commonly used to treat Barrett's oesophagus with dysplasia (pre-cancerous change), helping reduce the risk of progression to oesophageal cancer.

What is Barrett's oesophagus?

Barrett's oesophagus is a condition where the normal lining of the lower oesophagus changes due to long-term acid reflux.

In some patients, these cells can develop dysplasia, which means pre-cancerous changes are present.

RFA is used to eradicate this abnormal tissue before cancer develops.

Why might I need RFA?

Your specialist may recommend RFA if you have:

- Barrett's oesophagus with low-grade dysplasia
- Barrett's oesophagus with high-grade dysplasia
- Early Barrett's-related cancer after endoscopic resection (EMR)
- Persistent Barrett's tissue after previous treatment

The goal is to remove abnormal tissue and reduce the risk of oesophageal cancer.

Is RFA surgery?

No. RFA is performed during an endoscopy and does not involve external incisions or surgery.

The treatment is delivered through a gastroscope (camera inserted through the mouth).

What is EMR and why is it sometimes done before RFA?

EMR stands for Endoscopic Mucosal Resection.

If there are visible nodules or abnormal raised areas within the Barrett's segment, these areas are often removed first using EMR before RFA is performed.

This allows:

- Accurate assessment of the tissue
- Removal of more advanced abnormal areas
- Safer and more effective RFA treatment afterwards

RFA and EMR are commonly used together as part of endoscopic eradication therapy.

Will I be asleep for the procedure?

Yes. RFA is usually performed under deep sedation or general anaesthesia to ensure comfort. You will be monitored closely throughout the procedure.

How long does the procedure take?

The procedure usually takes between 15 to 20 minutes depending on the length of Barrett's oesophagus.

How many treatments will I need?

Most patients require multiple treatment sessions. On average, 3 to 4 sessions are needed, although the exact number varies depending on the extent of Barrett's oesophagus and response to treatment.

RFA is commonly performed in stages over several months to progressively eradicate the Barrett's tissue safely and effectively.

Follow-up endoscopies are important to assess healing and response to treatment.

What are the risks of RFA?

RFA is generally very safe, but potential risks include:

- Chest discomfort or pain
- Difficulty swallowing for several days
- Bleeding
- Ulcer formation
- Narrowing of the oesophagus (stricture), which may require dilatation
- Rarely, perforation (tear in the oesophagus)

Your specialist will discuss these risks with you before the procedure.

What should I expect after the procedure?

It is common to experience:

- Mild chest discomfort
- Sore throat
- Temporary difficulty swallowing

These symptoms are usually mild and typically improve over several days.

Most patients are able to return home the same day after recovering from sedation.

Following the procedure, you will usually be advised to remain on fluids for the rest of the day, followed by a soft diet for approximately 5 to 7 days. This helps reduce the risk of food becoming stuck in the oesophagus while the treated area is healing and temporarily inflamed.

Will I still need reflux medication afterwards?

Yes. Strong acid suppression with proton pump inhibitor (PPI) medication is essential after RFA.

Reducing acid exposure helps:

- Promote healing
- Improve treatment success
- Reduce recurrence of Barrett's tissue

Your specialist will advise you regarding your medication regimen.

Can Barrett's oesophagus come back after RFA?

Yes. Although RFA is highly effective, Barrett's tissue can occasionally recur.

Long-term surveillance endoscopy is therefore important even after successful treatment.

Are there alternatives to RFA?

Alternative management options may include:

- Surveillance endoscopy alone
- Endoscopic mucosal resection (EMR)
- Cryotherapy
- Surgery (oesophagectomy) in selected cases

The most appropriate treatment depends on the severity and extent of Barrett's oesophagus.

Who performs the procedure?

Radiofrequency ablation at MyGutCare is performed by Dr Zaki Hamarneh, with expertise in advanced endoscopic treatment of Barrett's oesophagus including EMR and RFA.