MY GUT CARE
EXPERTS IN GUT HEALTH, LIVER AND ENDOSCOPY

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Radiofrequency Ablation (RFA) for Barrett's Oesophagus - Patient information sheet

What is radiofrequency ablation (RFA)?

Radiofrequency ablation (RFA) is an advanced endoscopic treatment used to remove abnormal lining tissue within the oesophagus (food pipe) in patients with Barrett's oesophagus.

Barrett's oesophagus occurs when the normal lining of the lower oesophagus changes due to chronic acid reflux. In some patients, these changes can progress to dysplasia (pre-cancerous change) or early oesophageal cancer.

RFA uses controlled heat energy delivered through a specialised catheter during endoscopy to destroy the abnormal Barrett's lining while minimising injury to deeper tissues. Over time, healthy lining tissue can regrow in the treated area.

RFA is commonly performed as part of an endoscopic eradication therapy program and is often combined with:

- Endoscopic mucosal resection (EMR)
- Careful surveillance endoscopy
- Long-term acid suppression therapy

Why is RFA performed?

RFA is used to reduce the risk of progression from Barrett's oesophagus to oesophageal cancer.

Common indications include:

- Barrett's oesophagus with low-grade dysplasia
- Barrett's oesophagus with high-grade dysplasia
- Early intramucosal cancer after endoscopic resection
- Residual Barrett's tissue following EMR

The aim of treatment is to eradicate abnormal Barrett's tissue and allow regrowth of normal oesophageal lining.

How do I prepare for RFA?

Preparation is similar to a standard gastroscopy.

You will usually need to fast:

- No solid food for at least 6 hours before the procedure
- No fluids for approximately 3 hours before the procedure

Please inform your doctor if you:

- Take blood thinning medications
- Have diabetes
- Have heart or lung disease
- Have allergies to medications

Certain medications may need adjustment before the procedure.

You will also usually be advised to continue or increase acid suppression medication (such as proton pump inhibitors) after treatment to promote healing.

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How is RFA performed?

The procedure is performed during an upper endoscopy (gastroscopy) while you are under sedation administered by a qualified anaesthetist.

A flexible endoscope is passed through the mouth into the oesophagus. A specialised RFA catheter is then positioned over the Barrett's segment and controlled radiofrequency energy is delivered to the abnormal tissue.

Different types of RFA catheters may be used depending on the size and shape of the Barrett's segment.

In some patients, visible nodules or raised areas are first removed using endoscopic mucosal resection (EMR) before RFA treatment is performed.

The procedure usually takes around 15 to 20 minutes.

Multiple treatment sessions are commonly required to achieve complete eradication of Barrett's tissue.

What happens after RFA?

Following the procedure, you will remain in the recovery area until the sedation has worn off.

After treatment, it is common to experience:

- Mild chest discomfort
- Pain on swallowing
- Sore throat
- Mild reflux symptoms

These symptoms are usually temporary and improve over several days.

You will usually be prescribed medications to assist healing, including:

- High-dose acid suppression medication
- Pain relief medication if required

A soft diet is often recommended for several days following treatment.

Your doctor will discuss:

- The findings from the procedure
- Any biopsy results
- The expected follow-up plan
- Timing of future surveillance or additional treatment sessions

Because sedation is used, you must not:

- Drive a vehicle
- Operate machinery
- Sign important documents
- Drink alcohol

for the remainder of the day after your procedure.
You should arrange for a responsible adult to take you home and stay with you overnight.

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What are the risks or side-effects?

RFA is generally safe and well tolerated, however complications can occasionally occur.

Potential risks include:

- Chest discomfort or pain
- Ulcer formation
- Bleeding
- Oesophageal stricture (narrowing/scarring)
- Perforation (tear in the oesophagus)
- Infection
- Reactions to sedation

Oesophageal strictures can occasionally develop during the healing process and may require endoscopic dilation.

Serious complications are uncommon.

Will I still need follow-up after treatment?

Yes.

Even after successful treatment, ongoing surveillance endoscopy is important because Barrett's oesophagus can occasionally recur.

The frequency of follow-up depends on:

- The original degree of dysplasia
- Response to treatment
- Biopsy findings
- Individual patient risk factors

Your doctor will provide a personalised surveillance plan.

When should I seek urgent medical attention?

Please contact your doctor or present to the emergency department if you experience:

- Severe chest or abdominal pain
- Difficulty swallowing that worsens
- Fever
- Vomiting blood
- Black bowel motions
- Difficulty breathing
- Persistent vomiting
- Any symptoms causing significant concern

If you have any questions or require further advice, please contact our rooms.