

Radiology department

Radiofrequency ablation (RFA) for the treatment of thyroid nodules

Introduction

This leaflet contains information for patients their family and carers, who are considering having radiofrequency ablation (RFA) treatment of a benign (non-cancerous) or cancerous thyroid nodule. It explains what is involved and the possible risks.

What does thyroid ablation mean?

Thyroid ablation is a procedure where nodules within the thyroid gland are destroyed by a needle inserted through the skin. The needle tip is heated by an electric current, which destroys a small area of thyroid tissue.

How can ablation help?

The aim of this treatment is to destroy the nodule within the thyroid, and shrink the gland.

What to tell the doctor

- If you have any allergies.
- If you have had a previous reaction to intravenous contrast medium (the dye used for some X-rays and CT scanning).
- If you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 446 3325 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.

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|---------------|---------------|
| - Aspirin | - Enoxaparin |
| - Apixaban | - Fragmin |
| - Clopidogrel | - Heparin |
| - Clexane | - Rivaroxaban |
| - Dabigatran | - Warfarin |
| - Dalteparin | |



What are the risks of ablation?

All treatments and procedures have risks and we will talk to you about the risks of ablation. The main risks are damage to blood vessels and bleeding as the needle is inserted, hoarseness of the voice and burning of the skin. Rarely the oesophagus (swallowing tube), trachea (wind pipe) and the nerve to the vocal cords (voice box) can be injured.

Problems that may happen straight away

- Bleeding from the needle insertion site and burning of the skin. This normally requires no treatment.
- Hoarseness of voice normally resolves with a few hours of the procedure.

Problems that may happen later

- There is a small risk (less than 1 person in 100) of infection following this treatment. We will advise you to look out for worsening of swelling, pain or redness.

Problems that are rare, but serious

- There is a small risk (less than 1 person in 100) of permanent injury to the nerve to the voice box, which may lead to alteration of your voice.

What will happen if I choose not to have ablation?

If you do not want to have this treatment, you should discuss this with your doctor.

How should I prepare for ablation?

We will invite you to come for a clinic assessment before your treatment. At this appointment we will ask you about your medical history and carry out any necessary clinical tests to make sure you are well enough for the procedure to go ahead.

We will also give you written information that tells you about eating and drinking before your procedure, what to bring with you, when you should arrive and the need to have an escort home.

The nurse will ask you about any medicines or tablets that you are taking – either prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring written details of your medicines with you to this appointment. We will tell you whether you need to stop taking any of your medicines before your procedure. When you come into the hospital for the procedure itself, please bring all of your medicines with you.

Usually, the ablation itself takes up to 1 hour, and you will be observed in a recovery area for 1-2 hours.

Agreeing to treatment

The radiologist will explain the procedure and discuss any possible risks with you. You will be asked to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another specialist doctor. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

If there is anything you do not understand, or you need more time to think about it, it is important that you tell a member of staff.

What will happen during ablation?

You will have a local anaesthetic injection to numb the skin. A treatment needle will be inserted through the skin into the thyroid, guided by an ultrasound scanner. Several small ablations will be performed as the needle is moved through the thyroid nodule.

What should I expect after ablation?

After your treatment you will be observed in a recovery area for 1- 2 hours. You may have some pain and discomfort, but we can give you some pain relief to help with this.

Before you leave the recovery area we will check that you do not feel sick, that you can eat and drink, and that you do not have significant pain.

By the next day most people require pain relief no stronger than Paracetamol. We will provide you with written instructions to follow for when you leave the hospital, and the contact numbers of the team in case of emergency.

What happens when I go home?

Normally, you will be able to go home a few hours after your procedure. Before you go home we will discuss your follow-up clinic appointment.

You should expect to be off work for 2-3 days after treatment.

You will have an appointment to come back to the clinic 4 weeks after the procedure for a repeat ultrasound scan and to check that you have made a good recovery.

Signs to look out for:

- Difficulty swallowing or shortness of breath.
- Pain that is not controlled by regular simple pain relief, for example, paracetamol
- Fever, skin redness or increasing pain more than 1 week after the procedure.
- If you have cause for concern for concern following discharge please contact The Christie Hotline on **0161 446 3658**.
- We will update your GP after your discharge, but immediately after the procedure they may not be aware of the details. If you see your GP after the treatment please take your post discharge instructions with you.

Further information

National Institute for Clinical Excellence (NICE). Visit www.nice.org.uk

References

www.nice.org.uk/guidance/ipg562

www.rcr.ac.uk/sites/default/files/docs/radiology/pdf/BFCR%2813%298_Standards_RFA.pdf

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week