

RADIOFREQUENCY ABLATION

NONSURGICAL RFA IS A NEW TREATMENT OPTION FOR SOME CANCERS, NOW OFFERED AT HRMC

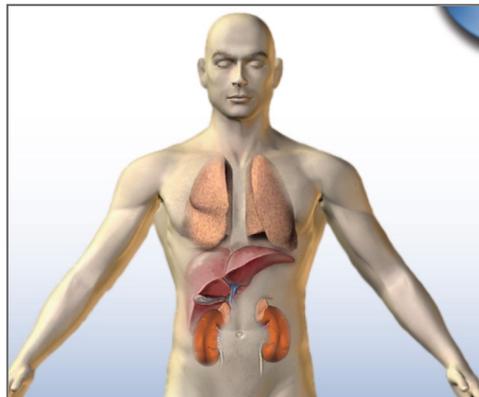
RADIOFREQUENCY ABLATION (RFA) is a minimally invasive treatment, so it is less taxing on the body than surgery. In many cases, it can be performed on an outpatient basis. Your patient may be able to leave the hospital the same day and should be able to resume normal activities the day after treatment.

RFA combines a radiofrequency generator with a needle electrode to deliver therapeutic energy directly to the tumor. The needle is inserted through the skin and is guided to the tumor using imaging technology such as CT or Ultrasound. Energy is activated at the tip to heat and destroy the

WHICH TUMORS AND WHICH PATIENTS?

The decision to use RFA is a collaborative one made after surgical and oncologic consultation.

Tumors which have been successfully treated with RFA include:



and painful metastases have been successfully treated with RFA.

WHAT YOUR PATIENT WILL EXPERIENCE

Pre-Procedure Consultation: After surgical/oncologic consultation, your patient will meet

with a Radiologist to discuss RFA—advantages, limitations, risks, benefits, technical features. An RFA brochure will be provided with FAQs.

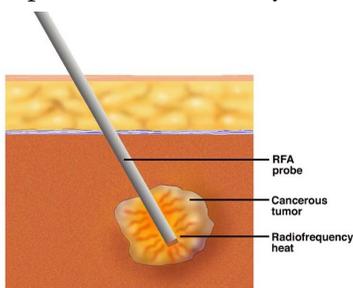
Procedure:

Typically, RFA is performed in the CT suite. The patient may undergo a biopsy of the mass on an earlier date, or the same day of RFA. Usually General Anesthesia is used, although in some cases moderate sedation may be sufficient. The procedure is usually completed in 1–2 hours. The actual RFA (when the tumor is heated) lasts 12 to 16 minutes. Often, the patient can be discharged home the same day after several hours of observation, although in some cases

the patient may be observed overnight.

Post-Procedure: Your patient will receive complete *Post-Procedure Instructions*, and will be seen by the Radiologist 2–3 days after RFA. The surgical consultant will see the patient in 7–10 days.

Monitoring: After the tumor has had time to shrink, follow-up imaging, usually CT, will be arranged to assess for residual tumor at the margins of the site. Your patient should expect to undergo a series of follow-up exams.



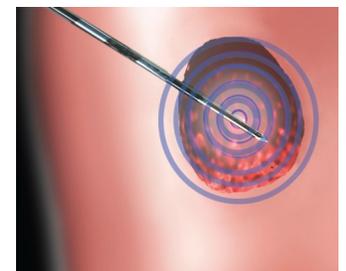
tumor from the inside out. This process may need to be repeated depending on the tumor size, number, and location. The destroyed tissue is not removed, but gradually shrinks and is replaced by scar tissue.

◆ **Renal Cancer:** the traditional approach has been surgical, but the newest studies show RFA confers similar benefits for small tumors, with less risk.

◆ **Liver Cancer:** both primary and limited metastatic involvement; often used adjunctively along with other treatment modalities

◆ **Lung Cancer:** small cancers may be treated in patients not deemed to be surgical candidates.

◆ **Bone Tumors:** some primary benign bone lesions



Points of interest:

- Patients with small renal cancers may be candidates
- Patients with cancers who are not operative candidates may be candidates.
- Call **Tammy Brown** at **HMRC** to answer questions: **828-452-8348**, 828-452-8338 (fax)