

Percutaneous Ablation of a Kidney Tumour

Introduction

This leaflet tells you about the procedure known as percutaneous ablation of a kidney tumour. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

You should have sufficient explanation before you sign the consent form.

Radiologists are doctors specially trained to interpret images and carry out more complex examinations. They are supported by radiographers who are highly trained to carry out X-rays and other imaging procedures.

What is a percutaneous ablation of kidney tumour?

Ablation uses heat to kill cancer cells. Ablation means destroying completely. The heat raises the temperature of the tumour and kills the cancer cells. The ablation probe is introduced through the skin so this is known as a percutaneous procedure.

Why do I need a percutaneous ablation of kidney tumour?

Other tests that you probably have had performed, usually a CT scan, will have shown that there is an area of abnormal tissue inside your kidney. Ablation is not the common treatment for cancer. After discussion with your consultant it has been decided that this is the most appropriate treatment for you.

What are the options or alternatives?

The alternatives for treating cancer include: chemotherapy, radiotherapy and surgery. These options will have been considered at the multidisciplinary meeting and a treatment plan should have been discussed with you by your specialist. In your case ablation has been considered the best option.

Who has made the decision?

The consultant in charge of your case, will have discussed the situation at the multi-disciplinary meeting, and feels that this is the best thing to do. However, you will also have the opportunity for your opinion to be considered, and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be performing the percutaneous ablation of kidney tumour?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

The Anaesthetic team, Radiographers and Radiology nurses will be present in the room to assist during the procedure, they will introduce themselves at the start of the procedure.

Occasionally student radiographers or medical students will be present to observe the procedure.

Where will the ablation of kidney tumour take place?

Within the CT scanner.

How do I prepare for percutaneous ablation of kidney tumour?

- You will need to be an inpatient in the hospital.
- You will have had some blood tests performed before the procedure to check that you do not have an increased risk of bleeding.
- You are asked not to eat for 4 hours prior to the procedure. You may drink a little water.
- You will need someone to drive you home and to look after you for 24 hours.
- You should be prepared to stay overnight.
- If you have any allergies or you have previously reacted to intravenous contrast medium, you must let the doctor know. Intravenous contrast medium is the injection we give you during some scans.
- If you are diabetic, please contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses.**
- If you normally take any medication to thin your blood (anticoagulation or antiplatelet drugs) such as: **warfarin / clopidogrel / aspirin / non-steroidal anti-inflammatory drugs (NSAIDS / brufen / ibrufen / nurofen) / dabigatran (Pradaxa) / rivaroxiban (Xarelto) / Apixaban (Eliquis) / phendione / acenocoumarol** – then these may need to be stopped or altered. Please seek the advice of your hospital consultant or nurse specialist as soon as possible, ask your GP, or contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses.**
- After discussion with your GP or referring clinician, and you can safely stop these medications it is recommended that:

Warfarin is stopped 6 days prior to your procedure.

Aspirin is stopped 7 days prior to your procedure.

Clopidogrel is stopped 7 days prior to your procedure.

NSAIDS are stopped 2 days prior to your procedure.

Rivaroxaban (Xarelto) and Apixaban (Eliquis) are stopped 2 days before your procedure.

If you are taking Dabigatran (Pradaxa) please consult your doctor or telephone the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses.**

- Other medication should be taken as normal.

What actually happens during a percutaneous ablation of kidney tumour?

The procedure is carried out under a general anaesthetic. You will have opportunity to discuss this with the Anaesthetist prior to the procedure.

Once the anaesthetic has been administered, a CT scan is performed to act as a guide for the procedure. The radiologist will keep everything sterile. Your skin will be cleaned with antiseptic, and you will have some of your body covered with a theatre towel. The Radiologist will use the CT scanner to decide on the most suitable point for inserting the ablation probe. The probe is then inserted through the skin into the abnormal tissue.

The probe used is then turned on to heat and destroy the tumour cells. When the Radiologist is happy with the result the probe is removed and a dressing applied.

Will it hurt?

As the procedure is performed under a general anaesthetic you will not feel any pain during the procedure. You may feel pain when the anaesthetic has worn off but the ward you will be staying on is prepared for this and can give any necessary pain relief.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. The procedure usually takes about 1 hour.

What happens afterwards?

You will be taken back to the Theatre Recovery ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure to make sure that there are no problems. You will then be transferred to the ward where you will stay overnight.

What will happen to the results?

A report of the procedure will be recorded in your medical notes as soon as possible.

What happens next?

All being well, you will be allowed home the next day. Please bring your medication and an overnight bag. You will be followed up by your Urology Consultant.

Are there any risks or complications?

Percutaneous ablation of kidney tumour is a safe procedure, but there are a few risks or complications that can arise, as with any medical treatment.

There is a small risk of bleeding around the kidney during or after the procedure. There is a small risk of heat injury to neighbouring structures such as bowel although if these do lie close to the tumour they can be pushed away by an injection of water between the kidney and the bowel. Some people experience pain in the skin at the ablation site which usually settles quickly. Some people notice blood in their urine after the procedure which usually settles without treatment.

Occasionally, one of the nerves under the skin will be damaged during the procedure. This is unavoidable as the nerves are not visible on the CT scan. This damage can cause numbness or discomfort in the area affected. These symptoms can take months to settle.

There is a risk of infection in or near the kidney.

There is also a possibility that the procedure does not kill all the tumour cells. You will be closely followed up in the months following the ablation with CT scans and if these do show some of the tumour has not been ablated, it may be necessary to repeat the procedure.

Despite these possible complications, percutaneous ablation of a kidney tumour is normally very safe.

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Finally

If you find reading this leaflet difficult or you do not understand what it means for you, please call **01392 402336**, selecting option 1, then option 7 and we can talk it through or alternatively, you can email us at: **rduh.radiologyappointments@nhs.net**.

For more information about the department please refer to the enclosed "Welcome to the Medical Imaging Department" leaflet.

How to get to the Royal Devon & Exeter Hospital at Wonford

Please refer to the enclosed "Welcome to the Medical Imaging Department" leaflet or use the Trusts website for the latest information:

www.royaldevon.nhs.uk/our-sites

For more information on the Medical Imaging Department, please visit our website: **www.royaldevon.nhs.uk/services/radiology-x-ray-and-medical-imaging/**

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