University College Hospital

Radiofrequency Ablation (RFA) for the Treatment of Thyroid Nodules
Interventional Radiology
Imaging Department
1. Introduction

This booklet contains information for patients, (and their family and carers), who are considering having radiofrequency

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ablation (RFA) treatment of a benign (non-cancerous) thyroid nodule. It explains what is involved and the possible risks.

2. 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.

We have used RFA at UCLH to treat other organs for over 10 years. RFA of the thyroid is new to UCLH, but has been performed in specialist centres outside the UK for many years.

3. How can ablation help?
The aim of this treatment is to destroy the nodule within the thyroid, and shrink the gland.

4. 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 voice and a burn of the skin. Rarely the oesophagus (swallowing tube), trachea (windpipe) 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 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 leading to alteration of your voice.

5. 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.

6. What alternatives are available?

Your doctor will discuss with you the best course of treatment in your case.

7. 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.

8. Asking for your consent (permission)

Before your procedure we ask you to sign a consent form saying that you understand the reasons and risks of this treatment.

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.

9. What will happen during the 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.

10. 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 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 following discharge please contact our Clinical Nurse Specialist on **0790 467 4635**.

If you are unable to contact our team out of hours, please contact the UCH 24-hour nurse led helpline on **0794 795 9020**.

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.
11. Where can I get more information?

National Institute for Clinical Excellence (NICE)
https://www.nice.org.uk/guidance/IPG562/ifp/chapter/What-has-NICE-said

UCH cannot accept responsibility for information gained from external organisations.

12. References

https://www.nice.org.uk/guidance/ipg562

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

13. How to contact us

Interventional Radiology Clinical Nurse Specialist:
0790 467 4635

Interventional Radiology Co-ordinator:
020 3447 0242 or 020 3447 0243

Interventional Radiology
Imaging Department
Podium 2, UCLH 235 Euston Road NW1 2BU
Fax: 020 3447 9297
Email: ios@uclh.nhs.uk
UCH Switchboard: 020 3456 7890
Website: www.uclh.nhs.uk/ios
14. How to find us & Transport

Clinic appointments:
Fourth floor of the Macmillan Cancer Centre on Huntley Street (see map on page 9)

Thyroid ablation procedure:
The Imaging Department, Level 2 Podium in the main University College Hospital building with the entrance on Euston Road (see map on page 9).

Travelling to the hospital
No car parking is available at the hospital. Street parking is limited and restricted to a maximum of 2 hours.

Please note the University College Hospital lies outside, but very close to the Central London Congestion Charging Zone.

Tube
The nearest tube stations, which are within 2 minutes walk are:
- Warren Street (Northern and Victoria lines)
- Euston Square (Hammersmith & City, Circle and Metropolitan lines)

Overground trains
Euston, King Cross & St Pancras and Kings Cross Thames link railway stations are within 10-15 minutes walk.

Bus
Bus services are shown on the map on page 9.
Further travel information can be obtained from http://www.tfl.gov.uk  020 3054 4040
Hospital transport services

If you feel that you are eligible for transport please call:  

**020 3456 7010** (Mon to Fri 8am-8pm) to speak to a member of the Transport Assessment Booking Team.

You will need to call at least **seven** days before your appointment.

If you have a clinical condition or mobility problem that is unlikely to improve you will be exempt from the assessment process. However, you will still need to contact the assessment team so that your transport can be booked.

If your appointment is cancelled by the hospital or you cannot attend it, please 020 7380 9757 to cancel your transport.

**Can an escort be arranged to accompany me in hospital transport?**

This will depend on your clinical condition or mobility. If you meet the criteria then an escort will be booked to accompany you to and from the hospital. However, we aim to keep these to a minimum as escorts take up seats that would otherwise be used for patients.