

Cryoablation and You

This leaflet explains more about Percutaneous Cryoablation, including the benefits, risks, any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is Percutaneous Cryoablation?

Cryoablation is a minimally invasive procedure used to treat renal tumours. The procedure is performed under general anaesthesia in a CT scanner. Cryoprobes (a type of needle) are passed through the skin and into the tumour. Two to four needles will be required for the treatment. The CT scanner allows the needles to be positioned with a very high degree of accuracy. The tips of the needle are cooled to -40°C as the extremely cold temperature destroys the tumour cells. An “ice ball” is seen to form around the needles, which allows the doctor to determine how much tissue has been destroyed and when to stop the treatment. Afterwards the body itself will remove the dead tissue.

Why should I have Percutaneous Cryoablation?

You have a small renal tumour. Your case has been discussed in a multidisciplinary team meeting, involving surgeons, oncologists and radiologists and it is felt that the most appropriate treatment for your tumour is percutaneous cryoablation.

What are the risks?

Every procedure carries risks. Risks of cryoablation include bleeding, bowel injury and incomplete treatment. You will be seen in an outpatient clinic where an interventional radiologist will discuss the risks and benefits of the procedure with you.

Are there any alternatives?

Alternatives to cryoablation are observation of the renal tumour and surgery.

How can I prepare for Percutaneous Cryoablation?

Percutaneous cryoablation does not require any specific preparation. You will be seen in the pre-operative centre, prior to the treatment, where you will be given advice about preparation for a general anaesthetic procedure.

Asking for your consent

You will be seen in the interventional radiology clinic prior to your cryoablation where a consultant interventional radiologist will discuss the cryoablation procedure with you.

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during Percutaneous Cryoablation?

The procedure is performed by a team of medical staff, led by a consultant interventional radiologist. The team will also include nurses, radiographers and anaesthetists.

Typically, the cryoablation will last two hours.

Will I feel any pain?

Percutaneous cryoablation is performed under general anaesthesia. This will ensure you are comfortable throughout and remain still while the procedure is being carried out.

What happens after Percutaneous Cryoablation?

Following the cryoablation procedure you will be taken to theatre recovery where you will be made comfortable and have pain relief if you require. You will stay in the hospital overnight. The following morning you will be reviewed by the interventional radiology team and you will usually be discharged the same morning.

What do I need to do after I go home?

There is no specific aftercare following a percutaneous cryoablation. Any dressings will be removed prior to you leaving hospital. You can resume normal activities as soon as you feel able.

If you experience severe flank pain or blood in the urine following the cryoablation procedure you must alert a clinician via switchboard.

You may experience some discomfort at the puncture site which usually responds to simple painkillers.

Will I have a follow-up appointment?

You will have a CT scan at three, six and 12 months following the cryoablation to ensure the tumour has been completely destroyed. You will be seen in outpatients clinic after the three months scan.

Useful sources of information

The Macmillan information centre on the ground floor of Grosvenor wing is open 9.30am to 4.30pm, Monday to Friday and patients are welcome to drop in for a chat or for more information.

Additionally Macmillan can be contacted free of charge on 0800 808 0000 (Monday to Friday, 8am to 9pm) or on <https://www.macmillan.org.uk/>

Contact us

If you have any questions or concerns about your cryoablation please contact us on 020 8725 2814 (Monday to Friday, 8am to 5pm). Out of hours, please contact the on call urology registrar via switchboard.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

Tel: 111



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