

Treating squamous dysplasia of the oesophagus with endoscopic radiofrequency energy

Information for the public

Published: 1 July 2014

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What has NICE said?

There is not much good evidence about how well this procedure works and there are well-known complications. It should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

More research on this procedure for squamous dysplasia of the oesophagus is needed.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to the UK National HALO patient registry so that the safety of the procedure and/or how well it works can be checked over time.

What does this mean for me?

Your health professional should fully explain what is involved in having endoscopic radiofrequency energy and discuss the possible benefits and risks with you. In particular,

they should explain the uncertainty about the evidence on how likely it is to improve your symptoms. You should also be told how to find more information about the procedure. You should only be asked whether you want to agree to this procedure after having this discussion.

Your health professional should ask you if details of your procedure can be collected.

Your healthcare team

A healthcare team experienced in managing [squamous dysplasia of the oesophagus](#) should decide which patients should be offered this procedure.

This procedure should only be done by [endoscopists](#) with experience in treating squamous dysplasia of the oesophagus.

The condition

Squamous dysplasia of the oesophagus is a condition in which there are changes in the healthy squamous cells lining the lower part of the oesophagus. The cells develop an abnormality and there is a risk that they will become cancerous over time. Several procedures have been developed that aim to remove squamous dysplasia, such as devices using laser or cold energy.

NICE has looked at using endoscopic [radiofrequency energy](#) as another treatment option.

[NHS Choices](#) may be a good place to find out more.

The procedure

The aim of this procedure is to use radiofrequency (heat) energy to destroy the abnormal cells and to promote the growth of healthy squamous cells. The medical name for this procedure is 'endoscopic radiofrequency ablation'. The procedure is done while the patient is conscious but sedated. The doctor passes an [endoscope](#) down the patient's [oesophagus](#). A small probe is then guided to the area of abnormal cells. The probe delivers a few seconds of radiofrequency energy at a time (in pulses) to destroy a thin layer of abnormal cells around the inside of the oesophagus. Repeat treatment sessions may be

necessary if any abnormal cells are noted at follow-up diagnosis.

Benefits and risks

When NICE looked at the evidence, it decided that there is not much good evidence about how well this procedure works. The 3 studies that NICE looked at involved a total of 62 patients.

They showed the following results:

- dysplasia was completely removed in at least half of the patients. Of these, 80% were still free of disease after 2 years
- dysplasia came back after treatment in some patients
- dysplasia progressed to cancer in some patients at 1 year.

The studies showed that the risks of endoscopic radiofrequency energy included:

- scarring causing narrowing of the oesophagus (called oesophageal stricture) in up to 20% of patients, which needed treatment
- 1 patient developed a hole and an abscess in the oesophagus 12 days after the procedure and enlargement for narrowing of the oesophagus and needed further treatment
- 3 patients had a tear in the oesophagus caused by the procedure but none of these tears needed treatment
- 1 patient had a blood clot in the oesophagus but this did not need treatment.

NICE was also told about some other possible risks: pain and difficulty swallowing, problems caused by sedation, and chest and back pain.

If you want to know more about the studies see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Medical terms explained

Endoscope

A thin flexible tube with a camera on the end.

Endoscopist

A doctor who specialises in using an endoscope.

Oesophagus

The tube from the mouth to the stomach down which food passes.

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-7955-4

Accreditation

