

Radiofrequency ablation for gastric antral vascular ectasia

Information for the public

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What has NICE said?

The procedure is safe enough for use in the NHS, but there is not much good evidence about how well it works. Therefore, 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.

The procedure should only be done by endoscopists with specific training in radiofrequency ablation.

More research on this procedure is needed and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure 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 if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Other comments from NICE

NICE said that if further research supports its use, the procedure could help patients who have had other treatments for [gastric antral vascular ectasia](#) that haven't worked.

The condition

Gastric antral vascular ectasia (GAVE) tends to occur in older people. It causes bleeding from enlarged blood vessels in the lower area of the stomach. The blood loss is long term and may lead to anaemia and the need for regular blood transfusions. Rarely, GAVE can cause severe, short-term bleeding.

Treatment for GAVE includes destroying the enlarged blood vessels with heat energy (thermal ablation) or tying them off using a small band. If this is not successful the affected part of the stomach can be surgically removed, but this carries serious risks.

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

The procedure

The aim of this procedure is to use radiofrequency (heat) energy to stop the bleeding by destroying the enlarged blood vessels. The patient is usually conscious but sedated during the procedure. An endoscope (a thin flexible tube with a camera on the end) and an electrode are passed through the mouth and into the patient's stomach. The electrode delivers pulses of heat to the affected blood vessels, which destroys them. Repeat treatment sessions can be done after a few weeks; normally 2 or 3 sessions are needed.

Benefits and risks

When NICE looked at the evidence, it decided that there is not enough evidence to be sure how well the procedure works. The studies involved a small number of patients and there was no long-term follow-up. Also there were no studies to compare radiofrequency

ablation with other techniques. The 7 studies that NICE looked at involved a total of 63 patients.

Generally, they showed the following benefits in the 6 months after treatment:

- no transfusions were needed in 65–86% of the patients who depended on blood transfusions before the procedure
- there was an increase in the levels of most patients' haemoglobin (a protein in the blood that carries oxygen around the body).

The studies showed that the risks of radiofrequency ablation included:

- ulcers in 3 patients; 2 healed without treatment and no further details were given for the other patient
- a tear in the tissue between the oesophagus (gullet) and the stomach in 1 patient, which healed in 1 month without treatment
- polyps in the stomach after 4 sessions of radiofrequency ablation in 1 patient, which were removed.

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

Endoscopist

A healthcare professional who specialises in using an endoscope.

About this information

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

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Accreditation

