Radiofrequency Ablation in Barrett's

A Light, J Wayman, D Nylander

RFA



RFA probe inserted via catheter (360) or on end of endoscope.

10-12jcm2 energy <1sec

Approved by NICE since 2010

Aims

- To audit our outcomes and complications of Radiofrequency Ablation
- To assess if providing this service is cost effective

Methods

- Retrospective data collection including patient demographics, histology and extent of Barrett's pre and post treatment and any other treatments.
- Basic cost analysis as per procedure and per patient cost

Results

- Total of 8 patients over 4 year period
- No complications
- Median total number of treatments 1 (1-4)
- Reversion from high to low grade dysplasia seen in 5 patients (3 awaiting repeat biopsy)
- Reduced length of Barrett's in 3 and resolution in 2 patients (3 awaited repeat endoscopy)

Results

Age	Grade	Length	Circumf. Length	Pre treatment	No. RFAs	Post treatment	Outcome
76	Mixed	15	9	EMR	1		Low grade and reduced length
78	High	10	5	EMR	4	EMR	Low grade, now stable
75	High	3	0	EMR	2	-	Low, no residual
45	High	7	0	EMR	1	-	Atypia, ulceration
69	High	-	-	EMR	2	-	Low grade.
72	High	6	1	-	1	-	Awaited
68	High	5	1	-	1	-	Awaited
71	High	3	0	-	1	-	Awaited

Results combined



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Cost

- Hire of generator per day = \pounds 1200
- Per treatment cost equipment = £1795
- Total cost per treatment* = £ 2995
- Mean cost per patient* = £4867 (£11'980 max)

(*excluding cost of endoscopy day-case)

Conclusions

- In our experience RFA has been safe and effective.
- Need longer term follow-up to assess if this is longstanding
- High financial cost however