Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Ablation Procedure

This resource explains your ablation procedure at MSK, what to expect, and how to get ready.

What is an ablation?

An ablation is a minimally invasive procedure that kills cancer cells. Minimally invasive procedures are done with a small incision (cut) in your skin, or with a needle. Your ablation procedure is done by an interventional radiology (IR) doctor. An interventional radiologist, also called an IR doctor, specializes in image-guided procedures.

There are different types of ablation procedures that kill cancer cells in different ways. Your healthcare provider will talk with you about which type is best for you.

You will get anesthesia (medicine to make you sleepy) before your ablation.

During your ablation, an IR doctor will put a special needle through your skin. Very hot or cold temperatures go through the needles and kill the cancer cells.

The IR doctor will use imaging to guide the needle into your tumor. Imaging can include:

- Fluoroscopy (real-time X-rays)
- Computed tomography (CT) scan.
- Magnetic resonance imaging (MRI) scan.
- Ultrasound.

Your healthcare provider will decide whether it is safe for you to leave the

hospital the same day. You must have a responsible care partner with you in order to leave the hospital the same day. Read the “Arrange for Someone to Take You Home” section of this resource to learn more.

Many people stay in the hospital overnight after their ablation. Talk with your healthcare provider about what to expect. They will help you plan as needed.

What to do before your ablation

Imaging tests

Your healthcare provider will use past CT, MRI, or ultrasound images to decide if you need an ablation. The IR doctor will use these images to plan where to put the needle into your tumor.

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

It’s very important to take your medicines and supplements the right way in the days before your procedure. If you don’t, we may need to reschedule your procedure.

Anticoagulants (blood thinners)

A blood thinner is a medicine that changes how your blood clots. Blood thinners are often prescribed to help prevent a heart attack, stroke, or other problems caused by blood clots.

If you take a blood thinner, ask your healthcare provider what to do before your procedure. They may tell you to stop taking it a certain number of days before your procedure. This will depend on the type of procedure you're having and the reason you're taking a blood thinner.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

• Apixaban (Eliquis®) • Aspirin • Celecoxib (Celebrex®) • Cilostazol (Pletal®) • Clopidogrel (Plavix®) • Dabigatran (Pradaxa®) • Dalteparin (Fragmin®) • Dipyridamole (Persantine®) • Edoxaban (Savaysa®) • Enoxaparin (Lovenox®) • Fondaparinux (Arixtra®) • Heparin injection (shot)	• Meloxicam (Mobic®) • Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®) • Pentoxifylline (Trental®) • Prasugrel (Effient®) • Rivaroxaban (Xarelto®) • Sulfasalazine (Azulfidine®, Sulfazine®) • Ticagrelor (Brilinta®) • Tinzaparin (Innohep®) • Warfarin (Jantoven®, Coumadin®)

Other medicines and supplements can change how your blood clots. Examples include vitamin E, fish oil, and nonsteroidal anti-inflammatory drugs (NSAIDs). Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement). It will help you know which medicines and supplements you may need to avoid before your procedure.

Diabetes medicines

If you take insulin or other diabetes medicines, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking it or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

Your care team will check your blood sugar levels during your surgery or procedure.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

Diuretics (water pills)

A diuretic is a medicine that helps control fluid buildup in your body. Diuretics are often prescribed to help treat hypertension (high blood pressure) or edema (swelling). They can also be prescribed to help treat certain heart or kidney problems.

If you take a diuretic, ask the healthcare provider doing your procedure what to do before your procedure. You may need to stop taking it the day of your procedure.

We've listed some examples of common diuretics below. There are others, so be sure your care team knows all the medicines you take.

• Bumetanide (Bumex®) • Furosemide (Lasix®)	• Hydrochlorothiazide (Microzide®) • Spironolactone (Aldactone®)

Take devices off your skin

You may wear certain devices on your skin. Before your procedure, surgery, or scan, some device makers recommend you take off your:

- Continuous glucose monitor (CGM)
- Insulin pump

Talk with your healthcare provider about scheduling your appointment closer to the date you need to change your device. Make sure to bring an extra device with you to put on after your procedure, surgery, or scan.

You may not be sure how to manage your glucose (blood sugar) while your device is off. If so, before your appointment, talk with the healthcare provider who manages your diabetes care.

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure

to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

Tell us if you're sick

If you get sick (including having a fever, cold, sore throat, or flu) before your procedure, call your IR doctor. You can reach them Monday through Friday from 9 a.m. to 5 p.m.

After 5 p.m., during the weekend, and on holidays, call 212-639-2000. Ask for the Interventional Radiology fellow on call.

Note the time of your appointment

A staff member will call you 2 business days before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Thursday before. They'll tell you what time to get to the hospital for your procedure. They will also remind you where to go.

If you don't get a call by noon (12 p.m.) on the business day before your procedure, call 646-677-7001. If you need to cancel your procedure for any reason, call the healthcare provider who scheduled it for you.

What to do the day before your ablation

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your ablation

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.

- Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
- Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery or procedure.

Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Things to remember

- Take only the medicine your doctor told you to take the morning of your procedure. Take them with a few sips of water.
- Do not use body creams, lotions, or petroleum jelly (Vaseline®). You can use deodorant and facial moisturizers.
- Do not wear eye makeup.
- Wear loose-fitting, comfortable clothes.
- Remove any jewelry, including body piercings.
- Leave any valuables at home if you do not need them.
- If you wear contact lenses, wear your glasses instead, if you can. If you do not have glasses, bring a case for your contacts.

What to bring

- Medicine for breathing problems, if you take them. This includes inhalers and medicine for your chest.
- If you wear a CGM, bring an extra one with you.
- A case for your glasses or contacts, if you wear them.
- Denture glue, if you wear dentures.
- Your Health Care Proxy form, if you filled one out.
- Your CPAP or BiPAP machine if you use one. If you cannot bring yours with you, we will give you one to use while you're in the hospital.

What to expect when you arrive

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or similar names may be having a procedure on the same day.

When it's time to change, you'll get a hospital gown, robe, surgical head covering, and nonskid socks to wear. You'll need to remove any prosthetic devices, wigs, jewelry, and religious articles, if you have them.

Meet with a nurse

You'll meet with a nurse before your procedure. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicine, patches, and creams.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If possible, they will use your central venous catheter (CVC), if you have one. Common CVCs include:

- An implanted port.
- A Hickman®.
- A Peripherally inserted central catheter (PICC) line.

Meet with your IR doctor

You will talk with your IR doctor before your procedure. They'll talk with you about the procedure and answer any questions you have before you sign a consent form. Signing this form means that you agree to the procedure and understand the risks. Talk with your healthcare provider about what type of sedation or anesthesia you will get.

Meet with an anesthesiologist

You may also meet with an anesthesiologist (A-nes-THEE-zee-AH-loh-jist). An anesthesiologist is a doctor with special training in anesthesia. If you do, they will give you anesthesia during your procedure.

They will also:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past. This includes nausea (feeling like you're going to throw up) or pain.
- Talk with you about your comfort and safety during your procedure.
- Talk with you about the kind of anesthesia you'll get.
- Answer questions you have about anesthesia.

Talk with your healthcare provider about what to expect.

Going into the procedure room

When it's time for your procedure, you'll remove your hearing aids, glasses, and dentures, if you have them. You'll either walk into the procedure room or a staff member will bring you there on a stretcher.

Inside the procedure room

A member of your care team will help you onto the bed. They may place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're comfortable, your nurse or anesthesiologist will give you

anesthesia through your IV line and you'll fall asleep. You'll also get fluids through your IV line during and after your procedure.

You may need grounding pads on your thighs depending on the type of ablation you're having. These pads are used for safety. Your care team will shave a small area of your thighs where the pads will go. This helps them to stick better.

Your healthcare provider will clean your skin with an antiseptic. This is a liquid used to kill germs and bacteria. Your care team will clean this area after your ablation. Your skin may appear orange for a short time. This will fade away within a day.

Your IR doctor will give you local anesthesia. This is medicine to numb the area where they will put the needle into your skin. Then, the IR doctor will guide the needle into your tumor using live imaging scans.

After your ablation

You'll be in the PACU when you wake up after your procedure. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You may also have compression boots on your lower legs.

You will have a small dressing (bandage) over where the needle went into your skin. Your nurse will teach you how to change the dressing and care for yourself at home.

Tell your nurse if you are feeling pain. They may give you medicine for your pain. Your nurse will take out your IV before you leave the hospital.

Ask your nurse how long you can expect to stay in the PACU. If you're staying in the hospital overnight, a staff member will bring you to a hospital room. If you're leaving the same day, your healthcare provider will tell you when it's safe to do so. You will need a responsible care partner to go with you.

Set up follow-up tests and appointments

You'll have follow-up imaging tests and doctor's appointments. These are to make sure the treatment has completely killed the tumor. Call your doctor's office if you do not already have your follow-up imaging tests set up.

When to call your healthcare provider

Call the IR doctor who performed your procedure if, after your ablation, you have:

- A fever of 100.4 °F (38.3 °C) or higher.
- Trouble breathing, especially if you've had a lung ablation.
- Pain, nausea, or vomiting that's worse than it was before your treatment.
- Redness, swelling, or pain around the area where the needle or grounding pads were placed.
- Any new symptoms.
- Any questions or concerns about your procedure.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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