Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Ablation Procedure

This information 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 (medication 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. For more information, you can read the “Arrange for Someone to Take You Home” section of this resource.

Many patients stay in the hospital overnight after 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 medications

You may need to stop taking some of your medications before your procedure. Talk with your healthcare provider about which medications are safe for you to stop taking. We've included some common examples below.

Blood thinners

Blood thinners are medications that affect the way your blood clots. If you take blood thinners, ask the healthcare provider performing your procedure what to do. They may recommend you stop taking the medication. This will depend on the type of procedure you're having and the reason you're taking blood thinners.

Examples of common blood thinners are listed below. There are others, so be sure your care team knows all the medicine 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®)
- Meloxicam (Mobic®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as

- Clopidogrel (Plavix®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Dipyridamole (Persantine®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin (shot under your skin)
- ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)
- Pentoxifylline (Trental®)
- Prasugrel (Effient®)
- Rivaroxaban (Xarelto®)
- Sulfasalazine (Azulfidine®, Sulfazine®)
- Ticagrelor (Brilinta®)
- Tinzaparin (Innohep®)
- Warfarin (Jantoven®, Coumadin®)

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 has information about medications you'll need to avoid before your procedure.

Medications for diabetes

Before your procedure, talk with the healthcare provider who prescribes your insulin or other medications for diabetes. They may need to change the dose of the medications you take for diabetes. Ask them what you should do the morning of your procedure.

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

Diuretics (water pills)

A diuretic is a medication that makes you urinate (pee) more often. Hydrochlorothiazide (Microzide®) and furosemide (Lasix®) are common diuretics.

If you take any diuretics, ask the healthcare provider doing your procedure what to do. You may need to stop taking them the day of your procedure.

Take devices off your skin

You may wear certain devices on your skin. Before your scan or procedure, 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 you have an extra device with you to put on after your scan or procedure.

You may not be sure how to manage your glucose 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	Agencies in New Jersey
VNS Health: 888-735-8913	Caring People: 877-227-4649
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.

Use this area to write down the date, time, and location of your procedure:

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 and drinking: 8 hours before your arrival time



- **Stop eating 8 hours before your arrival time, if you have not already.**
  - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- 8 hours before your arrival time, do not eat or drink anything except these clear liquids:
  - Water.
  - Soda.
  - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
  - Black coffee or tea (without any type of milk or creamer).
  - Sports drinks, such as Gatorade®.
  - ClearFast CF(Preop)® or Ensure® Pre-Surgery clear carbohydrate drink.
  - Gelatin, such as Jell-O®.

  You can keep having these until 2 hours

before your arrival time.

What To Do the Day of Your Ablation

Instructions for drinking: 2 hours before your arrival time



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

Things to Remember Before Your Ablation

- Take only the medications 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 With You to Your Ablation

- Medications for breathing problems, if you take them. This includes inhalers and medications 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 for Your Ablation

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, wig, 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 medications you took after

midnight and the time you took them. Make sure to include prescription and over-the-counter medications, 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 an anesthesiologist

You will also meet with an anesthesiologist (A-nes-THEE-zee-AH-loh-jist). An anesthesiologist is a doctor with special training in anesthesia. 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.

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 will place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you’re comfortable, your 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 healthcare provider will give you local anesthesia. This is medication 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

In the Post-Anesthesia Care Unit (PACU)

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'll also have compression boots on your lower legs.

You will have a small dressing (bandage) over where the needle was placed. 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 medication 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 any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

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

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