About Your Barrx Ablation

This information will help you get ready for your Barrx™ ablation procedure at Memorial Sloan Kettering (MSK).

Barrx ablation is a procedure used to treat Barrett’s esophagus. Your esophagus is the tube that carries food and liquids from your mouth to your stomach. Barrett’s esophagus is caused by years of damage to the lining of your esophagus. Barrett’s esophagus can develop if you have gastroesophageal reflux disease (GERD). This is a disorder where stomach acid flows back into your esophagus, causing heartburn, redness, and swelling.

In Barrett’s esophagus, the cells lining your esophagus become abnormal (not normal). These abnormal cells can turn into cancer. Your doctor can stop these cells from turning into cancer by destroying them with a Barrx ablation procedure.

Read the resource Barrett’s Esophagus (www.mskcc.org/cancer-care/patient-education/barrett-esophagus) for more information on this condition.

About Your Procedure

You will have your Barrx ablation during an upper endoscopy procedure. For the upper endoscopy, your doctor will use a flexible tube called a gastroscope to look at the inside of your esophagus on a television monitor. Barrx ablation uses radiofrequency energy (heat) to kill the abnormal cells. Killing these cells can prevent the tissue from turning into cancer. Once the abnormal cells are gone, new, healthy cells can replace them.

1 Week Before Your Procedure

Ask about your medications
You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

**Anticoagulants (blood thinners)**

If you take a blood thinner (medication that affects the way your blood clots), ask the doctor performing your procedure what to do. Their contact information is listed at the end of this resource. Whether they recommend you stop taking the medication depends on the reason you’re taking it.

**Do not stop taking your blood thinner medication without talking with your doctor.**

<table>
<thead>
<tr>
<th>Examples of Blood Thinners</th>
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<tbody>
<tr>
<td>apixaban (Eliquis®)</td>
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<tr>
<td>dalteparin (Fragmin®)</td>
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<tr>
<td>meloxicam (Mobic®)</td>
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<tr>
<td>ticagrelor (Brilinta®)</td>
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<td>aspirin</td>
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<td>dipyridamole (Persantine®)</td>
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<tr>
<td>nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)</td>
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<tr>
<td>tinzaparin (Innohep®)</td>
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<td>celecoxib (Celebrex®)</td>
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<td>edoxaban (Savaysa®)</td>
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<td>pentoxifylline (Trental®)</td>
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<td>warfarin (Coumadin®)</td>
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<td>cilostazol (Pletal®)</td>
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<td>enoxaparin (Lovenox®)</td>
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<td>prasugrel (Effient®)</td>
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<td>clopidogrel (Plavix®)</td>
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<td>Fondaparinux (Arixtra®)</td>
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<td>rivaroxaban (Xarelto®)</td>
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<td>dabigatran (Pradaxa®)</td>
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<tr>
<td>heparin (shot under your skin)</td>
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<td>sulfasalazine (Azulfidine®, Sulfazine®)</td>
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Please read our resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)). It has important information about medications you’ll need to avoid before your procedure and what medications you can take instead.

**Medications for diabetes**
If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose before your procedure.

**Get a letter from your doctor, if necessary**

If you have an automatic implantable cardioverter-defibrillator (AICD), have had recent chest pain, or have recently fainted, you will need to get a letter from your cardiologist (heart doctor) before you have this procedure. Tell your doctor if you have had a recent stroke or seizure, or if you can’t walk up 1 flight of stairs without having trouble breathing.

**Arrange for someone to take you home**

You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**

Partners in Care: 888-735-8913
Caring People: 877-227-4649

**Agencies in New Jersey**

Caring People: 877-227-4649

**3 Days Before Your Procedure**

You will get a call from an endoscopy nurse. They will review the instructions in this guide with you and ask you questions about your medical history. The nurse will also review your medications and tell you which ones to take the morning of your procedure.

**The Day Before Your Procedure**

A staff member from the Admitting Office will call you between 12:00 PM and 5:00 PM on the day before your procedure. If your procedure is scheduled on a Monday, you will be called on the Friday before. If you don’t receive a call by 7:00 PM, please call 212-639-5014.
If you need to cancel your procedure for any reason, call the doctor who scheduled it for you.

**Instructions for eating and drinking before your procedure**

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

**The Day of Your Procedure**

**Things to remember**

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during this procedure can damage your eyes. You can’t wear your contact lenses in the procedure room.
- Don’t put on any lotion or cream on your chest or arms. This could stop the EKG electrodes from sticking to your body properly.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.

**What to bring with you**

- A list of the medications you take at home, including the dose.
- Your rescue inhaler (such as albuterol for asthma), if you have one.
□ A case for your glasses.
□ Your Health Care Proxy form and other advance directives, if you have completed them.

Parking when you arrive

MSK’s parking garage is located on East 66\textsuperscript{th} Street between York and First Avenues. If you have questions about prices, call 212- 639-2338.

To reach the garage, turn onto East 66\textsuperscript{th} Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69\textsuperscript{th} Street between First and Second Avenues, East 67\textsuperscript{th} Street between York and First Avenues, and East 65\textsuperscript{th} Street between First and Second Avenues.

Where to go

Your procedure will take place in the Endoscopy Suite at MSK, located at:

1275 York Avenue (between East 67\textsuperscript{th} and East 68\textsuperscript{th} Streets)
New York, NY 10065
Take the M elevator to the 2\textsuperscript{nd} floor

Once you’re in the hospital

You will be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.
Get dressed for surgery
When it’s time to change for your procedure, you will be taken into a private room, and you will get a hospital gown, robe, and nonskid socks to wear.

Meet with your healthcare team
You will meet with a nurse before your procedure who will review your medical history with you. You will also meet the anesthesiologist (the doctor who will give you anesthesia). Then you will sign the consent form with the doctor who will be doing the procedure. The doctor will explain the procedure to you and answer all your questions.

Get ready for your procedure
When it’s time for your procedure, you will be brought into the procedure room. Then you will be attached to equipment that monitors your heart, breathing, and blood pressure. You will receive oxygen through your nose. A mouth guard will be placed over your teeth to protect them.

Once you are comfortable, you will get anesthesia through your IV, and you will fall asleep.

During your procedure
Once you’re asleep, your doctor will pass the endoscope through your mouth and down your esophagus. While looking through the endoscope, your doctor will treat the abnormal cells in your esophagus with radiofrequency ablation.

The procedure takes 30 to 60 minutes, depending on the size of the area being treated.

After Your Procedure
In the Post-Anesthesia Care Unit (PACU)
When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU). A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.
Your nurse will take out your IV. If there’s someone waiting with you, your nurse will explain your discharge instructions to both of you before you go home.

**Managing your symptoms**

After your Barrx ablation, you may have:

- A sore throat,
- Chest discomfort
- Trouble or pain with swallowing
- Nausea (feeling like you might throw up)
- Vomiting (throwing up)

These symptoms should get better each day.

Let your nurse know if you have any of these symptoms. They can help you manage them. If you take anticoagulant, diabetes medication, or both, your doctor will let you know when you can start taking them again.

**At Home**

**Eating and drinking**

It’s important to follow these guidelines for eating and drinking after your procedure:

- Don’t drink alcohol for 24 hours after your procedure.
- For the first 2 days after your procedure, you can drink liquids and eat soft foods, as tolerated. If you don’t have trouble eating soft foods, you can start eating everything you would normally eat starting 3 days after your procedure.
  - Some examples of soft foods are liquids, mashed potatoes, pasta, oatmeal, applesauce, scrambled eggs, yogurt, pudding, and ice cream.

**Call Your Doctor or Nurse If You Have:**

- A fever of 101° F (38.3° C) or higher
• Chest pain
• Painful or trouble swallowing that’s severe, getting worse, or lasts more than 24 hours
• Nausea or vomiting
• A feeling like food is stuck in your throat after you swallow it
• Feeling weak, like you’re going to faint, or both
• Any other questions or concerns

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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