

Musculoskeletal Tumor Cryoablation

What to expect

This handout explains what musculoskeletal tumor cryoablation is and what to expect during and after this treatment.



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Why do I need this treatment?

Your doctors have found a tumor in your muscle or bone. There are many treatments for these tumors, but certain ones work best for certain people.

Our team of experts believes that *cryoablation* (destruction) of the tumor is the best option for you now. In some cases, this treatment will destroy the tumor. After this, other options (such as chemotherapy, radiation, or surgery) may also be recommended for you.

How does cryoablation work?

With cryoablation, doctors use *computed tomography* (CT) images to guide them as they put a *probe* (1 or more needles) through the skin into a tumor. The needle inserted into the tumor will be used to freeze it. The cold destroys the tumor cells.

Only the tumor itself and a small border of normal tissue around it will be destroyed. The scar that is formed will shrink over time.

How is the procedure done?

The procedure is done by an *interventional radiologist*, a doctor who specializes in this type of procedure. Because you must be still during the treatment, we will give you *sedation* to make you comfortable.

- The procedure is done in a *computed tomography* (CT) scanner.
- It takes about 1 to 3 hours, depending on the size and number of tumors being treated.
- Once you are comfortable, a radiology technologist will clean your skin around the area of your procedure with a special soap. Tell this person if you have any allergies. The technologist may need to shave some hair in the area where the doctor will be working.
- Your doctor will insert a needle or multiple needles into your tumor. The needle may need to be inserted more than once into the same tumor. If you have many tumors, several of them may be treated in 1 session.
- The needle is removed after the tumor is destroyed. The only sign of the treatment will be small quarter-inch nicks in your skin where the needles were placed.

What are the side effects?

The most common side effect is pain. The pain can usually be treated with pain medicines. Other side effects include slight fever or chills that can last about a week.

You may also experience a small amount of bruising where the needle was inserted. This can last for the first few days following the procedure and is normal.

What are the risks?

All medical procedures involve some risk. But the potential benefits of cryoablation far outweigh the risks.

The most common complications are:

- Bruising where the needle was inserted.
- Infections. You will be given antibiotics prior to the procedure to reduce this risk.
- Temporary skin numbness or loss of strength.

Your doctor will talk with you about these risks before the procedure. Please be sure all your questions and concerns are answered.

Before Your Procedure

A nurse will call you within 5 days of your procedure. The nurse will give you important instructions and answer any questions you have.

- You will meet with a sedation nurse to talk about your medicines for the procedure. This visit will be either in the hospital or in a clinic. We will set up this visit for you.
- If you do not understand English well enough to understand the instructions from the nurse or the details of the procedure, tell us right away. We will arrange for a hospital interpreter to help you. A family member or friend cannot interpret for you.
- Most patients need blood tests done. We may be able to do your blood tests when you arrive for your procedure. We will tell you if we need a blood sample before that day.
- If you take any blood-thinning medicines (such as Coumadin, Lovenox, Eliquis, Fragmin, or Plavix), you may need to stop taking the medicine for 2 to 5 days before your procedure. Do **NOT** stop these medicines unless your doctor or nurse has told you to do so. We will give you instructions as needed.
- You must have a responsible adult to drive you home after your procedure and stay with you the rest of the day. **You cannot drive yourself home or take a bus, taxi, or shuttle alone.**

The Day of Your Procedure

To prepare for sedation, follow these instructions exactly. Starting at midnight, the night before your procedure:

- Do not eat or drink anything.
- Do not take any of the medicines that you were told to stop before this procedure.
- If you must take medicines, take them with only a sip of water. Do not skip them unless your doctor or nurse tells you to.
- Do not take vitamins or other supplements. They can upset an empty stomach.

Bring with you to the hospital a list of all the medicines you take.

Please plan to spend most of the day in the hospital. If there is a delay in getting your procedure started, it is usually because we need to treat other people who have unexpected and urgent health issues. Thank you for your patience if this occurs.

At the Hospital

A staff member will give you a hospital gown to put on and a bag to put your belongings in. You may use the restroom at that time.

A staff member will take you to a pre-procedure area. There, a nurse will do a pre-procedure assessment. A family member or friend can be with you in the pre-procedure area.

An IV line will be started. You will be given fluids and medicines through the IV.

An interventional radiology doctor will talk with you about the procedure, answer any questions you have, and ask you to sign a consent form, if you have not already done this.

Your nurse will meet you and go over your health history, as well, before you go into the procedure room. They will give you medicine to make you sleep and monitor you during and after the procedure.

After Your Procedure

You will be moved to a room on the short-stay unit at the hospital. Once you are settled into your room:

- Your family member or friend will be able to be with you.
- You will need to recover for 2 hours. This will help you wake up from sedation and be monitored for bleeding. After that you can move around and use the restroom.
- You will be able to eat and drink.

Before you get up to walk, we will assess you to make sure you can walk safely. A nurse will help you get out of bed.

You can typically go home the same day of the procedure. You will be able to go home when:

- You can eat, drink, and use the restroom
- Your nausea and pain are under control
- Your vital signs are stable

For 24 Hours

The medicine that you were given to make you sleepy will stay in your body for several hours. It could affect your judgment. You may also be lightheaded or feel dizzy. Because of this, for 24 hours:

- Do **not** drive a car.
- Do **not** use machines or power tools.
- Do **not** drink alcohol.
- Do **not** take medicines such as tranquilizers or sleeping pills, unless your doctor prescribed them.
- Do **not** make important decisions or sign legal documents.
- Do **not** be responsible for children, pets, or an adult who needs care.

To help your recovery:

- Do only light activities and get plenty of rest.
- Keep the site covered with a dressing. Make sure it stays clean and dry.
- A responsible adult should stay with you overnight.
- Eat as usual.
- Drink lots of fluids.
- Resume taking your medicines as soon as you start to eat. Take **only** the medicines that your doctors prescribed or approved.

For 48 to 72 Hours

- Do **not** lift anything that weighs more than 5 to 10 pounds (a gallon of milk weighs almost 9 pounds).
- Do only gentle activities.

Dressing Care

- For 24 hours, keep the incision site covered with the dressing. Make sure it stays clean and dry.
- After 24 hours, remove the dressing and check the site for any signs that your wound needs care. See the list under “When to Call,” on page 5.

- You may shower after 24 hours. Do **not** scrub the puncture site. Allow warm soapy water to run gently over the site. After showering, gently pat the site dry with a clean towel.
- Do **not** apply lotion, ointment, or powder to the site. You may apply a new bandage.
- If you apply a new bandage, change it every day for the next few days. Always check the site when you remove the bandage for signs that your wound needs care (see below)
- Do **not** take a bath, sit in a hot tub, go swimming, or allow your puncture site to be covered with water until it is fully healed.
- You may have a little discomfort at the site for 1 to 2 days.

When to Call

Call us right away if you have:

- Mild fever, pain, redness, swelling at the puncture site or dizziness
- Mild shortness of breath, chest tightness, or chest pain
- Any other non-urgent questions or concerns

Call 911 or go to the nearest emergency department if you have:

- Drainage from your incision
- Fever higher than 101°F (38.3°C) or chills
- Shortness of breath that is getting worse
- New chest pain
- Dizziness
- Vomiting

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UWMC – Montlake:
206.598.6209, option 2

UWMC – Northwest:
206.598.6209, option 3

Harborview Medical Center:
206.744.2857

After hours and on weekends and holidays:
Call 206.598.6190 and ask to page the Interventional Radiology resident on call.

Who to Call

University of Washington Medical Center and Northwest Hospital

Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department:

- Montlake: 206.598.6209, option 2
- Northwest: 206.598.6209, option 3

Harborview Medical Center

Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department at 206.744.2857.