

Our research explained

## BRCsnapshots

### Testing the use of Radiofrequency Ablation on inlet patches



#### What we know

An inlet patch is abnormal tissue near the top of the oesophagus (also known as the gullet or food pipe).

An inlet patch is not dangerous but it can produce mucus and acid and can cause symptoms such as a cough, a sore throat and globus (feeling like you have a ball in the back of the throat). There is no recognised treatment for this condition.

We recently carried out a study with 10 patients that showed that inlet patch symptoms improved after a procedure called Radiofrequency Ablation (RFA). We now want to test this further and make sure that RF treatment actually makes people feel better, and that it is not just a placebo effect.



Between 5 and 10% of people have an inlet patch. Most of these people will not have any symptoms.



The placebo effect is when people feel better after an intervention simply because they believe it will work.

#### Endoscopy

An endoscopy is a procedure where a small flexible tube with a light and camera at the end is used to look inside the body and treat problems where needed. Radio Frequency Ablation involves using an endoscopy to burn the lining of the oesophagus and replace it with normal tissue.

## What we are doing

Patients are randomly selected to be given either treatment with RFA or with dummy equipment which looks like the real thing but does not provide any treatment. Both procedures take less than 30 minutes and patients are free to leave straight afterwards.

Patients fill in a questionnaire about how bad their symptoms are before their procedure and again at several points afterwards so that we can compare how they feel before and after treatment.

Patients who had the dummy procedure will later be offered the real treatment and we will continue asking them about their symptoms. We also do more endoscopies to see if their inlet patch has gone and if it grows back.

This trial will take place in four hospitals in the UK (Guy's and St Thomas', Southampton, Liverpool and Edinburgh) with a target recruitment of 50 patients.

## How will this change care

*"We hope that our research will show that patients feel better after the RFA procedure, and that this will lead to a new treatment being available for patients suffering from symptoms due to inlet patch."*

Dr Jason Dunn, Principal Investigator at Guy's and St Thomas' NHS Foundation Trust



The device used in RFA

### About the study

The study was supported by the NIHR Guy's and St Thomas' Biomedical Research Centre.

### Further information

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### Links to external content

Link to journal article [www.ncbi.nlm.nih.gov/pubmed/27373671](http://www.ncbi.nlm.nih.gov/pubmed/27373671)

Link to Daily Mail article [www.dailymail.co.uk/health/article-5774877/New-radio-wave-zap-treatment-heals-long-term-coughing-fits-MINUTES.html](http://www.dailymail.co.uk/health/article-5774877/New-radio-wave-zap-treatment-heals-long-term-coughing-fits-MINUTES.html)

### Patient and Public Advisory Group (PPIAG)

This research snapshot has been put together with support of the Patient and Public Advisory Group. To find out more about how you can work with us to improve healthcare through research contact [brcppi@gstt.nhs.uk](mailto:brcppi@gstt.nhs.uk)



### About our NIHR Guy's and St Thomas' Biomedical Research Centre

Our NIHR Biomedical Research Centre is a partnership between Guy's and St Thomas' NHS Foundation Trust and King's College London. We work to develop and deliver new medicines and diagnostics to patients. We drive research and innovation into the NHS to provide maximum impact to our patients.

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