

Patient Information

Hepatic Chemoembolisation

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Hepatic Chemoembolisation

Otherwise known as Trans-Hepatic Arterial Chemoembolisation (TACE)

This information leaflet is for patient's undergoing hepatic (liver) Chemoembolisation.

Why am I having Chemoembolisation?

The aim of this procedure is to reduce the size and symptoms from cancer within the liver. You will either be having this treatment to control a cancer that cannot be removed surgically, to shrink a cancer before surgery or in some cases, to control a cancer whilst you wait for a liver transplant.

What is hepatic chemoembolisation?

This is a specialised procedure in which powerful anti-tumour drugs are delivered directly to the cancer by means of the blood vessels (arteries) supplying it.

Who will perform the procedure?

Chemoembolisation is performed by experienced x-ray doctors (interventional radiologists) with assistance from specialist nurses and radiographers.

What are the risks of chemoembolisation?

This is a relatively safe procedure but does have risks associated with it. These include bleeding from the blood vessel, pain in the tummy, fever, low blood counts and infection after the chemotherapy and, most importantly, worsening of liver function which can progress to liver failure. All these are very rare.

What will happen before the procedure?

Your medical team will have established that this is the right treatment for you and discussed it with you. Up to date blood tests will be needed before the procedure. Some patients need an ultrasound scan of the heart (echo) before the test. Be sure to let your doctors know if you have any heart problems.

What will happen on the day of the procedure?

You will be admitted to the ward either on the morning of the procedure or the night before. You will have been asked to have nothing to eat or drink for 6 hours prior to chemoembolisation.

At the time of your procedure you will be taken to the x ray department where you will be asked to lie on an x-ray table. The doctor will administer a sedative injection to help you relax and clean an area in your groin before injecting some local anaesthetic.

A needle is then placed through the skin into one of the blood vessels and a fine tube (catheter) is passed through the needle and into the blood vessels within the liver. Using x-rays, the doctor will then move the catheter into the arteries supplying the liver tumour.

Once the doctor has identified the correct blood vessel, strong drugs (chemotherapy) are injected directly into the tumour to kill the abnormal cells. Two methods of delivery of drugs are available. The drugs are mixed with an oily substance called Lipiodol (Poppy seed oil) which highlights the tumour more accurately.

Or the drug (doxorubicin) is coated on to micro beads will be inserted into the blood vessel delivering the drug as well as starving the tumour of blood (embolisation). Most people feel nothing during the procedure but some experience abdominal pain during the injection. This usually passes off quickly although occasionally the pain lasts longer. Let your doctor or nurse know if you experience any discomfort.

When the injection is completed, the catheter and needle will be removed and you will return to the ward.

What will happen after the procedure?

Initially you will return to the ward where the nurses will keep you under close observation. You will be required to rest in bed for at least 4-6 hours after the procedure. If you're in pain, inform a nurse as painkillers may need to be given.

After chemoembolisation, many people experience a slightly raised temperature and nausea for the first couple of days. This is normal and can be simply treated with paracetamol and anti-sickness medication.

If you received drug coated with beads, you will be expected to feel mild to moderate pain for few days. While in the hospital you will be given strong pain killers through the needle or by mouth.

From the embolization part of the treatment there is a small chance of damage to your bile ducts or gall bladder (these are the pipes which drain bile around and from your liver). This damage may require a further procedure to insert tubes into your bile ducts or gall bladder.

There is also a very small risk of damaging your small bowel or stomach and rarely this complication requires emergency surgery.

Most patients stay in hospital for one or two days after the procedure although this can be longer or shorter. The team will monitor your blood tests and treat any pain or fever that you experience.

Only when you feel ready will you be discharged home.

What will happen when I go home?

It is important when you go home that you stay in close touch with your hospital team. Our contact numbers are listed at the end of this leaflet.

You may feel tired and quite weak when you go home. If you still have some discomfort from your treatment, then continue to take painkillers. Although the chemotherapy drugs are delivered directly to the tumour, some of the drugs will enter the rest of the body. These types of drugs can cause your blood count to drop temporarily and it is important that you are aware of this as very low blood counts can make you prone to infection and, occasionally, bleeding. For this reason we would like you to read the following instructions carefully:

- If you develop a fever whilst at home (more than 38 degrees centigrade on two consecutive measurements), you should contact us, your GP or the out of hours service.
- You should also contact us if you have any signs of infection, such as shivers, sweats, sore throat, or if you bleed or bruise easily.
- You may feel nauseous for the first few days after your procedure, if so some anti-sickness medication can be prescribed in hospital or by your GP.

- You will have a small incision in the groin, this should be dry and soft. Please do not have a hot bath or scrub this area for 72 hours after your procedure.
- You may notice a change in your appetite over the first few days. Please monitor your bowels also and ensure these are open daily
- Your energy levels may be on the lower side for 7-10 days after your procedure. These will return to baseline.
- It is rare for patients receiving this treatment to experience any hair loss but occasionally it may happen.

A CT scan will be performed (at your local hospital) approximately 4 weeks post treatment to see how effective this has been and will be discussed here at the Multi-disciplinary meeting approximately 6 weeks after to assess your response to treatment. When we see you in clinic or contact you to be able to discuss the results with you and talk to you about any further treatment that may be needed. For some patients we recommend a second or third chemoembolisation procedure to try to treat the liver tumour (or tumours) more completely.

Please do not hesitate to ask as many questions as you wish from the team looking after you.

Contact Numbers: Hepatology Specialist Nurses

Katie Ramos: Liver Transplant Specialist Nurse
Telephone 01752 431321

Vicky Ashton: HCC Specialist Nurse
Telephone: 01752 431962

Consultant Hepatologists:

Professor Matthew Cramp
Associate Professor David Sheridan
Dr Juan Acevedo
Dr Louisa Vine
Dr Kevin Fagan
Dr Aileen Smith
Dr Ashwin Dhanda
Dr Farhad Baqai

Consultant Interventional Radiologists

Dr Nelofer Gafoor
Dr Mladen Macanovic
Dr Ivan Walton

Hepatology Nurses Secretary

01752 439002

Notes:

If you have any medical concerns after your procedure out of hours please call 111 or 999 in the event of an emergency and present your discharge summary from hospital.



**This leaflet is available in large print
and other formats and languages.
Contact: Hepatology
Tel: 01752 792725**

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Date issued: February 2021

For review: February 2023

Ref: A-167/Surgery/KR/Hepatic Chemoembolisation v4