

## Patient information

### Transarterial Chemoembolisation (TACE)

#### Interventional Radiology Department

This leaflet tells you about having transarterial chemoembolisation (TACE). It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

#### What is chemoembolisation?

Chemoembolisation is a treatment for liver cancer, using a combination of an anti-cancer drug (chemotherapy) and an agent to block the blood vessels supplying the tumour (embolisation). It is often called transarterial chemoembolisation (TACE).

#### Why have you been referred for TACE?

Patients who have been referred for this procedure have tumours in the liver. These may be from a primary cancer arising in the liver, or cancer spreading to the liver from somewhere else in the body. The only way of curing these tumours, at present, is with an operation to remove the tumour from the liver.

A further option is to place a needle through the skin into the tumour and burn it away. This is known as thermal ablation but is only possible in small tumours.

You will have seen a specialist liver doctor and, after discussion, will have explained that your tumour is unsuitable for cure with an operation or ablation.

#### What are the benefits of TACE?

The purpose of TACE is to provide relief of symptoms related to the tumour, to reduce the size or rate of growth of the tumour and to improve survival from the tumour.

It is **not** intended to provide a **cure** for the liver tumour.

Evidence from published data suggests that selected patients with liver cancer treated by TACE have an improved survival, approximately 50% greater survival at two years, compared with patients having no treatment.

## **Are there any risks?**

TACE is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The overall risk of a problem requiring further treatment is low (1-2%).

It is common to have some bruising at the puncture site. This may be sore for a few days but will resolve. Very rarely, significant bleeding or blockage of the artery can occur, which may require a small operation (less than 1 in 1000).

Pain, nausea and flu-like symptoms can occur after the procedure. These can vary from being very mild to severe. Treatment with strong painkillers and anti-sickness tablets will be available if you require them. The symptoms may take one to two weeks to settle.

Fatigue is a common symptom after the procedure. Almost all people experience a feeling of general tiredness lasting for about two weeks, this is normal.

Infection can occur in the area of the liver treated and will need treatment with antibiotic injections.

Acute liver failure is a rare, but serious complication occurring in approximately 1% of patients.

Impairment of kidney function can occur following the treatment. This can be due to the contrast, the anti-cancer drug or dehydration. You may have a drip placed before the procedure. This is to give you sufficient fluids to reduce the risk of problems with the kidney function.

## **Who has made the decision?**

The consultant in charge of your care and the interventional radiologist performing the procedure will have discussed your case in a multi-disciplinary team meeting which includes liver surgeons and oncologists and felt that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

## **Are you required to make any special preparations?**

You need to be an inpatient in the hospital. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you **must** tell the radiology staff before you have the test.

## **Who will you see?**

A specially trained team led by an interventional radiologist within the Interventional theatres. Located in main theatres. Interventional radiologists have special expertise in interpreting the images and using images to guide catheters and wires to aid diagnosis and treatment.

## **Where will the procedure take place?**

In the Interventional Radiology Theatre, located within the Main Theatre complex. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

## **What happens during TACE?**

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You may receive a sedative to relieve anxiety, as well as an antibiotic.

The procedure is performed using local anaesthetic, sedation or general anaesthetic depending on the type of TACE.

Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor

If you have sedation, the drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards

The risks of anaesthetic and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks before your surgery. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

The skin at the top of the leg (groin) is numbed and a small tube (catheter) is placed in the artery. The catheter is passed into the artery to the liver under X-Ray guidance. X-rays are taken to identify the blood vessels supplying the tumour by injecting dye (contrast agent) into the catheter. The catheter is passed to the blood vessels supplying the tumour and treatment is given.

It may take two or more separate courses of treatment to treat the tumour effectively.

## **Will it hurt?**

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may feel a warm sensation for a few seconds when the dye is injected and feel like you are passing urine.

## **How long will it take?**

Every patient is different, and it is not always easy to predict, however, expect to be in the IR Theatres for about one to two hours.

## **What happens afterwards?**

You will be taken back to your ward after a short Time in recovery. Nursing staff will carry out routine observations, including pulse and blood pressure and will also check the treatment site. You will generally stay in bed for a few hours, until you have recovered. Assuming you are feeling well, you will normally be discharged after 24-48 hours.

## **What happens after the treatment has been completed?**

Once you have completed your treatment, a scan of the liver will be performed (about six to eight weeks after the final course) to assess the response to treatment and also assess the need for any further treatment.

## **What happens next?**

An appointment will be sent to you in the near future for you to be admitted to the ward for the procedure.

## **Finally**

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

## **Feedback**

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further information**

**If you need any further information please contact Interventional Theatres**

**9.00 am to 5.00 pm**

**Monday to Friday**

**Tel: 0151 706 2744**

**Text phone number: 18001 10151 706 2744**

**Outside of these hours please contact your Family Doctor, NHS 111 or your local Emergency department**

**NHS 111**

**Tel: 111**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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