

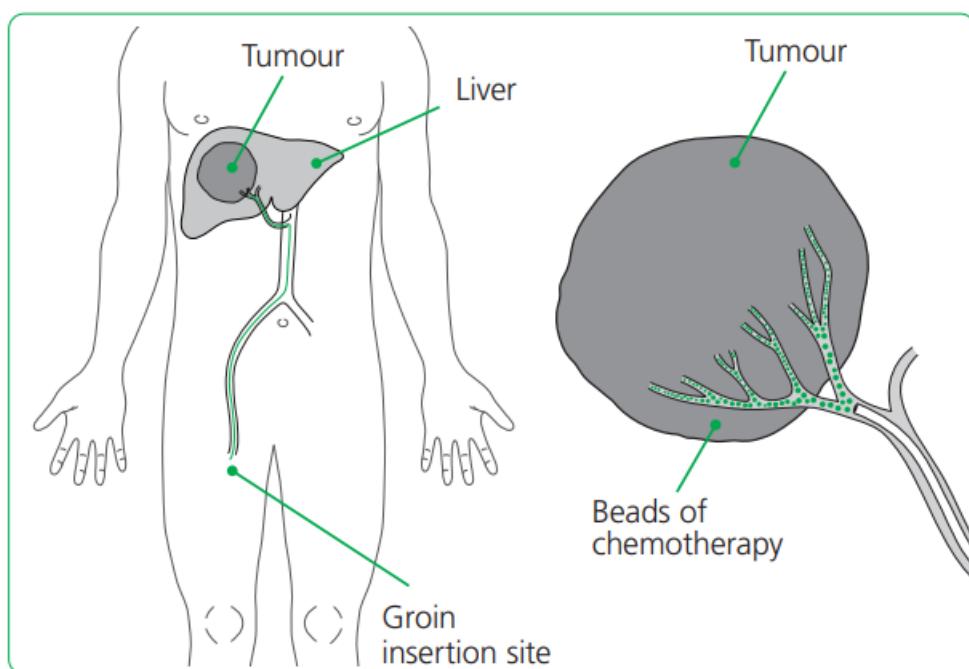
Transarterial Chemoembolisation (TACE)

What is transarterial chemoembolisation?

This is a procedure in which, under X-ray control, chemotherapy is given directly into the cancer in your liver. At the same time the blood supply to the cancer is also blocked off.

A doctor (called an interventional radiologist), who is an expert in this X-ray technique, will perform the procedure, which will take approximately one hour.

The procedure involves feeding a wire into an artery (blood vessel) in your groin through a very small hole that is made after the area has been numbed; this is called a 'transarterial' method. From here tubes and wires are passed into the arteries going into your liver, but you should not feel these inside you. This route is used to see where in the liver the cancer is and identify which arteries are supplying the cancer. If it is safe and possible to do so, the doctor will then inject cancer cell-killing drugs directly into the cancer and stop the blood supply by injecting small beads into the arteries. This is called 'chemoembolisation'.



Who can have transarterial chemoembolisation?

Unfortunately, not everyone with a liver cancer can have this procedure. Your cancer has to have started in the liver and your liver must be able to work well in order to withstand both the chemotherapy and the 'blocking-off' of the blood supply to the cancer within the liver. We also know from studying patients around the world that this procedure is only successful in patients whose cancer is of a certain size and has not spread outside of the liver.

Will I have a general anaesthetic?

No, as this is not necessary.

You will have a local anaesthetic injection to make the area where the needle is placed in the groin feel numb. You will also have strong painkillers which may make you feel sleepy. Sometimes these can also make you feel nauseous, but this can be treated.

What are the benefits to transarterial chemoembolisation?

We know from studies around the world that transarterial chemoembolisation can be successful in killing the cancer that is in your liver and can delay, and even stop, the cancer reforming in your liver. In achieving this, patients with primary liver cancer can live longer. Can I be cured? Unfortunately, we do not believe that we can cure your cancer with this procedure. Although we hope that we will be able to control your cancer and that you will live longer.

What are the risks of transarterial chemoembolisation?

The risks and side effects of this treatment are due to the 2 parts of the procedure.

1. Chemotherapy

From the chemotherapy part of your treatment there is a risk that the chemotherapy does not just stay in the liver but moves into your blood stream causing hair loss and a sore mouth. It may also suppress your bone marrow which may make you vulnerable to infection (usually from bacteria inside your body and not from outside sources). These side effects are temporary, and your hair will grow back.

2. Embolisation

Common risks

The most common side effect of this treatment is pain as part of the liver, and the cancer inside of it, dies. You will be given strong painkillers for a few days after your treatment to ease this. It is also very likely that you experience symptoms similar to flu such as shivers and shakes. This is because your body is coping with the 'dead' liver cells. Regular doses of paracetamol will help, however if you are worried about your symptoms, please do not hesitate to get in touch with the team at the Queen Elizabeth Hospital Birmingham via the phone numbers at the bottom of this sheet.

Uncommon/rare

There is a small risk of bleeding from the needle site in your groin. This is usually controlled by pressing on the spot for a few minutes. A bruise in your leg is not uncommon for a week or two after the procedure. It will be necessary for you to remain in bed for about 6 hours immediately after the procedure to help the needle site in the groin to heal. Very rarely, the bleeding is more serious, and other treatment is required.

There is a very small risk of damage to other arteries in your body or leg by the movement of the tube (catheter) inside them. Sometimes this could prevent the chemoembolisation treatment being finished. A small risk of infection at the needle site is present, but this can be treated with antibiotics.

From the embolisation part of the treatment there is a small chance of damage to your bile ducts (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.

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

There is a risk that an abscess may form in your liver after the treatment which would require you to be treated with antibiotics and possibly a tube into your liver to drain the abscess.

There is a small risk that your liver will not cope with the treatment, and it will then fail to work. Liver failure may vary from being very mild to being very serious.

We know that sadly up to 3% of patients who have transarterial chemoembolisation do not survive very long after the treatment.

How long will I stay in hospital?

You will need to have this treatment at the Queen Elizabeth Hospital Birmingham.

The amount of time spent in hospital varies, but this is usually an overnight stay. Assuming you are feeling well, you will normally be discharged the following day.

If I agree to this treatment what happens next?

You will be given a date (usually in about 4 weeks time) to come into hospital. We will discuss the procedure with you and ask you to sign a consent form.

There will be further safety checks that need to be done, and we may need to assess you right up to the day of your planned procedure before we can decide whether it is safe. We may not be able to perform chemoembolisation because it would be too dangerous for you.

We may ask you to have some blood taken at your local doctor or hospital the week prior to your procedure. An email will be sent to your GP to request the relevant blood tests.

What happens after I go home?

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.

After 2 weeks, you will have a telephone follow up with one of the Liver Clinical Nurse Specialists, who will also arrange for you to have some blood tests taken to check that all remains well after your treatment. Approximately 4 weeks after your treatment you will attend the hospital for a scan to assess how well the treatment has worked. We will then see you again in clinic 2–4 weeks after your scan. If you are not given an appointment before going home, please ring the team via the numbers at the bottom of this sheet.

When we see you in clinic, we will 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.

Further questions

We have covered a lot of the usual questions people ask us, however everyone is different. If there is anything else you would like to know, please do not hesitate to ask us.

You can contact us either in person or on the telephone on the following numbers:

Secretary to Oncology doctors

Telephone number: 0121 371 3571 or 0121 371 3441

Clinical Nurse Specialists via their secretary

Monday–Friday: 09:00–16:00

Telephone number: 0121 371 4652

Liver Services

Queen Elizabeth Hospital Birmingham

Mindelsohn Way, Edgbaston

Birmingham, B15 2GW

Acute Oncology Service (AOS): 07789 651543

CNS team: 0121 371 4652

Interventional Radiology (IR) booking co-ordinator:

Telephone number: 0121 371 2382 / 0121 371 3765

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