

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

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 1,000).

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 1–2 weeks to settle.

Fatigue is a very 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 will normally 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 have discussed your case and feel 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 radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the angiography suite or theatre; this is usually located within the radiology department. 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 and often sedation. 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 as close as possible to the blood vessels supplying the tumour and treatment is given.

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

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 radiology department for about one to two hours.

What happens afterwards?

You will be taken back to your ward. 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 4–6 weeks after the final course) to assess the response to treatment and also to 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.

Contact:

British Society of Interventional Radiology
www.bsir.org

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2011

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British Society of Interventional
Radiology

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Patient information

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