Preparing for Your Hepatic Artery Embolization

This handout will help to prepare you for a hepatic (liver) artery embolization. It is scheduled to be done in the Interventional Radiology (IVR) on __________________________ at ______ am/pm.

If you have more questions after reading this handout, call Interventional Radiology at (608) 263-9729, prompt 3 between 8:00am-4:30pm Monday through Friday.

What is a hepatic artery embolization?
It is a treatment to decrease the blood supply to a liver tumor. In some cases, it is used to treat the tumor with chemotherapy. The goal of this treatment is to shrink the tumor and lessen the symptoms that you may be having. A tube (catheter) is placed into a large blood vessel in the groin. It is then threaded up into the hepatic artery in the liver. A special mixture is put into the artery that supplies blood to the tumor. This mixture blocks the blood supply to the tumor and causes it to shrink. The blocking of the blood supply is called embolization.

There are two types of embolizations: **bland, chemo and drug eluting beads.** Each one is described below. Your doctor will discuss which type is best for you. You will be given specific instructions on how to prepare for the embolization.
**Bland Hepatic Artery Embolization:** The mixture injected into the blood vessel for a bland embolization is made up of contrast (dye) material and small particles to plug the blood vessel.

- You will come to the hospital the morning of the procedure.
- You must not eat solids 6 hours before the procedure. You can drink clear liquids until 4 hours before the procedure.
- You can expect to spend 1 night in the hospital.

**Chemo Hepatic Artery Embolization (also called TACE):** The mixture injected into the blood vessel for the chemo embolization is made up of contrast (dye) material, chemotherapy, and small particles to plug the blood vessel.

- The night before the procedure, you may need to drink a liquid laxative to clean out your colon (large bowel). You can then only drink clear liquids that evening until 4 hours before the procedure.
- If you do not need the laxative, you can eat normally the day prior but have no solids after midnight. You can have clear liquids until 4 hours before the procedure.
- You will come to the hospital the morning of the procedure.
- You can expect to spend 1-2 nights in the hospital.

**Drug Eluting Beads (also called DEB TACE):** The mixture injected into the blood vessel is made up of contrast (dye) material and small beads that have chemotherapy inside them.

- The night before the procedure, you may need to drink a liquid laxative to clean out your colon (large bowel) and then drink only clear liquids until 4 hours before the procedure.
- If you do not need the laxative, you can eat normally the day prior but have no solids after midnight. You can have clear liquids until 4 hours before the procedure.
- You will come to the hospital the morning of the procedure.
- You may be allowed to go home the same day or you may stay in the hospital overnight.

**What are the Risks?**
The risks to hepatic artery embolization include but are not limited to the following:

- Bleeding from the groin entry site
- Damage to the groin blood vessel
- Contrast x-ray dye allergy
- Worsened kidney or liver function
- Infection

**Getting Ready**
You will arrive at the Interventional Radiology Department. You will be brought to a prep area where you will meet a nurse who will insert two IVs (intravenous lines into your arms). You may have blood samples taken. You will get intravenous fluids, antibiotics and medicines to prevent nausea. It may be necessary to insert a urine catheter for the procedure.
The oncology nurse practitioner (NP) will meet you and review your health history, do a brief physical exam, and talk with you about what to expect. The Interventional Radiology doctor and NP will visit you to review the procedure and get your formal permission to do the procedure.

**During the Procedure**

You will be brought to a special room. You will lie on a narrow bed. At this time, you will be given medicine to prevent pain and to help you relax. Your upper leg and groin area will be washed with iodine soap. Next, you will get a numbing medicine at the site on the groin where the tube is to be placed. The doctor will place the tube into the large blood vessel in the groin and thread it up into the artery. When the tube is in the right place, the doctor will slowly inject, through the tube, the bland, chemo or DEB mixture until the blood flow to the tumor is almost stopped. Then, the tube will be removed. The doctor will put pressure on your groin for 15 minutes to prevent bleeding. The whole procedure may take 2-3 hours. You will be taken to a recovery area.

Once back in your hospital room, you will need to lie flat for a few hours. This will help prevent bleeding from your groin site. You will be given only clear liquids to drink. This will help you avoid nausea and bloating. Once you are able to tolerate clear liquids, you will be given a general diet.

**Chemotherapy Side Effects**

After the embolization, some people have fever, chills, pain, nausea, vomiting, and fatigue. This is called “post-embolization syndrome” and may last 1 to 7 days. In rare cases, you may lose your hair; however, this is very uncommon.

If you have any of these symptoms, you will be given medicine to help. You will be allowed to go home once your symptoms are controlled with oral pain medicine and oral anti-nausea medicines. At home, you will take antibiotics for about one week and pain or nausea medicine, as you need it.

**Chemotherapy Side Effects**

Because chemotherapy can still be in a person’s body fluids for **48 hours** after treatment, you should take the following precautions:

- Refrain from sexual intercourse for two days after chemotherapy. This will prevent exposure to body fluids.
- If body fluids such as urine, vomit, or stool touch your skin, wash your skin with soap and water immediately. Rinse and pat dry.
- Get rid of body fluids, such as urine, vomit or stool in the toilet. Close the lid before flushing. Flush the toilet twice if other people use the same toilet. If possible, the person getting chemotherapy should have their own bathroom for the first 48 hours after treatment.
- When cleaning up body fluids, wear disposable gloves, and wash the skin touched by the body fluids with soap and water. Rinse well.
- Soiled washable items, such as linens, or towels, should be washed separately from other laundry using routine laundry soaps. After handling any linens or supplies, wash hands well with soap and water.
When to Call the Doctor

- If you have a fever over 101°F for 2 readings taken 4 hours apart, call the oncology staff.
- Call the oncology staff if you are having pain or nausea that has not improved by taking the medicine you were prescribed, or if these symptoms quickly get worse.
- Call the Interventional Radiology staff if you are having pain, swelling or bleeding at the groin site or any numbness/tingling in the leg.

Follow-up
In about 4 – 6 weeks after the procedure, you will return to see your oncologist. Blood will be taken, and a CT scan will be done. This will help to show how well the embolization worked for you. Your doctors will review the CT scan and talk to you about whether or not you need to have another embolization done.

Phone Numbers
If you have any questions or problems once you are home, call:

The Oncology Department, 8:00am-4:30pm, Monday through Friday, at (608) 265-1700.

The Interventional Radiology Department, 8:00am-4:30pm, Monday through Friday.
(608) 263-9729, prompt 3.

For patients who live out of the area, please call the toll-free number: 1-800-323-8942.

After hours, nights, weekends, and holidays, call the UWHC paging operator (608) 262-2122. Ask for the oncology doctor on call. Give the operator your name and phone number with the area code. The doctor will call you back.