# Are there any risks?

There are potential complications, as with any invasive procedure. The liver contains blood vessels and therefore bleeding can be a complication. If this does occur it may be necessary to re-attend the x-ray department to have this treated.

Although rare, the heat from the needle can damage surrounding structures beside the liver; the radiologist will use the scanners to avoid these structures and minimise the risk. The damaged tumour can become infected from bacteria in the blood stream. We will give you antibiotics to avoid this.

If you have any questions please telephone the number on your appointment card or letter.

Acute Services Division
Diagnostic Imaging



Information about having a

# **Percutaneous Ablation** of a Liver Tumour



# What is a Percutaneous Ablation of a Liver Tumour?

This is the passing of a specially designed needle (called an ablation needle) through the skin into the liver. The needle tip heats up and damages the tumour in the liver.

#### Who will do it?

A specially trained doctor called a Radiologist.

#### Where will it be done?

We carry out the procedure in the CT scanner room in the x-ray department.

## When can I discuss the procedure?

You can discuss the procedure with the Consultant Radiologist at the clinic and on the ward before your procedure.

#### Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complications of the procedure.

#### Do I need an anaesthetic?

Yes, we perform the procedure under a general anaesthetic which means you will be asleep. A Consultant Anaesthetist will be responsible for this part of the procedure.

# What preparation is required before the procedure?

Usually, you will come into hospital the day before your procedure. We will take routine blood tests. You cannot eat or drink on the morning of your procedure.

You will need to undress and wear a hospital gown.

## What happens during the procedure?

- We perform this sterile procedure under general anaesthetic. We will anaesthetise you in the CT scanner suite.
- The Radiologist will use the CT scanner and, or ultrasound equipment to help them find the correct area and see the tumour.
- The Radiologist will insert an ablation needle into the tumour. The needle tip then heats the tumour until the tumour cells die.
- During the procedure you will be asleep and pain free.

## How long will it take?

This can vary for a number of reasons; however you can expect to be in the x-ray department for 2-3 hours.

# What happens afterwards?

- We will transfer you from the CT scanner suite to the theatre recovery suite where you will wake up. We will monitor you for 1-2 hours. You will then return to your ward and remain on bed rest for a few hours. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse etc).
- You may have some discomfort in the upper abdomen or right shoulder following the procedure. We can give you pain killers if necessary.
- You will have a CT scan the day after your procedure. The Consultant Radiologist will discuss the results with you.
- Most patients stay in hospital for 48 hours after their procedure.
   Although you can experience some discomfort afterwards most people can expect to return to their normal activities within 1-2 weeks.

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