

Information about having a  
**TACE Procedure**  
(Transarterial Chemoembolisation)

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## What is a Transarterial Chemoembolisation (TACE) procedure?

TACE is a treatment for liver cancer, which uses a combination of an anti-cancer drug (chemotherapy) and the blocking of the blood supply to the tumour (embolisation).

## Why have you been referred for TACE?

This procedure is normally for patients who have tumours in their liver. This is usually a primary cancer arising in the liver (Hepatocellular carcinoma), or sometimes a tumour that has spread to the liver (metastatic cancer) from elsewhere in the body. We usually consider TACE when we identify such a tumour but an operation is **not** suitable to remove it.

## Who will do it?

A specially trained doctor called a Radiologist.

## Where will it be done?

In a specialist screening room in the X-ray Department.

## What are the benefits of TACE?

The purpose of TACE is to provide relief from symptoms of the tumour and reduce the rate of growth and size of the tumour. This in turn has been shown to significantly improve survival in patients with liver cancer.

However the treatment is **not** a cure for the tumour, but to help the symptoms of the tumour.

## **When can I discuss the procedure?**

You can discuss this with your referring doctor in the ward, and also the Radiologist before the 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 complication of the procedure.

## **What preparation is required before the procedure?**

Usually, you will come into hospital the day before the procedure. We will take routine blood tests.

You cannot eat for 6 hours before the procedure but you may drink small amounts of clear fluid up to 2 hours before the procedure.

You will need to undress and wear a hospital gown.

## **What happens during the procedure?**

This is a sterile procedure. You will need to lie on your back on the x-ray table.

We will give you a sedative or painkiller via a needle in your arm. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

The Radiologist will clean the skin and inject local anaesthetic into your groin and then they place a fine plastic catheter in the artery through a very small cut.

The Radiologist passes the catheter through the artery to the liver under x-ray guidance. They inject dye (contrast) through the catheter and take x-rays to identify the tumour. The catheter is then passed as close as possible to the tumour and the treatment is given.

When the procedure is completed we will remove the catheter and apply pressure to the groin to prevent bleeding.

## **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 one to two hours.

## **What happens afterwards?**

You will 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). A few hours after the procedure you will be able to eat and drink.

If you feel well you will normally go home 24 - 48 hours later.

We will arrange a further scan of your liver approximately 4-6 weeks after the treatment to determine how successful it has been, and whether you would benefit from further treatment.

Your liver specialist will also arrange a follow up appointment.

## **Are there any risks?**

TACE is considered to be a safe procedure but as it is an invasive medical procedure there are some risks and potential complications. The overall risk of a complication requiring further treatment is low (3-5%).

TACE is performed by inserting a catheter into one of the major arteries in the groin; it is therefore common to have some bruising at the puncture site. Very rarely significant bleeding or a blockage of the artery can occur (less than 1 in 1000 cases) which may need further treatment.

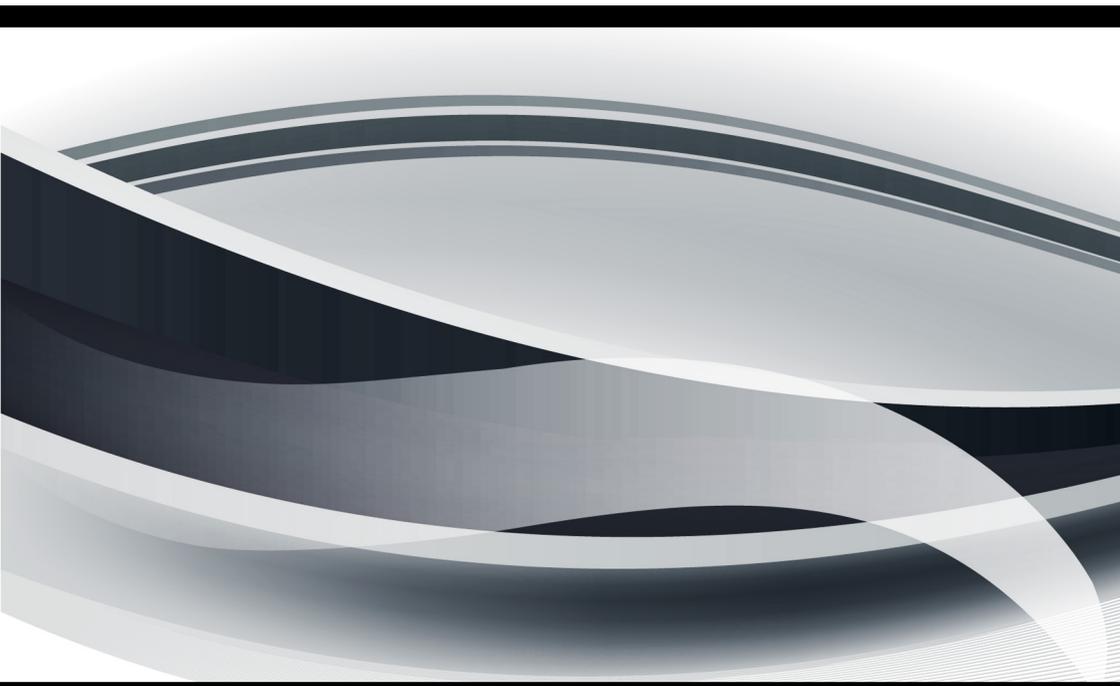
Pain in the area of the liver, nausea and flu like symptoms may occur, and this can vary from being very mild to quite severe. This can last for 1-2 weeks but usually managed painkillers and anti-sickness tablets help. It is quite normal to feel very tired after the procedure.

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

Very rarely (less than 1% of cases) patients liver function can deteriorate after the procedure, this can occasionally be sufficiently severe to cause acute liver failure. Additionally sometimes kidney damage can occur which may be because of the x-ray contrast, the chemotherapy drug or dehydration. If this happens you will normally stay in hospital, for a minimum of 48 hours after the procedure so that we can monitor your blood tests.

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





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