

## Patient information factsheet

# Having a transarterial chemoembolisation (TACE)

We've written this factsheet to give you more information about having a transarterial chemoembolisation (TACE). It explains what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

Please note that we will explain the procedure in more detail to you and answer all of your questions before asking you to sign a consent form.

### What is a transarterial chemoembolisation (TACE)?

TACE is a treatment for liver cancer that uses a combination of chemotherapy (anti-cancer drugs) and an agent (small plastic beads) to block the blood vessels supplying the tumour (embolisation).

TACE works in two ways:

- it gives high doses of chemotherapy to the tumour (to destroy cancer cells)
- it reduces the blood supply to the tumour and so starves it of oxygen and the nutrients it needs to grow

This treatment is usually used to control the cancer, rather than cure it.

### Why do I need a TACE?

You will have been referred for this procedure because you have tumours in your liver. These may be from a primary cancer arising in the liver, or cancer spreading to the liver from somewhere else in your body.

Tumours can be treated in a number of ways, including chemoembolisation, radiotherapy and surgery. A team of specialists will have discussed your treatment plan and decided that TACE is the best option for you. You will have the opportunity to discuss this decision with the consultant radiologist.

### Who will perform the procedure?

A specially trained doctor called an interventional radiologist will perform the TACE. Interventional radiologists have specialist expertise in using x-ray and scanning equipment, and in interpreting the images produced.

Radiographers and nurses will also be present in the room during the procedure. Because we are a teaching hospital, there may be some supervised students at your appointment.

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## How should I prepare for the procedure?

### Pre-assessment appointment

We will ask you to come in for a pre-assessment appointment, where we will perform some blood tests. These tests are to check that you don't have an increased risk of bleeding, and that you are still a suitable candidate for the treatment.

### Medication

We will inform you during your pre-assessment appointment about which medications you will need to stop and which you can continue taking. If you are taking any of the following medicines, it's important that you tell us at your pre-assessment appointment:

- Anticoagulants
- Antiplatelet drugs
- Aspirin
- Direct oral anticoagulants

We will give you an antibiotic and possibly a sedative before the procedure.

### Food and drink

Before the procedure, you will have to stop eating (nil by mouth) for a short period of time.

- Morning procedure - You will not be able to eat anything from midnight the evening before your procedure.
- Afternoon procedure - You will be able to have a light, early breakfast at 6am on the morning of your procedure, and then only water until 11am.

### Bringing someone with you

You may bring a relative or friend to stay with you on the ward. However, they will be unable to accompany you into the x-ray room.

### Staying overnight

If this is your first TACE procedure, you will need to stay in hospital overnight for observation. Please bring an overnight bag with you, including all the medications that you are currently taking.

If you need a further TACE procedure, it may be possible to have this as a day case. We will discuss this with you before your second admission to hospital.

### What happens during the procedure?

We will take you to the interventional radiology department on a trolley. Before we begin the procedure, we will insert a cannula (a thin, plastic tube) into a vein in your arm or your hand. Through this, we will be able to give you intravenous fluids, painkillers and sedatives (medication that makes you feel sleepy and relaxes you), if required. Once in place, you shouldn't be able to feel the cannula.

We will then place monitoring equipment on you. We will clean the skin on your groin with antiseptic and cover the rest of your body with a theatre towel. We will inject some local anaesthetic into your groin. This may sting briefly before going numb.

We will then insert a fine tube called a catheter into the main blood vessel in your groin (femoral artery). We will pass the catheter along the artery to the main blood vessel that carries blood to the liver (hepatic artery). Through the catheter, we will inject some small beads containing chemotherapy medication into the small arteries feeding the tumour.

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The procedure usually takes between one and two hours.

## What happens after the procedure?

After the procedure, we will remove the catheter from your groin. To stop any bleeding, we will put pressure on your groin for 10 to 15 minutes.

We will then take you back to the ward. You will need to lay flat on your back for two hours. The ward nurses will monitor your blood pressure, heart rate and wound area. After four hours you will be able to stand up and start moving.

We will usually discharge you the next day.

The procedure will hopefully reduce the size of your tumour. We will perform a CT scan four to six weeks after your treatment to check if the procedure has been successful. If the tumour still has a blood supply, you may need further treatment.

## Are there any risks or complications?

TACE is a safe procedure, but as with any medical procedure there are some risks and complications that can occur. These are outlined below:

### Post embolisation syndrome

Immediately after the procedure, you may experience some flu-like symptoms. This is called post embolisation syndrome. You may also find that you have extreme tiredness (fatigue), which can last a few weeks. This is just the body's way of healing itself and will get better with time.

### Bruising

You may experience some bruising and soreness where the catheter was inserted into the artery in your groin.

### Inflammation of the pancreas, gallbladder or stomach

It is sometimes difficult to accurately place the beads. If the beads aren't inserted into the correct place, they can accidentally block off another artery, such as those supplying the stomach, pancreas or gallbladder (non-target embolisation). This can cause pancreatitis, cholecystitis or gastritis (inflammation of the pancreas, gallbladder or stomach).

### Liver failure

This is a rare, but serious complication. If some of the liver surrounding the tumour dies, a liver abscess may form, which will need to be drained under a local anaesthetic.

### Contact us

If you have any questions or concerns while you're in hospital, please discuss these with the interventional radiology specialist nurse.

If you need any help or guidance within a week of leaving hospital, please contact the interventional radiology specialist nurse. If there are any causes for concern, these can be escalated to the interventional radiology team.

Telephone: **07786 126392**

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Once you have been discharged from the interventional radiology specialist nurse service, your usual link nurse will be informed. They will take over your aftercare and see you in your outpatient appointments.

## Useful links

[www.nhs.uk/conditions/liver-cancer/treatment](http://www.nhs.uk/conditions/liver-cancer/treatment)

[www.cancerresearchuk.org/about-cancer/liver-cancer/treatment/chemoembolisation](http://www.cancerresearchuk.org/about-cancer/liver-cancer/treatment/chemoembolisation)

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalneeds](http://www.uhs.nhs.uk/additionalneeds)**