

Information for patients



Liver Tumour Drug-Eluting Bead Transarterial Chemoembolisation (DEB-TACE)

Leading Interventional Oncology Network

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What is drug-eluting bead chemo-embolisation (DEB-TACE)?

You have been selected by your doctor to have DEB-TACE treatment for your liver tumour. DEB-TACE is a technique that can deliver very high doses of chemotherapy directly to the liver tumours, but limits side-effects on the normal liver tissue and other body organs. The chemotherapy agents that are used (either irinotecan or doxorubicin) have been available for several years and are very widely used; this is a relatively new way of delivering them to liver tumours, as the chemotherapy agents are attached to microscopic beads that lodge in the tiny arteries feeding the liver tumours.

The liver is reached by placing a long fine tube (a catheter) into the liver artery from the femoral artery in the groin, and using X-rays to guide the catheter into position. The drug coated beads are then injected over a period of a few minutes, and the catheter is then removed.

What are the benefits of DEB-TACE?

The normal method of delivering chemotherapy ("systemic") is through a vein, with every organ in the body receiving the same dose. Sometimes higher doses of chemotherapy are needed to kill the cancerous cells, but this can cause unwanted toxic side effects to other organs such as the heart. Using DEB-TACE, your doctors can deliver very high concentrations of chemotherapy drugs to the liver tumours, and the beads prevent the drugs circulating in the blood stream.

How is it done?

DEB-TACE is performed in the Radiology Department, often with heavy sedation or a general anaesthetic. The doctor performing the procedure will be a Consultant Interventional Radiologist, who is skilled at using x rays to guide catheters into blood vessels.

You will be asked to lie flat onto the x-ray table. The x ray machine is a small square panel that passes quite close to the abdomen but does not touch the skin. The radiologist will then shave and clean a small area in the groin, and place a large sterile paper towel over the abdomen. A needle is then used to give local anaesthetic into the skin. This stings for a few seconds but usually you will not feel anything further. The radiologist will then guide the catheter into the main liver artery to give the DEB-TACE beads.

Are there any risks?

One of the doctors looking after you will have proposed you undergo this procedure. Thousands of liver chemo-embolisations have been performed worldwide, however there are unfortunately risks involved but these will have been minimised by making sure the procedure is appropriate in your circumstances.

The drug eluting beads that are used are relatively new, but have been shown to be safe in clinical trials.

The risks are:

- pain around the liver area which requires strong painkillers. This usually resolves in 1-2 days.
- bleeding from the needle insertion site into the groin. This delays hospital discharge or needs further treatment in less than 2 in 100 patients.
- post embolisation syndrome, which occurs in around 7 in 10 patients. This is a flu-like illness (nausea, fever, tiredness) that occurs in the first week after treatment, and will settle by itself.
- temporary rise in the liver blood tests
- rarely liver infection after the treatment

In general we quote the risk of a serious complication from DEB-TACE as 2-3 patients in 100 (2-3%) and the risk of death as less than 1 in 200 (less than 0.5%).

Are there alternative treatments?

DEB-TACE may be combined with other treatments to treat liver tumours. Your doctor will discuss with you the best course of treatment in your case.

These might include chemotherapy, surgery, radiotherapy or ablation, or delivering radioactive beads into the liver tumours.

Pre-operative assessment

We will ask you to come for a pre-operative assessment appointment. At this appointment we will ask you about your medical history and carry out any necessary clinical examinations and investigations to make sure you are well enough for the procedure to go ahead. You may need an ECG and a blood test. We will check the functioning of your liver. The nurse will explain the procedure to you and give you instructions about eating and drinking before your procedure. This is a good opportunity for you to ask us any questions about the procedure. This assessment may take place on the day of your treatment.

The hospital will also give you written information that tells you about eating and drinking before your procedure, what to bring with you, the admission process and what will happen on the day.

The nurse will ask you about any medicines or tablets you are taking – either prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring written details of your medicines with you to this appointment. We will tell you whether you need to stop taking any of your medicines before your procedure. When you come into the hospital for the procedure itself, please bring all your actual medicines with you.

Consent

The hospital will give you a copy of the consent form. Please read this carefully. If you have any further questions, please ask a member of the surgical team on the day of your procedure before signing the consent form.

Admission and the day of your procedure

The **Consultant** will see you to talk to you about your procedure and to answer any remaining questions you may have. Once you have understood all the information, including the benefits and the risk of complications, the radiologist will ask you to sign a consent form to give your agreement for the procedure to go ahead.

The **Anaesthetist** will also see you before the procedure and talk to you about the sedation or anaesthetic. If you have any questions or concerns, this is the time to ask.

Who will perform the procedure?

DEB-TACE is performed by a **Consultant Radiologist** who has a particular expertise in guiding catheters using imaging. At Princess Grace Hospital or the Harley Street Clinic there are several Consultant Radiologists who perform this procedure and are part of the LION team offering an Interventional Oncology Service. The team works closely with other doctors involved in your care.

How long will the procedure take?

The procedure will take around one hour.

What happens after the treatment?

When you wake from your anaesthetic or sedation, you will be in the recovery area. The nurse will regularly check your pulse rate and blood pressure. Once you are comfortable and your blood pressure is stable, you will be taken to the ward for an overnight stay. You may be given a painkilling pump called a PCA for 24 hours.

On the ward, you will gradually be allowed to drink water. If you are able to tolerate good amounts and don't feel sick, then you will be able to have a hot drink and something light to eat 2-4 hours after the procedure.

You may have an intravenous drip in your arm, which will be removed before you go home. Your nurse will offer you pain relief to help with any discomfort. By the next day most people require painkillers no stronger than paracetamol. When you get out of bed for the first time a nurse will need to be with you in case you feel faint or dizzy.

What happens when I go home?

Normally, you will be able to go home the day after your procedure. Before you go home we will discuss your follow-up treatment with you. You should expect to be off work for 1 week after the treatment.

A repeat treatment will usually be arranged 2-4 weeks later.

You will receive follow-up CT appointments at 3, 6 and 12 months after treatment.

Signs to look out for:

- shortness of breath or pain on breathing in
- pain that is not controlled by regular painkillers (e.g. Paracetamol)
- increasing fever or pain more than 1 week after the procedure
- bleeding or swelling in the groin

You should contact **your Consultant** if there is an emergency.

Contact Details:

In working hours (09:00-17:00) LION may be contacted via the medical secretaries:

Email: Lion@hcahealthcare.co.uk

or

Telephone: 0207 908 3756

or

Fax: 0207 908 3773

Out of working hours after 17:00 hrs Monday – Friday and at any time at the weekend you may contact the **LION Out of Hours Emergency Number:**

Telephone: 0207 754 5989

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Space for notes and questions

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