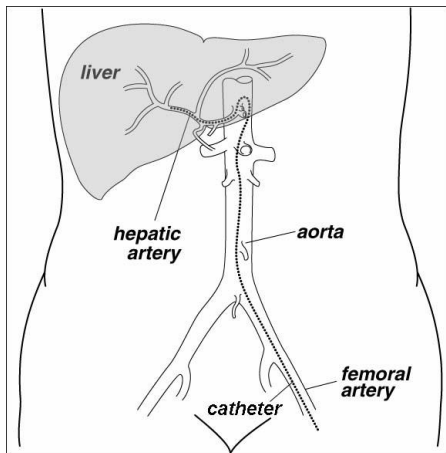


## Your Hepatic Artery Embolization

### What is a hepatic artery embolization?

Hepatic artery embolization is a treatment to decrease the blood supply to a liver tumor. In some cases, it is used to treat the tumor with chemo. 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. This is called embolization.



There are three types of embolizations: **bland, chemo and drug eluting beads.**

Your doctor will discuss which type is best for you. We will tell you how to prepare for the embolization.

### Bland Hepatic Artery Embolization

The mixture injected into the blood vessel is made up of contrast (dye) 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 we inject into the blood vessel is made up of contrast (dye), chemo, and small particles to plug the blood vessel.

- You must not eat solids 6 hours before the procedure. You can drink 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 (DEB TACE)

The mixture injected into the blood vessel is made up of contrast (dye) and small beads that have chemotherapy inside them.

- You must not eat solids 6 hours before the procedure. You can drink 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 night in the hospital.

### What are the Risks?

The risks include:

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

### **Getting Ready**

You will be called to arrange for your procedure date and time. On the day of the procedure, check in at Radiology (3<sup>rd</sup> floor, G3/3). You will be brought to a prep area where you will meet a nurse who will insert one IV into your arm. You may have blood samples taken. You will get IV fluids, antibiotics and medicines to prevent nausea. We may need to insert a urine catheter.

The doctor 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 will visit you to review the procedure and get your 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 groin or wrist area will be washed with iodine soap.

Next, you will get a numbing medicine at the site where the tube is to be placed. The doctor will place the tube into the large blood vessel and thread it up into the artery that provides blood flow to the tumors in the liver. When the tube is in the right place, the doctor will slowly inject, through the tube, the embolization mixture until the blood flow to the tumor is almost stopped. Then, the tube will be removed.

The doctor will put pressure on the puncture site to prevent bleeding. The whole procedure may take 2-3 hours. You may be taken to a recovery area before being admitted to the hospital.

Once back in your room, you will need to lie flat for a few hours. This will help prevent bleeding from the puncture site. You will be given only clear liquids to drink. This will

help you avoid nausea and bloating. Once you are able to drink clear liquids, you will be given a general diet. You will stay at least one night in the hospital. Most patients are able to go home the day after the procedure.

### **Embolization 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 2 weeks. You will be given medicines to help with these symptoms. You will also be given medicine to prevent infection. In rare cases, you may lose your hair.

### **Chemo Side Effects**

If you have chemo injected, the chemo can still be in your body fluids for **48 hours** after treatment. You should follow these guidelines:

- No sex for two days after chemo. 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 right away. 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. It’s best if the person getting chemo has 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 linens or towels should be washed separate from other laundry.
- Wash hands well with soap and water after handling any linens or supplies.

### **Follow-Up**

We will arrange for a follow-up scan to be done about 4-8 weeks after the procedure. Blood will be taken as well. This will help to show how well the procedure worked for you. Your health care team will review the scan and talk to you about whether or not you need to have another embolization done.

### **When to Call**

- If you have a fever over 101°F for 2 readings taken 4 hours apart.
- 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.
- If you have pain, swelling or bleeding at the puncture site or any numbness/tingling in the leg.
- If you have any questions or problems once you are home.

### **Who to Call**

Interventional Radiology  
8:00 am- 4:30 pm, 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 UW paging operator **(608) 262-2122.** Ask for the Interventional Radiology doctor on call. Give your name and phone number with the area code. The doctor will call you back.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5763.