

Preparing For Your Thyroid Artery Embolization (TAE)

Thyroid artery embolization (TAE) is a treatment for an enlarged thyroid gland (sometimes called thyroid goiter). TAE may also be used to treat an overactive thyroid caused by Graves' disease, a type of autoimmune disease. Read through this handout to learn how to prepare for and care for yourself after a thyroid artery embolization.

How TAE Works

TAE works by slowing the blood flow to the thyroid. First, a tube (catheter) is placed into a large blood vessel in the groin or the wrist. It is then threaded up into the thyroid arteries. A substance is then put into the artery that will reduce the blood supply to the thyroid.

Over time, the thyroid will shrink from the lack of blood. The goal is that this will relieve some of the symptoms caused by an enlarged or overactive thyroid.

TAE can also be done before another surgery, such as removal of the thyroid gland. Treatment before surgery may make surgery safer and easier.

Risks

Complications from TAE are rare but include:

- Bleeding from the artery entry site
- Damage to the blood vessel
- Contrast x-ray dye allergy
- Worsening kidney function
- Infection
- Stroke
- Hyperthyroidism (too much thyroid hormone)
- Hypothyroidism (too little thyroid hormone)

- Hypoparathyroidism (too little parathyroid hormone)

Before the Procedure

Doctor Visit

First you will need to meet with the Interventional Radiologist (IR) to see if this treatment may help you. The doctor will review your records and give you an exam. You may be asked to have a CT scan. If TAE is right for you, our scheduler will contact you with a date for the TAE. If you have questions, call the clinic.

Blood Thinners

If you are taking a blood thinner, please contact the doctor who prescribes this for you **before** the TAE. Blood thinners include:

- Coumadin[®] (warfarin)
- Xarelto[®]
- Eliquis[®]
- Plavix[®]

Diabetes Medicines

If you take insulin, we will need to know what kind you take. We will tell you how much, if any, to take the morning of the TAE.

If you take metformin for diabetes, you should not take any the day of TAE and for 48 hours after.

Other Medicines

Take prescribed medicines (including thyroid pills) on schedule. Take with a sip of water. Keep taking as advised after the procedure.

Transportation

You will need someone to drive you home after the TAE. You should not drive or make important decisions for 24 hours after. It is a good idea to have someone to stay with you that night in case you have any problems.

Day of the Procedure

Diet

- **Do not** eat solid foods 6 hours before the procedure.
- You may drink clear liquids until 4 hours before.

Where to Go

University Hospital: Come to the hospital. Take the Atrium elevators to the 3rd floor and turn right off the elevator. The Radiology Check-In area (G3/3) is on the right side of the hallway. Check in at the desk.

Prep Area

After you check in, we will bring you to the prep and recovery area. Staff will review your health history and medicines and perform a short physical exam. You will change into a hospital gown. An IV line is placed in your arm or hand. This allows us to give you fluids and medicine. You may have blood and urine samples taken.

We will ask you to sign a consent form after reviewing the procedure. We will answer any questions you may have.

Procedure

We will bring you to a procedure room. You will lie on a narrow bed. You are given medicine through your IV to prevent pain and to help you relax. The area over your artery will be washed with soap. Then, they numb the skin around the groin or wrist site. We will give you more medicine to sedate you and treat pain.

Your doctor will insert the tube (catheter) in your wrist or groin and then thread the tube up into some of the arteries that supply the thyroid. Patients often feel pressure at the wrist or groin when the doctor inserts the tube into the artery. When the tube is in the right place, the doctor will slowly inject small beads to slow blood flow in the artery. Once the blood flow to the thyroid is reduced, the doctor will remove the tube. When the procedure is done, we will then take you to the recovery area. The whole procedure may take 2-3 hours.

Recovery

Once in recovery, you will need to rest to prevent bleeding from the artery. You may need to lay flat or keep your arm still for a few hours. We will give you clear liquids to drink.

After the Procedure

What to Expect

- Mild throat pain that may last up to a week.
- Soreness or tenderness at the groin or wrist site that may last up to a week.
- Mild oozing of blood from the site but shouldn't soak more than two dressing changes.
- Bruising at the site that may take 2 to 3 weeks to go away.
- A small dime or quarter sized lump at the site which may last up to 6 weeks.

Pain Control

Pain after TAE is usually mild. Pain can be controlled with over-the-counter NSAIDs (ibuprofen, Aleve[®]) and Tylenol[®]. Opioid pain medicines are usually not needed.

Activity

- Do **not** drink alcohol the first day. You may eat whatever you like.
- **No** lifting over 10 pounds for 24 hours.
- **No** vigorous activity or straining (riding a bicycle, golfing, or doing sit-ups) for 1 week.
- **Avoid** baths or swimming for 1 week or until the site has healed. Showering is okay.

Home Care

- For bleeding at the site, apply direct pressure and go to the nearest emergency room.
- Drink fluids after the procedure to flush the dye from your system. Drink at least 8 glasses of liquid for the first 24 hours.
- Keep the puncture site dry and covered with a bandage for 24 hours. After that, you can remove the bandage and shower. Put a clean bandage over the site each day for the next 3 days.

Follow Up

Within a few days after TAE, the doctor will call you to see how you are doing. You will return to our clinic in about 2 weeks for a short visit and to check your thyroid bloodwork.

You will then return to our clinic in about 3 months for another visit and bloodwork. We usually repeat a CT at this time to see how much your thyroid has shrunk.

Your doctor may schedule more follow-up visits.

When to Call

Call your doctor if you notice:

- Fast heart rate
- Fever over 100.4° F
- Heavy sweating
- Shaking
- Agitation
- Redness or swelling of the puncture site
- Foul smelling yellowish or greenish drainage from the puncture site
- A very large bruise under and around the puncture site which is firm to touch.
- New weakness or numbness
- Itching or hives on any part of your body
- Uncontrolled nausea or vomiting
- Trouble breathing

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit www.uwhealth.org/

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 © 5/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8434

