

ASCENSION ST VINCENTS

EMBOLIZATION PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- Image-guided embolization is a minimally invasive procedure used to reduce blood flow to abnormal tissue or bleeding areas by intentionally blocking certain blood vessels. It may be performed in organs such as the liver, spleen, kidney, prostate, uterus, gastrointestinal (GI) tract, or other organs or arteries, depending on the clinical need.
- Common reasons for embolization include control of bleeding, reduction of blood supply to enlarged or abnormal tissue, and treatment of masses.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into an artery (usually through a tiny opening in the groin or wrist). The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. Once the catheter is positioned in the target artery, small particles or other embolic material are injected to block blood flow to the targeted area. After treatment, the catheter is removed and a closure device or pressure is applied to the artery access site to reduce bleeding. Over time, reduced blood flow causes the treated tissue to shrink or stop bleeding.
- The procedure usually takes 1-2 hours (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- You will be required to keep the extremity where the artery was accessed completely still for 2-6 hours following your procedure.

Benefits:

- Minimally invasive treatment option for bleeding, abnormal tissue, or tumors.
- Imaging allows the radiologist to precisely target the blood vessels supplying the treated area.
- Reduces blood flow to abnormal tissue, helping control bleeding or shrink treated areas.
- Preserves as much surrounding normal tissue as possible.
- May avoid or delay the need for surgery in select patients.
- Can be repeated if needed.
- Typically associated with shorter recovery time compared with surgery.
- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but often mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. More severe pain requiring stronger medication can also occur.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.

- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Blood clots or blockage of unintended vessels can occur but are uncommon.
- Incomplete treatment or recurrence of symptoms can occur and may require repeat embolization or additional therapy.
- Depending on the organ treated, specific complications may occur (such as biliary injury with liver embolization, blood in the urine with kidney embolization, bowel injury with GI embolization, or pelvic pain or urinary symptoms with prostate or uterine embolization). Occasionally, these complications may require additional procedures or surgery.
- Kidney injury from contrast material can occur, particularly in patients with underlying kidney disease.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Surgical treatment of the affected organ or bleeding source in appropriate patients.
- Medical management alone (such as medications, transfusion, or observation), depending on the condition being treated.
- Other image-guided therapies (such as thermal ablation, chemoembolization, or radioembolization), depending on the organ and diagnosis.
- Radiation therapy or systemic treatments (such as chemotherapy, immunotherapy, or targeted therapy) in select cancer-related cases.
- Endoscopic or other minimally invasive procedures for certain GI bleeding or obstruction conditions.
- Some patients choose no further treatment; however, this may allow symptoms to persist or worsen and is generally not recommended.

Post-Ablation Syndrome:

- After embolization, approximately 20-70% of patients experience a group of symptoms called post-ablation syndrome. This syndrome is a temporary inflammatory response that can occur as the body reacts to the embolization.
- Common symptoms include pain, low-grade fever, fatigue or malaise, nausea, body aches, and other flu-like symptoms.
- Symptoms usually begin within 1–3 days after ablation and typically resolve within 7 days.
- Symptoms can usually be managed with rest, drinking plenty of fluids, acetaminophen (Tylenol) and anti-nausea medications. Occasionally stronger pain medication is required.
- Contact your provider if symptoms are severe, last longer than one week, or if you develop a high fever (greater than 102°F).

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.

- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; or numbness, tingling, weakness, or pain in the extremity where the blood vessel was accessed. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.