ASCENSION ST VINCENTS
LIVER RADIO/CHEMO EMBOLIZATION PATIENT HANDOUT

Radiologist who performed your procedure: _____

Procedure Description:

- Image-guided liver mass radioembolization and chemoembolization are minimally invasive procedures used to treat liver tumors by delivering therapy directly to the blood vessels that supply the tumor. These treatments are most commonly used for primary liver cancer or liver metastases and are designed to target tumors while limiting exposure to the rest of the body.
- 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.
- For radioembolization, tiny radioactive beads are delivered into the arteries supplying the tumor. These beads lodge in the tumor and deliver targeted radiation over time while minimizing radiation exposure to surrounding healthy tissue.
- For chemoembolization, chemotherapy medication is delivered directly into the arteries feeding the tumor, followed by embolic material to reduce blood flow to the tumor and help keep the medication in place.
- 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 and targeted therapy help shrink or control the treated tumors. Follow-up imaging is performed to assess response to treatment.
- 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.
- CT or MR imaging is performed several months after ablation to confirm successful treatment. Longer-term CT or MR imaging may also be needed.

Benefits:

- Delivers treatment directly to liver tumors while limiting exposure to the rest of the body.
- Imaging allows the radiologist to precisely target the blood vessels supplying the tumor.
- Can help shrink or control liver tumors.
- May improve symptoms related to liver tumors.
- Minimally invasive treatment option performed through small skin openings.
- Often avoids or delays 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.
- Biliary injury or bile duct damage can occur and may occasionally require additional procedures, temporary drain placement, surgery, and/or hospital admission.
- Stomach or bowel irritation or ulceration can occur if embolic material reaches unintended areas.
- For radioembolization, radiation injury to nearby organs (such as stomach, bowel, or lungs) can occur but is uncommon.
- For chemoembolization, side effects related to chemotherapy (such as nausea, low blood counts, or hair thinning) can occur but are usually less severe than with systemic chemotherapy.
- 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 removal of liver tumors in appropriate candidates.
- Thermal ablation (such as radiofrequency, microwave, or cryoablation) for select smaller tumors.
- Systemic therapies such as chemotherapy, immunotherapy, or targeted therapy.
- Radiation therapy in select cases.
- Medical management or supportive care alone, depending on overall goals of treatment.
- Some patients choose no further treatment; however, this may allow tumors to grow or symptoms to worsen and is generally not recommended.

Post-Ablation Syndrome:

- After embolization, approximately 30-60% 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.