

Transarterial chemoembolisation (TACE)



This leaflet tells you about having transarterial chemoembolisation (TACE). It explains what is involved and the possible risks. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department that is going to perform it.

What is chemoembolisation?

This is a treatment for liver cancer, using a combination of an anti-cancer drug (chemotherapy) and an agent to block the blood vessels supplying the tumour (embolisation). It is often called transarterial chemoembolisation (TACE).

Why do I need it?

Patients who have been referred for this procedure have tumours in the liver. These may be from a primary cancer arising in the liver, or cancer spreading to the liver from somewhere else in the body. The only way of curing these tumours, at present, is with an operation to remove the tumour from the liver. You will have seen a specialist liver doctor who, after discussion, will have explained that your tumour is unsuitable for cure with an operation.

What are the benefits of TACE?

The purpose of TACE is to provide relief of symptoms related to the tumour, to reduce the size or rate of growth of the tumour and to improve survival from the tumour. It is not intended to provide a cure for the liver tumour.

Evidence suggests that selected patients with liver cancer treated by TACE have an improved survival (around 50% greater survival at two years) compared with patients having no treatment.

Are there any risks?

TACE is a safe procedure, but as with any medical procedure there are some risks and complications that can arise. The overall risk of a problem needing further treatment is low (1–2%).

- Fatigue is a very common symptom afterwards. Almost all people experience a feeling of general tiredness lasting for about two weeks - this is normal.

- It is common to have some bruising at the puncture site. This may be sore for a few days but will resolve.
- Pain, nausea and flu-like symptoms can occur afterwards. These can vary from being very mild to severe. Treatment with strong painkillers and anti-sickness tablets will be available if you need them. The symptoms may take 1–2 weeks to settle.
- Infection can occur in the area of the liver treated and will need treatment with antibiotic injections.
- Impairment of kidney function can occur following the treatment. This can be due to the contrast, the anti-cancer drug or dehydration. You will normally have a drip placed before the procedure. This is to give you enough fluids to reduce the risk of problems with your kidney function.
- Acute liver failure is a rare, but serious, complication occurring in around 1% of patients.
- Very rarely, significant bleeding or blockage of the artery can occur, which may require a small operation (less than 1 in 1,000).

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Before you attend

Please let us know if you are taking any antiplatelet medicines (for example, Aspirin, Clopidogrel, Prasugrel, Ticagrelor) or any medicines that thin the blood (for example, Warfarin, Rivaroxaban, Apixaban, Dabigatran), as these may need to be withheld temporarily before the procedure. If you need advice, then please call the Interventional Radiology department as soon as you get your appointment letter on 01872 252290.

Please bring a list of your normal medications into the hospital for the appointment.

How do I prepare for it?

You need to be an inpatient in the hospital. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

Who will I see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

What happens during TACE?

1. You will be asked to get undressed and put on a hospital gown. A small cannula (thin plastic tube) will be placed into a vein in your arm. You may receive a sedative to relieve anxiety, as well as an antibiotic.
2. The procedure is performed using local anaesthetic and often sedation. The skin at the top of your leg (groin) is numbed and a small tube (catheter) is placed in the artery.
3. The catheter is passed into the artery to your liver under X-ray guidance. X-rays are taken to identify the blood vessels supplying the tumour by injecting dye (contrast agent) into the catheter. The catheter is passed as close as possible to the blood vessels supplying the tumour, and treatment is given.
4. It may take two or more separate courses of the treatment to treat the tumour.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may feel a warm sensation for a few seconds when the dye is injected and feel like you are passing urine. Pain relief will be given during and after the procedure as required.

How long will it take?

Every patient is different, but you can expect to be in the radiology department for about one to two hours.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site.

You will usually stay in bed for a few hours, until you have recovered. Assuming you are feeling well, you will normally be discharged after 24-48 hours. We will ask you to have a blood test on day 5 and day 10 after your procedure.

What happens once treatment is complete?

Once you have completed your treatment, a scan of the liver will be performed (about 4–6 weeks after the final course) to assess your response to treatment and also to assess your need for any further treatment.

Contact us

If you have any questions or need any further information, please contact:
Hepatology team – 01872 252749

OR

Clinical Imaging Department 01872 252348 / Interventional Radiology on
01872 253962.

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

