



Transarterial Chemoembolisation (T.A.C.E.)

Information for patients awaiting liver transplantation

What is chemoembolisation/T.A.C.E.?

Chemoembolisation 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 cancer (embolisation). It is often called transarterial chemoembolisation (T.A.C.E.)

Why have I been referred for T.A.C.E.?

Patients who have been referred for this procedure have cancer/s in the liver (primary liver cancer – hepatocellular carcinoma). This treatment is used to hold/slow down the disease (sometimes referred to as bridging) while waiting on the transplant list.

What are the benefits of T.A.C.E.?

The aim of this treatment is to treat the tumour/s in the liver whilst keeping you within liver transplant criteria. This is a bridging treatment not a cure.

Who has made the decision?

T.A.C.E. has been agreed to be the best approach for you at a Multi-Disciplinary Team (MDT) meeting with experts (radiologists, hepatologists and surgeons).

What are the risks and side-effects?

T.A.C.E. 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 is small.

Common side-effects

Flu-like symptoms (post-embolisation syndrome)

Almost all patients will experience fatigue which is common to last up to 2 weeks.

The most common side-effects from this treatment are a cluster of symptoms called post-embolisation syndrome.

About half the patients undergoing T.A.C.E. will experience this. Patients describe this as “flu-like” symptoms such as shivers, shakes and mild fever.

Discomfort or pain

The other common side-effect is abdominal pain or discomfort for which regular pain relief can be taken. Moderate or severe pain is uncommon after the first 24/48 hours.

Patients can also experience some nausea and lack of appetite.

These symptoms are often helped by taking rest, eating small meals frequently and taking pain relief.

Bleeding

There is a small risk of bleeding from the puncture site in your groin and it is usual that patients would have a small bruise in the leg.

Infection

If the puncture site in the groin becomes hot, swollen or red then it may be infected, and you may need antibiotics or if you develop leg swelling or a large bruise you may need to be seen.

Rare side-effects

Blockage

Very rarely significant bleeding or a blockage of the artery can occur (less than 1 in 1000 cases) which may need further treatment.

What do I need to do in preparation for the procedure?

If you are on blood thinning medication (clopidogrel, warfarin, apixiban, rivaroxaban, edoxaban) these usually need stopped prior to the procedure. **It is important to discuss this before you come into hospital.**

Clopidogrel – Stop 7 days before

Apixiban – Stop 48 hours before

Aspirin – withhold day of procedure.

You will normally be admitted to the transplant unit the day before the procedure and have bloods taken.

On the day of the procedure you will be fasted (nothing to eat for 6 hours and allowed sips of liquid until sent for the procedure) and will change into a theatre gown. A cannula (a thin plastic tube) will

be inserted into your vein to allow the anaesthetist to put you to sleep.

Where will the procedure take place?

You will be transferred to the radiology department on a trolley where you will meet the radiologist doing the procedure.

They will explain the procedure and ask you to sign a consent form prior to the procedure; this is called verbal and written consent.

If you have any questions, please ask the radiologist and they will take their time to explain things further.

What happens during T.A.C.E?

This is a sterile procedure and you will need to lie on your back in the radiology room. You may be given some sedation/pain relief if you are anxious or in pain. During the procedure you will have your vital signs monitored (blood pressure, heart rate and oxygen levels in your blood).

The radiologist will also put some local anaesthetic into your groin area (usually the right side) before inserting a very thin catheter (tube) and wire into your artery.

The radiologists will then move the catheter up through the artery to the liver. X-rays will be taken to identify the blood vessels supplying the cancer by introducing dye (contrast).

The cancer killing chemotherapy drugs (chemo) will then be given directly into the cancer. Sometimes we use tiny beads (microspheres) to block the blood vessels then slowly release the chemotherapy.

Will it hurt?

The pain relief medication we give will relieve any pain or discomfort felt. However, if you do feel any pain, let the team know and they can administer pain relief through your cannula.

How long will it take?

You will usually be in the radiology department for approximately 2-4 hours but every patient is different so this could be longer.

Patients are asked to keep still during the procedure but if this becomes uncomfortable, please let the team know.

What happens afterwards?

After the procedure, we will remove the catheter from your groin, use a closure device (a mini plug to seal hole in artery) and pressure to help prevent bleeding.

You will return to the ward area and will need to lie flat for 2 hours. The nursing staff will take the vital signs and check your puncture site.

A few hours after the procedure you will be able to eat and drink.

How long will I remain in hospital?

Most patients are discharged the following day after the procedure, but you may need to stay longer if you are unwell.

What happens after I go home?

When patients are on the transplant list they usually get a repeat scan 3 months after the treatment but you will be seen in the transplant clinic usually every 6-8 weeks.

Please call the Transplant Clinical Nurse Specialist (CNS) on 01312421721 when you get a date for your next scan.

Following your scan your case will be discussed at the MDT meeting to determine if any more treatment is required.

You will get a call from the Transplant CNS to inform you of your results and further plans.

What do I do if I am unwell at home when discharged?

If you have high temperature (higher than 38 degrees) and feel unwell then you may need seen by a health care professional. If you are local (within Lothian) then contact the Transplant Unit (0131 242 2069) and discuss with the team.

If you are outwith Lothian then you may need to attend your local Accident and Emergency department or NHS 24 to be assessed.

Alternatively, if during working hours, you can contact the Transplant CNS on 01312421721.

Notes/questions
