

Percutaneous Ablation of a Liver Cancer

Information for patients

What is percutaneous ablation of a liver tumour?

Ablation is a treatment for liver cancer, which involves passing a specially designed needle (ablation needle) through the skin into the liver. The needle tip heats up and burns cancer cells that have been identified in the liver.

Why have I been referred for ablation?

Patients who have been referred for this procedure have cancer in the liver. Most commonly this will be primary liver cancer – hepatocellular carcinoma or colorectal liver metastasis (CRLM). This treatment can be used to hold the disease at bay. On some occasions ablation can kill all the cancer cells.

What are the benefits of ablation?

The aim of this treatment is to treat the cancer in the liver.

Who has made the decision?

Ablation 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?

Ablation 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 low.

Common side-effects

Flu-like symptoms (post-ablation syndrome)

Some people have flu-like symptoms that start about 3 to 5 days after treatment and can last up to a week. You feel generally unwell, have body aches and you may feel sick. This is due to a side effect called post ablation syndrome.

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

The other common side-effect is abdominal pain or discomfort for which regular pain relief can be taken. A lot of pain is uncommon after the first day or so.

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.

Discomfort or pain

You will probably have some discomfort or mild pain where the needles have gone into your skin. Treatment to the liver can also cause shoulder pain in some people. This is caused by pain travelling

along a nerve near the liver, which is connected to nerves in the shoulder. It's called referred pain.

You will have painkillers to take home, although you may not need to use these. Contact your healthcare team if you are taking painkillers and they are not working. Also let them know if you still have pain 1 or 2 weeks later, or if the pain is getting worse.

Contact your healthcare team if you feel unwell after this time or have a temperature above 38°C. You may have an infection that needs treatment.

Rare side-effects

Damage from needle

The heat from the needle can damage surrounding structures beside the liver. For example, damage to the bile ducts, bowel, or gallbladder; the radiologist will use the scanners to avoid these structures and minimise the risk.

Infection

The damaged tumour can become infected from bacteria in the blood stream (sepsis).

Bleeding

Another risk is bleeding caused by the needle going into the liver. This is also rare. Your doctor and nurses monitor you closely during and after treatment so if this happens, they can deal with it straight away. You might need to have a procedure, such as an angiogram, to stop the bleeding. You may also have a blood transfusion if you have lost a lot of blood.

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 be normally be admitted to the Day Surgery unit the morning of 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 a vein to allow the anaesthetist to put you to sleep.

Where will the procedure take place?

We carry out the procedure in the interventional radiology department, the CT scanner department or in theatre.

What happens during ablation?

This is a sterile procedure and is performed under a general anaesthetic (asleep).

The radiologist will use the CT scanner and/or ultrasound equipment to help them to find the correct area and see the tumour.

The radiologist will insert an ablation needle into the tumour. The needle tip then heats the tumour until the tumour cells die.

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. In order to show that we have burned enough cancer cells they will take X-ray pictures and introducing dye (contrast) to the area.

During the procedure you will be asleep and pain free.

How long will it take?

You will usually be asleep for 2-3 hours and then will wake up in the theatre recovery area before being transferred back to the ward.

What happens afterwards?

After the procedure, you will return to the Day Surgery Unit and remain on bed rest for a few hours. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse, etc).

You may have some discomfort in the upper abdomen or right shoulder following the procedure. We can give you pain relief if necessary.

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?

You will get a follow-up scan locally 2-4 months after your ablation.

Please call the Hepatobiliary Clinical Nurse Specialists (CNS) on 0131 242 3652 when you get a date for your next scan.

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

If you do not hear anything about the results of the scan after 4 weeks you can consider calling you local CNS or consultant.

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 your GP first or NHS24 or attend your local A+E

If needed contact the HPB CNS team (0131 242 3652) during working hours (8-4pm Monday to Friday). Please note we are a busy service and may not always be available to answer the phone and aim to respond to voicemails within 1-2 working days.

Alternatively, contact the Surgical Observation Unit based in the Royal Infirmary of Edinburgh (0131 242 1358).

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

Notes/questions
