

Information for Patients

Ultrasound Guided Liver Ablation

This leaflet informs you about having a liver ablation. It explains what is involved and what the possible risks are. 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 staff in the department which is going to perform the procedure.

What is an ablation?

Traditionally, cancer has been treated by a combination of surgery, radiotherapy and chemotherapy. Ablation involves the use of heat to cause destruction of cancer cells by using small needles which are inserted into the tumour. The needles are heated using radiofrequency or microwave energy which causes heat damage and eventual destruction of the cancer cells.

Why do I need an ablation?

Tests that you have had done has shown that there is a small tumour in your liver. Your doctor will have discussed with you the likeliest cause of this and the possible treatments. An ablation has therefore been considered the best treatment option for you.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure will have discussed your treatment options at a multi-disciplinary meeting and consider ablation as the most appropriate treatment for your condition. 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.

Are there any risks?

Liver ablation is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise.

Although the doctor will aim to treat the whole tumour there is a risk that some of the tumour will not be treated and will recur. Some healthy tissue may be ablated. You may also experience some bleeding into your liver. If this occurs it will be treated at the time by inserting a metal coil into the area ablating the track made by the needle.

Despite these possible complications, the procedure is normally very safe.

Do I need to make any special preparations?

You need to be prepared to be admitted to hospital on the day of the procedure or the night before.

You will have some blood taken on the ward to check that your blood will clot following the procedure. You will be asked not to eat or drink for 4 hours before the procedure and a cannula (thin tube) will be put into your arm. This is to administer sedation and pain relief as required.

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department will see you during your procedure. Interventional radiologists have special expertise in reading the images and using imaging to guide procedures. A radiology nurse will admit you to the department and will ask questions about your general health and check if you have any allergies.

The nurse will give you some sedation and pain relief during the procedure.

A radiographer will assist the radiologist in using the ablation equipment.

Where will the procedure take place?

In the Interventional Suite in the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

What happens during the procedure?

The procedure is performed using local anaesthetic, pain relief and sedation.

You will be asked to get undressed and put on a hospital gown. You will lie on the X-ray table. The radiologist will scan your side (liver area) using ultrasound to locate and measure the tumour. You will have some local anaesthetic injected into your skin to numb it, a small cut is made in your skin and then the ablation needle is passed through this into your liver and the tumour. The radiologist will look with ultrasound to check the needle is in the correct place. The needle is very small, only 1-2mm.

When the radiologist is happy that the needle is correctly positioned the radiographer will operate the ablation machine to heat the end of the needle and burn away the tumour. This takes only a few minutes. You will be given pain relief as required during this time.

Will it hurt?

You will be given some sedation and pain relief before the start of the procedure. Most patients experience some pain during the ablation; this can be controlled with pain relief. You may feel some milder pain after the procedure; this can be controlled with paracetamol when you are back on the ward.

How long will it take?

Every patient is different, and it is not always easy to predict; however, be prepared to be in the radiology department for about 2 hours.

What happens afterwards?

You will be taken back to your ward on the bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, and will stay overnight in hospital.


How soon can I eat and drink?

You will be able to have a drink soon after the procedure. You will be allowed to eat around 2 hours after when the sedation has worn off.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Contact: Interventional Radiology

 (0161) 276 8588 Monday to Friday 8.30 am – 5.00 pm.