Division of Imaging

Information for Patients

Transarterial Chemoembolisation (TACE)

This leaflet tells you about having transarterial chemoembolisation (TACE). 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 the department which is going to perform it.

What is Transarterial Chemoembolisation (TACE)?

Transareterial 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 tumour (embolisation) and often abbreviated to TACE.

Why have you been referred for TACE?

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 and, after discussion, will have explained that your tumour cannot be cured 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 from published data suggests that selected patients with liver cancer treated by TACE have an improved survival, approximately 50% greater survival at two years, compared with patients having no treatment.

What happens during the TACE procedure?

A trained specialist doctor called a radiologist will perform your TACE procedure and will place a small cannula (thin tube) into a vein in your arm. You may receive a sedative to relieve anxiety, as well as an antibiotic.

The procedure will take place in the angiography suite which is located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

The procedure is performed using local anaesthetic. The skin at the top of the leg (groin) is numbed and a small tube (catheter) is placed in the artery.

The catheter is passed into the artery to the 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.

It may take two or more separate courses of the treatment to treat the tumour.

The person performing the examination will provide you with instructions on what is needed, and it is often very important that you remain still to ensure the best outcome.

Will I feel any pain?

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.

Are there any risks with this examination?

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 requiring further treatment is low (1–2%).

It is common to have some bruising at the puncture site. This may be sore for a few days but will resolve. Very rarely, significant bleeding or blockage of the artery can occur, which may require a small operation (less than 1 in 1,000).

Pain, nausea and flu-like symptoms can occur after the procedure. These can vary from being very mild to severe. Treatment with strong painkillers and anti-sickness tablets will be available if you require them. The symptoms may take 1–2 weeks to settle.

Fatigue is a very common symptom after the procedure. Almost all people experience a feeling of general tiredness lasting for about two weeks, this is normal.

Infection can occur in the area of the liver treated and will need treatment with antibiotic injections.

Acute liver failure is a rare, but serious, complication occurring in approximately 1% of patients.

Impairment of kidney function can occur following the treatment. This can be due to the contrast, the anti-cancer drug or dehydration.

Radiation risk
Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous. Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures, there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiologist and radiographer will keep the X-ray dose as low possible. The radiologist (doctor) will discuss the procedure, including the risks and benefits, with you and you will be able to ask any questions.

Contrast risk
We might need to give you contrast dye to make areas of your body show up more clearly.

A checklist will be completed to ensure it is safe for you to have the dye and you will be asked to sign this form as a consent, the specific side effects are documented on the checklists that you complete.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

Is there anything I need to inform you of before I attend for my appointment?

Pregnancy:
Radiation can be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer before the examination.

How do I prepare for my TACE procedure?

You will 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.

Clothes and accessories:

You will be asked to put on a gown.

You may also be asked to remove jewellery, dentures, glasses and any metal objects or clothing that might interfere with the x-ray images prior to the procedure.

Help and support in the department
If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

Do I need to give my permission (consent)?

The radiologist will ask you if you are happy for the examination to go ahead and will also ask you to sign a consent form; this is called verbal and written consent.

If you do not wish to have the examination or are undecided, please ask the radiologist so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about 1-2 hours.

What happens after a TACE procedure?

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 generally 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.

When will I get my results?

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

You may also already have an appointment with the clinician who referred you. If not, please contact them to arrange a time to talk about the results and any treatment you may need.

What should I do if I have a problem?

If you feel your condition has changed, or you need further medical advice after leaving the hospital/before receiving your results, please make an appointment with the doctor that referred you, or in an emergency, go to your nearest Emergency Department (ED).

How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.

Contact us

For contact information please refer to your appointment letter or if you are an inpatient please direct your queries to one of the medical staff on the ward.

Language and accessible support services:
If you need an interpreter or information about your care in a different language or format, please get in touch.

Your comments and concerns
If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website www.patientopinion.org.uk/ click on 'Tell your Story'

If you would like to discuss a concern or make a complaint:
Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: pals@mft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

NHS 111
This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone:	111, 24 hours a day
Website:	www.111.nhs.uk

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. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.