



Chemoembolization for Patients with Hepatocellular Cancer



What is hepatocellular cancer?

Hepatocellular cancer is a form of primary liver cancer.

How can this cancer be treated?

When surgery is not an option one form of treatment is a heat ablation. Heat ablation is a treatment that uses heat energy to destroy liver tumour(s) through radiowaves or microwaves. This treatment depends on the location, size and number of liver tumours. There are a small number of individuals who qualify for this treatment.

Chemoembolization is an option and the focus of this information material. The goal of this treatment is to slow down or stop the growth of tumours in the liver. It is not uncommon to require several embolizations scheduled over several months.

Will the embolization cure my cancer?

An embolization does not cure the cancer. It can be very effective in making the tumour smaller or stopping its growth. When either one happens, the symptoms from the cancer are then reduced or stopped.

In many situations, individuals are able to return to work and do the activities they enjoyed prior to their cancer diagnosis.

Who does the chemoembolization?

The chemoembolization is a specialized procedure done by an Interventional Radiologist. Our Radiologist will meet you before your first embolization and answer any additional questions you may have about the procedure.

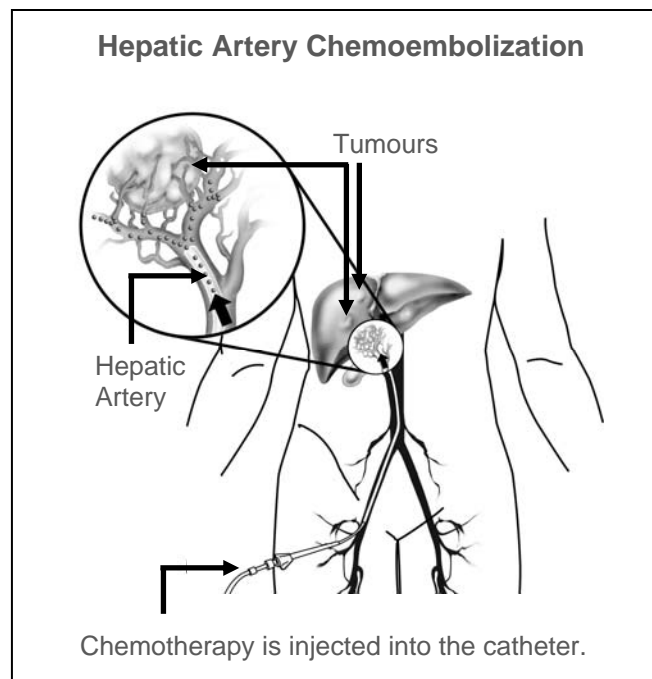
What is chemoembolization?

Cancer cells receive their blood supply from the hepatic artery, whereas normal liver cells receive their blood supply from the portal vein and hepatic artery.

The term 'embolize' means the blood and oxygen supply to the tumour is blocked. The chemotherapy is mixed with lipiodol (poppy seed oil) and is injected into the tumour via the hepatic artery. This mixture of chemotherapy along with lack of blood and oxygen to the tumour helps destroy cancer cells.

How is the chemoembolization done?

The Radiologist will insert a flexible tube (catheter) into the large artery in the groin, usually the right side. This catheter is slowly moved into the hepatic artery and the arteries to the tumour. **This can take 30-60 minutes.** Just like many people get angiograms of the heart, the interventional radiologist does an angiogram of the liver through the catheter. When the catheter is in the correct position, the Radiologist injects the chemotherapy mixture. After the injection, the catheter is removed and pressure is applied to the puncture site in the groin to prevent bleeding.



The day before the procedure

You will have a CT done then you will be admitted to the hospital. Bring all your prescription medications, vitamins, minerals and herbal preparations in their original packaging for the doctor and nurse to review.

In the evening, an intravenous (IV) will be started and you will be given IV fluid overnight. You may not eat solid food after midnight, but you may drink fluids. Your groins will be shaved by your nurse. If you prefer, you may do this on your own.

The morning of the procedure

A catheter will be inserted into your bladder, because during the procedure you must remain very still and will not be able to use a urinal or bedpan.

An antibiotic will be given IV prior to the embolization to prevent infection. Antibiotic tablets will be given twice a day for 14 days. You will be sent home with the antibiotics.

A second IV will be started for the pain medicine.

During the embolization

You must lie very still. Wires will be taped to your chest and a blood pressure cuff on your arm. This will monitor your heart activity and blood pressure during the procedure. Some people feel pressure or discomfort in the upper abdomen in the area of the liver during the injection of the chemotherapy medication. You will be encouraged to use the button on the pain medicine pump.

You may also have a feeling of heat over your body, brief feeling of nausea or experience the hiccoughs while the chemotherapy mixture is injected.

Following the procedure

You will go to the Recovery Room where the puncture site, pulse, blood pressure and general condition will be checked. After 2 hours, you will be transported back to your room. You must remain flat in bed with no leg bending for 5 to 6 hours. If there is no bleeding from the groin area, your catheter will be removed and you will be able to be up and about.

How will I feel after the embolization?

Over the next few days you may notice tenderness in your upper abdomen. It is caused by some swelling in the liver. This is to be expected. You are encouraged to ask your nurse for pain medication.

You may experience a feeling of fullness/pressure in the abdomen, constipation, low grade fever(below 38 degrees Celsius), sweats or chills. This is not uncommon as cancer cells in the liver start to die. Fatigue and lack of appetite can be problematic for 2 to 3 weeks after the embolization.

When will I go home?

The usual hospital stay is 3 days. Daily blood tests tell us how your liver is working. When the blood tests show a recovery in the liver function and your condition is stable you will be discharged home.

Do not forget to get your prescription for your antibiotics!

After discharge

You will be notified by radiology with an appointment for a CT scan and you will see the Interventional Radiologist the same day. The Interventional Radiologist will discuss with you the next steps in your plan of care.

NOTE:

- If you have a sudden increase in abdominal pain or a fever over 38 degrees Celsius you must go to the closest Emergency Department.
- Take this information pamphlet with you.
- You will require an **urgent multiphasic CT of the liver**.
- The Emergency Physician may contact the on call Medical Oncologist for the London Regional Cancer Program and have the physician paged after hours and on weekends by calling 1-519-685-8500.
- The Emergency Physician can page Dr. Kocha Tuesday to by calling 1-519-685-8500.