

Transarterial Embolization (TAE)

You are scheduled to be admitted to The James Cancer Hospital for **Transarterial Embolization (TAE)** procedure.

Appointment date: _____

The TAE procedure is used to treat cancer in the liver. During this procedure, small particles are injected through the blood vessels (**transarterial**) and into the liver tumor. The small particles are also used to block the blood vessels (**embolization**) and cut off the blood supply to the tumor.

This treatment is done **only one time** during your hospital stay. You will stay in the hospital for one night after the treatment, so you can be checked for any liver problems, side effects or complications.

Who may have the TAE treatment?

TAE treatment may be used for the following:

- **Primary liver cancer** (hepatocellular carcinoma). Cancer that started in the liver.
- **Metastatic disease** cancer that has spread to the liver.

To help control the cancer growth, you may need to have the TAE treatment done more than one time. This will depend on the type of cancer you have, the location and the size of the tumor(s) in your liver.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

What are the possible side effects of TAE?

Possible side effects may include the following:

- Nausea and vomiting that can last 1 to 2 weeks. This can be managed with medicine and helped by the foods you eat.
- Discomfort or pain in your abdomen (belly) for up to 4 weeks. This can be helped with medicine.
- Constipation may be caused by medicines, not drinking enough fluids or a lack of activity. You may use a laxative if needed.
- A fever caused by the cancer cells dying (tumor necrosis).
- Temporary thinning of your hair that may last for a few weeks.
- Hiccups due to the treatment.
- A decrease in your energy level (fatigue) for up to 6 weeks.

Your doctor may need to admit you into the hospital if you have any of these problems:

- Liver abscess or infection.
- Gastrointestinal (GI) bleeding, vomiting or blood in your stool.
- Problems with your gallbladder.
- Your bowels slow down (ileus). This can cause vomiting, constipation and dehydration.
- Liver problems (toxicity), which may cause a yellow color of your skin and eyes (jaundice).
- Other severe liver problems or life-threatening illnesses.

What can I expect before the treatment?

- **You should not eat or drink anything after midnight the night before your treatment.**
- You will be told which medicines you need to stop and the medicines you can take before the procedure.
- You may be prescribed a medicine called Allopurinol. This medicine is taken for 5 days before the procedure. This medicine is used to help with the symptoms caused by tumor necrosis.

- You will be told when your scheduled admission date is and where to check in when you get to the hospital.
- After you get to your hospital room, blood work will be checked and your nurse will start an intravenous catheter (IV). This will be used to give you fluids and other medicines.
- A member of your health care team will come to your room to take you when it is time for your procedure.

How is the TAE procedure done?

- TAE is done in the Interventional Radiology Department. Specially trained doctors and nurses will do this procedure. You will be asked to sign a consent form before this procedure.
- You will be given IV medicine (sedation) to help you relax and lie still, but you may be awake during the procedure. The procedure takes about 2 hours to complete.
- An area on your groin will be cleaned with a special solution. The doctor will inject a numbing medicine into a small area of your groin to help with any pain.
- The doctor will then put in a long narrow tube (catheter) into a blood vessel (femoral artery) in your leg.
- The catheter is then moved up through the artery to the liver. An IV dye will be injected through the catheter. This lets the blood vessels of your liver to be seen on an x-ray. You might feel warm all over your body for a few seconds when the dye is injected.
- A series of x-rays will be taken with a high speed camera. The room may be noisy when the camera is filming. The different blood vessels seen on x-ray will help the doctor decide if a TAE can be done.
- To do the treatment, the doctor will inject small particles through the catheter and into the liver tumor(s). These small particles are also used to block and cut off the blood supply to the tumor(s).
- After the treatment is done, the catheter will be removed. To close off the blood vessel and stop any bleeding, a device called an angioseal or a mynx clip may be used. If a device cannot be used, then pressure will be held on the area to stop bleeding. This pressure may be held on the groin area for about 30 minutes after the procedure.

What to expect after the procedure?

- You will be in the recovery room for about 30 minutes before going back to your room. While in recovery, your vital signs and the site where the catheter was placed will be checked often.
- You will need to keep the leg where the catheter was placed straight for about 2 to 4 hours. It is important to keep your leg straight to help the artery heal properly. This also helps with bruising and bleeding.
- Your nurse will check on you often and remind you how long you must keep your leg straight and stay in bed.
- **Call your nurse right away if you have any of the following:**
 - ▶ Numbness, weakness or paralysis of the leg
 - ▶ Swelling or warmth at the site
 - ▶ Bleeding at the site
- If do not feel sick to your stomach (nausea), you may drink a small amount of fluids after the procedure
- Most people can go home the day after the procedure if nausea and pain is under control. If you have problems drinking fluids, taking your pills or other medical problems, you may need to stay in the hospital for another day.
- You will be given prescriptions for pain medicine, anti-nausea medicine and instructions on how to take care of yourself at home.

What follow-up is necessary after the treatment?

- You will be scheduled for a follow-up appointment and imaging with Interventional Radiology or your primary care team.
- Call your medical provider's office if you have any questions or concerns after you go home.