About Bland Embolization for Liver Cancer

What You Need to Know and Do

What is bland embolization for liver cancer?

Bland embolization is a way to treat cancer in the liver. It can be used for cancer that began in the liver or for cancers that spread to the liver.

A tumor needs a supply of blood to grow. Liver tumors get most of their blood from a large blood vessel called the hepatic artery.

A hollow, flexible tube (catheter) is inserted into the liver blood supply. Small particles are injected to stop blood flow to the tumor.

Bland embolization is done by a specially trained doctor called an Interventional Oncologist. Your doctor will decide if it is the right therapy for you.

What are the benefits of the procedure?

- Bland embolization can help stop the growth of tumors in your liver or even shrink the tumors. This can help improve or maintain your quality of life.
- It can be used with other treatments like chemotherapy.
- It can be done to control blood loss or shrink tumors before surgery.

How do I prepare for my procedure?

Don’t eat or drink anything for 6 hours before the procedure.

Tell your healthcare provider what medicines you take (including Coumadin or other blood thinners and insulin). Ask if you should stop taking them before the procedure.

What happens during the procedure?

When you arrive for your procedure, an IV (intravenous) line will be put in your arm. This line gives you fluids and medicines to prepare your body.

- You will get medicine to help you relax and for pain.
- A small catheter is put into an artery in your groin.
- Contrast medium (X-ray dye) is injected through the catheter. This helps the artery and catheter show up better on X-rays.
- The doctor guides the catheter to the artery in your liver, moves it to the tumor, and injects embolizing particles.
- After your procedure, the catheter is removed from your groin. A device will be used to plug your artery, or pressure will be used to prevent bleeding.
- You will lay flat for 2 to 6 hours to keep the artery from bleeding.

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What happens after my procedure?

You will stay in the hospital overnight. We want to make sure you are having a good recovery. Your healthcare team will evaluate you the morning after the procedure to see if you are ready to go home. Your pain needs to be under control and you must be able to drink plenty of fluids.

Once you are discharged, take your regular medicines unless we tell you something else. If you take Metformin, please wait 48 hours after your procedure before you take a dose.

You will have scans 2 to 3 months after your procedure. Your Interventional Oncologist Coordinator will arrange for this and let you know when your appointment is scheduled.

What side effects will I have?

It is normal for you to:

• have pain in the upper right side of your abdomen for up to a week. The pain may move to your shoulder and back. We will give you a prescription for pain medicine to help.

• feel very tired and worn out for up to 3 weeks after the procedure.

• have little appetite and lose weight. It is important to eat, even if you don’t feel like it. Try eating smaller meals, more often.

• have a temperature up to 101°F (38.3°C) for up to 2 weeks after the procedure.
  – You can take 200 to 400 mg ibuprofen (Motrin or Advil) every 6 hours for fever.
  – If you have a history of bleeding or been told by a doctor not to take ibuprofen, take 500 mg acetaminophen (Tylenol) every 6 hours instead. But don’t take more than 2000 mg a day.

You may also feel sick to your stomach. We will give you a prescription for anti-nausea medicine to help. Drink 6 to 8 glasses of fluids every day. Water is best.

How active can I be?

For 10 days:

• Do not do any hard activities or heavy exercise.

• Do not lift anything more than 5 pounds.

Most people can return to other normal activities within a week.

What should I do if I have problems?

Call your liver doctor right away if you have:

• a temperature more than 101°F (38.3°C) or chills

• pain that is not controlled by taking your prescribed pain medicine

• pain that suddenly gets worse or changes

• vomiting or you cannot keep down any food or liquids

• bleeding or swelling at the site where the catheter entered your body

• any questions about your treatment.

Who can I contact with questions?

For any problems, concerns, or questions, call Interventional Oncology at (615) 343-9206.

After hours (between 3:30 p.m. and 7:00 a.m. on weekdays, and on weekends and holidays), call (615) 322-5000. Ask for the Interventional Radiology Fellow on call.

If you have an emergency, go to the nearest Emergency Room or call 9-1-1.