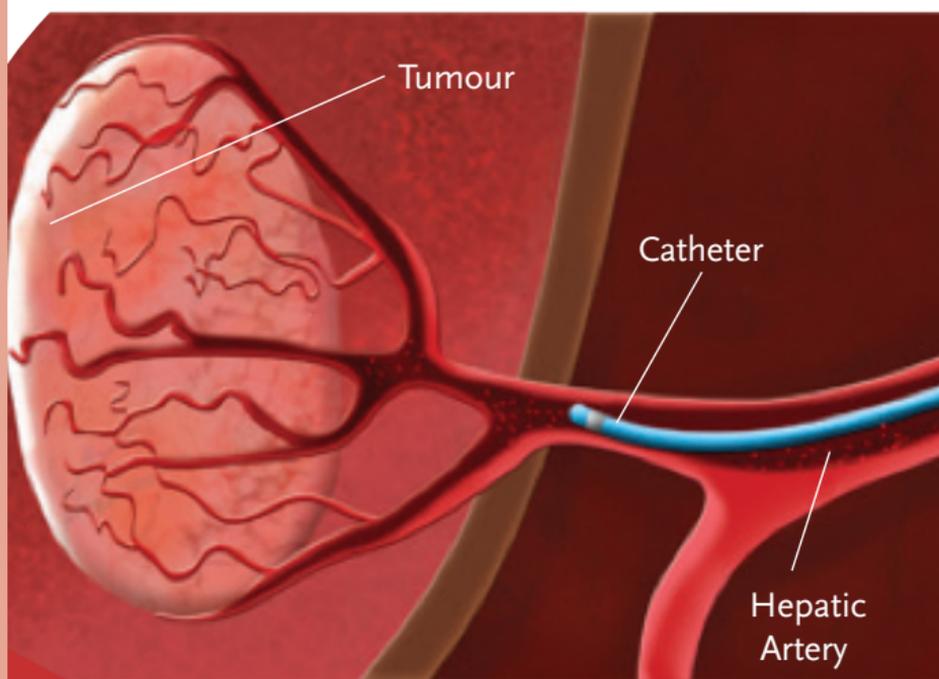


Chemoembolisation



TRANSARTERIAL CHEMOEMBOLISATION

This brochure will provide you with essential information about transarterial chemoembolization (TACE). It explains briefly what is involved, its benefits over other forms of treatment and some of the more salient risks. It is not meant to replace an informed discussion between you and your referring doctor or interventional radiologist who will be performing the procedure. If you have any questions regarding the procedure, do not hesitate to ask your referring doctor or the interventional radiology staff.

What is TACE?

Transarterial chemoembolisation or TACE is a treatment for liver cancer, using a combination of anti-cancer drugs (chemotherapy) and an agent to block the artery supplying the tumour (embolisation). The liver cancer may be a primary liver cancer or a secondary cancer which has originated elsewhere in the body and has spread to the liver.

Preparation for the procedure

A blood test may be required to test for any blood clotting problems and to evaluate your liver function.

If you are on any medication, kindly inform your referring doctor and the Radiology Department of this. If you are currently taking any blood thinners, this may have to be stopped for 3-5 days prior to the procedure. Your referring doctor will advise you on this. Similarly, diabetic medication may have to be halted until after the procedure as fasting may be required for the procedure.

In general, fasting 4-6 hours prior to the procedure is recommended. This is especially so if sedation or general anaesthesia is required.

Arrive early at the hospital as time is often required for registration, admission and other administrative details.

If the procedure is to be performed as an outpatient, please arrive at least 20 minutes before your procedure time. If the procedure is to be performed as a day-case or inpatient, please arrive at least 2 hours before the procedure time.

What happens during TACE?

The procedure is performed by an Interventional Radiologist, in the Angiography suite of the Radiology Department. The procedure is performed under local anaesthetic injection although, occasionally, it may be performed under conscious sedation by an anaesthetist. The local anaesthetic is given to the skin in the groin and the artery in the groin is punctured. Through this, a fine tube, called a catheter, is threaded up to the artery supplying the liver. X-ray dye or contrast media is injected and images are obtained by an angiogram to identify the artery supplying the tumour. The catheter is then manipulated into this artery. The prescribed dose of the chemotherapy agent, mixed with a special oil-based contrast agent, called Lipiodol, is then injected into the vessel followed by embolization to reduce the arterial supply to the tumour. The catheter is then removed and pressure to the groin puncture site is applied to prevent this from bleeding.

- o Liver dysfunction and liver failure
- o Infection and liver abscess formation
- o Liver infarction
- o Tumour rupture
- o Systemic effects of chemotherapy such as hair loss, decrease in white cell counts, platelets and anemia. This rarely happens as the drugs are usually trapped in the liver and the tumour.

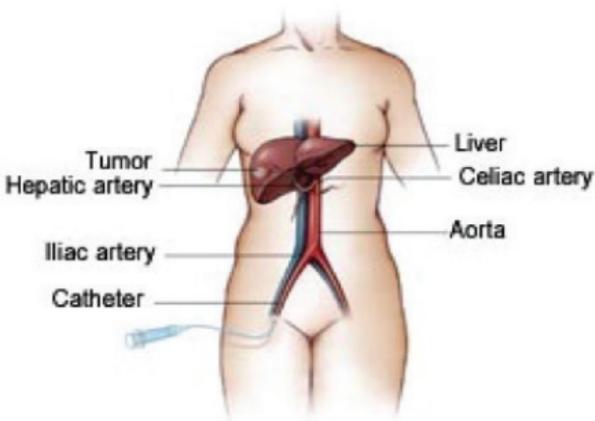
In any procedure, there are risks, including death, which are rare and unpredictable. It is not possible to list every single risk. Any of these potential complications, both listed and not listed above, may require further surgical or interventional procedures for treatment.

Alternatives

There are always alternatives for treatment. For liver cancers, there are sometimes a range of options, including surgery. These should be discussed with your referring doctor.

Follow-Up

Follow-up imaging and blood tests following the procedure will be required to evaluate for adequacy of the treatment. There may be portions of the tumour which persist and repeat TACE may be necessary. Timing for the follow-up will be determined by your referring doctor.



Hepatic Artery Chemoembolization

After the procedure

A tight compressive bandage will be applied to the groin and you will be sent back to your room to rest. You must lie in bed for several hours and not bend the affected leg after the procedure to allow the punctured artery in the groin to heal. You will often be kept overnight for observation and will likely to be discharged the following day if you have no complications.

Efficacy of procedure

TACE is a palliative treatment and it may have to be repeated a few times for its full effects on the tumour. It can be extremely effective in treating primary liver cancers and is some types of metastatic or secondary liver cancers, especially in combination with other therapies. In patients who are not surgical candidates, TACE is a good alternative to help prolong survival rates.

Benefits and Risk

BENEFITS

- Minimally invasive therapy, through a groin puncture
- No general anaesthesia
- Can be repeated

RISKS

Overall, the risks are low. Below is a list of some of the more salient risks. Reports indicate that approximately one in 100 procedures result in death, usually due to liver failure.

- **RISKS OF ANGIOGRAM**

- Injury to the access artery and artery supplying the liver
- Bleeding from the puncture site
- Contrast allergy
- Renal failure

- **RISKS OF TACE**

- Post-embolisation syndrome. This is experienced in up to 30% of patients undergoing TACE. This usually involves flu-like symptoms such as low-grade fever (<38.5C), myalgia, loss of appetite and tiredness. This may last between 7-10 days
- Non-target embolisation with the chemotherapy drugs and embolization agents going to vessels outside the liver, such as the gallbladder, duodenum and stomach. This may result in inflammation and injury to these organs

I confirm that I understand the information herein about Chemoembolisation as it has been read by me and / or explained to me.

Name: _____

*Passport/NRIC No: _____

Signature: _____

Date: _____

Confirmation given before (Staff's name): _____

Staff's Signature: _____

Date: _____

*Please delete as applicable



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