



What is it?

Portal vein embolisation (PVE) is a minimally invasive treatment to prepare the liver for tumour resection. Once the segment of portal vein has been blocked off, the blood is redirected to the opposite lobe to help it grow.

Who is it for?

This procedure is for people who have cancer within the liver and are planned to have a large segment of liver surgically removed, usually the right lobe. The liver resection will leave the left lobe behind, but in some people, the left lobe of the liver is too small on its own. Portal vein embolisation causes the left lobe of the liver to grow in size so that it is safe to do a liver resection.

How is it done?

PVE is usually performed under general anaesthetic in an operating room with specialised medical imaging equipment.

Your interventional radiologist will use an ultrasound to guide a tube into the portal vein, usually from the right side of the body. They will then pass a catheter (thin plastic tube) into the main portal vein and inject x-ray dye (contrast) to map which veins need to be targeted. A very fine catheter (microcatheter) is then passed into these smaller branches. The branches may be blocked off using coils, vascular plugs, fine plastic particles or glue. Sometimes it is necessary to also block off the hepatic veins to the right lobe of liver. This is done in a similar way but via the vein in the right side of the neck.

What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risks associated with this procedure include:

- pain
- bleeding
- post embolisation syndrome

Unintentional blockage of vessels that supply the left lobe that makes future liver resection not possible is very rare.

Follow up

You will be scheduled for a follow up CT or MRI scan in 4-6 weeks afterwards to assess the amount of growth in the left lobe of the liver. Once this has reached a suitable size, you will be scheduled for resection with your liver surgeon.



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