# Renal embolisation



Patient information

#### What is it?

Embolisation is the process of blocking off a vessel, either to stop bleeding, slow tumour growth or destroy tumour. A range of materials can be used in embolisation including coils, plugs, and liquids; your interventional radiologist will choose the embolic material that is best suits for you. Interventional radiologists are the only specialists who are trained in use of the full range of embolics.

### Who is it for?

Renal embolisation may be helpful for patients with benign tumours, such as angiomyolipoma (AML), to destroy their blood supply to prevent them from bleeding or rupturing. It can also be helpful for patient with malignant tumours (such as renal cell carcinoma (RCC) or transitional cell carcinoma (TCC)) with problematic bleeding but are not suitable for surgery.

#### How is it done?

Renal tumour embolisation may be done with either sedation or 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 artery of either the wrist or groin. They will then pass a catheter (thin plastic tube) into the main artery of the kidney and inject x-ray dye (contrast) to map which arteries need to be targeted. A very fine catheter (microcatheter) is then passed into these smaller branches. The branches may be blocked off alcohol, glue, fine plastic particles or small metallic plugs or coils. Blocking off the blood supply to the tumour causes it to shrink and reduces the risk of bleeding.

## 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 risk associated with this procedure include:

- pain
- bleeding
- post embolisation syndrome
- unintentional blockage of vessels that supply normal kidney or other arteries outside of the kidney

# Follow up

You may be scheduled for a follow up CT or MRI scan in 4-6 weeks afterwards, after which you will be seen in clinic by your interventional radiologist.

