



What is it?

Chemoembolisation, or transarterial chemoembolisation (TACE), is a minimally invasive treatment for hepatocellular carcinoma (HCC) or colorectal liver metastases. Chemoembolisation combines the effect of chemotherapy agents with mechanical occlusion of the blood supply to the tumour.

Who is it for?

TACE improves overall patient survival in patient with HCC, compared to best supportive care. This treatment is usually advised when other treatment options such as surgery or ablation are considered not suitable. TACE may also help a patient stay within transplant criteria while awaiting liver transplant.

How is it done?

TACE is usually performed under sedation in an operating room with specialised medical imaging equipment.

Your interventional radiologist will use an ultrasound to guide a tube into the artery at either the groin or wrist. They will then pass a catheter (thin plastic tube) into the arteries that supply the liver and inject x-ray dye (contrast) to define the anatomy of the liver arteries and map a path to the tumour to be targeted. A very fine catheter (microcatheter) is passed deep into the arterial supply of the tumour and then small particles coated with a chemotherapy agent (doxorubicin) are slowly injected.

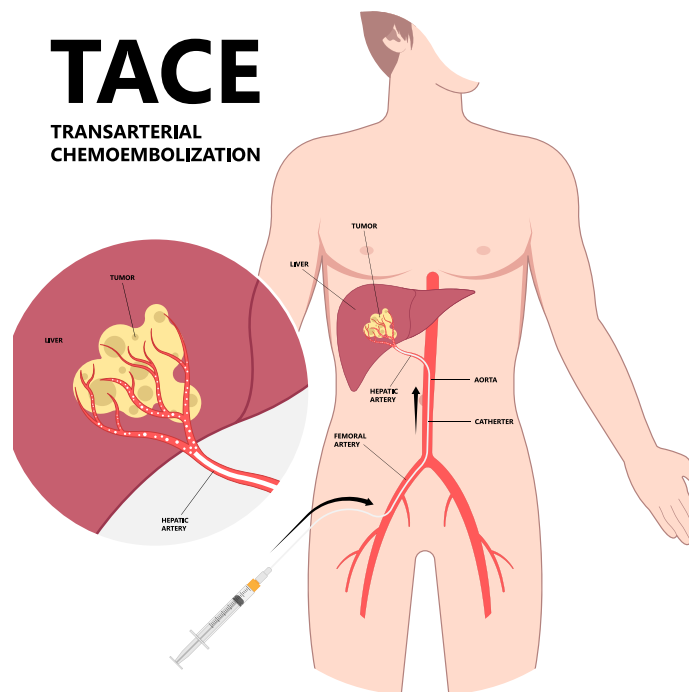
Blocking up the blood supply to the tumour causes them to shrink. Sometimes more than one session is required to complete treatment.

What are the risks?

Most patients experience a degree of post-embolisation syndrome, which may include fatigue, low-grade fever, nausea, vomiting or abdominal discomfort. Less common side effects include damage to bile ducts or portal vein, off-target embolisation, or damage to the access artery. Your doctor will discuss these risks with you before your operation.

Follow up

You will be scheduled for follow up imaging and clinic appointment with your interventional radiologist in the SCUPH suites about 6 weeks after your operation to review the success of the procedure.



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