

Transarterial embolisation of the liver (TAE) or transarterial chemoembolisation (TACE)



“Primary liver tumours tend to have a rich blood supply; blocking off this blood supply can be used to help shrink the tumour or, in some circumstances, destroy it completely” – Dr Louise MacDougall

What is TAE/TACE?

TAE/TACE treatment blocks off the main blood supply to the tumour. This method can be used to help shrink the tumour or, in some circumstances, destroy it completely.

In TAE a small cannula (tube) is inserted via the blood vessels in the groin or wrist and then is passed through the blood vessels to the liver and into the small blood vessels supplying the tumour. The cannula is then used to inject an embolising substance which blocks the blood supply to the tumour with the aim to prevent the tumour from growing further and potentially destroy the tumour cells.

TACE utilises the same method but small beads containing chemotherapy are also injected directly into the blood vessels supplying the tumour.

Am I suitable for TAE/TACE?

TAE/TACE can be used to treat small or medium sized tumours but it is not possible to treat very large tumours with this method.

It is also important that the patient has good liver function as there is a risk of causing some harm to surrounding liver tissue; this is not normally a problem when the liver is working well but in those with impaired liver function this could be significant and therefore TAE/TACE is avoided.

How is the procedure carried out?

The procedure is normally carried out in the radiology department by a specialist doctor, an interventional radiologist.

The patient is normally awake for the procedure. Local anaesthetic is injected prior to the cannula being inserted into the groin or wrist.

The procedure can vary in terms of time but generally takes around 45 minutes to two hours. The patient is normally observed overnight.

How effective is TAE/TACE?

TAE/TACE is effective at reducing the size of tumours and its aim to delay progression; in some circumstances it can completely destroy the tumour.

It can also, in appropriate circumstances be repeated, if not all of the tumour has been treated or the tumour recurs.

What are the risks of TAE/TACE?

TAE/TACE is a safe procedure but there are some small risks;

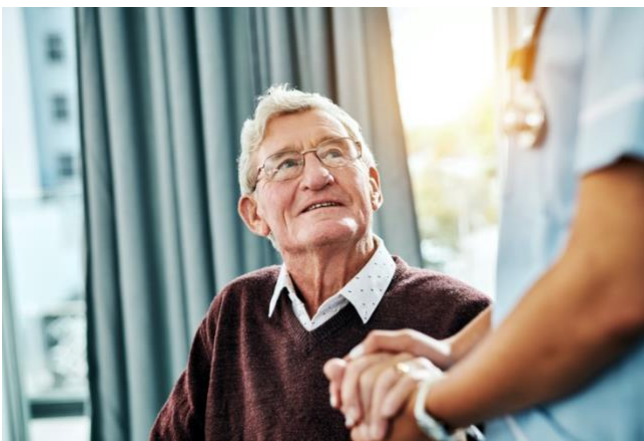
Most patients experience some pain or discomfort for a few days following the procedure, this is normally managed with simple painkillers.

It is not uncommon to experience flu-like symptoms for around a week following the procedure (post embolisation syndrome).

There is a small risk of infection developing in the part of the liver that has been embolised; to reduce the risk of this all patients receive a short course of antibiotics following the procedure; however there is a risk that infection may develop requiring further antibiotics or intervention.

There is also a small risk of damage to the surrounding liver tissue or that the embolisation substance can inadvertently block the blood supply to other parts of the body or abdomen.

TACE uses small beads containing chemotherapy that are directly injected into the blood vessel supplying the tumour; this has the advantage that the chemotherapy is injected locally so the tumour receives maximum dosage whilst limiting the more generalised side-effects often seen with chemotherapy.



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For more information, support and advice
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