

WHO WE ARE

Dr Rela Institute & Medical centre is a multi-specialty medical facility. It houses state of the art operating rooms and ICU facilities. The Liver Transplant Unit at the hospital, was opened in October 2018 to meet the needs of people in India and abroad suffering with liver disease and requiring a liver transplant. The unit is headed by Prof. Mohamed Rela, a world renowned liver transplant surgeon with over 28 years of experience. He has performed over 1500 liver transplant surgeries in India and in excess of 4000 transplants worldwide.

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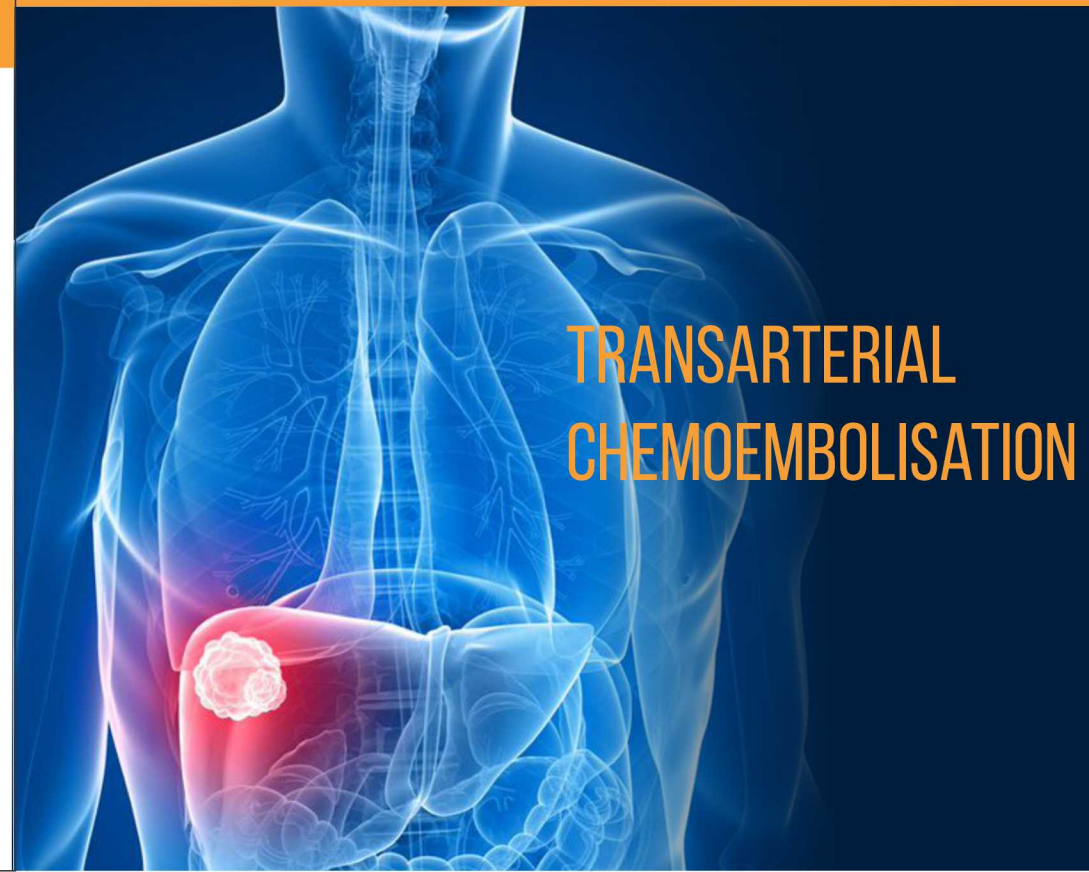
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DR. RELA INSTITUTE & MEDICAL CENTRE
An International Medical Facility

TACE





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What is TACE?

Transarterial Chemoembolisation, abbreviated as TACE is a procedure to treat Liver Cancer. The tumor in the liver is fed with a rich supply of blood, exclusively by the hepatic arteries. Chemoembolisation works by depriving the tumor of its blood supply and oxygen, which helps shrink the tumor, whilst delivering chemotherapy drug locally. The usual side effects of chemotherapy are minimized as very little of the drug gets into the blood stream.

TACE is a nonsurgical and minimally invasive procedure usually with good outcomes.

Why are patients referred for TACE?

Patients referred for TACE usually have tumor in the liver. This may be primary cancer that originates from the liver or cancer spreading to the liver from somewhere else. Ideally, the best treatment for cure would be a surgery to remove the tumor. However, some patients may be inoperable due to size and location of the tumor, in which case TACE may be the ideal choice. For some other patients TACE is used as a 'bridging therapy' to prevent tumor progression in preparation for Liver Transplant.

This booklet aims to help you understand the TACE procedure, the risks and benefits and what to expect as you go forward with the procedure.

Who will perform the procedure?

A specialist doctor called Interventional Radiologist will perform the TACE. They are specialist in using X Ray and scanning equipment to guide the wires and catheters during the procedure and also at interpreting the images. Radiographers and radiology nurses will also be present in the room.

The Interventional Radiology room at our hospital is located on the 1st floor near the OT. The room inside looks like an operating theatre with specialized X Ray Equipment installed.

How does the procedure work?

A normal liver gets majority (about 75%) of its blood supply from the portal vein and the rest from the hepatic artery. However, a tumor in the liver receives most of its blood supply from the hepatic artery. Therefore, when the hepatic artery is blocked, only the tumor suffers from inadequate blood supply whilst the rest of the liver stays unaffected.

This makes Chemoembolisation possible, as the procedure works in two ways.

- It blocks blood supply to the tumor thereby preventing its growth and forcing it to shrink in size
- It delivers chemotherapy drug directly to the tumor, thereby avoiding exposure to the rest of the body.

Preparation for TACE

You will need to be admitted as inpatient for the procedure. Some blood work will need to be done to check for certain factors. You must inform the doctor of allergies to any medications or contrast dye. For female patients, please inform the doctor for any possibilities of pregnancy. You may be asked not to eat anything except water for 4-8 hours prior to the procedure.

What happens during TACE?

You will need to lay on a X Ray table where equipments monitoring heart rate, pulse and blood pressure will be attached to you. A small cannula will be placed into a vein in your hand or arm through which any sedatives, painkillers or antibiotics are administered. The skin on the groin is cleaned with antiseptic and local

anesthetic is injected there to numb the area. Using live imaging, a small plastic tube(catheter) is threaded through your blood vessels into the liver from a small incision in the groin. Contrast dye is injected through the catheter after which some X Ray images are taken. You may experience a warm feeling during the time which will subside soon after. Once the catheter is in position, treatment is given by mixing the chemotherapy drug and embolisation materials and injecting it. The procedure can take between 1-2 hours.

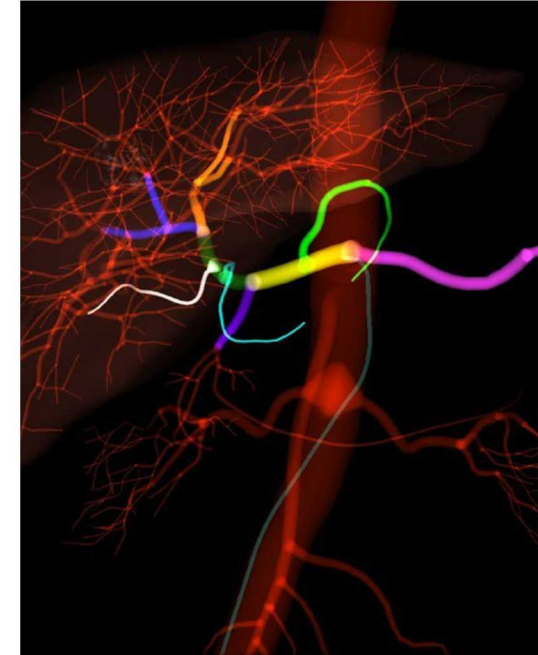
staff will monitor your vital statistics like blood pressure and pulse and will also check the puncture site. If everything looks normal you can expect to go home in 24-48 hours.

Some patients may have some side effects called 'Post Embolisation Syndrome' like pain, fever and nausea. All of these can be medically managed. Fatigue and loss of appetite may also be seen among some patients, which may last for a week or two.

But if you experience fever that is very high or anything unusual, it is best to contact the doctor. Normal activities should resume in a week or two.

What to expect on completion of treatment?

You will be advised for CT or MRI scans in about 6 weeks after the procedure and thereafter every 3 months to check the size of the treated tumor and to also look for presence of any new tumors in the liver. It is possible to repeat TACE several times as long as you remain healthy enough to go through the procedure.



What happens afterwards?

Once the procedure is completed, you will be taken to the ward where nursing

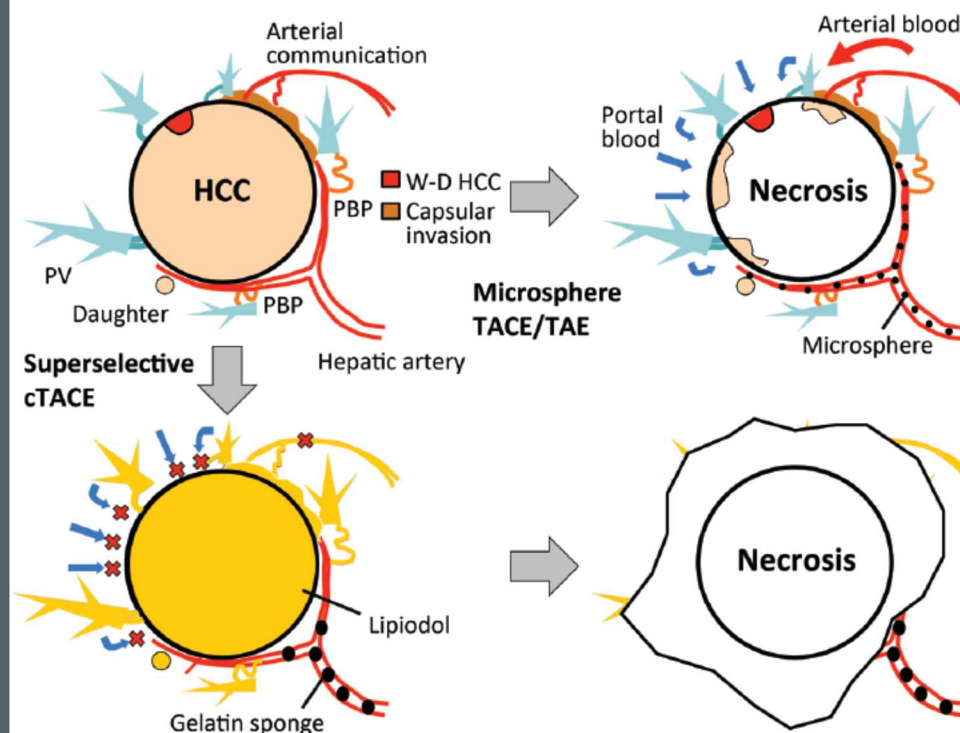
Benefits & Risks

Benefits

TACE helps the liver tumor to shrink and controls its growth. It may also help with pain relief. The benefit lasts for a few months to a year and in case of recurrence, there is a possibility of repeating the procedure.

Risks

Some of the risks involved includes but not limited to



- Infection
- Allergic reaction to the contrast material
- Damage to the blood vessel
- Bleeding at the puncture site
- Small risk of decompensation leading to worsening liver function in cirrhotic patients.

Please be advised to discuss any concerns with your doctor prior your procedure.

TACE is a palliative treatment and is not a permanent cure for cancer. In most instances it serves as a bridge to the definitive treatment like resection or transplantation.