

Having treatment using heat to destroy liver cancer (liver tumour ablation)

Department of Radiology

Information for Patients

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Introduction

This leaflet tells you about treatment for liver tumour ablation. Please read it carefully as it has important information and instructions.

What is ablation?

Ablation means to remove or destroy an area of tissue. This treatment uses heat to destroy liver tumours.

- For liver tumour ablation, a special needle is put through your skin into your liver. Ultrasound or CT scanning is used to help guide the doctor to the tumour.
- An electric current from the end of the needle heats the cancer cells to high temperatures to destroy them.
- The heat only travels a short distance (a few centimetres) so it generally does not affect most of the normal liver.

What are the benefits of ablation?

Ablation treatment has been done in Leicester University Hospitals for over 15 years with surgery. This new service does not use surgery. This has some benefits:

- The procedure is done in X-ray theatre through a very small cut in the skin, the size of a finger nail.
- It will be as effective in treating liver cancer without having to cut the tumour out or make a large cut in the tummy (abdomen).
- You can return to your normal activities within a few days.
- The treatment can be done again if the tumour grows again.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is the treatment done and how long will it take?

- You will have a general anaesthetic. You will be asleep and cannot feel anything during the treatment.
- A doctor who specialises in imaging and X-ray treatments (a Radiologist) will do the procedure. They will use either an ultrasound scan or CT scan to guide the ablation needle through your skin and into the tumour in your liver.
- The needle then heats the tumour and destroys it.
- The needle will then be taken out.
- The needle may need to be inserted more than once during the treatment to treat the whole tumour.
- The procedure usually takes about 90 minutes but this can vary.

Are there any risks?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

Your risks will be made as small as possible by making sure that this treatment is suitable for your liver tumour and that you do not have any problems that would make it more risky.

The risks are:

- **Flu-like symptoms (post ablation syndrome).** This a flu like illness. It happens 3 to 5 days after treatment. It affects about 1 in 4 patients. You may feel generally unwell, have body aches and feel sick.
- **Bleeding** caused by the needle going into the liver. Doctors and nurses will check on you closely during and after the treatment. If you have symptoms of bleeding they will deal with it straight away. If the bleeding does not stop you may need another procedure to stop the bleeding.
- **Leak of bile** (fluid produced by the liver). This may cause pain in your tummy (abdomen).
- **Liver infection.** This could happen after the treatment. It may cause high temperature (fever) and pain in your abdomen.
- **Damage to the bowel** as the needle is inserted into the liver or as it heats up. This may cause you to feel sick and have pain in your abdomen. The risk is made as low as possible by using ultrasound or CT scans to guide the needle into the right place.
- The risk of a serious complication is 2 to 4 in 100 patients (2 to 4%).
- If you feel unwell with pain, feeling sick (nausea) or fever after discharge please go to your nearest Emergency Department for further assessment.
- The risk of death is less than 1 in 200 patients (less than 0.5%).
- **Your cancer may grow back.** If the ablation treatment does not destroy all the cancer it can grow back. You may be able to have it treated with ablation again.

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a doctor who has specialised in imaging and X-ray treatments (a Radiologist). They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the Radiologist you do not want to have the procedure then you can decide against it at any time. If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may ask for the doctor who wanted you to have the procedure to talk to you and review your condition. The Radiologist will discuss the procedure in detail with you. It is important you ask them any questions you may have.

Once you have understood all the information including the benefits and risk of complications, the Radiologist will ask you to sign a consent form to give your agreement for the procedure to go ahead.

Your pre-assessment appointment

- We will ask you to come for a pre-surgery (pre-operative) assessment.
- You will be asked about your medical history.
- We will do any clinical examinations and investigations needed. This is to make sure you are well enough for the treatment. You may need an ECG to check your heart and a blood test.
- The nurse will explain the procedure to you.
- They will give you instructions about eating and drinking before your procedure.
- The nurse will ask you about any medicines you are taking. We will tell you whether you need to stop taking any medicines before your procedure.

What happens after my treatment?

When you wake from the anaesthetic you will be in the recovery area.

A nurse will regularly check your pulse and blood pressure. You will then be taken to the ward for overnight stay.

On the ward you will be allowed to drink water a bit at a time. If you are able to tolerate good amounts then you will be able to have something light to eat.

Your nurse will offer you pain relief to help with any discomfort.

You may have an intravenous drip in your arm overnight to help you keep hydrated. It may be used to give medication if needed.

A doctor will see how you are the next day before your discharge home.

What happens when I go home?

You should expect to be off work for 1 week after treatment.

You will have a follow up appointment arranged with your doctor. You will get follow up CT appointments at 3, 6, and 12 months after the procedure.

Are there any other options?

Ablation may be combined with other treatments for liver tumours. Your doctor will talk to you about best course of treatment for your tumour.

What if I need to talk to someone?



If you have any questions or concerns, or cannot make the appointment please call the interventional radiology booking office on **0116 258 8300**, Monday to Friday 9am to 5pm, excluding bank holidays.

If you feel unwell at home after the treatment:

Monday to Friday 9am to 5pm, excluding bank holidays please contact your Cancer Nurse Specialist.

Outside of these hours please go to your nearest Emergency Department (A&E) and tell them you have had a liver tumour ablation.

In Leicester the Emergency Department is at Leicester Royal Infirmary.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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