

Having an X-ray guided TACE procedure to treat a cancerous liver tumour

Radiology Department

Information for Patients

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Introduction

This leaflet tells you about having a TACE procedure for liver tumours (cancer). Please read it carefully. It has important information and instructions. It tells you what is involved and what the possible risks are.

What is a TACE procedure?

We do a TACE procedure to treat tumours that are not suitable for other more usual treatments such as chemotherapy, radiotherapy or surgery.

TACE means **T**rans **A**rterial **C**hemo **E**mbolisation.

In a TACE procedure we get to the tumour through an artery. We put an anti-cancer drug (chemotherapy) directly into the blood vessel that is feeding the tumour. We may also put in another liquid or material. This is to block the blood vessels feeding the tumour (embolisation).

What are the benefits of the TACE procedure?

- More of the chemotherapy drug goes directly into the tumour.
- Less of the chemotherapy drug goes into normal liver tissue or the rest of your body. This means that you recover more quickly.
- The blood supply feeding the tumour is reduced. This slows its growth.
- TACE has been shown to improve survival in some patients with liver cancer who cannot have other treatments.

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

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

Who has made this decision?

The doctor (consultant) looking after you and a doctor who specialises in X-ray treatments (an interventional radiologist) will have talked about your tumour (or tumours). They feel that having a TACE procedure is the best option for you.

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 hospital doctor or a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will check that you understand :

- why the procedure is being done
- the potential risks
- the chances of success

You will sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form. This may be on an iPad or a paper form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide to say no.

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.

Important information before you have X-rays with contrast liquid:

The contrast liquid used in your procedure has iodine in it. Your kidneys remove iodine from your body. It comes out in your pee (urine). If you have kidney dialysis, this will remove the iodine.

Please tell the X-ray staff when you arrive if:

- **You are allergic to iodine or rubber (latex),** or have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast).** This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney dialysis or have any problems with your kidneys.**
- **You have diabetes.**

We will ask you questions about your health before the procedure starts.

Before your procedure

Before the day of your TACE procedure you will have a blood test. This is so we can check that you do not have an increased risk of bleeding.

If you are an outpatient, someone from the Radiology Department may phone you. They will ask you some questions from a checklist about your medicines and your health.

If you are already staying in the hospital as an inpatient, the nurses on the ward will help you get ready for the procedure.

How do I get ready for the procedure?

- You need to be an inpatient in the hospital.
- You will need to stay in hospital for 1 or 2 days after the procedure.
- You should follow the information sent to you about the appointment.
- Have a bath or shower in the morning, or the night before.
- **Do not eat for 6 hours** before your procedure.
- **6 hours before your procedure**, you can still drink clear liquids like water, squash, or see-through drinks that are not fizzy. This is up to 2 hours before the procedure.
- **When there is 2 hours to go** before your procedure, you can take sips of water up to 170ml per hour. This is until you are about to go for your procedure. If you are in hospital the nursing staff can give you a cup with 170ml water.
- Take all your usual morning medicines. This is except for any you have been told not to take.

What if I am taking blood thinners?

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it. Or, you may need to take a different one for a few days.

We will call you to talk about what medicines you take. We will ask you what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), edoxaban (Lixiana), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure.

What happens during the procedure?

- We usually do this procedure in a special X-ray room in the Radiology department.
- We will ask you to put on a hospital gown and disposable pants.
- You will lie down on the X-ray table, flat on your back.
- We may put a small needle (cannula) into a vein in your arm or back of your hand. This happens either on the ward or in Radiology. This is so we can give you medicines if needed. This could be sedation, pain relief or something to help you if you feel sick.
- We put a blood pressure cuff (strap) on your arm. We also put a small peg on your finger. These will all be attached to a monitoring machine. This is so we can check your blood pressure, your heart rate and your heart health.
- We will keep everything clean (sterile). We clean your skin with antiseptic. This may feel cold. We cover some of your body with sterile sheets.
- We use local anaesthetic to numb your skin and deeper tissues over a blood vessel (artery) at the top of your left or right leg (your groin). You will feel a stinging pain to start with when the local anaesthetic is injected. This soon wears off and the skin and deeper tissues should then feel numb.
- We put a thin needle (the size of a blood test needle) into an artery in the groin. We then put a short hollow plastic tube into the artery. We take the needle out. No more needles are put in.
- We put in a long, flexible plastic tube, called a catheter (about the size of a piece of spaghetti) along the artery. We stop when it reaches the artery which supplies blood to the liver.
- We inject a colourless liquid that shows up on X-rays (contrast) through the catheter. The contrast liquid gives you a warm feeling but this only lasts a few seconds. This is normal.
- We then take X-ray pictures. We can see the blood vessels that feed the tumour(s). This is so we can put the catheter in the correct place in the liver.
- We inject a liquid with the chemotherapy drug. It goes directly to the tumour(s).
- At the end of the procedure we take out the plastic tube.
- We may put in a small plug into the artery at the skin entry point. This is to stop the bleeding. We may press firmly on the skin entry point for a few minutes to stop any bleeding.

Who will be doing the procedure?

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.
- A radiographer will move and control the special X-ray equipment.
- A nurse and maybe a healthcare assistant will work with the radiologist and care for you.
- A student may also be in the room. If you do not want this, you can ask that a student is not in the room when you have your procedure.

How long will it take?

Every patient is different. It is not always easy to know how difficult or how straight forward the procedure will be. It may be over in 60 minutes. Sometimes it can take up to 90 minutes.

What happens after the procedure and when I go home?

- We will asked you to rest flat in bed for about 2 hours.
- Nurses check your heart rate (pulse) and blood pressure to make sure that you are OK. They check the skin entry point to make sure there is no bleeding from it.
- After 2 hours nurses will tell you if you can sit up in bed.
- You can begin to move around after 6 hours if you are feeling OK and there is no bleeding.
- Eating and drinking - nurses on the ward will tell you when you can eat and drink again.
- Usually you would need to stay in hospital for 1 to 2 days. This depends on how well you feel after the procedure.
- Blood tests are taken each day you are in hospital after the TACE procedure. This is to check how well your liver is working (liver function). You may need to have an ultrasound or CT scan before you go home.

Important information:

For the first 2 days:

- you need to rest and take things easy.
- you can have a bath or shower after 24 hours.
- if a dressing has been applied this can be removed after 24 hours. You should expect to have some bruising and tenderness around the wound - this should disappear after a few days.

Do not lift anything, bend or stretch for 5 days.

Do not have sex or sexual activity for 2 weeks.

Checking your wound site

Your groin puncture will heal very quickly.

When you are in hospital the nurses check the wound regularly. If you feel any oozing or swelling in your groin you should tell your nurse straight away. If this happens the nurse will press on it for 5 to 10 minutes.

When you are back home if your wound becomes red, hot, swollen or oozes, or if have any other problems with the wound site, call the ward. The number to call is on page 7 of this leaflet.



Are there any risks or complications?

As with any procedure there is a risk of complications. Below are the most common risks and complications. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

- **Post embolisation syndrome:** this is common after a TACE procedure. It happens in up to 100% of patients. Symptoms are pain in your tummy (abdomen), feeling sick or being sick, and a raised temperature (fever). This can start just after the procedure. It can last for a few days. It will get better. We will give you painkillers and anti sickness medicine to help with the symptoms.
- **Bruise:** you can get a small bruise in the groin where the catheter was put in. Less than 1 in 100 patients get a collection of blood (a haematoma) in the groin.
- **Bleeding:** you may have some bleeding during the procedure. We will treat it if it happens. We may need to give you a blood transfusion if you have a lot of bleeding.
- **Infection:** If you get an infection after the procedure you may need to stay in hospital a bit longer until this is treated and you are better. You could get an infection at the skin entry point in the groin.
- **Liver failure or infection:** it is usual for the blood tests after the procedure to show that the liver function reduces for a short time. You could get a pocket of infected fluid (abscess). We treat this with antibiotics. You may need a procedure or operation to treat it. Severe liver failure which can lead to death as a result of this procedure is less than 5 in 100 patients (less than 5%).
- **Inflammation of the bowel:** this can lead to soreness of the mouth (mucositis), pain in the abdomen (gastritis) or loose poo (diarrhoea). These symptoms usually only last a short time. If you get any of these symptoms we will give you medicines to help.
- **Tiredness and discomfort:** there are common side effects of the TACE procedure and can last up to 2 weeks.
- **Reaction to contrast liquid:** Some patients may be allergic to the contrast liquid. You could get symptoms such as feeling or being sick (nausea or vomiting), or a rash. Any side effects usually happen within 20 minutes. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you start to get symptoms at home you should contact your GP or call 111.

Other less common complications: The treatment can cause

- hair loss (this is usually mild).
- inflammation of the gall bladder
- temporary increase in blood pressure
- heart attack

If you start to feel unwell after you go home, you must contact the ward urgently for advice. They may ask you to come back into the ward to be assessed. The number to call is on page 7 of this leaflet.

How do I find out if the treatment has worked?

- We will do some tests after you have gone home to check if the treatment has worked.
- You will have some tests (such as blood tests)
- You will have a CT (computed tomography) scan 1 month after treatment.
- If the tumour does not go away completely, we will invite you to have the TACE procedure again.

What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be very small.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this procedure are likely to outweigh any possible risks. The risks of not having the procedure could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

Before your procedure: If you have any questions or concerns, or cannot make the appointment:

Please call the Radiology department on **0116 258 8765** and select **option 7**. Monday to Friday 9am to 5pm, but not on bank holidays.

After your procedure: If you have any questions or concerns about your TACE procedure when you are back at home afterwards, call the ward:

- **If you had your TACE at the Leicester Royal Infirmary (LRI)**
call ward 39 or 40 in the Osborne Building:
Ward 39 - 0116 258 6309 / Ward 40 - 0116 258 5711
- **If you had your TACE at Glenfield Hospital**
Call ward 35 or 36 in the Hepatobiliary Unit:
Ward 35 - 0116 258 4646 / Ward 36 - 0116 258 4643





Any questions?

Please feel free to use this space to note any questions you may have about having a TACE procedure.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net