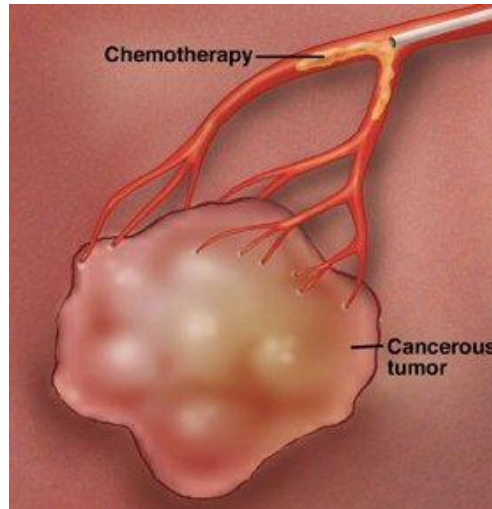


**Interventional Radiology
Patient Discharge Education
Chemoembolization Therapy**

Chemoembolization therapy is used to treat liver tumors or for post surgical adjunctive treatment. Chemotherapy medicines are injected into the liver through blood vessels, delivering a high local dose of cancer killing medicine directly to the tumor or tumor area. Another material called an embolic agent is also put into the liver's blood vessels which cuts off the blood supply and essentially starves the tumor of the blood they need to survive and grow.



Using x-ray guidance, a small catheter is inserted into an artery, usually in the upper thigh region, and fed up to the liver. Special dye is first injected which allows pictures to be taken and the vessels surrounding the tumor to be visualized. Then the chemotherapy medicine and embolic material are injected into the liver directed at the tumor.

EXPECTED SIDE EFFECTS:

All of the following signs are part of a normal recovery after Chemoembolization. Within a month after the procedure you should be back to your usual self.

- Right upper abdominal pain for the first few days to week. It may radiate to the shoulder or back. You will be given medicine to help control the pain. This pain usually gets better within the first week.
- Extreme fatigue or tiredness for two to four weeks after the procedure.
- A poor appetite which may result in weight loss before your appetite returns – continue to eat even if you have no appetite. Small, frequent meals are the best way to prevent weight loss.
- Fevers up for 101 degrees for one to two weeks after the treatment
- Occasionally, hair loss may be seen
- It is normal to have a bruise and soreness where the angiogram catheter went in.

Going Home the Morning after Treatment:

Diet: There are no dietary restrictions specifically due to this procedure. If you had restrictions prior due to other treatments or diseases such as diabetes, cardiovascular disease, or renal disease, continue with these. Alcohol consumption is not recommended.

Drink 6 to 8 glasses of liquid each day. It is especially important to do this if you are vomiting. Or, follow your caregiver's advice if you must limit the amount of liquids you drink. Good liquids to drink are water, juices, and milk.

Nausea is common following this procedure. Eat light for the first 24 hours and try to stay away from foods that trigger the nausea for you. A prescription for anti-nausea medicine will be given to you.

Activity: Expect to be tired for the first week after the procedure and gradually gaining strength back. Do not plan anything active or requiring your close attention for the first few days following discharge from the hospital. If you work, two weeks rest time should be adequate.

****A responsible adult must accompany you home from the hospital. This is a Stanford policy for your safety****

Bathing: It is okay to shower 24 hrs after the procedure. Gently wash the catheter insertion site with soap and water, do not scrub. Do not bathe or soak in water for 3 days following the procedure.

If the access site is oozing or bleeding slightly, place a small bandage over it to protect your clothes. Change the bandage if it gets wet or dirty. Once the site has stopped oozing, you may leave it open to air.

Medications: Usually, your pre-procedure medications do not change. You will be told before discharge if any of your medicines change. The following medications will be prescribed to you upon discharge IN ADDITION to your normal medicines:

1. Protonix (pantoprazole), a stomach acid reducer. Take this every day for 1 month regardless of stomach pain. This is only prescribed for one month. If you would like to continue this medication after one month, please see your liver doctor or primary care doctor.
2. Narcotic pain medicine, usually oxycodone (generic for Percocet). Take this if you have pain, but not more frequently than every six hours
 - **Do not drive after taking this medicine, it causes drowsiness
 - **If the bottle says it has Acetaminophen with it, do not take additional Tylenol while taking this medication.
3. Sennakot or Dulcolax (same medicine/different name), prevent or treats constipation. Take this twice a day, morning and night, if you are taking the narcotic pain medicine or are having constipation.
4. Phenergan (promethazine), anti-nausea medicine. Take this if you have nausea, but not more frequently than every 6 hours.

Follow Up:

- We recommend calling your liver doctor/oncologist to set up a follow up appointment after you are discharged from the hospital. Every doctor is different in when they want to see their patients after treatment, but some want to see you as soon as two weeks following.
- Follow up imaging is usually ordered by your liver doctor or oncologist and is done 2-3 months after treatment. The timing of follow up imaging may vary depending on your doctor's preferences.

If you have a question about needing an appointment or test results, please call 650-736-9081

When to Get Medical and Emergency Help:

Call our RN triage line at 650-736-9081:

If you have a temperature over 101.0°F

If your pain is not controlled

Your nausea is so severe you cannot keep down any food or fluids

You have questions about your treatment or new prescriptions

You have pain where the catheter was placed that is worsening more than improving

You have any other symptoms you are concerned about within 2 weeks of treatment

Go to your nearest Emergency Room:

Your catheter site starts bleeding and will not stop after 10 minutes of firm pressure

You have shaking chills or a temperature over 102°F

Interventional Radiology Contact Information

Office Hours 8:00 am - 4:30 pm

Post procedure questions and RN Triage:

Phone: **650-736-9081**

Fax: 650-736-7734

Email: irprocedure@stanfordmed.org – non urgent concerns only

For all After Hours Urgent/Emergent issues:

Call the Stanford Page Operator: **650-723-6661**

Ask for the **IR MD ON Call** (pager # 27237)