



Chemoembolization Therapy Discharge Education

Information:

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.

What should I expect after a Chemoembolization?

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.
- You will need follow up imaging to make sure there are no reoccurrences of tumors and the treated tumor(s) are gone. This imaging will typically be ordered by the physician that ordered the procedure.
- 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 to 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 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.

Bathing & Wound Care:

- You may shower after 24 hours; Gently wash the catheter insertion site with soap and water, do not scrub. Do not tub bath or submerge in water for 3 days (bath tub, hot tub, swimming pool, river or any other body of water).
- 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. Take this if you have pain, but not more frequently than every six hours
3. Sennakot or Dulcolax 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. Anti-nausea medicine. Take this if you have nausea, but not more frequently than every 6 hours.

Follow-up visit information:

Follow up with the physician who ordered this procedure for further imaging and follow-up instructions.

Occasionally, a situation will require prompt attention and an emergency room visit is necessary:

- Active bleeding that does not stop after applying pressure to the area for 15 minutes.
- Increasing redness, swelling or drainage from the insertion site.
- Increasing pain not relieved by medications.
- Any shaking, chills and/or a temperature over 100.3F
- New, sudden difficulty with breathing.
- Drop in blood pressure, and/or light-headed feeling.
- Sudden chest pain, shortness of breath, or fainting.

If you received Conscious Sedation (IV sedation) or General Anesthesia and are discharged the same-day:

- You must have someone drive you home when you leave the hospital.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- Sore throat or mild "hang over" type feeling for a day or two from the general anesthesia. This may include mild nausea.
- If you are taking pain medications:
 - Take as directed
 - Do not drink alcohol while taking narcotic pain medication
 - Do not drive
 - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

For any questions please contact Oregon Interventional Radiology clinic at 541-618-5801

In all emergency situations call 911