



Y-90 DISCHARGE INSTRUCTIONS Radioembolization Therapy (SIR-Spheres and TheraSphere)

Radioembolization is a minimally invasive procedure that combines embolization and radiation therapy to treat liver cancer and/or cancer that has metastasized to the liver. Radioembolization is used to deliver targeted internal radiation therapy directly to the tumor. This is delivered via tiny beads that are filled with radiation isotope called Y90 (Yttrium 90). The beads are placed inside the blood vessels that feed the tumor, blocking the blood supply to the cancer cells to deliver a high dose of radiation to the tumor while sparing the normal tissue.

EXPECTATION AFTER THE PROCEDURE:

- Patients can experience some side effects called **post-embolization syndrome**, which can include the following symptoms
 - Nausea and/or vomiting
 - Pain is the most common side effect that can occur, because the blood supply to the treated area is cut off. It can readily be controlled by medications given by mouth or your IV.
 - These side effects usually subside within 3 to 5 days and may be alleviated with medication. You should tell your doctor if these symptoms last more than 10 days.
- You may also experience a low-grade fever, lethargy and fatigue that could last up to 1 week.
- There will be a 10-pound lifting restriction for 48 hours. You should be able to resume normal activities two days following the procedure.

MEDICATIONS TAKEN AFTER THE PROCEDURE:

1. Protonix (pantoprazole), a stomach acid reducer. This medication is to be taken for 90 DAYS to reduce the risk of developing a stomach and/or small intestine ulcer that could cause complications.
2. Zofran (ondansetron), is an anti-nausea medication that can be prescribed if nausea persists after the procedure.

RECOMMENDATIONS:

- It is recommended that the patient not attempt to become pregnant or get someone pregnant.
- It is recommended that nursing mothers not nurse.
- Because of the potential for “free” y90 in the urine, it is recommended that patient sits to urinate for the first 24-48 hours and flush twice.
- Hugging and sleeping in the same bed create no greater risk for someone than normal environmental exposure.
- The “half-life” of the radiation is 64 hours. This means that every 64 hours the level of radiation falls by ½ until it is effectively gone after 2 weeks. The radiation can penetrate only ½ inch of tissue, so very little radiation is emitted from the body.

Bathing & Wound Care:

- You may remove the dressing and shower 24 hrs. after the procedure; Do not submerge in water for a week after the procedure (bath tub, hot tub, swimming pool, river or any other body of water).
- Gently wash the access site with soap and water, but do not scrub.
- 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.

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 to 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 the Oregon Interventional Radiology clinic at 541-618-5801

In all emergency situations call 911