



## Transcatheter Arterial Chemoembolization (TACE ) of Hepatoma 經動脈肝臟腫瘤栓塞術(英文)

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### Introduction

Hepatoma is a malignant tumor of the liver, accounting for 80 to 90% of all liver cancers. Definitive surgical intervention is not feasible in most cases at the time of diagnosis.

Chemoembolization is a palliative treatment for unresectable hepatomas or recurrent hepatomas.

### What is chemoembolization

A normal liver has a double blood supply with the hepatic artery supplying 25 % and the portal vein supplying the remaining 75 %. The hepatoma only receives its blood supply almost from the hepatic artery. Chemotherapy drugs can be directly injected into the hepatic artery, treating the tumor directly but sparing almost all of the surrounding healthy liver tissue.

A normal liver can then receives its necessary blood supply from the portal vein.

### How is the chemoembolization performed?

The procedure is performed in the interventional radiology suite. The Interventional Radiologist will numb an area of your groin with a local anesthetic and then place a small, thin catheter into a large artery in the groin. You may initially feel some slight pressure when he places the catheter. Then the catheter is put to the hepatic artery feeding the tumor in the liver. An angiogram will be performed to determine the best catheter position for the chemotherapy injection. Once the catheter is properly positioned, the oil materials mixed with chemo therapy drugs are injected

directly into the artery that supplies to the tumor. The artery is then blocked off ( "embolized" ) with embolic materials.

### **Possible complications include**

1. Death or decay of gallbladder
2. Liver abscess or infection due to tumor decay
3. Bleeding in the stomach or bowel
4. Liver toxicity

### **What should be prepared prior to the procedure**

1. Consent form
2. Shave pubic hairs and hairs around bilateral inguinal regions
3. Fast 4 hours before the procedure
4. Set IV line
5. Collection of complete laboratory data, including hepatic, renal and hematologic function

### **What should be known after the procedure**

1. Bed rest for 24 hours and keep the punctured leg straight with compression with sand bag for 8 hours to prevent bleeding
2. You can begin to eat something if you don' t feel nausea 2 hours later after the procedure
3. You may feel nausea, vomiting, right upper quadrant abdominal pain, and mild fever. This is a post-embolization syndrome and can last from a few hours to several days and be resolved spontaneously
4. Please return for follow-up checks regularly in OPD after discharge

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若有任何疑問·請不吝與我們聯絡  
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