

Percutaneous Ablation of a Liver Tumour

This leaflet tells you about the procedure known as percutaneous ablation of a liver tumour. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

You should have sufficient explanation before you sign the consent form.

Radiologists are doctors specially trained to interpret the images and carry out more complex examinations. They are supported by Radiographers who are highly trained to carry out X-rays and other imaging procedures.

What is a percutaneous ablation of a liver tumour?

Ablation uses heat made to kill cancer cells. Ablation means destroying completely. The probe is introduced through the skin so this is known as a percutaneous procedure.

Why do I need a percutaneous ablation of a liver tumour?

Other tests that you probably have had performed, usually a CT (computed tomography) or US (ultrasound scan) scan, will have shown that there is an area of abnormal tissue inside your liver. Ablation is not the main treatment for cancer. After discussion with your consultant it has been decided that this is the most appropriate treatment for you, normally when an operation or other treatments are not possible.

What are the options or alternatives?

The alternatives for treating cancer include: chemotherapy, radiotherapy and surgery. These options will have been considered at the multidisciplinary meeting and a treatment plan should have been discussed with you by your specialist. In your case ablation has been considered the best option.

Who has made the decision?

The consultant in charge of your case, and the radiologist performing the procedure will have discussed the situation at the multidisciplinary meeting, and feel that this is the best thing to do. However, you will also have the opportunity for your opinion to be considered, and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be performing the percutaneous ablation?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

Radiographers, the Anaesthetic team and Radiology Nurses will be present in the room to assist during the procedure, they will introduce themselves at the start of the procedure.

Occasionally Student Radiographers or Medical Students will be present to observe the procedure.

Where will the ablation take place?

Within the CT scanner

How do I prepare for ablation of liver tumour?

- You will need to be an inpatient in the hospital.
- You will have had some blood tests performed before the procedure to check that you do not have an increased risk of bleeding.
- You are asked not to eat for 4 hours prior to the procedure. You may drink a little water.
- You will need someone to drive you home and to look after you for 24 hours.
- You should be prepared to stay overnight if necessary.
- If you have any allergies or you have previously reacted to intravenous contrast medium, you must let the doctor know. Intravenous contrast medium is the injection we give you during some scans.
- If you are diabetic, please contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses**
- If you normally take any medication to thin your blood (anticoagulation or antiplatelet drugs) such as: **warfarin / clopidogrel / aspirin / non-steroidal anti-inflammatory drugs (NSAIDS / brufen / ibrufen / nurofen) / dabigatran (Pradaxa) / rivaroxiban (Xarelto) / Apixaban (Eliquis) / phendione / acenocoumarol** – then these may need to be stopped or altered. Please seek the advice of your hospital consultant or nurse specialist as soon as possible, ask your GP, or contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses.**
- After discussion with your GP or referring clinician, and you can safely stop these medications it is recommended that:
Warfarin is stopped 6 days prior to your procedure

Aspirin is stopped 7 days prior to your procedure
Clopidogrel is stopped 7 days prior to your procedure
NSAIDS are stopped 2 days prior to your procedure

Rivaroxaban (Xarelto) and Apixaban (Eliquis) are stopped 2 days before your procedure. If you are taking Dabigatran (Pradaxa) please consult your doctor or contact the Medical Imaging Department on **01392 402336 selecting option 2, in-patient enquiries and then option 8 for the Radiology nurses.**

- Other medication should be taken as normal.

What actually happens during a percutaneous ablation of liver tumour?

The procedure is carried out under a general anaesthetic. You will have an opportunity to discuss this with the anaesthetist prior to the procedure.

You will lie on the scanning table, in the position that the radiologist has decided is most suitable. You will need to have a needle put into a vein in your arm. The Radiologist will keep everything sterile. Your skin will be cleaned with antiseptic, and you may have some of your body covered with a theatre towel. The radiologist will use the CT scanner to decide on the most suitable point for inserting the Ablation probe, this is small, measuring a few millimetres across.

The probe used is then turned on to heat and destroy the tumour cells. When the Radiologist is happy with the result the probe is removed and a dressing applied.

Will it hurt?

You will not feel anything during the procedure but patients often experience soreness or pain in the abdomen once they have woken from the anaesthetic. This is normally easy to control and does not last more than a few days.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. You will usually be in the Medical Imaging Department for between 1 and 2 hours.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure to make sure that there are no problems. You will generally stay in bed for several hours, until you have recovered. You will probably stay in hospital overnight.

What will happen to the results?

A report of the procedure will be recorded in your medical notes as soon as possible.

What happens next?

All being well, you will be allowed home the next day. Please bring your medication and an overnight bag. You will be followed up by your oncology doctor.

Are there any risks or complications?

Percutaneous ablation of liver tumour is a safe procedure, but there are a few risks or complications that can arise, as with any medical treatment.

There is a small risk of bleeding around the liver during or after the procedure. There is a small risk of heat injury to neighbouring structures such as bowel although if these do lie close to the tumour they can be pushed away by an injection of water between the liver and the bowel. Some people experience pain in the skin at the point where the probe has been placed which usually settles quickly.

Damage to the bile ducts within the liver can result in jaundice and the need for further

procedures to reverse the damage. This is a rare but serious complication.

Occasionally, one of the nerves under the skin will be damaged during the procedure. This is unavoidable as the nerves are not visible on the CT scan. This damage can cause numbness or discomfort in the area affected. These symptoms can take months to settle.

Despite these possible complications, percutaneous radiofrequency ablation of a liver tumour is normally very safe.

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Finally

If you find reading this leaflet difficult or you do not understand what it means for you, please call **01392 402336**, selecting option 1, then option 7 and we can talk it through or alternatively, you can email us at: rduh.radiologyappointments@nhs.net.

For more information about the department please refer to the enclosed "Welcome to the Medical Imaging Department" leaflet.

How to get to the Royal Devon & Exeter Hospital at Wonford

Please refer to the enclosed "Welcome to the Medical Imaging Department" leaflet or use the Trusts website for the latest information: www.royaldevon.nhs.uk/our-sites/

For more information on the Medical Imaging Department, please visit our website: www.royaldevon.nhs.uk/services/radiology-x-ray-and-medical-imaging/

This leaflet was modified with acknowledgment of, and permission from, the Royal College of Radiologists

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Designed by Graphics (Print & Design), RD&E (Heavitree)