



PATIENT INFORMATION: RADIOEMBOLIZATION OF LIVER TUMORS

Variations of procedural title:

Sirspheres

SIRT- selective Internal Radiation Therapy

Y90 Radioembolization of the Liver

DESCRIPTION OF THE PROCEDURE:

You have been scheduled for a Y90 embolization of the liver. This is an outpatient procedure performed by your physician under sterile conditions in an angiography suite. You will be sedated (twilight sleep) by a registered nurse under your doctor's supervision and a local anesthetic will be used to numb the skin at the groin. A small catheter is placed in the femoral artery. Using fluoroscopy (X-ray) guidance, the catheter is directed to the hepatic (liver) artery, where the radioactive microspheres are delivered directly to the tumors. Your blood pressure, heart rate and oxygen level is continuously monitored throughout the procedure.

Approximately 10 day to 2 weeks prior to the Y90 embolization you will undergo a preplanning angiogram with mapping. This procedure is very similar to the Y90 administration except that instead of the Y90, a compound called MAA will be delivered to the liver as a test run.

POST OPERATIVE HOSPITAL COURSE

If possible, the puncture site in your artery will be sealed with a small mechanical device, clip or plug. It may feel like a small lump following the procedure. This is normal. Tenderness at the site usually resolves in a few days. You will be monitored following completion of your procedure. You will then go to the nuclear medicine department where a camera will take a special picture of your liver – you will feel nothing.

If a closure device cannot be placed, manual pressure will be held at the puncture site for 15-20 minutes to seal your artery. Your groin will feel mildly tender post procedure. This is normal. Following manual compression you will be in recovery with the leg straight until your doctor and nurse feel it is safe for you to leave. Patients are rarely admitted for 24 hours.



DISCHARGE INSTRUCTIONS

- 1) Patients should not sleep in the same bed with their partners for one week. Adult family members may stay in the same room with the patient, keeping a six foot distance for one week.
- 2) No close contact with children, pregnant women, or animals for one week.
- 3) No public transportation next to a fellow passenger for more than two hours, for one week.
- 4) Uneaten food may be disposed of in the usual fashion.
- 5) Clothing and linens may be changed and laundered in the usual fashion.
- 6) Drink plenty of fluids. Dehydration can result in readmission.
- 7) Should you require urgent care or readmission, notify your health care providers of your procedure and date of treatment, no hesitation should be given in providing the care you need.
- 8) You will be given a laminated card to keep with you following the procedure that will identify the isotope used in your procedures, should you be asked to pass through any security system. The isotope may trigger security alarms for up to six weeks. You will also be asked to wear an identification bracelet for two weeks following the procedure, in the event you would not be able to communicate with a healthcare provider in an emergent situation. In the event of death from any cause after the procedure, there may be restrictions on cremation or embalming. Please have a family member or friend contact the office. Your interventional radiologist should be informed immediately so the appropriate precautions can be taken.

WHAT TO WATCH FOR

- 1) It is normal to experience fatigue, flu like symptoms, fever (less than 101.5 degrees Fahrenheit or 38.5 degrees Celsius), nausea, and pain on your right side, back or shoulder which is controllable with prescribed pain medication.
- 2) Call the interventional radiologist for
 - Fever greater than 101.5/38.5
 - Shortness of breath
 - Pain in the chest, back or abdomen that does not respond to prescribed pain medications
 - Visible changes in the skin over the abdomen or back