

CHEMOEMBOLIZATION

TYPICAL EXPERIENCE

Chemoembolization will be performed in the interventional suite while you are receiving sedation and opiate analgesia (“twilight anesthesia”). Most patients will not receive general anesthesia (no tube for breathing and no ventilator). The procedure is done through a very small hole and involves little pain. Most patients will have a bladder catheter placed temporarily.

After the procedure, the treated liver may have some pain, and some people experience some nausea or fatigue. This is usually controlled with medications until discharge the following morning. Most people feel mostly recovered after discharge, although sometimes symptoms persist a while, and many patients feel some fatigue for 1-2 weeks.

As with any major procedure, minor or major complications are possible. Above is simply a brief description of a typical experience, and a full explanation of the procedure and its risks will be provided when you visit your doctor before the procedure.

HOW TO PREPARE

- Do not eat or drink anything after midnight the night before procedure, except for sips of water with your usual medications.
- Bring your medications and anything you need to stay overnight.
- Please take your usual medications except for blood thinners with a sip of water. If you are on blood thinners (e.g. aspirin, Plavix, Coumadin, lovenox, or others) please ask for instructions 1 week in advance of procedure.
- Report to Jonsson Admitting (first floor of Jonsson building at the Baylor University Medical Center) in the morning at the time given to you by our office.
- Plan to have somebody else drive you home the next day or later. Some people stay for more than one day.
- If you are allergic to X-ray dye (contrast material), please inform our office days in advance and make certain you obtain and take the prescribed pre-medications (Methylprednisolone [prescription] and Benadryl [OTC]).



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