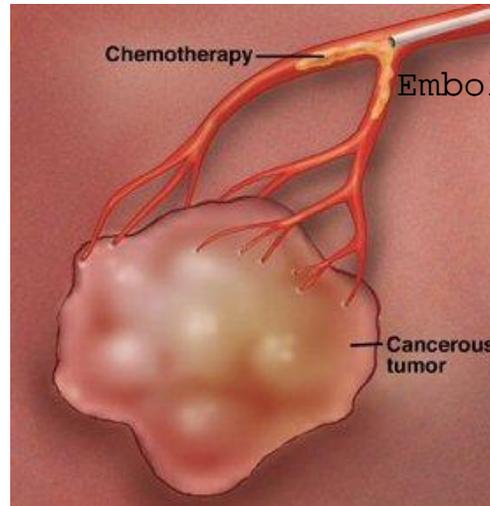


**Interventional Radiology  
Patient Discharge Education  
Chemoembolization Immunoembolization Embolization Therapy**

Chemo/Immuno/embolization therapy is used to treat tumors or for post surgical adjunctive treatment. Medicines are injected into organ systems through blood vessels, delivering a high local dose of cancer killing medicine directly to the tumor or tumor area. Another material called an embolic agent is also put into the blood vessels which cuts off the blood supply and essentially starves the tumor of the blood they need to survive and grow.



Using x-ray guidance, a small catheter is inserted into an artery, usually in the upper thigh region, or left wrist and fed up to the cancerous organ. Special dye is first injected which allows pictures to be taken and the vessels surrounding the tumor to be visualized. Then the medicine and/or embolic material are injected into the cancerous organ directed at the tumor.

**EXPECTED SIDE EFFECTS:**

All of the following signs are part of a normal recovery after Chemoembolization or Embolization. Within a month after the procedure you should be back to your usual self.

- Pain for the first few days to week. It may radiate to the chest, shoulder, abdomen, pelvis or back. You will be given medicine to help control the pain. This pain usually gets better within the first week.
- Extreme fatigue or tiredness for two to four weeks after the procedure.
- A poor appetite which may result in weight loss before your appetite returns – continue to eat even if you have no appetite. Small, frequent meals are the best way to prevent weight loss.
- Fevers up to 102 degrees for one to two weeks after the treatment
- Occasionally, hair loss may be seen
- It is normal to have a bruise and soreness where the angiogram catheter went in.

### **Going Home after Treatment:**

**Diet:** There are no dietary restrictions specifically due to this procedure. If you had restrictions prior due to other treatments or diseases such as diabetes, cardiovascular disease, or renal disease, continue with these. Alcohol consumption is not recommended.

Drink 6 to 8 glasses of liquid each day. It is especially important to do this if you are vomiting. Or, follow your caregiver's advice if you must limit the amount of liquids you drink. Good liquids to drink are water, juices, and milk.

Nausea is common following this procedure. Eat light for the first 24 hours and try to stay away from foods that trigger the nausea for you. A prescription for anti-nausea medicine will be given to you.

**Activity:** Expect to be tired for the first week after the procedure and gradually gaining strength back. Do not plan anything active or requiring your close attention for the first few days following discharge from the hospital. If you work, two weeks rest time should be adequate.

**\*\*A responsible adult must accompany you home from the hospital. This is a facility policy for your safety\*\***

**Bathing:** It is okay to shower 24 hrs after the procedure. Gently wash the catheter insertion site with soap and water, do not scrub. Do not bathe or soak in water for 3 days following the procedure.

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.

**Medications:** Usually, your pre-procedure medications do not change. You will be told before discharge if any of your medicines change. The following medications will be prescribed to you upon discharge IN ADDITION to your normal medicines:

1. Phenergan(promethazine) or Zofran, an anti-nausea drug. Take this medication every 6 hours if you are experiencing nausea.

2. Narcotic pain medicine, usually oxycodone (generic for Percocet) or dilaudid. Take this if you have pain, but not more frequently than every four hours

**\*\*Do not drive after taking this medicine, it causes drowsiness**

**\*\*If the bottle says it has Acetaminophen with it, do not take additional Tylenol while taking this medication.**

3. Sennakot or Dulcolax (same medicine/different name), prevent or treats constipation. Take this twice a day, morning and night, if you are taking the narcotic pain medicine or are having constipation. Probiotics also help. Such as probiomax by xymogen.

**Follow Up:**

- We recommend setting up a follow up appointment after you are discharged from the hospital or facility. Every doctor is different in when they want to see their patients after treatment, but some want to see you as soon as two weeks following.
- Follow up imaging is usually ordered by your doctor or oncologist and is done 2-3 months after treatment. The timing of follow up imaging may vary depending on your doctor's preferences.

If you have a question about needing an appointment or test results, please call 858-480-1977

**When to Get Medical and Emergency Help:**

Call our RN triage line at 619-567-7007:

If you have a temperature over 103.0°F

If your pain is not controlled

Your nausea is so severe you cannot keep down any food or fluids

You have questions about your treatment or new prescriptions

You have pain where the catheter was placed that is worsening more than improving

You have any other symptoms you are concerned about within 2 weeks of treatment

Go to your nearest Emergency Room:

Your catheter site starts bleeding and will not stop after 10 minutes of firm pressure

You have shaking chills or a temperature over 103°F

**Interventional Radiology Contact Information**

*Office Hours 8:30 am - 4:30 pm*

Post procedure questions and RN Triage:

Phone: **619-567-7007**

Fax: 888-625-8230

Email: [info@strykerinterventionalspecialists.com](mailto:info@strykerinterventionalspecialists.com) – non urgent concerns only