



TARE - TRANS ARTERIAL RADIO EMBOLIZATION

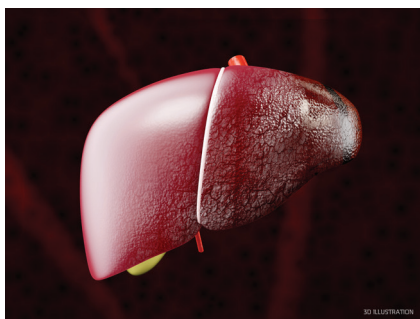


Aster
HOSPITAL

We'll Treat You Well



Digital Version



This leaflet explains more about TARE (Trans Arterial Radio Embolization) and what you can expect when you come to the hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

WHAT IS TARE ?

TARE is a new form of targeted internal radiation treatment for liver cancer that destroys liver tumours from the inside. It is achieved by injecting small beads (called microspheres) that have a radioactive isotope (yttrium-90) injected to them to be delivered directly into liver tumours via the hepatic artery (blood vessel) that supplies blood to the tumour. Once infused, the radiation bound beads lodge in the blood vessels of the tumour where they deliver small amounts of radiation to the tumour site for several days and destroy the cancer cells.

WHAT HAPPENS DURING TARE?

TARE is a multistep procedure and includes a pre and post treatment evaluation consisting of two angiograms and two imaging scans performed by a specially trained doctor in an interventional radiology suite or occasionally in the operating room on an outpatient basis under sterile conditions.

A pretreatment angiography with mapping is performed approximately 2

weeks before the procedure, to evaluate the suitability of the case to receive treatment and to plan for an optimised treatment procedure with minimal side effects.

During the TARE treatment procedure, you will be sedated 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 tumours. Your blood pressure, heart rate and oxygen level is continuously monitored during the procedure. This procedure is usually completed within an hour. Post-treatment assessment is done at 1 month post-procedure and then every 3 months. Following the treatment, there will be two appointments over a four week period.

ON THE DAY OF TARE.....

The first appointment will be for a scan to assess your body's response to treatment and to identify any toxicity. The second appointment will be with the team responsible for your TARE therapy to check on your progress and discuss results.

All the procedures are carried out on an outpatient basis that may require several visits to the hospital over several months. If you decide to go ahead, you will be asked to sign a consent form with information about our consent policy.

- The team consists of Nuclear Medicine Physicians, interventional Radiologists, Nuclear Physicists and a Clinical Nurse Specialist who will discuss with you about your medical history and physical health, perform a physical examination and arrange for blood tests to be taken.
- The doctor will also discuss the risks

and benefits of TARE and explain the other tests needed to make sure the treatment is suitable and safe for you.

- Your doctor will tell you how to prepare and instruct you on eating or drinking before the procedure.
- Inform your doctor if there's a possibility of you being pregnant or breastfeeding.
- Discuss any recent illnesses, medical conditions, allergies and medications you're taking, including herbal supplements and aspirin.
- You may be advised to stop taking aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) or antiplatelet medicines (such as aspirin or clopidogrel) several days prior to your procedure.
- You will receive specific instructions on how to prepare, including any changes that need to be made to your regular medication schedule especially if you are diabetic or taking any anticoagulant medicines (such as warfarin or rivaroxaban)
- You will be given a sedative prior to the procedure. You will receive specific instructions on eating and drinking before the procedure.
- Have an adult accompany you. Avoid children and pregnant women accompanying you.

WHY SHOULD I HAVE TARE?

It is minimally invasive, well tolerated and promising treatment modality for managing patients with non resectable hepatic cancers. TARE is highly selective and destroys the cancerous tissues while sparing normal tissues, thus reducing the risk of potential side effects. TARE will not cure your cancer, it may extend survival and improve your quality of life. The overall aim of the treatment is to slow the growth rate of your tumor, reduce any symptoms associated with

your tumour and possibly shrink to the minimum possible level the size of your tumour. This may then allow for further treatment, such as surgery, chemotherapy and radiofrequency ablation.

TARE RISKS

Our doctors take all measures to minimize side effects. Any complications is further reduced by accurate patient selection and a strict pre-treatment evaluation, including dosimetry and assessment of the vascular anatomy.





PLEASE SCAN FOR
THE LOCATION

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