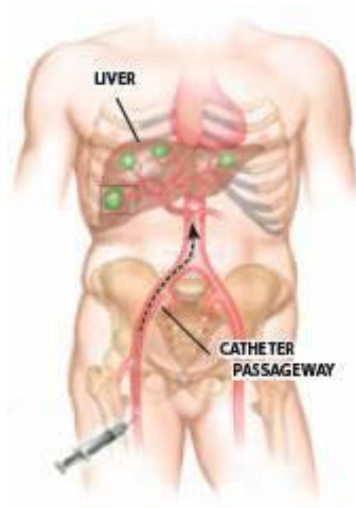


MCRG Interventional Radiology Patient Discharge Education Radioembolization (Y-90) Therapy (SirSpheres and Theraspheres)

Radioembolization is used to treat primary liver cancer and other cancers that have metastasized to the liver. Radioembolization is used to deliver targeted internal radiation therapy directly to the tumor. This is delivered via tiny beads that are combined with a radiation isotope called Y90. The “half life” of the radiation is 64 hours. This means that every 64 hours the level of radiation falls by ½ until it is effectively gone after 2 weeks. The spheres are injected into the artery supplying blood to the tumors and are trapped in the tumor’s vascular bed where they destroy the tumor cells by radiation. The radiation can penetrate only 1/2” of tissue, so very little radiation is emitted from the body.



Using x-ray guidance, a small catheter is inserted into an artery, usually in the upper thigh region, and fed up to the liver. Special dye is first injected which allows pictures to be taken and the vessels surrounding the tumor to be visualized. Then the beads are injected into the liver directed at the tumor.

EXPECTED SIDE EFFECTS:

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

- Right upper abdominal pain for the first few days to weeks. It may radiate to the shoulder 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.
- It is normal to have a bruise and soreness where the angiogram catheter went in.

Going Home the Morning 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 not uncommon 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 two anti-nausea medicines has been given to you.

Activity: Expect to be tired initially with gradual improvement in the weeks following treatment. When your steroid taper dose is finished, you may notice worsening of fatigue for a few days. Some patients are so tired that they stay in bed most of the day for the first two weeks. If you are concerned about your activity level, please call us.

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. Narcotic pain medicine may be prescribed. Take this if you have pain, but not more frequently than every six 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.
**This medicine causes constipation. If this is a problem for you, increase your fluid intake and take an over the counter stool softener such as docusate sodium or dulcolax. Call us if you have not had a bowel movement in more than three days.
2. Zofran (ondansetran), anti-nausea medicine.
3. Phenergan (promethazine), anti-nausea medicine.
**Take this if you have nausea, but not more frequently than every 6 hours.
**This medicine causes drowsiness.

Follow Up:

- We recommend calling your radiation or medical oncologist to set up a follow up appointment after you are discharged from the hospital.
- Every doctor is different in when they want to see their patients after treatment, but at a minimum, we would like you seen shortly after our one month follow up visit if more than one treatment has been planned.
- Follow up imaging is ordered either by us or your oncologist and is done 1 to 3 months after treatment.

When to Get Medical and Emergency Help:

Call our non-emergent line at (407) 649-6823:

- 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.

Go to your nearest Emergency Department:

- Your catheter site starts bleeding and will not stop after 10 minutes of firm pressure.
- You have shaking chills or a temperature over 101°F.

Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: IRSupport@MCRG.com – *non urgent concerns only*

IR Clinic Scheduling:

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: IRSupport@MCRG.com – *non urgent appointment requests only*

For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

(321) 841-8122

Or call your Doctor.