A PATIENT’S GUIDE TO
Embolization

QUESTIONS FOR YOUR DOCTOR:

Ablation:
heating or freezing a tumor to destroy it

Chemoembolization:
trapping medications in the tumor and stopping the blood flow from feeding the tumor

Chemotherapy:
tumor destroying medications

Embolization:
stopping the blood supply to the tumor

Surgical resection:
removal of the tumor

IMPORTANT RISK INFORMATION

INDICATION FOR USE: The LC Bead™ Embolic Agent is comprised of a range of hydrogel microspheres that are biocompatible, hydrophilic, nonresorbable and precisely calibrated. LC Bead microspheres are intended to be used for the embolization of hypervascular tumors and arteriovenous malformations (AVMs). CAUTION: Federal (USA) law restricts the sale of this device by or on the order of a physician. POTENTIAL COMPLICATIONS: Procedure-related and surgical complications including: undesirable reflux or passage of LC Bead microspheres into normal arteries adjacent to the targeted lesion or through the lesion into arterial beds, pulmonary embolization, capillary bed saturation and tissue damage, ischaemic stroke or infarction or ischemia at an undesirable location, vessel or lesion rupture and hemorrhage, neurological deficits, death, recanalization, foreign body reactions or infection necessitating medical intervention, or clot formation at the tip of the catheter and subsequent dislodgement.
EMBOLIZATION THERAPY

Embolization therapy is a widely used and effective treatment with over 50,000 procedures performed each year. Embolization therapy is usually performed by an interventional radiologist and can offer many benefits, including less trauma, shorter hospital stays and faster recovery times. Embolization is a catheter based procedure that clogs small blood vessels and blocks the flow of blood to a tumor or malformed blood vessel by injecting an embolic agent into the vessels. The embolic agent is composed of tiny microscopic particles and the blockage causes the tumor or vascular malformation to shrink over time. This is a safe and effective treatment for tumors that cannot be surgically removed.

PROCEDURE OVERVIEW

The patient is sedated, but remains conscious for the procedure. A small incision is made in the upper, inner thigh and a catheter (thin, flexible tube) is inserted into the femoral artery (large artery that starts in the lower abdomen and goes down into the thigh). The catheter is then carefully positioned in the hepatic artery (the vessel that feeds the tumor). A fluid the physician can see on the X-ray monitor is injected through the catheter so that the physician can ensure that the catheter is placed next to the tumor. Once the physician is satisfied with the catheter placement, the embolic material is slowly injected through a syringe, attached to the catheter, and delivered to the targeted tumor. The embolic material plugs the artery that feeds the tumor and stops blood from flowing into it. It is important that this is completely blocked because the hepatic artery is what delivers oxygen-rich blood to the tumor and allows it to grow. Once the blood flow to the tumor is blocked, embolization is complete. The catheter is then removed and the small incision in the thigh is closed. The embolic agent keeps working after the procedure is complete and over the next few months, the vessels containing the embolic agent will shrink and the tumor will decrease in size.

TREATING LIVER TUMORS

There are generally two types of tumors in the liver. One is primary liver cancer, also known as Hepatocellular Carcinoma (HCC) and the other is metastatic liver cancer, which starts in another organ and then spreads to the liver. Treatment options include surgical resection, liver transplantation, ablation, chemotherapy, embolization or chemoembolization.

The best treatment option for each patient depends upon a variety of factors including the state of the disease, location of the tumor and how well the liver is functioning. Please read on to see if embolization might be the best treatment option for you. If you have any questions please talk to your doctor.

THE EMBOLIC AGENT is composed of tiny microscopic particles