
Will I feel pain?

You may feel pressure or discomfort in the upper abdomen or in the area of your liver when the medicine is injected. You may also feel heat all over your body.

You will be given a pain medicine pump. By pressing a button, you will be able to give yourself the medicine you need to control pain.

You may have tenderness in your upper abdomen for a few days after the treatment. This is normal and is caused by swelling in the liver. Pain medicine will control the tenderness.

Will I feel sick?

When the medicine is injected, you may feel like you want to vomit. You may feel this way for a few days after the treatment is finished. Most people will not vomit.

You may have an increase in symptoms, especially flushing. Your Sandostatin® dose may be increased for a few days. Most people are back to their normal dose before they go home. Some people notice other side effects like pain in the abdomen, constipation, fever, sweats, chills, fatigue, lack of appetite, and hiccups. Many people do not complain of side effects.

All of these problems can be managed by adjusting your medicine.

When can I go home?

The usual hospital stay is 6 days. Daily blood tests will show how your liver is working. When the liver is working as it should, you can go home as long as you do not have a fever.

What do I need to do after I leave the hospital?

When you leave, you may still feel some side effects. Medicine will be prescribed for you to take at home. To see how the cancer responded to the treatment, you will need:

- Eight weekly blood tests done at a lab near your home. A requisition will be given to you.
- A CT scan at the London Health Sciences Centre about 8-10 weeks after the treatment.

You may also need to have a 24-hour urine collection before your next appointment.

A follow-up appointment will be made at the London Regional Cancer Program about 2 weeks after the CT scan.

Comments, Feedback?

Contact Patient & Professional Education
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Neuroendocrine
Cancer

Hepatic Arterial Lipiodol Chemoembolization (HALCE)

For Patients with
Pancreatic Endocrine
Tumour



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London Regional Cancer Program

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What are pancreatic endocrine tumours?

Pancreatic endocrine tumours (PET) are also called neuroendocrine cancer. This cancer is rare and it starts in the pancreas. PET can also make your body create extra hormones or chemicals. When it does, these tumours are called “functional” and they can cause symptoms that will make you feel sick.

Most people will not feel symptoms until the cancer spreads to the liver. Symptoms will vary and may include low blood sugar, diarrhea or stomach ulcers. You may not have any symptoms.

How is this cancer treated?

Hepatic Arterial I-131-Lipiodol Chemoembolization (HALCE) is one way to treat pancreatic endocrine tumours. The goal of this treatment is to slow down or stop the growth of tumours in the liver.

Can HALCE cure the cancer?

HALCE does not cure the cancer.

It can be very effective in making the tumour smaller or stopping its growth. When either one happens, the symptoms from the cancer are then reduced or stopped.

Many people with PET are able to return to work and do the activities they enjoy.

What medicine is used in HALCE?

A mixture of radioactive medicine and chemotherapy is injected into the artery that goes to the tumour. This mixture then kills the cancer cells. The radioactive medicine is called I-131 Lipiodol.

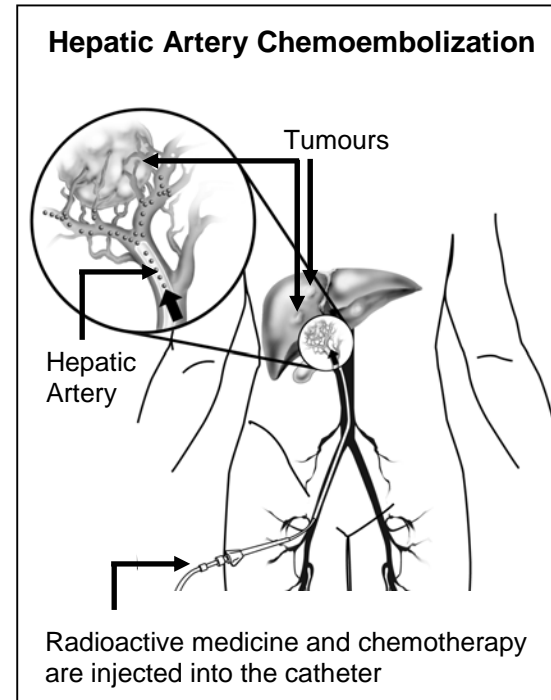
How is HALCE done?

The following is a general description of the HALCE treatment. A nurse will give you more details when you are admitted to hospital.

- A Radiologist will take a special x-ray to find the arteries in the liver.
- A catheter (flexible tube) is inserted into the large artery in the groin, usually the right side.
- The catheter is moved into the hepatic artery and the arteries going to the tumour(s). This may take 30-60 minutes.
- When the catheter is in the right place, a Nuclear Medicine Physician injects the medicine.
- After the injection, the catheter is removed and pressure is applied to the puncture site in the groin to prevent bleeding.

What will happen the day before the HALCE?

You will be admitted to the hospital and blood tests will be done. A nurse will



complete a history and review the medicines, vitamins, and minerals you are taking. **You must tell the nurse if you use Sandostatin® daily or monthly.** Bring your all medicines, vitamins and minerals in their original packaging with you to hospital.

In the evening, an intravenous (IV) will be started and you will be given IV fluid overnight. You may not eat solid food after midnight, but you may drink fluids. Your groins will be shaved by your nurse. If you prefer, you may do this on your own.

What will happen the morning of the HALCE?

You may be given an injection of Sandostatin® about one hour before the treatment. This medicine prevents or lessens symptoms that may happen during the HALCE.

A catheter will be inserted into your bladder, because you will not be able to move or go to the bathroom during and for 5 to 6 hours after the treatment.

A second IV will be started for the pain medicine and an antibiotic. The antibiotic is to prevent infection and will continue for 4 days after the treatment is finished.

What do I need to do during the HALCE?

You must lie very still. Wires will be taped to your chest and a blood pressure cuff will be put on your arm. This is to measure your heart activity and blood pressure during the procedure.

What will happen after the HALCE?

You will go to the Recovery Room where you will be checked. After 2 hours, you will be brought back to your room. You must remain flat in bed with no leg bending for 5 hours or as ordered by the doctor.
