

Pre-procedure medication regimen could lead to less hospital time for liver cancer patients

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Researchers at the University of Cincinnati (UC) College of Medicine have found that putting liver cancer patients on a medication regimen prior to undergoing a certain treatment could lead to shorter hospital stays and less chance for readmission due to complications.

These findings are being presented via poster at the World Conference on Interventional Oncology in Boston, June 9-12, 2016.

"Drug Eluting Bead Chemoembolization (DEB TACE) is a minimally invasive procedure performed in interventional radiology to restrict a tumor's blood supply with use of drug-coated beads that deliver chemotherapy locally to the tumor," says Abouelmagd Makramalla, MD, assistant professor of interventional radiology within the UC College of Medicine and a UC Health interventional radiologist who is also the principal investigator on the study. Makramalla is working in collaboration with Ross Ristagno, MD, assistant professor at the UC College of Medicine and [interventional radiology](#) section chief.

"A common side effect of this is postembolization syndrome (PES), which could cause fever, nausea and vomiting and pain," Makramalla says. "It usually occurs within the first 72 hours after the procedure and then starts to subside after 72 hours. Standard practice is to hospitalize these [patients](#) for one to two days for observation; however, we wanted to see if adding fosaprepitant to the medication regimen, which prevents nausea and vomiting, prior to DEB TACE treatment would allow for the procedure to be outpatient and prevent hospital readmission for PES."

Using a database of patients from UC, researchers reviewed all liver cancer patients who had the DEB TACE procedure over a 23 month period.

Makramalla says the small sample size consisted of 113 consecutive procedures in 71 patients. All patients received premedication with dexamethasone, a steroid, and fosaprepitant, which helps prevent nausea and vomiting caused by chemotherapy. Post-procedural anti-nausea medicines and painkillers were also prescribed as needed. Discharge medications included anti-nausea medications, analgesic medications (painkillers) and an antibiotic.

"Of the 113 DEB TACE procedures, only five patients (4.4 percent), were admitted for PES," he says, adding that 108 treatments (96.4 percent) were successfully performed without development of post-procedure PES that required admission.

"These findings suggest that outpatient DEB TACE could be possible with premedication and a low incidence of hospital readmission for PES; this could allow the patient to recover more comfortably in their home and save both the patient and the hospital time and money. We need larger studies to determine if this could become a standard pre-treatment regimen," he says.

Provided by University of Cincinnati Academic Health Center

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