

Melphalan chemosaturation with percutaneous hepatic artery perfusion and hepatic vein isolation for primary or metastatic cancer in the liver

Information for the public

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The procedure

Cancer can start in the liver (primary liver cancer) or spread to it from another part of the body (metastases).

The chemotherapy drug (melphalan) used to treat liver cancer can cause side effects in other parts of the body. In this procedure, the blood flow from the liver to the rest of the body is diverted (hepatic vein isolation) while the drug is delivered directly into the liver (percutaneous hepatic artery perfusion). Blood leaving the liver is taken out of the body and filtered to remove the drug, then returned. The aim is to destroy the cancer with a very high dose of the drug (chemosaturation) without causing side effects in the rest of the body.

Metastases in the liver that spread from an eye melanoma

For metastases in the liver that originated in the eye, there are serious, well-recognised complications of chemosaturation but there is some evidence that it works in the short term. So for this type of cancer it can only be done with special arrangements. This means you will have regular appointments afterwards to check how well it is working or if it has caused problems.

Primary liver cancer or metastases from another part of the body

For primary liver cancer or metastases from another part of the body, but not from the eye, this procedure can only be done as part of a research study. This is because there is not enough evidence to be sure how well it works and because there are serious, well-known complications. Your healthcare professional should talk to you about the research.

The [NHS website](#) may have information on your condition and treatment options.

Is this procedure right for me?

You should be included in [making decisions about your care](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

Some questions to think about

- How many appointments will I need?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

More information

- [NICE's information on HealthTech guidance](#) explains what HealthTech is and how we assess it.
- [NICE's information on HealthTech recommendations](#) explains what special arrangements are and what only in research means.

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