Treating Liver Tumors

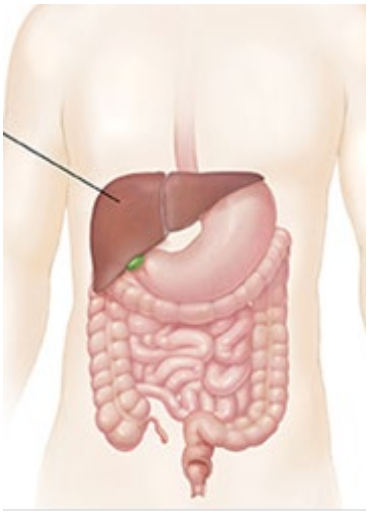
Hepatic resection and radiofrequency ablation

This handout describes 2 treatments for liver tumors.

How will my doctor treat my liver tumor?

Your doctor has chosen one of these treatments:

- ❑ **Hepatic resection.** This surgery removes the part of the liver where the tumor is.
- ❑ **Radiofrequency ablation.** This procedure uses electrical current to heat the tumor and kill the cancer cells.



The liver sits above the stomach, in the upper abdomen.

How to Prepare

Your nurse will review how to prepare for your specific treatment, and what to expect. Here are basic instructions:

Aspirin and Other Medicines

For 1 week before your procedure, do **not** take aspirin or any other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.

Shaving

Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.

Hospital Stay

Your stay in the hospital will depend on the type of procedure you are having done. If you are having:

Hepatic resection: You will stay in the hospital for 4 to 7 days after your surgery.

Radiofrequency ablation: You will stay in the hospital for 1 to 3 days after your procedure.

Help at Home

- Plan ahead for a responsible adult to help you when you go home. They will need to help you prepare food and do household chores for 1 to 2 weeks.

Coughing and Deep Breathing

- Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent *pneumonia* (lung infection).

Stop Smoking:

- If you smoke, stop smoking for at least 1 week before your procedure.

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1959 N.E. Pacific St., Seattle, WA 98195 | 206.598.6004

Day Before Your Procedure

- **Shower:** Take a shower the night before your surgery:
  - Use the antibacterial soap your nurse gave you to wash your body.
  - Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair.
  - Use clean towels to dry off, and put on clean clothes.

Arrival time: An OR (operating room) scheduler will call you by 5 p.m. the night before your surgery and tell you when to come to the hospital.

If you are having surgery on a Monday, the scheduler will call you the Friday before.

If you do not hear from the scheduler by 5 p.m., call 206.598.6541.

Procedure Day

Before You Leave Home

Eating and drinking: Follow the instructions the nurse gave you about when to stop eating and drinking.

Shower: Take another shower with the antibacterial soap. Follow the same steps as you did the night before.

Medicines: Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

At the Hospital

Heating blanket: We will cover you with a heating blanket while you wait to go into the operating room. This will warm your body and lower your risk of infection. Ask for a heating blanket if you do not receive one.

After Your Procedure

You will wake up in the recovery room. You will feel sleepy.

You will have:

- An **intravenous (IV) tube** in a vein in your arm. This will be used to give you medicine for pain and nausea.
- **Sequential compression devices (SCDs)** on your legs. These leg wraps inflate from time to time to help with blood flow. They help keep blood clots from forming while you are in bed.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **catheter tube** inserted into your bladder to drain your urine. You will have this catheter for 2 or 3 days.

If You Have a Hepatic Resection

After your surgery, you may:

- Have a few more tubes and devices attached to you when you wake up.
- Go to the Intensive Care Unit (ICU) to be watched closely. You will be moved to a regular hospital room when your doctor says it is OK.

If You Have Radiofrequency Ablation

You may have a fever or flu-like symptoms for 5 or 6 days after having an ablation of your liver tumor.

Recovery in the Hospital

Incision Care

- You may have either a small or large incision in your upper abdomen. This depends on whether you had a resection or an ablation.
- Your incision will be closed with either:
  - Stitches (sutures) under your skin that will dissolve on their own.
  - Surgical staples. These will be removed 10 to 14 days after your procedure.
- To help your incision heal, avoid putting stress on your abdomen. For 5 weeks after your procedure, do **not** lift anything that weighs more than 15 pounds. (A gallon of water weighs almost 9 pounds.)
- As you heal, there will be a thick healing ridge along your incision. This will soften and flatten out over several months.
- When you go home, you will need to check your incision every day. Call your doctor if you have any signs of infection (see page 5).

Pain Control

Most likely, you will have *patient-controlled analgesia* (PCA) for 1 to 3 days after your procedure. PCA is a pump that allows you to get pain medicine when you need it. The anesthesiologist may also talk with you about having an epidural catheter to control pain after your surgery.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Nutrition

After your procedure, you will not be allowed to eat anything by mouth for the rest of the day. We will give you fluids through your IV to keep you from getting dehydrated.

As your intestines recover from your procedure, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nausea, your doctor will add regular foods back into your diet.

Activity

Every day, you will become more active. Moving around is very important. It helps prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your surgery. The next day, you will get up and sit in a chair. You will also start to walk in your room. You will walk in the hall 2 days after your surgery. As your strength returns, we will encourage you to do more.

Bowel Movements

It will be several days after your procedure before you have your first bowel movement. Avoid getting constipated. Please read the handout "Constipation After Your Operation."

Call your nurse if you have:

- Diarrhea that does not go away in 2 or 3 days
- Nausea or vomiting

Self-care at Home

Shower

- You may shower every day.
- Do **not** take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- For 6 weeks after your procedure, avoid doing any activity that makes you work hard, or that makes your heart beat faster.

Return to Work

How much time you take off work depends on what you do for a living. Most people take 1 to 2 months off to recover after their procedure.

Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

If you had a liver resection, it may take up to 3 months for your energy level to return to normal.

First Follow-up Visit

At your first clinic visit after surgery, your nurse and doctor will talk with you about how you are doing at home. They will:

- Ask how your appetite is and how your bowels are working
- Weigh you and check your incision

- Remove the surgical staples, if they are still in place
- Ask about your pain and what pain medicine you are taking
- Ask about your activities and when you plan to return to work
- Review your pathology report

When to Call

Call the Nurse Advice Line or your doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
  - Redness or swelling
  - Increasing pain
  - Drainage that smells bad, 0r a change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns that cannot wait until your follow-up visit

Questions?

University of Washington Medical Center Surgical Specialties Center

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206.598.4477.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the resident on call for Surgery.

Or, ask to page your surgeon:

Dr. _____

Seattle Cancer Care Alliance Surgical Oncology Clinic

206.606.7555, weekdays from 8 a.m. to 5 p.m.

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1959 N.E. Pacific St., Seattle, WA 98195 | 206.598.6004