

MEN & LIVER CANCER

UNDERSTANDING THE TREATMENT OPTIONS AVAILABLE FOR THE
FOURTH COMMONEST CANCER AMONG SINGAPORE MEN.



Liver cancer is twice as likely to develop in men as in women, with over 90 per cent of cases being primary liver cancer – formed directly on the liver itself. There are also cases where the cancer originates from another organ and spreads to the liver as it develops, called metastatic liver cancer.

Certain medical conditions can evolve into liver cancer, and people at risk usually have existing ailments like chronic hepatitis, liver scarring, diabetes or bile duct disease; or have been exposed to aflatoxin – found on mouldy peanuts, nuts, corn and grains. A family history of liver cancer poses additional risk.

According to renowned liver cancer expert Dr Tay Khoon Hean, director of Tay Khoon Hean Surgery, a common symptom of liver cancer is abdominal pain, which indicates a large tumour or widespread involvement of the liver. There could also be unexplained weight loss or fevers, warning signs that liver function is deteriorating. Other indicators include the sudden appearance of abdominal fluid and swelling, as well as jaundice (yellowing of the skin). A physical exam will usually show an enlarged and sometimes tender liver.

“A patient who is suspected to have liver cancer will be put through a series of diagnostic tests,” says Dr Tay. “This ranges from brief, non-invasive checks at a clinic or a lab, to more involved examinations that require hospitalisation overnight.”

If a liver tumour is found, it should be evaluated for a resection, he adds, referring to the surgical removal of a section of the organ. “Complete removal of the tumour and the surrounding liver tissue, without leaving any tumour behind, is the only chance for a cure.”

There are, however, times when a resection is not possible, and the following alternatives will be explored:

RADIOFREQUENCY ABLATION (RFA)

This can be applied percutaneously through the

skin, laparoscopically using keyhole surgery or via open surgery. Needles are placed into the lesion, emitting radio frequency waves to heat and eradicate affected tissue.

TRANSARTERIAL CHEMOEMBOLISATION (TACE)

Large irresectable tumours limited to the liver but not the portal vein can be fed an emulsion of chemotherapy agents into the tumour’s artery, which is then blocked with gelfoam or coils. This allows the chemotherapy drug to work without affecting other parts of the liver.



CHEMOTHERAPY

Anti-cancer drugs interfere with the growth of cancer cells, causing them to shrink, stop growing or die. Regular physical exams, blood tests and X-rays will determine the level of success.

LIVER TRANSPLANT

Transplantation has become an accepted treatment for patients with end-stage liver disease. This is the best option for patients with tumours that are less than 5cm in size but are showing signs of liver failure.

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DR TAY KHOON HEAN
SENIOR CONSULTANT
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Dr Tay Khoon Hean’s expertise is in hepatopancreatobiliary (HPB) and minimally invasive surgery with the emphasis on difficult gallbladder and bile duct operations, laparoscopic Nissen fundoplication, lap banding for obesity, major hepatic resections, pancreas resectional operations and pylorus preserving pancreatoduodenectomy (PPPD) for cancers of the head of pancreas.

SERVICES

Evaluation and management of all aspects of general surgery, including:

- Hepatobiliary (liver) surgery (malignant and benign tumours)
- Pancreatic and gall bladder surgery
- General surgery (includes gastrointestinal, colorectal and endocrine)
- Advanced laparoscopic surgery
- Outpatient surgery