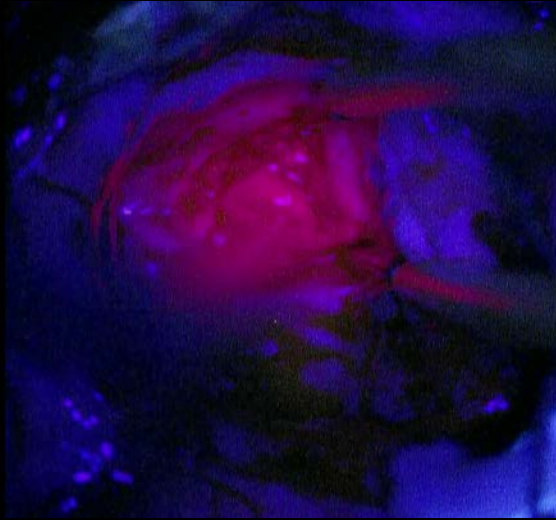
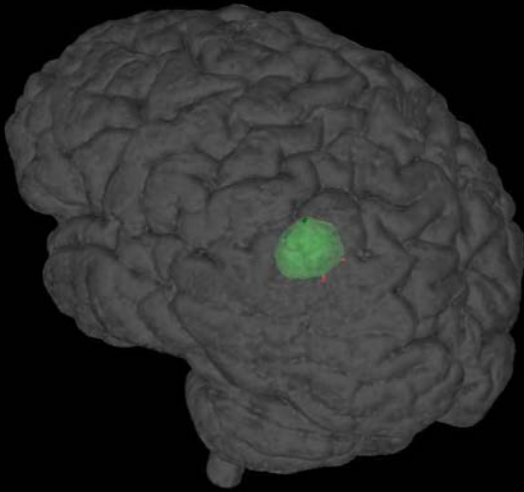


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Patient Information & Guidance for the Use of 5-ALA Fluorescence - Guided Surgery



Irving Building
Neurosciences
0161 206 2073 / 0613

**Saving lives,
Improving lives**

Fluorescence guided removal of brain tumours with 5-ALA (Gliolan) is a well-established technique used to resect malignant brain tumours. 5-ALA is an abbreviation for 5-aminolevulinic acid.

This is a fluorescence substance that specifically enters the tumour cells within a few hours after administration.

During the procedure, an ultra violet light is shone with the operative microscope and while tumour cells glow red/pink, the unaffected brain cells remain dark.

This substance has also been labelled as the “pink drink”.

What is the rationale for using 5-ALA (Gliolan) to remove my tumour?

5-ALA guided resection can make it easier for your surgeon to differentiate between your tumour and the surrounding brain, enabling a more radical resection of your tumour.

Due to the nature of your tumour quite often the distinction between tumour and normal brain cells can be challenging, therefore the introduction of 5-ALA can minimise the risk of violating healthy tissue and reduce the risk of brain injury.

There are several studies published in the medical literature demonstrating the advantages relating to the use of 5-ALA in maximising tumour resection.

This medication has been approved by NICE (National Institute of Clinical excellence) as a gold standard level of care for high grade gliomas.

Your scans have been discussed at the Neuro oncology Multidisciplinary Team (MDT) meeting and the members of the team have agreed on the suitability for a fluorescence-guided resection.

5-ALA will be prescribed and administered to you, a few hours prior to your surgery, in the form of a drink and the procedure itself will be carried out by an experienced neurosurgeon with a sub-specialist expertise in Neuro-oncology, adequately trained in the use of this technique.

Furthermore this special technique can be safely used in conjunction with other operative techniques including awake surgery, intraoperative neurophysiological monitoring, and neuro- navigation, intraoperative use of ultrasound or MRI (Magnetic Resonance Imaging).

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Warnings and precautions

This medication is very well tolerated by most patients. However, for 24 hours after administration of this medicine, we need to protect your eyes and skin from strong light, including direct sunlight or brightly focused indoor lights.

If you have a heart disease or serious problems with your liver or kidneys, the use of this medicine may be restricted as your blood pressure may drop and affect your kidney and liver function.

If you have only mild kidney or liver impairment, your doctor may decide to administer this medicine if the benefits outweigh the risks and a closer monitoring may be required after your operation.

Contraindications

This medication is contraindicated in acute or chronic types of porphyria and pregnancy.

If you are breastfeeding, you should discontinue doing so for 24 hours after treatment with 5-ALA.

Side effects

Like all medicines, 5-ALA (Gliolan) can cause side effects, although they are quite uncommon and not everybody is affected.

Side effects are divided into the following two categories:

- **Immediate side effects** after taking 5-ALA and before anaesthesia:
Nausea (feeling sick), low blood pressure, skin reactions, including rashes and sunburns.
- **Combined side effects** of 5-ALA, anaesthesia and tumour resection.

Very common side effects: (may affect more than 1 in 10 people)

Mild alterations of blood cell counts and slight increase in your liver enzymes or bilirubin.

These changes peak between 7 and 14 days after surgery. The changes will completely resolve within a few weeks.

It is likely that you will not experience any symptoms when these changes occur.

Less common side effects:

Nausea, (feeling sick), vomiting (sickness), neurological problems (including weakness, speech problems, seizures and visual disturbance), and thromboembolism (blood clots).

Low blood pressure, brain swelling.

Decrease of your sense of touch and diarrhoea (loose or watery stools).

If you get any side effects, including any possible side effects not listed in this leaflet, please discuss with your consultant or specialist nurse immediately.

You can also report side effects directly (see next page). By reporting side effects you can help provide more information on the safety of this medicine.

Contact

If you require any further information or advice please contact your Clinical Nurse Specialists:

Alison Gilston-Hope

 **0161 206 2073**

 **alison.gilston-hope@srft.nhs.uk**

Sarah Cundliffe

 **0161 206 0613**

 **sarah.cundliffe@srft.nhs.uk**

Reference

1. Fluorescence-guided surgery with 5-aminolevulinic acid for resection of malignant glioma: a randomised controlled multicentre phase III trial. Stummer W, Pichlmeier U, Meinel T, Wiestler OD, Zanella F, Reulen HJ; ALA-Glioma Study Group. *Lancet Oncol.* 2006 May;7(5):392-401.
2. Brain tumours (primary) and brain metastases in adults. NICE guideline [NG99] *Published date: 11 July 2018.*

Notes

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Farsi اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

Arabic إذا كنتم بحاجة الى تفسير او ترجمة هذا الرجاء الاتصال

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