



Lynda Jackson Macmillan Centre

for cancer support & information

... working to improve the lives of people affected by cancer...

This leaflet forms part of a series of publications produced by the Lynda Jackson Macmillan Centre (LJMC).

If you would like further information about any aspect of cancer and its treatments, please drop in to the centre or call the Helpline.

The LJMC is staffed by healthcare professionals and trained volunteers and is part of the Mount Vernon Cancer Centre.

- ◇ Drop-in centre for support and information
- ◇ Telephone Helpline
- ◇ Benefits Advice *
- ◇ Pre-treatment visits
- ◇ Complementary therapies *
- ◇ Relaxation classes
- ◇ Counselling *
- ◇ Support groups
- ◇ Look Good...Feel Better™ beauty workshops

* These services are available to patients under the care of an NHS oncologist based at Mount Vernon Cancer Centre.

Opening hours: Mon - Fri: 9.30am - 1.00pm & 2.00 - 4.30pm

Lynda Jackson Macmillan Centre

situated between the Cancer Centre and Gate 3 (White Hill)

Mount Vernon Hospital, Northwood, Middlesex HA6 2RN

Telephone Helpline: **01923 844014**

www.ljmc.org

A Patient's Guide to Brachytherapy for Cancer of the Cervix and Uterus at Mount Vernon Cancer Centre (Intravaginal)

Patient Information Series No 23b

Consent

It is a legal requirement to have a signed Consent Form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet every time you attend.

Pregnancy

Female patients must not be pregnant or become pregnant during a course of radiotherapy or for some months afterwards. **Please discuss this with your cancer specialist.**

If you think there is a chance, however small, of you being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

You will be asked to confirm your pregnancy status prior to radiotherapy. This applies to all women between the ages of 12 - 55 years. This is a legal requirement.

Contacts

If you have any queries about the information in this leaflet, please contact the:

Brachytherapy Unit: 01923 844636

Radiotherapy Clinic: 01923 844267

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This leaflet has been written in collaboration with oncologists, health professionals, patients and carers at Mount Vernon Cancer Centre.

If you have difficulty reading this size of print, a version of this leaflet or any of our leaflets can be produced for you in a larger print.

Introduction

This leaflet aims to give patients having radiotherapy for gynaecological cancer the information they will need before undergoing a course of intravaginal brachytherapy treatment.

Although it cannot deal with every issue, we hope that you will find it helpful. However, if you are unsure about any aspects of the treatment, please do not hesitate to ask the doctor, nurses or radiographers looking after you.

The doctor, who is a cancer specialist (oncologist¹) in charge of the brachytherapy, will see you some time before your treatment and explain the procedure to you.

You will also have the opportunity to discuss your treatment beforehand with the brachytherapy staff and, if you wish, may be shown the room where the treatment is given.

What is brachytherapy?

Brachytherapy is a form of radiotherapy given by directly introducing a radiation source into the part of your body we wish to treat. The brachytherapy machine uses a small radioactive source which produces gamma rays.

Brachytherapy may be given alone, or after surgical treatment of your cancer, e.g. hysterectomy, or after external radiotherapy from a linear accelerator. It can also be given following a combination of treatment with surgery and external radiotherapy.

¹ Throughout this leaflet the term 'oncologist' will refer to both your cancer specialist (oncologist) and any doctors working within his/her team.

Additional help and support

People who have had cancer will say that throughout their illness, they experienced a range of emotions, expected and unexpected.

Many find it to be a stressful, anxious and confusing time, both as individuals and within relationships. Some patients find it harder to make decisions or to face up to things, feeling overwhelmed and unable to focus on positive aspects within their lives.

If you have difficulty making sense of your feelings or can relate to any of these experiences you may find talking it through with a trained counsellor / psychologist helpful.

Counselling aims to provide individuals and families with an opportunity to understand these new experiences in a way that can help them feel more manageable.

The Lynda Jackson Macmillan Centre (based at Mount Vernon hospital) provides counselling and also a range of services including relaxation sessions and complementary therapies.

The centre also produces a series of helpful hints on various topics including side-effects of radiotherapy. To find out more, either drop in or call them on the number on the back of this leaflet.

The majority of patients (about 90%) will have no significant long term effects from this treatment, but there is a 5% risk of more serious side-effects developing at a later date, which may interfere with your lifestyle.

Ask your oncologist to explain what this means to you.

Follow-up after your brachytherapy

About 2 - 3 weeks after your course of brachytherapy is finished, the radiographer will telephone you at home to check your progress. After this you will be seen either at your local hospital, or seen regularly by your family doctor (GP).

If at any time after your treatment has finished you have any concerns about any ongoing medical problems or discomforts, please contact your GP or your oncologist at Mount Vernon Hospital.

In particular, it is quite normal to be concerned about the sexual implications of this type of treatment. We have specially trained members of staff who may be able to help you.

If you feel you need to talk to someone, please ask your radiographer, who will make the necessary arrangements.

We hope you find this information helpful. However the brachytherapy staff will always do their best to answer any further questions you have about this treatment.

If you have any queries about the information in this leaflet, please contact the brachytherapy unit (see Contact at the end of this leaflet).

Your oncologist will discuss with you the best combination of treatment in your particular case.

Can I eat before and after my treatment?

Yes. You may eat and drink normally before your treatment.

Your first brachytherapy treatment

You will be able to receive brachytherapy as an outpatient. The whole process will take 45 minutes to one hour, although the actual treatment time, when the radioactive source is exposed, will only be between 5 - 10 minutes.

- Before your treatment, a fine tube called a catheter will be put into your bladder to drain any remaining urine, and then your bladder will be filled with a set amount of sterile water.
- To receive the treatment, you will need to lie on your back with your legs up and supported. The treatment is given through a small perspex tube placed in your vagina. These tubes range in size, so you will be given one that is comfortable for you. The tube is held in position by an external clip attached to the couch so that it doesn't move.
- It is important for us to measure the position of the tube relative to your bladder and back passage (rectum). For this reason, at the first treatment only, we take X-rays before the treatment.
- The urinary catheter shows us the position of your bladder and a small amount of white liquid, called barium, is placed in your rectum to show its position.

- Once the perspex tube is positioned, X-ray pictures will be taken in the brachytherapy room by radiographers using a portable machine. These X-rays will also enable us to calculate the amount of radiation received by your bladder and rectum from the brachytherapy.
- When the treatment is ready to start, the radiographer will connect the tube in your vagina to the brachytherapy machine using a guide tube. The radioactive source will travel along this tube by remote control once the brachytherapy machine is switched on. You will not feel any of this, as it happens inside the tubing.
- The staff will leave the room while the treatment is in progress. However, they will be monitoring you on a TV screen in the control area nearby, and will also be able to talk to you via an intercom.

Immediately after brachytherapy

You should not feel unwell after this treatment, but you may notice slight discomfort the first time you pass urine after the catheter is removed. You will also notice the white barium dye when you next open your bowels.

Subsequent brachytherapy treatments

Patients normally have between 2 or more treatments. The X-rays are only necessary for the first treatment. For this reason, the second and any following treatments are much quicker and simpler.

Your bladder needs to be full for these treatments, so please try not to go to the toilet for one hour immediately before your appointment.

As there is no need for you to have a catheter, all that has to be done is to place the vaginal tube in position before starting the treatment.

Immediate and longer term side-effects

You should not feel unwell after your brachytherapy but occasionally a urine infection can develop, so if you experience continued discomfort on passing urine you should contact your GP (family doctor). There may also be a slight vaginal discharge for a few days.

In the longer term the most common side-effect is a narrowing and scarring of the vagina. This tends to happen particularly in women who are not sexually active. The staff will explain to you about dilators before your treatment finishes.

Occasionally the scarred areas have very fine surface blood vessels which cause spotting of blood after you have had an examination in the clinic, and also sometimes after intercourse.

You should inform your oncologist or family doctor (GP) of any unexpected bleeding, although this is usually nothing to worry about. Similar changes may cause minor bleeding from the bladder and bowel.

Very occasionally some patients may experience more serious long term bowel or bladder upset, particularly if this treatment is combined with external radiotherapy.