

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.

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| <input type="checkbox"/> Drop-in centre for support and information | <input type="checkbox"/> Counselling * |
| <input type="checkbox"/> Telephone Helpline | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Benefits Advice * | <input type="checkbox"/> Look Good...Feel Better™ beauty workshops |
| <input type="checkbox"/> Pre-treatment visits* | |
| <input type="checkbox"/> Complementary therapies * | |
| <input type="checkbox"/> Relaxation classes | |

* 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

What to expect after Prostate Brachytherapy using Permanent Implants

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, it will be given to 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 and your hospital name band each time you attend.

Please wear your name band at all times whilst in hospital.

Fathering a child

Patients must not father a child during a course of brachytherapy (radiotherapy) or for some months afterwards. **Please discuss this with your cancer specialist.**

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

Contacts

Secretary to Professor Peter Hoskin: 01923 844533
(9.00am to 5.00pm)

Secretary to Dr Peter Ostler: 01923 844592
(9.00am to 5.00pm)

Ward 10 (Mount Vernon Hospital): 01923 844205
(out of office hours)

Brachytherapy Unit: 01923 844636
(office hours Mon - Thurs)

Lynda Jackson Macmillan Centre: 01923 844014
for cancer support & information
(Mon - Fri 9.30 am - 1pm & 2pm - 4.30pm)
Answering Machine at other times.

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.

- Do not nurse children on your lap, or sit very close (less than 1 metre) to them for long periods of time. You may cuddle or hold them for a few minutes each day, and they may stay in the same room as you for as long as you wish (but more than a metre away).

You will be given a credit-card sized card with the details of your implant and our contact number on it. You are requested to carry this card with you for the first two years after the implant.

Is there anything else I should know?

We expect to cure your prostate cancer with this treatment. However there are procedures you need to know in case of other unforeseen illnesses or accidents that may cause your death in the future.

You and your family need to be aware that within the first two years after the implant there is a small risk of radiation being released from the iodine seeds into the environment during a cremation. Therefore this particular funeral procedure would not be possible, and a burial would be required.

Please note that this information is given to all patients, male or female with any diagnosis, who have received any form of permanent radioactive implant treatment.

Obviously these are difficult topics for some people to consider and discuss, but we would recommend you let your family know of this, not because we are worried about the prostate cancer, but because we have to accept that unforeseen circumstances may arise from other situations.

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Introduction

This leaflet is for all patients who have just had an iodine seed brachytherapy implant to their prostate gland. You may remember from the information you were given prior to the procedure, that in the first few weeks and months after this treatment it is common to experience some side-effects.

This leaflet aims to remind you about these effects; whilst it cannot deal with every issue, it does give you information on the best way of dealing with them.

If anything in this leaflet is unclear or you have any questions, please ask your General Practitioner (GP), or any other health professional who may be helping you through this time. It may also help if you show your GP this leaflet.

What is the most common side-effect?

The most common side-effect following your implant is the feeling of discomfort when passing urine. This can start in the first few days after treatment.

Before you left the hospital you will have been given medication to take, which should help to reduce some of the side effects of your treatment. Although these side effects may not be completely relieved with medication, they will slowly improve with time.

What medication will I be given?

You will be given some antibiotics for one week to clear any infection which may have been introduced at the time of the implant. It is not usually helpful to continue with further additional courses of antibiotics.

returning to normal activities, but the need to pass urine more often should be considered, as you may need to have easy access to a toilet.

Special instructions for when you are back at home

Radiation safety is a concern of many patients. However, iodine seeds are low energy radioactive materials and the body tissues absorb most of the radiation that they emit.

Also, the strength of the radiation from the seeds reduces with time. The radiation level outside your body, arising from the seeds, is not much greater than the normal background level that exists in the natural environment. The risk to other people around you is therefore very low.

Whilst there are no formal restrictions on your activities when you return home, we suggest you follow the guidelines listed below for a period of two months after your operation, for your own and your family's peace of mind.

- You may be given more specific advice if your spouse is already pregnant, or if you later advise us that she has become pregnant. Women who are (or maybe) pregnant should not sit very close (less than 1 metre) to you, on the same sofa, for example.

Apart from this, there is no need for you to treat them any differently from how you treated them before your implant. You may greet them as you normally would, and they may stay in the same room as you for as long as they wish.

in PSA are rarely of significance and indeed it is well recognised that many men experience a 'PSA bounce' in which there is a small rise some months after implant.

What about my sex life?

Sexual activity can be resumed whenever you feel comfortable to do so. You may find, particularly on the first occasion, that ejaculation is uncomfortable in the same way that passing urine is painful.

You may also find that the ejaculate (semen) is blood-stained and until it clears may appear a brownish colour for a little while. The volume will be reduced and some men find that they have only a small discharge when they climax.

You are advised to use a condom for the first two months after the implant just in case a seed were to be passed when you ejaculate. After use, condoms should be tied tightly at the end, to enclose ejaculate, wrapped up securely in paper or a plastic bag and then discarded as usual.

It is however important to emphasise that there is no risk from radiation to your partner.

Can I return to work?

If you wish to return to work, you can do so as soon as you feel comfortable.

You will not have any intellectual or physical disabilities from this treatment which would prevent you from

Tamsulosin is a drug you may have been given, which relaxes the muscles at the base of the bladder and sometimes relieves some of the symptoms caused by muscle spasms.

Anti-inflammatory drugs are not always given but may be useful, if passing urine is very painful. These would include drugs such as Nurofen (Ibuprofen), which can be bought over the pharmacy counter, or you may consult your GP for stronger alternatives if this is not effective.

These bladder side effects may unfortunately persist despite the medication; however, they do eventually settle down.

Will I need a catheter?

If your prostate is very swollen and it is difficult to empty your bladder, you may need a catheter to drain the urine. This symptom is called urinary retention. This usually happens within the first 2 to 4 weeks of treatment but only affects about 10% of patients.

If this does happen to you and you find that you cannot pass urine, you will need to go to your local Accident and Emergency (A & E) Department. You should take this leaflet with you and explain to them that you have had an iodine seed implant.

You should ask them if they have any concerns to contact us on the telephone numbers given at the end of this leaflet. They should be asked to pass a small urinary catheter (gauge 14). This is a small flexible tube which will be put into your bladder through your urethra and will automatically drain your urine from your bladder into a bag.

If this is difficult and unsuccessful after one or two attempts, they should not continue without contacting a urology specialist, who should consider a suprapubic catheter rather than one through the urethra.

A suprapubic catheter is inserted through the lower part of your abdominal wall into your bladder, rather than through your urethra. This is done because we wish to minimise trauma to your prostate area.

How long will the catheter stay in place?

If you have been catheterised, your catheter may be in place for several weeks. The range of time that people have needed catheters after implants varies considerably from 1 or 2 weeks up to many months.

However, most patients need a catheter for only a few weeks, until the swelling has settled and they can pass water comfortably again. Unfortunately there is no way of knowing when this point has been reached other than by removing the catheter and seeing whether or not you are successful in passing water normally (This is known as Trial without catheter or TWOC).

We do not usually recommend you try this sooner than 2 to 4 weeks after catheter insertion, to allow the prostate time to settle down.

Who will remove my catheter?

The removal of your catheter will be co-ordinated either through the ward at Mount Vernon Hospital or with your Urology Team at your local hospital where insertion took place.

Please be aware that very often the first TWOC is unsuccessful, and although this is disappointing for you, we would nevertheless like you to be reassured that ultimately nearly all men (given time) do manage to pass water again.

Will any seeds come loose?

Iodine seeds look like silver grains of rice. Occasionally a seed may be passed in your urine, so just flush it away down the toilet. If you find a seed in your bed don't pick it up with your fingers - use a spoon or tweezers and again flush it down the toilet. The radiation from this seed is very small and is not a risk to you or other people.

You don't need to report this to the oncologist at the time, but please mention it at your next clinic visit.

When will I know if the treatment has worked?

This is understandably the most common question that patients ask once they have recovered from the procedure. Unfortunately we cannot give you precise answers to this question until we have monitored the Prostate-Specific Antigen (PSA) level for some time.

The first time the PSA level will be measured is at six months after treatment. By this time the reading will be more accurate as side effects will have settled. It should then be measured six monthly until two years after the implants when usually, if all is going well, annual PSA tests are then sufficient.

There is no advantage in repeating the PSA more frequently than this. You should also be aware that small changes