

Prostate brachytherapy using temporary implants

Patient Information Series PI 50



NHS
East and North Hertfordshire
NHS Trust



Contacts

Secretary to Professor Peter Hoskin: 020 3826 2436
(9.00am to 5.00pm)

Secretary to Dr Peter Ostler: 020 3826 2438
(9.00am to 5.00pm)

Secretary to Dr Roberto Alonzi: 020 3826 2431
(9.00am to 5.00pm)

Secretary to Dr Rob Hughes: 020 3826 2435
(9.00am to 5.00pm)

Ward 10 (Mount Vernon Hospital): 020 3826 2022
(out of office hours)

Brachytherapy Unit: 020 3826 2629
(9.00am to 5.00pm; Mon - Thurs)

Lynda Jackson Macmillan Centre..... 020 3826 2555
Mon - Fri; 9.30-4.30pm

24 hour Acute Oncology Service
Mount Vernon Cancer Centre: 07825 028855

Admission details

Ward 10 on
Please report to the ward at 3pm on the day of admission

Follow-up details:
6 week post radiotherapy telephone review

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This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the LJM on 020 3826 2555.

Lynda Jackson 
Macmillan Centre

Introduction

This leaflet aims to explain what happens when you have brachytherapy to treat your prostate gland. Whilst it doesn't cover all the issues, it is intended as a guide to help you to understand more about this particular treatment and the procedure involved. The cancer specialist is in charge of your care and throughout this leaflet we will refer to him/her as the oncologist. There will also be a team of other hospital staff caring for you, this includes other doctors working within his/her team.

What is brachytherapy?

Brachytherapy is a form of radiotherapy given by introducing a radiation source directly into the area we wish to treat. In the case of the prostate gland, we do this with a temporary implant using applicators which are used to direct a radioactive iridium pellet into the prostate gland.

This leaflet explains about using temporary implants. (Please see the flow diagram on pages 10 and 11).

What will happen during the implant?

(Day 1 of the Treatment pathway)

You will be admitted the day before the procedure, and in the evening you will be given medication to clear your bowel. This makes the implant procedure easier.

On the day of the implant you will be taken to the operating theatre where you will be given either a general anaesthetic or a spinal anaesthetic. A catheter (a thin flexible tube) will be inserted to drain urine from your bladder. Fine plastic tubes (applicators) will be passed directly into your prostate gland, guided by a transrectal ultrasound scanner. You will feel nothing whilst this is happening.

When you wake from the anaesthetic

When you wake up from the anaesthetic you will be aware of the catheter in your penis. You will need to remain lying flat on your back. If you are feeling any discomfort your nurse will be able to give you some medication to make you more comfortable.

You will also be aware of the applicators in the area of skin between your scrotum and your anus. You may feel a little bruised in this area, and your skin may feel stiff, as the applicators are held in place by a silicone template which is attached to your skin by adhesive and some stitches.

When the anaesthetist is happy for you to leave the recovery area, you will be taken to a CT (computed tomography) scanner and an MRI scanner. These images show us exactly where the applicators have been placed.

This takes about one hour and after this you will go back to the ward. You will need to remain flat on your back in bed (although you may sit up slightly, but not fully) when eating or drinking. During this time patients can experience backache, from lying in bed and discomfort from increased flatulence (wind). You will be given some pain medication if needed to help you feel more comfortable.

Over the next hour or two, the doctors and physicists will be carrying out measurements and calculations on the scans to decide how long the radioactive pellet needs to stay within each applicator, to give an even dose of radiation to your prostate.

You will have a further CT scan shortly before treatment to ensure there has been no change in the position of the applicators in the prostate. Sometimes minor adjustments may be needed after this.

Once this has been done, the treatment is ready to be given.

What happens at the treatment?

The treatment is usually given in the late afternoon of the day on which you have the implant inserted. You will be taken to the Radiotherapy Department on a trolley.

- The applicators are checked to ensure they have not moved. Provided they are in the correct position, they are connected to a series of tubes which join them to the machine containing the radioactive pellet (the brachytherapy machine).
- Once this is completed, the staff will leave the room, and the treatment will start. However, they will be watching you at all times on a TV monitor in the control area nearby and be able to talk to you via an intercom. You will be able to signal if you need help.
- The brachytherapy machine will pass the pellet down each applicator in turn, for the calculated length of time that is needed to deliver the necessary radiation dose. You shouldn't feel any discomfort during treatment.

What happens after treatment is completed?

- At the end of the treatment, the treatment applicators will be removed. You may experience some discomfort however, you do not need any sedation as they are removed very simply.
- First, the plastic template is taken off your skin. This is a little bit like removing a plaster. The applicators will then be removed. There may be a little oozing of blood from the site where the applicators pass through the skin, this bleeding will stop when gentle pressure is placed on the site for a few minutes.
- In some cases a second treatment may be given in which case you will return to the ward where you stay overnight. Your second treatment is then given the next morning going through the same steps as above.

After your treatment you will return to the ward. The catheter will be removed the next morning. We like you to remain on the ward until we are sure that you can pass urine easily when you should be able to return home.

You may pass small amounts of blood in your urine for a few days after the procedure. There is no need to worry about this. Sometimes a small clot may block the urine passage, and the catheter will have to be replaced to wash the clot away.

Before you leave the hospital you will be given medication to take, which should help to reduce some of the side effects. Although these may not be completely relieved with medication, they will slowly improve with time. After a few weeks you should find that you can return to your normal level of activity.

You should not drive for 24-48 hours after the anaesthetic so you will need to arrange for a family member or friend to take you home.

Is there anything else I should know?

The area where the implant was placed may feel bruised and a little uncomfortable for a few days, especially if you sit on a hard chair. The bruising may cause some change of colour of your scrotum and sometimes the upper thighs. This will settle over the following weeks.

You may feel the need to urinate more often, sometimes with urgency or discomfort. This is due to swelling of the prostate after treatment. Please continue to drink plenty of fluids and contact the cancer centre if the urgency and discomfort persists.

If your prostate is very swollen and it is difficult to pass urine, you may need a catheter to drain the urine. This symptom is called urinary retention and may happen in the first few weeks after your treatment.

If this does happen and you find that you cannot pass urine, you **must** contact either **Mount Vernon Cancer Centre** (see page 2) or your local **Accident and Emergency (A & E) Department**. You should **take this leaflet with you** and explain to them that you have had prostate brachytherapy.

If you go to an A & E department you should ask them if they have any concerns to contact Mount Vernon Cancer Centre on the telephone (numbers given at the beginning of this leaflet).

They may pass a small urinary catheter (gauge 14) to drain your urine. This is a small flexible tube which will be put into your bladder through your penis and will 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.

Sometimes bowel movements may feel uncomfortable for a few days and may sometimes cause a sharp pain. This usually settles on its own and is rarely severe enough to need active treatment.

Some men have noticed a patch of numb skin along the penis which may take some months to improve.

What about any long term side effects?

There is a risk of scarring around the ureter (urine tube) causing a reduced urinary stream. Around 5% of men may need to undergo a minor procedure to dilate this if it becomes troublesome.

If I have any questions, who should I contact?

Although this technique has been undertaken at Mount Vernon Hospital since 1996 many doctors outside Mount Vernon Hospital may not be familiar with the technique.

If you feel you require further information or your doctor would like more details, please call your oncologists secretary.

Follow up appointments

If you have had all your treatment at Mount Vernon Cancer Centre you will have a telephone appointment with the clinic review team six weeks and three months after finishing your treatment. You will then be seen by your oncologists team at your referring hospital.

If you are taking part in a trial, your follow up will be with your research team.

If you have been referred to Mount Vernon Cancer Centre just for your brachytherapy, your follow up will be with your oncologist at your referring hospital.

Treatment pathway

Day 1

Sunday / Tuesday

Ward 10

Enema and tablets given to stop bowel movements
Nil by mouth from 12pm (midnight)

Day 2

Monday / Wednesday

Theatre

Treatment applicators inserted into prostate
Catheter inserted

Recovery

Recover and come around from anaesthetic
Wait for ward nurse to arrive for transit travel to Radiotherapy CT scanner or ward

Radiotherapy
CT scanner

CT scan

Brachytherapy
MRI scan
(if applicable)

MRI scan

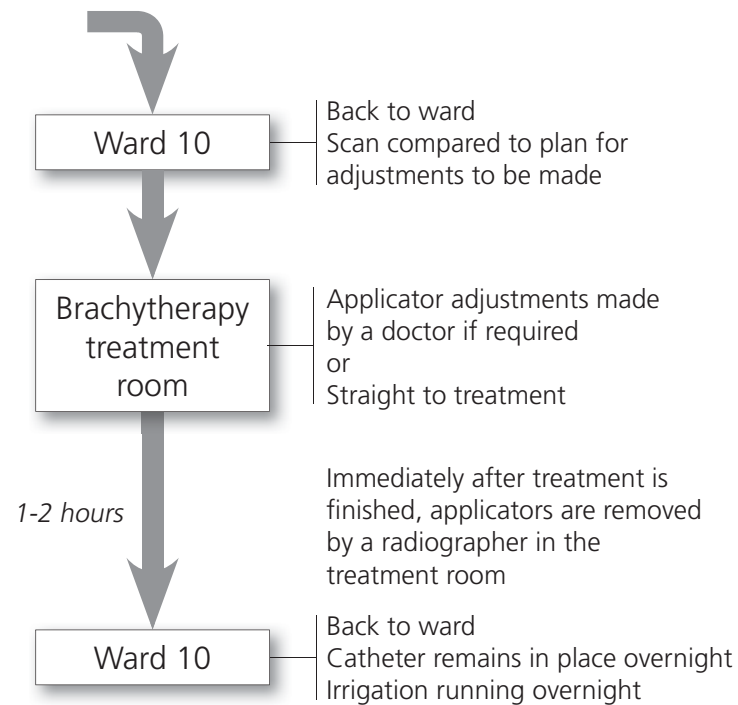
Ward 10

Back to ward
Plan of treatment created in Brachytherapy Suite

2-5 hours

Radiotherapy
CT scanner

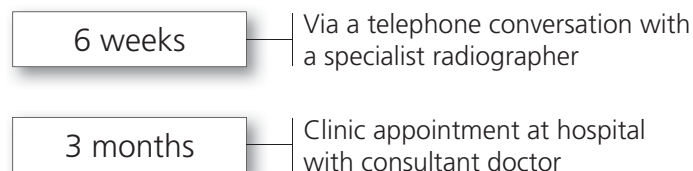
CT scan to assess any movement of applicators



Day 3
Tuesday / Thursday



Follow up



MRSA

MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. The full name of MRSA is Methicillin-Resistant Staphylococcus Aureus. You might have heard it called a "superbug".

MRSA infections mainly affect people who are staying in hospital. They can be serious, but can usually be treated with antibiotics that work against MRSA.

MRSA lives harmlessly on the skin of around 1 in 30 people – usually in the nose, armpits, groin or buttocks. This is known as "colonisation" or "carrying" MRSA. Having MRSA on your skin doesn't cause any symptoms and doesn't make you ill. You won't usually know if you have it unless you have a screening test before going into hospital.

As you will be staying overnight in hospital, you will need to have a simple screening test to check your skin for MRSA before you're admitted. Swabs will be taken from your nose and groin. This is painless and only takes a few seconds. The results will be available within a few days.

If you're not carrying MRSA, it's unlikely you'll be contacted about the result. If you are carrying MRSA, you may need treatment to remove the bacteria to reduce your risk of getting an infection or spreading the bacteria. This usually involves an antibacterial cream for your nose and an antibacterial wash for your skin.

If you're not carrying MRSA, it's unlikely you'll be contacted about the result.

For more information go to: www.nhs.uk

Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

People who have cancer often say that during their illness they experience a range of emotions. Many find it to be a stressful, anxious and confusing time. Please feel free to drop in before, during and after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

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.

Fathering a child

Patients must not father a child 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 your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

If you normally pay for NHS prescriptions

People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate. To get an exemption certificate, ask your GP for an application form.

Notes:



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ⓪ Drop-in centre for support and information
- ⓪ Telephone helpline
- ⓪ Complementary therapies*
- ⓪ Counselling*
- ⓪ Benefits advice*
- ⓪ Relaxation classes
- ⓪ Look Good...Feel Better™ beauty workshops
- ⓪ The Way Ahead headwear workshops
- ⓪ Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Monday–Friday: 9.30am–4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN

Telephone Helpline: **020 3826 2555**

Website: www.ljmc.org

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre



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