

Information Booklet for Patients for Prostate Seed Brachytherapy

Contents	þage
What is Prostate Seed Brachytherapy?	3
Pre Implant Information	3
Procedure to follow the day before Seed Implant	4
Procedure to follow on day of Seed Implant	5
Day of Implant	6
After the Implant Procedure	6
Side Effects	6
Urinary Symptoms on Discharge	6
Bowel Symptoms	7
Erectile Dysfunction	7
Instructions to Patients on Discharge	7

What is Prostate Seed Brachytherapy?

Prostate Seed Brachytherapy is an internationally accepted treatment option for the curative management of patients with prostate cancer. It can be used as the sole curative option, or in combination with external beam radiation and hormone treatment. Your Radiation Oncologist will discuss the treatment that best suits your needs.

Brachytherapy is a technique for treating cancer using radioactive material, which is implanted close to the affected tissue, while sparing normal tissue (rectum, bladder). For Prostate Brachytherapy, small radioactive seeds (Iodine¹²⁵) are implanted directly into the prostate gland in theatre under general anaesthetic.

The seeds are about the size of a grain of rice and the number implanted depends on the size and shape of prostate. The prostate size is determined using ultrasound imaging. This ultrasound procedure (volume study) will be carried out in the Outpatient Department a few weeks before the seed implant date. A provisional implant date will be given to you at this time.

If you are on aspirin or anti-coagulation medications you may be advised to stop these for a period before the procedure. Your Radiation Oncologist/ nurse will confirm this.

Pre Implant Information

The day before your implant you will be asked to follow some simple procedures. Please follow the procedure information regarding diet and fasting on pages 4 and 5. It is very important that you adhere to this information, for the implant to go ahead.

In some cases you may be admitted to hospital on the night before the procedure. This is routine, and ensures that you are fit and well for the anaesthetic.

Out-Patient's Department / Day Ward

St. Luke's Hospital, Highfield Road, Rathgar, Dublin 6. Tel: 01- 4065000

Procedure to follow the day before seed implant

Name:	 	
Hospital No:		
Consultant:		

The day before the procedure:

A light diet is recommended until lunch time.

Post lunch time, clear fluids such as black tea or coffee, Bovril, or clear consommé soup only, will be advised.

You will be given 2 microlax to clear out your bowels. These must be taken the evening before the procedure.

Please follow information sheet on fast guidelines and information regarding medications.

N.B. IF YOU CANNOT ATTEND ON THE ABOVE DATE, PLEASE NOTIFY THE NURSE MANAGER OR SECRETARY IN OPD/DAY WARD AS SOON AS POSSIBLE AS THE BED CAN BE ALLOCATED TO ANOTHER PATIENT FOR THAT DAY.

Procedure to follow on day of seed implant

Out-Patient's	Department.	/ Day	Ward
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St.	Luke's	s Hospital,	Highfield Road,	Rathgar, Dublin 6	Tel: 01- 4065000
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Consult	tant:
1.	Please report to Day Ward at on
2.	Prior to your procedure FAST from 2AM, refrain from taking food or fluids. On the morning of the procedure, you can take sips of water ONLY with your usual medications, (max 30 mls). If you are on Blood Pressure Medication, it is important to take them with water.
3.	If you are diabetic, check with your doctor regarding which medications you should take.
4.	If you are on blood thinners eg warfarin, aspirin or plavix, please check with your doctor regarding the temporary stopping of these tablets.
5.	You are firmly advised not to drive your car to the Hospital, but if you must, please make arrangements for someone to drive the car home.
	PATIENTS MUST BE ESCORTED HOME.
	TO ARRANGE THE TIME, YOUR ESCORT SHOULD PHONE
	THE HOSPITAL AT APPROXIMATELY p.m.
	Day Ward: 01-4065153 Out-Patients: 01-4065277
6.	Please have a bath/shower on the evening prior to admission. If you are on any medication please bring ALL MEDICATION or a list of same with you

N.B. IF YOU CANNOT ATTEND ON THE ABOVE DATE, PLEASE NOTIFY THE NURSE MANAGER OR SECRETARY IN OPD/DAY WARD AS SOON AS POSSIBLE AS THE BED CAN BE ALLOCATED TO ANOTHER PATIENT FOR THAT DAY.

The Hospital cannot be responsible for loss of same.

carried out in the Theatre Department.

For the procedure you will wear a hospital gown. The procedure will be

Please leave valuables at home and do not bring large sums of money.

Day of Implant

The morning of the implant you will be admitted to the Day Ward at St. Lukes's Hospital.

You will be brought to theatre at the scheduled time. A general anaesthetic will be administered to you. A catheter will then be inserted into the bladder. This tube is usually removed at the end of the implant; however in some cases it will remain in place for a short period post the procedure. The implant procedure does not involve a surgical incision. Instead, the seeds are preloaded into needles, which are then inserted into the prostate gland between the scrotum and anus (perineum). This procedure is done using ultrasound visualisation by the Radiation Oncologist. A physicist is present assisting the Radiation Oncologist and also to perform quality checks and calculate the dose to the prostate. You will be given IV antibiotics in theatre.

After the Implant Procedure

After the implant you will return to the dayward and be monitored for a period of time. This time allows for recovery and you will be allowed to eat and drink. You will have a small dressing in place, which you can remove the next morning in the shower.

You will be given a prescription for oral antibiotics to take for a period of 7 days. You may also be given a prescription for a medications known as an alpha-blocker (e.g. tamsulosin/omnexel/omnic) for a period of three months to assist with urinary symptoms. You must pass urine before discharge.

Documentation

You will receive a discharge letter outlining precautions to be taken around pregnant women and young children. You will receive a letter for your GP and a Medical Alert card to be carried at all times to alert others in case of Medical Emergency, that you have received a prostate implant. You will also receive a letter advising you to attend your nearest emergency department if you are unable to pass urine.

One month post implant you will be asked to attend for a CT scan.

A PSA test will be carried out at each clinic appointment for the first year. You will be seen as an outpatient every three months for the first year and then six monthly thereafter for five years.

It is **important** if you have any medical or surgical procedures carried out, that you inform your Radiation Oncologist in advance.

Side effects

Within 24 hours post implant, it is normal to experience some of the following:

- 1. Mild soreness in the perineal area (between the legs).
- 2. Bruising and discolouration between the legs.
- 3. Blood in the urine.
- 4. Urinary frequency or other difficulty emptying your bladder (see below).

Urinary Symptoms on Discharge

After the implant, you may notice increased frequency and urgency of urination, which is sometimes painful. The urinary flow may be slower than normal. Drinking plenty of fluids and avoiding caffeine may help to reduce some of these symptoms. As mentioned above you may be given medication to assist this.

A small percentage of patients experience a temporary retention of urine (1-2%). Hence if you become unable to pass urine and your bladder feels full or uncomfortable, you are advised to attend your nearest emergency department with the letter you have been given. They will insert a urinary catheter, which will remain in place for a short period. You can then contact your radiation department/radiation nurse to inform them you have had a catheter inserted and to arrange removal of it.

Bowel Symptoms

Occasionally patients may notice an increased desire to open their bowels. This settles gradually. Rarely patients will pass a small amount of blood from the rectum but this usually resolves. Rare side effects include rectal perforation and bleeding. Careful monitoring of your diet to avoid foods that might irritate the bowel is important. It is also important not to become constipated. It is vital that you inform your radiation oncologist prior to any intervention for bowel symptoms.

Erectile Dysfunction

Some patients experience a disturbance in their erectile function, which recovers over time. For patients that experience significant erectile dysfunction, medications maybe helpful and this should be discussed with your Radiation Oncologist/ Nurse.

Instructions to Patients on discharge

Prostate seed implants are permanent radioactive implants, which should remain permanently in the prostate. The seeds remain active for a period of approximately 10 months and you are required to carry out some radiation safety precautions following your procedure.

- 1. There are no restrictions on contact with other adults, however same precautions apply to pregnant women and children.
- 2. Contact at less than "Arm's Length" from small children and pregnant women should not exceed 30 minutes per day for a period of 2 months post treatment.
- 3. Do not sleep in close contact ("spoons" position) with a pregnant woman for a period of 3 months post treatment.

- 4. Do not hold a child on your lap for a period of 2 months post treatment.
- 5. Avoid sexual activity for 3 weeks post treatment.
- 6. Use a condom for the first 5 ejaculates. In the event of a seed being expelled in semen, it should be flushed down the toilet.
- 7. In the event of a seed being expelled in urine, it should be flushed down the toilet. This will not interfere with your with your treatment.
- 8. If you require any medical procedure to your prostate or bowel for 1 year post your implant you need to inform your Radiation Oncologist.
- 9. You should carry a Medical Alert card with you at all times, for a period of two years post implantation. This card is to alert others that in the event of medical emergency, the staff of your hospital should be contacted for advice. The card also serves in case the weak radiation emanating from you sets off external radiation monitors as can be found now in certain locations such as airports etc.

Should you require additional information you should contact St. Luke's Hospital (01) 406 5000.

Written by CNM1 Martina Sheehan and acting CNM2 Yvonne Breslin. June 2012



Any queries or question please phone Dayward at 01 4065153 or Out-Patients at 01 4065277

Written by CNM1 Martina Sheehan and acting CNM2 Yvonne Breslin.

Approved by Dr. Gerard McVey and QART

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