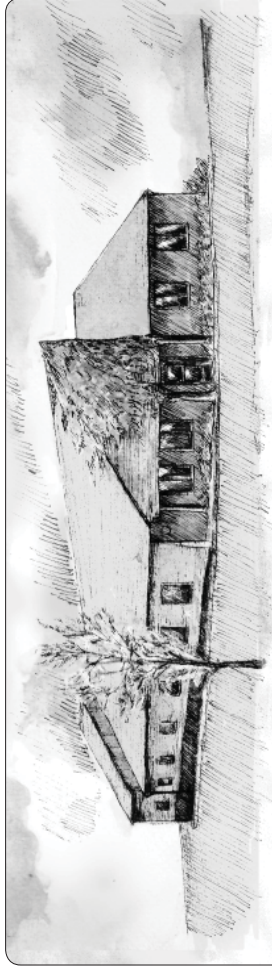


a patient's guide



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies*
- ① Counselling*
- ① Benefits advice*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① 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.ijmc.org

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

Brachytherapy for cancer of the cervix and uterus (intrauterine)

Patient Information Series PI 23c



Health & care
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NHS
East and North Hertfordshire
NHS Trust



Contacts

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

Brachytherapy Unit: 020 3826 2629
Radiotherapy Clinic Nurses:..... 020 3826 2186
Radiotherapy Clinic Radiographers:..... 020 3826 2612
Gynaecology nurse specialist:..... 020 3826 2091

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

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/fathering a child

Female patients must not be pregnant or become pregnant and male 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 you or your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

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

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



Lynda Jackson
Macmillan Centre
LJMC on 020 3826 2555.

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.

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.

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Introduction

This leaflet gives patients having radiotherapy for gynaecological cancer the information they will need before having a course of intrauterine (cervix or uterine) brachytherapy treatment.

It is a guide to help you understand more about this type of treatment and the procedure involved.

The cancer specialist is in charge of your care, and during this leaflet, we will refer to him/her as the oncologist.¹

The oncologist in charge of the brachytherapy will see you some time before your treatment, and explain the procedure to you.

You will also have the chance to discuss your treatment beforehand with the brachytherapy staff. If you wish, you can see the room where the treatment is given.

You could be seen by male and/or female radiographers when you have your treatment.

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.

Sometimes brachytherapy is given on its own. However it is usually given following a course of external radiotherapy.

The exact treatment regime, including the number of treatments you will receive, depends on the individual cancer being treated. Your oncologist will discuss with you the best combination of treatment for you.

Will I get a follow-up appointment after my treatment?

After your course of treatment has finished the radiographer or clinical nurse specialist will arrange a date and time to telephone you at home to check on your progress. You will then be seen at either your local hospital or at Mount Vernon Hospital or regularly by your GP.

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

It is quite normal to be worried about the effects on your feelings about sex from 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. The brachytherapy staff will always do their best to answer any further questions you have about this treatment. If you have any queries please contact the brachytherapy unit (see contact details on page 2).

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

What immediate and longer term side-effects may I get?

You should not feel unwell after your treatment, but some patients will notice a slight discomfort the first time they pass urine after the catheter is removed.

Sometimes a urine infection can develop, and if you experience continued discomfort on passing urine you should contact your GP (family doctor). There may also be slight vaginal bleeding and 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 in women who are not sexually active. You may choose to use dilators, and these will be explained to you before your treatment finishes.

Sometimes the scarred areas have very fine surface blood vessels which result in spotting of blood after examination in the clinic, and sometimes after intercourse.

You should inform your GP of any unexpected bleeding although usually it is not anything serious. Similar changes may cause minor bleeding from the bladder and bowel.

On rare occasions there may be more serious long term bowel or bladder upset. This is more likely to happen when treatment is combined with external radiotherapy.

Overall, more than 90% of patients will experience no significant long-term effects from this treatment. But there is 5% risk of more serious side-effects developing at a later date which may change your lifestyle.

Ask the oncologist treating you at Mount Vernon Cancer Centre to explain what this means for you.

Your first treatment

The applicators used for your treatment will be inserted under a general anaesthetic or a spinal anaesthetic. Therefore it is necessary to admit you overnight to hospital prior to the procedure as well as for the duration of your treatment.

- You will come into hospital the day before your treatment, usually late on a Sunday or on a Tuesday afternoon. You may need blood tests, an ECG (electrocardiograph) or chest X-ray if you have not had these tests recently. These are to see if you can safely receive a general anaesthetic.
- You will be given an enema the night before to help you empty your bowels. When you are on the ward you will be given some medication to stop your bowels from opening, while you have the applicators in place.
- You will not be allowed to eat from midnight in preparation for theatre on either Monday or Wednesday morning.
- Once you have been given the general anaesthetic, your oncologist will examine you internally and place the treatment applicators into position while you are asleep. These are held in place by gauze packing inside your vagina.
- You will also have a fine tube (urinary catheter) placed in your bladder which drains urine. This will stay in place until your treatment is finished.
- When you recover from the general anaesthetic you will be aware of the applicators between your legs. They may feel slightly uncomfortable and you may have mild cramps similar to period pains as your uterus contracts around them. If you need any pain relief please ask the nurse looking after you.

- After you have recovered from the anaesthetic you will be taken from the recovery room to the scanner where a series of scans will be taken. You will have a CT scan or an MRI scan or both. These are used to check the internal position of the applicators and also to calculate the amount of radiation that your bladder and rectum will receive from the treatment.
- These calculations will take several hours and during this time you will return to the ward where you need to remain lying in bed. You are now able to eat and drink.
- Once your treatment has been planned and checked by your oncologist, you will be taken to the treatment room.
- Here, the applicators inside your uterus will be connected to the brachytherapy machine by plastic guide tubes. The radioactive source travels along these tubes by remote control once the machine is switched on. You won't 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.
- As each patient is different, your treatment is worked out especially for you. The actual treatment time will therefore vary, but will usually last between 10 and 25 minutes.
- After the treatment has finished, the applicators will be disconnected from the plastic tubing and you will go back to the ward where you will need to remain in bed.

After your first treatment

On the ward, you will be lying on a special pressure mattress which some people find uncomfortable, but the aim is to prevent pressure sores.

You will receive your next treatment the following morning, after which you will have a CT/MRI scan. You will then return to the ward. A further treatment will be delivered six hours later. On the last day you will have a CT/MRI scan first and the final treatment will be delivered later that morning. Your treatment applicators and urinary catheter will be removed straight after this.

As you will have been lying flat for the duration of your treatment (three days), you may find it difficult to become mobile initially. Please ask for assistance if you need it.

You will usually be able to go home the day after you finish your treatments but sometimes you may be allowed home the same day. However, we strongly advise you to arrange for a responsible adult to go home with you when you leave the hospital.