

Urology department

Brachytherapy treatment for prostate cancer

What is the evidence base for this information?

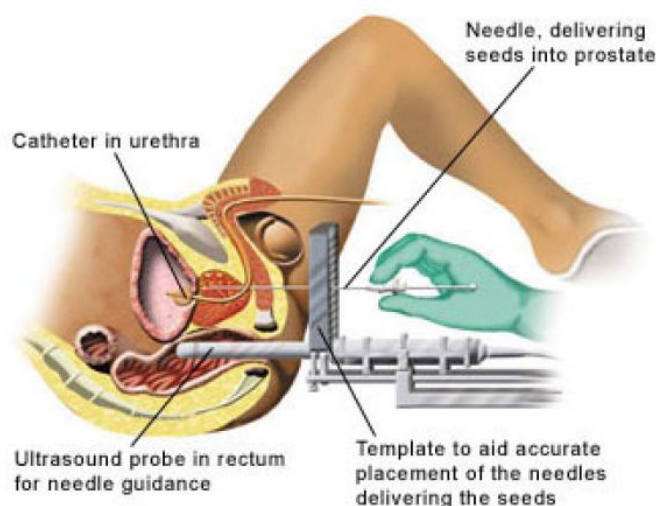
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?

This involves the insertion of radioactive seeds into the prostate gland with needles placed through the skin beneath the scrotum. This procedure may require telescopic examination of the bladder.

What are the alternatives to this procedure?

Active monitoring (watchful waiting), external beam radiotherapy, radical prostatectomy, laparoscopic prostatectomy, robotic prostatectomy and hormone therapy.



What should I expect before the procedure?

The day before your admission, you will be asked to take a laxative to clear the bowel.

You will usually be admitted on the same day as your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the consultant, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

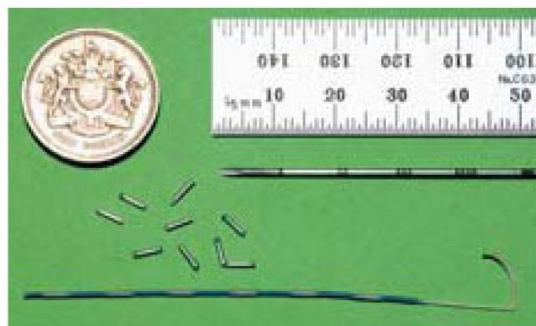
What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post operatively.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The procedure takes approximately two and a half hours. A catheter is passed into the bladder via the urethra (water pipe) and left in place until the following morning.

An ultrasound probe is then inserted in the rectum and 15 to 30 needles are directed into the prostate through the skin between the anus and the scrotum (the perineum). The radioactive seeds, usually 60 to 90 in number, are then inserted along the needles into the prostate itself.



What happens immediately after the procedure?

A dressing will be placed between your legs, to reduce the swelling caused by penetration of the needles, and held in place by some elasticated pants. The catheter will be removed the day after insertion of the seeds.

The average hospital stay is two days.

Are there any side effects?

Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than one in 10)

- Temporary insertion of a bladder catheter
- Bruising and discolouration of the perineal skin
- Difficulty passing urine after the procedure (10-15%)
- Frequency and urgency of urination
- Need to self-catheterise temporarily whilst the swelling of the prostate settles
- Bloodstained urine for several days
- Impotence due to unavoidable nerve damage from the seeds (20-40%)

Occasional (between one in 10 and one in 50)

- Development of narrowing or strictures which may require surgery
- If the tumour does not respond completely, other treatment including surgery and/or hormonal treatment
- Rectal discomfort with discharge of blood or mucus from the anus
- Infection of the bladder requiring antibiotics
- Bleeding and swelling of the prostate preventing urination
- Urinary incontinence (temporary or permanent)
- Passage of the radioactive seeds in the urine due to migration of the seeds out of the prostate
- Occasional need for surgery to the prostate if there is persistent difficulty in passing urine

Rare (less than one in 50)

- Rectal damage requiring temporary colostomy

Hospital-acquired infection (overall risk for Addenbrooke's)

- Colonisation with MRSA (0.01%, two in 15,500)
- Clostridium difficile bowel infection (0.02%; three in 15,500)
- MRSA bloodstream infection (0.00%; 0 in 15,000)

(These rates may be greater in high risk patients eg with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.)

What should I expect when I get home?

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to

attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

You will be discharged with mild painkillers and a seven day course of antibiotics (Ciprofloxacin 500mg twice daily). Tablets to ease the flow of urine (alphablockers) will also be prescribed and usually need to be continued for a period of three to six months.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

Women who are or may be pregnant should not sit close to you or on your lap for three months after seed implantation. The same precautions apply to children.

During the first few weeks after seed implantation, condoms should be used during sexual intercourse and disposed by double wrapping them in aluminium foil and placing them in your dustbin. Seeds may, occasionally, be passed in the urine. If you see a seed in the toilet, try to retrieve it with a spoon or a pair of tweezers and dispose of it as above.

For specific advice relating to seed implantation, please contact the brachytherapy coordinator (Jo Treeby) on 01223 596330 or bleep 152-582 via the Hospital main switchboard (01223 245151).

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke's Hospital?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses

Uro-oncology nurse specialist

01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)

01223 274608

Prostate cancer nurse practitioner

01223 274608 or 216897 or bleep 154-548

Surgical care practitioner

01223 348590 or 256157 or bleep 154-351

Non-oncology nurses

Urology nurse practitioner (incontinence, urodynamics, catheter patients)

01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)

01223 349800

Urology nurse practitioner (stone disease)

01223 349800 or bleep 152-879

Patient Advice and Liaison Centre (PALS)

Telephone:

+44 (0)1223 216756 or 257257

+44 (0)1223 274432 or 274431

PatientLine: *801 (from patient bedside telephones only)

E mail: pals@addenbrookes.nhs.uk

Mail: PALS, Box No 53

Addenbrooke's Hospital

Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community

Telephone: +44 (0)1223 217769

E mail: chaplaincy@addenbrookes.nhs.uk

Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)

Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)

Telephone: +44 (0)1223 596060

What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature.....Date.....



We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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