

## Brachytherapy planning for prostate cancer: procedure-specific information

### What is the evidence base for this information?

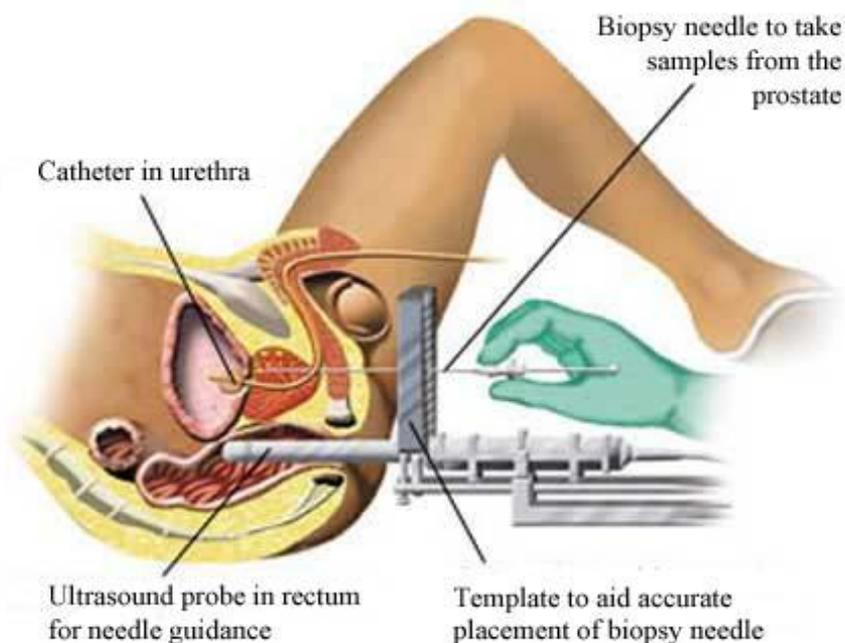
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. 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 insertion of an ultrasound probe into the rectum to assess the suitability of the prostate for brachytherapy treatment. This procedure may involve telescopic examination of the bladder and is not a form of treatment.

### What are the alternatives to this procedure?

Watchful waiting, external beam radiotherapy, radical prostatectomy, laparoscopic prostatectomy, robotic prostatectomy, hormone therapy



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## **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 receive an appointment for pre-assessment, approximately 14 days before your admission, 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, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 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 30 minutes. A catheter is passed in the bladder via the urethra (water pipe) and removed at the end of the procedure. An ultrasound probe is then inserted into the rectum and the prostate measured to plan subsequent treatment.

Occasionally, it is necessary to direct 2-4 needles into the prostate through the skin between the scrotum and the anus (the perineum). These needles are simply markers to ensure that the radioactive seeds can be inserted into all areas of the prostate when you attend for seed implantation.

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## What happens immediately after the procedure?

The average hospital stay is less than 1 day.

## 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 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the procedure

### Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics
- Temporary insertion of a catheter

### Rare (less than 1 in 50)

- None

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

- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

*(These rates may be greater in high-risk patients e.g. 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 "draft" 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 may experience slight discomfort and passage of blood in the urine due to placement of the catheter.

## 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.

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## **Are there any other important points?**

For specific advice relating to seed implantation, please contact the Brachytherapy Co-ordinator (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 3 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.

## **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 & 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 & BCG)  
01223 274608
- Prostate cancer Nurse Practitioner  
01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner  
01223 348590 or 256157 or bleep 154-134

### **Non-Oncology Nurses**

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)  
01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)  
01223 349800

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## **Patient Advice & 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  
derek.fraser@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 274604

## **Access Office (travel, parking & security information)**

- Telephone  
+44 (0)1223 586969

## **What should I do with this form?**

Thank you for taking the trouble to read this information sheet. 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 form 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 information sheet and I accept the information it provides.

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

## **How can I get information in alternative formats?**

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Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

- Polish** Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Portuguese** Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Russian** Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Cantonese** 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Turkish** Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)
- Bengali** এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।



Addenbrooke's is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

## Document history

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