BRACHYTHERAPY PLANNING for CANCER of the PROSTATE GLAND

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

http://rb.gy/5owxa

KEY POINTS

- This procedure is done to plan low dose-rate seed brachytherapy treatment, by assessing the size & position of your prostate
- The planning is usually done as a separate visit, a few weeks before treatment
- In some centres, planning & treatment are done under the same anaesthetic

What does this procedure involve?

Insertion of an ultrasound probe into your rectum to assess whether your prostate is suitable for brachytherapy treatment. It may also involve telescopic examination of the bladder. It is only a planning procedure, not a form of treatment.

A lot of centres now carry out your planning and treatment scans at the same time. If this is the case in your hospital, please download the information leaflet about brachytherapy treatment.

What are the alternatives?

- **Active surveillance** – this may be an option when your tumour is low volume and the risk of progression is felt to be low
- **External beam radiotherapy** – using X-ray beams directed at your prostate gland from outside the body

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092

- **Radical prostatectomy** – by open, laparoscopic (keyhole) or robotically-assisted laparoscopic surgery

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

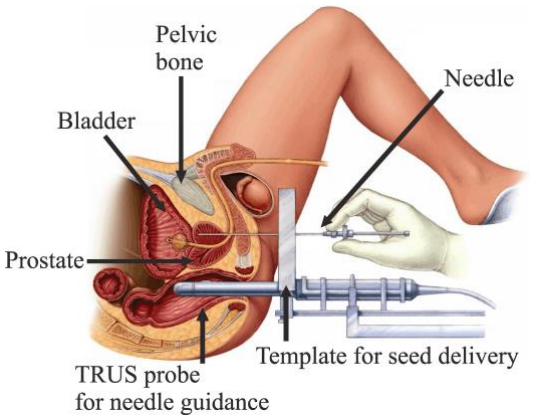
We normally prescribe a laxative for you, to be taken the day before the procedure, so that your bowel is clear.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally use a full general anaesthetic and you will be asleep throughout the procedure
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we pass a catheter into your bladder through your urethra (waterpipe)
- we then put an ultrasound probe into your rectum, to measure your prostate and to plan further treatment
- occasionally, we put two to four needles into the prostate, through the skin between your scrotum and anus (the perineum); these are put in to be sure that radioactive seeds can be safely placed into all areas of your prostate
- the procedure takes approximately 30 minutes



- we remove the catheter from your bladder at the end of the procedure

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092

- you can normally expect to go home the same day

Are all prostates suitable for brachytherapy?

No. If the scans show that your prostate is very large, you may be offered hormone treatment for three to six months to shrink it.

Very rarely, the planning may show that brachytherapy is not possible because of the position of your pelvic bones in relation to your prostate gland. If this is the case, your urologist will discuss other treatment options with you.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Infection of the bladder requiring antibiotics	 Between 1 in 10 & 1 in 50 patients
Temporary insertion of a catheter into your bladder	 Between 1 in 10 & 1 in 50 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. The risk is lower than this for day-case procedures, but higher if you have had:

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- if you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092

- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

Published: Jul 2024
Review due: Aug 2026
Leaflet No: 024/092