

Internal radiotherapy to female pelvis (Vaginal Vault Brachytherapy)

Radiotherapy Department



Patient information leaflet

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Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.

www.royalsurrey.nhs.uk/st-lukes

Introduction

Your clinical oncologist has decided that a course of radiotherapy would be the most appropriate way of treating your cancer. When recommending radiotherapy, your doctor takes into account the risk of the cancer returning or growing if no radiotherapy is given. While the treatment may have some side effects, it is felt that the advantages for you would outweigh the disadvantages.

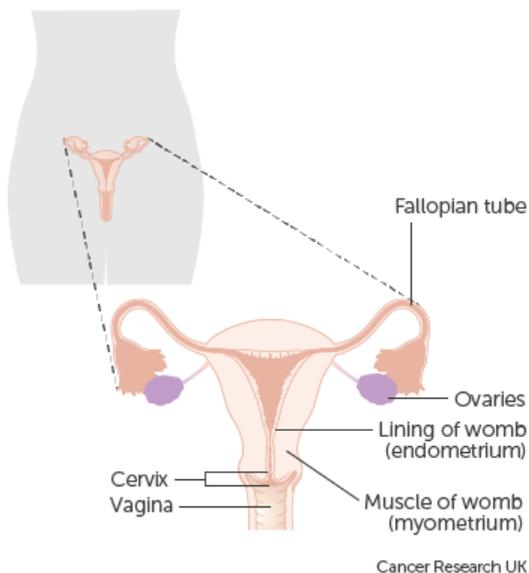
At this stage your clinical oncologist will probably have discussed with you the risks and benefits of undergoing a course of radiotherapy and you may have been presented with a consent form to sign agreeing to have the treatment.

The short and long term risks of receiving radiotherapy to your pelvis are outlined towards the end of this leaflet.

Who is this leaflet for?

This leaflet is specifically for patients having internal radiotherapy to the uterus (womb), vagina or cervix using what is known as vaginal vault brachytherapy.

Figure 1 shows the anatomy of the area (courtesy of Cancer Research UK).



You may also be having some external beam radiotherapy too. If so, you will be given a separate leaflet about this part of your treatment.

Please be aware that your treatment may be tailor-made for your specific needs. It may differ slightly from what is described in this leaflet, and also from what another patient with a similar diagnosis may be having. You will have an opportunity to talk with a radiographer before the start of your first treatment. You may also request to see your doctor or clinical nurse specialist if you wish.

Who will I meet during my internal radiotherapy?

- **Clinical Oncologist:** your doctor will perform the first treatment. You will have a clinic appointment to see your doctor before you come for your internal treatment. This is to ensure you know what to expect and to give you time to ask any questions you may have.
- **Clinical Nurse Specialist (CNS):** you will normally have met your CNS before you come for your radiotherapy. You will have another appointment with the CNS during or shortly after your radiotherapy. The CNS will discuss with you any specific gynaecological issues that you may have, and give you and you family time to ask questions. They will also discuss with you the use of vaginal dilators.
- **Therapy Radiographers:** they will be present during your treatment. They operate the machine being used to treat you and are trained to perform the brachytherapy insertions.
- **Medical Physicist:** They provide radiation dose information. They may be present during your treatment, usually outside the treatment room.

What is internal radiotherapy and how does it work?

Internal radiotherapy is often referred to as HDR (high dose rate) radiotherapy. The way HDR radiotherapy works at St Luke's Cancer Centre is by bringing a source of radiation, Iridium-192, very close to the tumour or area at risk. This allows a high dose of radiation to be given, without giving a similarly high dose to the surrounding healthy tissues. This helps to reduce any side effects experienced.

What are the alternatives?

You may decide that you do not want to have internal radiotherapy; this is an option you can choose. If you wish to discuss this further please make an appointment with your doctor as soon as possible.

You may request a second opinion on your diagnosis or treatment at any time during your consultation or treatment process. Please speak to your clinical oncologist or GP.

First day of treatment

On your first day of HDR treatment you will be asked to book in at reception on level A, St Luke's Cancer Centre. The receptionist will show you where to sit and inform the radiographers of your arrival.

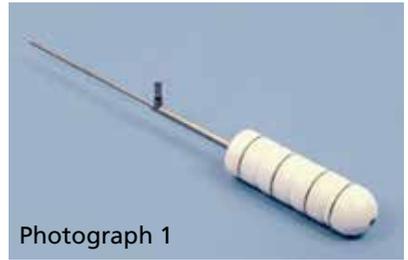
As you are to have treatment using the vaginal vault technique you will be able to attend on your own and drive yourself home afterwards if you choose to. You may eat and drink normally on the day of treatment.

- You will be greeted by a radiographer who will explain the procedure to you. If you have any questions please feel free to ask. There is room at the end of this leaflet to write down anything you may wish to discuss with the radiographer. You will also be able to speak with your doctor at this first treatment.
- During this discussion you will be asked to confirm your name, address and date of birth.
- The radiographer will re-confirm your consent for this HDR treatment, to ensure that you still agree to proceed.

Vaginal vault brachytherapy

- You will be asked to put on a gown. Changing rooms are available for this purpose.
- It is important that your bladder is not too full before the procedure, so please empty your bladder approximately half an hour before treatment but do not drink extra fluids in the half an hour before your appointment.
- The radiographers will call you into the CT scanner room.
- You will be asked to lie on your back, on the CT couch. You will need to keep your hands resting high up on your chest.
- You will be examined by a qualified staff member, doctor or radiographer, normally using their fingers. Sometimes they use a speculum, to ensure it is safe and appropriate for you to go ahead with the treatment. The speculum will then be removed from the vagina.

- A small applicator will be inserted into your vagina (see photograph 1). It is about the size of a large tampon and will be lubricated to ensure it goes in easily. You will be able to feel it inside you, but it should not be painful. Some numbing gel will also be used to help you feel more comfortable.



Photograph 1

- Some CT images of your pelvis will be taken. This is to ensure the applicator is in the correct position. Everything is now ready for you to have the treatment.
- You will be transferred on to the HDR treatment bed and taken to the treatment room.
- This room looks like an operating theatre and has anaesthetic equipment installed in it. Please do not worry about this. You are not having an operation and you do not need an anaesthetic.
- The applicator will then be attached to a machine ready for your treatment to be delivered.
- You will be told exactly how long the treatment will take. An average treatment time is between 5-10 minutes.
- The radiographers will leave the room but they are able to see you all the time and are always close by if you need them. Please wave if you need them to re-enter the room.
- When the machine is switched on you may feel a slight vibrating sensation, but the procedure should be completely painless.
- Once the treatment is completed the applicator will be removed, and you are then free to go home.
- The whole procedure usually takes around 40 minutes from start to finish.

Before you leave the department the radiographers will make sure you have your next appointment. This will usually be a few days after your first HDR treatment.

For the second and subsequent treatments (if applicable) it is usually a much quicker appointment because you will not have a CT scan and will have the applicator inserted in the HDR treatment room.

What sort of side effects might I have, and for how long?

Short term side effects arising from HDR treatment tend to be limited as the radiation dose is mainly confined to a small area but they may still occur. However if you have received a course of external beam radiotherapy to your pelvis you may experience the side effects relating to that treatment.

If you have problems with any of the side effects listed below and you are worried please feel free to contact the radiographers who treated you (via telephone number for radiotherapy reception), the radiotherapy review team or your clinical nurse specialist. Telephone numbers are at the end of this leaflet. You will also have an opportunity to discuss these side effects at your follow-up appointment. Possible side effects arising from HDR treatment are listed below. They may occur soon after your first HDR treatment.

- **Bleeding or discharge from your vagina:** you may experience slight bleeding or discharge from your vagina. This should clear up a few days after HDR treatment has finished. If it does not resolve please tell your clinical oncologist at your follow-up appointment. If this appointment is not for some time or the bleeding is heavy please see your GP. Alternatively contact a radiographer or your clinical nurse specialist. If the discharge is itchy or smelly, you may have an infection and you should see your GP.
- **Bladder discomfort:** you may find that you have to pass urine more frequently and more urgently than usual. You may need to get up several times in the night. You may also notice a small amount of blood in your urine. To help minimise these effects please drink about 2.5 litres of fluid each day. Avoid large quantities of tea, coffee, alcohol and citrus fruit juices as these can irritate your bladder and increase your bladder side effects.
- **Changes in bowel habits:** some patients experience the need to have bowel movements more frequently and with a greater urgency than usual. You may find that you have some diarrhoea, stomach

cramps and wind. It may become uncomfortable to open your bowels and you may also notice some blood. If you wish you may take a tablet called Immodium or Loperamide. This will help with any diarrhoea you may have. You can buy this medication over the counter at most pharmacies: follow the instructions on the packet. It is important to drink the recommended amount of fluid each day. This helps to replace any fluids lost through diarrhoea.

Bladder and bowel problems should begin to improve 3-4 weeks after your last HDR treatment or external beam radiotherapy. If they do not, please speak to your clinical oncologist at your follow-up appointment. If your symptoms are very acute and your appointment is some time away please contact a radiographer or your clinical nurse specialist.

- **Tiredness:** it is quite common to feel more tired than usual after having HDR radiotherapy. As the treatment can make you dehydrated, drinking the recommended 2.5 litres of fluid per day can help with this. Rest if you need to, but if you feel OK carry on with all your normal daily activities.

Long term risks

Long term side effects can occur several months to years after the radiotherapy has finished. Once your radiotherapy has ended you will initially have regular follow-up appointments with your consultant and you will be carefully monitored for any signs of these long term effects. It may be useful to keep a note of your side effects during and after your radiotherapy so they can be more easily monitored. Please remember that late effects of treatment only happen in a small number of patients who have received radiotherapy.

- **Gynaecological problems:** the formation of scar tissue after radiotherapy can cause a narrowing or shortening of the vagina. Vaginal dryness may also occur. This can make sexual intercourse and future medical examinations uncomfortable. The problem can be managed with the use of lubrication and dilators. Please try not to be nervous about this as it is a very easy and comfortable procedure that you will be able to do for yourself at home. It is only necessary to start using dilators once the radiotherapy has finished. You will be seen by the gynaecological clinical nurse specialist to

discuss this further. Vaginal narrowing or shortening can be reduced by continuing to have sexual intercourse during radiotherapy. This is obviously a personal decision to be made only if you feel comfortable doing so. If you do have sexual intercourse during your treatment it is important to use water based lubrication such as KY Jelly. It is important to use the dilators whether you are sexually active or not. Their use will help make future medical examinations much more comfortable and accurate.

- **Bowel toxicity:** very occasionally a few patients find that loose bowel movements or diarrhoea persists even though radiotherapy has been finished for some time. It may be painful to open your bowels. There may also be some blood evident on opening your bowels. It is very important to tell your doctor about any bleeding you experience. You may require further investigations to rule out any other cause for the bleeding. Bowel problems can usually be treated with medication, but may require other interventions. In a very small number of cases an operation may be needed to remove a small section of damaged bowel.
- **Bladder problems:** very occasionally a few patients find that urinary frequency persists even though radiotherapy has been finished for some time. It may be painful to pass urine. There may also be blood evident on passing urine. It is very important to tell your doctor about any bleeding you experience. You may require further investigations to rule out any other cause for the bleeding. Bladder problems can usually be treated with medication, but may require other interventions.
- **Fistulae:** an extremely rare side-effect of HDR treatment is the formation of a fistula (hole) between the vagina or uterus and the bladder or bowel. This may require surgery to divert the bladder or bowel on a temporary or permanent basis to allow the fistula to heal. The likelihood of this occurring may be higher if there is tumour present at the time when you undergo your HDR treatment (i.e. it has not all been removed by surgery first). Your doctor will explain this risk to you if you fall into that category.
- **Second malignancy:** treatment with radiotherapy can give rise to a second primary cancer. This would normally occur in the area of the body that had received the radiation. This is a very rare late effect and occurs years after radiotherapy has been administered.

What happens when treatment ends?

- On the last day of your treatment a radiographer will explain that the treatment will carry on working for another 2-3 weeks.
- The radiographer will make sure you have a follow-up appointment with your clinical oncologist. This may be at a hospital nearer to your home.
- You will be given a leaflet and two copies of your radiotherapy discharge summary. One copy is for your records and the other for you to give to your GP. In due course a letter summarising your treatment in more detail will be sent through the post to your GP.
- Please remember you are free to contact the department at any time after your treatment has finished should you have any concerns or questions. Contact numbers are at the end of this leaflet.

Where can I get further support?

Further support can be given by the various Support Centres at locations in Guildford, Crawley and Purley. These centres provide information, complementary therapies, support groups and one to one support. To find out more contact the individual centres or ask radiotherapy department staff for a leaflet.

- **The Fountain Centre** is located in St Luke's Cancer Centre at Guildford.
Telephone: 01483 406618
Website: www.fountaincentre.org
- **The East Surrey Macmillan Cancer Support Centre** is located at East Surrey Hospital.
Telephone: 01737 304176
Email: informationcentre.sash@nhs.net
- **The Olive Tree** is located in Crawley Hospital, Crawley.
Telephone: 01293 534466
Website: www.olivetrecancersupport.org.uk
- **South East Cancer Help Centre** is located in Purley, Surrey.
Telephone: 020 86680974
Website: www.sechc.org.uk

Please also see the department's website for additional information at

- www.royalsurrey.nhs.uk/st-lukes

Other support websites and groups

- The Daisy Network – Premature Menopause
Website: www.daisynetwork.org.uk
- British Association of Sexual and Relationship Therapy
Website: www.basrt.org.uk
Telephone: 0208 543 2707
- Women's Health Concern – Nurse Counselling Service
Website: www.womens-health-concern.org
Telephone: 0845 123 2319
- Cancer Research UK
Website: www.cancerresearch.org
Telephone: 0808 800 4040
- Macmillan Cancer Support
Website: www.macmillan.org.uk
Telephone: 0808 808 0000
- Surrey Primary Care Trust – Stop Smoking Service
Telephone: 0845 602 3608

Useful telephone numbers

Telephone numbers across both sites (Guildford/Redhill)

Treatment Appointments 01483 571122 ext 6632

Onslow Ward (out-of-hours) 01483 571122 ext 6858

For urgent enquiries (out-of-hours) call hospital switchboard on **01483 571122** and ask operator to bleep on-call oncology SHO.

Guildford numbers

Radiotherapy Reception	01483 406600
Patient Support Office	01483 571122 ext 2066
Clinical Nurse Specialist	01483 571122 ext 2038
Oncology CT Scanner	01483 406630

Redhill numbers

Radiotherapy Reception	01737 277311
Oncology CT Scanner	01737 768511 ext 1202
Patient Support Office	01737 277315
Clinical Nurse Specialist	01737 768511 ext 6774

Additional information

- In order to improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. The notes will have all identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you please let your consultant know so your wishes can be respected.
- Clinical trials are undertaken within the department. If appropriate your doctor will discuss this with you.
- If you require this information in a different format or language please let a member of staff know as soon as possible.
- Staff at St Luke's Cancer Centre cannot take responsibility for patient belongings brought into the hospital. Please keep all your personal belongings with you at all times. Please leave valuables at home.

- If you wish to make a comment or complaint about any aspect of the treatment or services provided by St. Luke's Cancer Centre and its staff please speak to a member of St. Luke's. Alternatively you can visit, email, phone or write to the Patient Advice and Liaison Service (PALS). Their contact details are:

PALS office in the main hospital reception area

Telephone: 01483 402757

Write to:

PALS Manager,

Royal Surrey County Hospital NHS Trust, Egerton Road, Guildford,
GU2 7XX

Email: rsc-tr.pals@nhs.uk

You may also write to the Chief Executive of the Trust at:

Royal Surrey County Hospital NHS Trust, Egerton Road, Guildford,
GU2 7XX

Reference sources

- Radiotherapy Clinical Protocol – Procedure for Vaginal Cylinder Gynaecological Brachytherapy – Royal Surrey County Hospital NHS Foundation Trust 2017
- Internal Radiotherapy – Cancer Research UK 2016

Radiotherapy contact details

Radiotherapy reception

Telephone: 01483 406 600

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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