

Three large, dark teal, curved shapes on the left side of the page, resembling stylized arcs or segments of a circle, arranged vertically and overlapping slightly.

# High Dose Rate (HDR) brachytherapy for cancer of the cervix

Radiotherapy

A guide for patients and carers

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This information leaflet is for patients who are going to receive brachytherapy treatment to the cervix.

**It is a treatment given:**

- To boost the dose of radiation to the tissues of the cervix and uterus as part of a treatment plan that also includes External Beam Radiotherapy (EBRT). The treatment is usually given over 3 sessions
- Occasionally, the treatment can be given on its own (without EBRT) when considered to be the best option for the individual

Your oncologist (cancer doctor) will discuss why brachytherapy is being offered to you.

This information leaflet will explain the procedure and the most common side effects you may experience.

## What is brachytherapy?

Brachytherapy delivers radiation into body cavities or tissues using hollow tubes known as applicators, and is ideal to treat tissue that is close to the applicator. An applicator is put in place before each treatment session. This usually requires that you have a general anaesthetic to minimise any discomfort. The radiation comes from a small solid radioactive source that is stored in a specialised treatment machine. The radiation is delivered directly to the tissue via the applicator.

## Where is the treatment given?

Brachytherapy treatment is carried out in the Brachytherapy Suite at Clatterbridge Cancer Centre. We will arrange a floor clinic appointment for you during your course of EBRT treatment to give you more information and arrange the date for your first brachytherapy treatment. You will be asked to attend a pre-operative assessment during your EBRT to check that you are suitable for a general anaesthetic. Your first brachytherapy appointment is usually within a few days of finishing your course of EBRT treatment. The remaining treatments are given over the following 1-2 weeks (theatre sessions being twice a week).

If you are having brachytherapy only, we will discuss the procedure etc. again with you when you attend an assessment clinic before your first treatment.

## What to expect

You will be given suppositories on the day of the procedure to empty the lower bowel. You will be under general anaesthetic (asleep) for the procedure and you must not drive for 24 hours after the treatment, therefore it is important that someone is available to pick you up after the procedure is finished. Usually, people recover quickly and most are able to leave later the same day.

No food or drink should be consumed within the 6 hours before attending theatre for a procedure under general anaesthetic,



except clear fluids (water) which can be taken in small amounts up to 2 hours before attending theatre.

For the first part of the procedure, you will be taken to theatre to be anaesthetised (put asleep). While you are under anaesthetic, you will be catheterised and will have an internal examination. The applicator is put into place and secured; we will talk to you before the procedure to explain in detail how this is done. This part of the procedure takes about half an hour.

As you start to wake up from the anaesthetic, you may have some pelvic discomfort and pain. We will give you painkillers as required, to keep you comfortable. Once awake, you will be taken to have an MRI and CT scan and will then wait in a private bedroom while the dose calculation is done. You may have a drink while you wait, but you must stay on the bed trolley, lying on your back with your legs flat. You will remain in this position when you have the brachytherapy treatment later that day. Staff are available to assist you throughout the day on request.

When the calculations are complete and you are ready for the second part of the procedure, you will be taken into the brachytherapy treatment room which is next to the theatre suite.

The applicator in your body is connected to the treatment machine via a tube and the treatment begins. You will hear some noises from the machine. The staff do not stay in the room but they can see and hear you all the time via CCTV and a microphone. The treatment can be interrupted at any time. The treatment time is

about 5-10 minutes; the radioactive source returns automatically to the treatment unit. The applicator and catheter are removed before you go back to the ward. You are awake for the removal of the applicator and catheter, it takes just a few seconds and you may briefly have some discomfort.

## Combination of treatments

The effects from brachytherapy alone are relatively mild. If you have also had EBRT, there are side effects relating to this which are detailed in the 'Radiotherapy to the female pelvis' patient information leaflet.

## Possible side effects after your treatment

After your treatment, you may experience some side effects. These symptoms are normal and should only last for a few days. However, if they continue or worsen, you should contact your GP.

### **These may include:**

- 'Spotting' (slight bleeding) or discharge from the vagina. These symptoms are normal. If the discharge becomes smelly, you may have an infection, so you should see your GP as you may need antibiotics
- Pain and or discomfort when you empty your bladder (cystitis). It is important to drink plenty of fluids, as this will help to soothe the bladder



- You may have the sensation of needing to empty your bowels, but then only have small movements or just pass mucus and wind. This is called tenesmus and happens as a result of irritation to the rectum

## Possible late side effects

Brachytherapy treats only the tissues that are close to the applicator. It is possible that scar tissue will slowly develop in these tissues. The majority of treatment-related effects appear within the 1st or 2nd year, but can start to up to 3 years later (See 'follow-up' below).

The treatment can cause the vagina to narrow and shorten and become less elastic (stretchy) in comparison to before your treatment. This may cause discomfort or pain during sex or an internal examination. The regular use of a vaginal dilator (dilators are tubes that are inserted into the vagina for a few minutes on a regular basis) will help to prevent vaginal narrowing and their use is recommended even if you are sexually active. The use of dilators will be discussed with you and you will be offered a pack together with additional written information.

Dryness of the vagina may also become a problem. If you are sexually active, the use of water-based lubricating gel can be helpful.

### Noticing blood

Radiotherapy can affect the tissues causing slight shows of blood after sex or after the use of a dilator, bowel motion or in the urine. If the bleeding persists or worsens, see your GP as this needs to be investigated further.

## Loss of fertility & Contraception

Radiotherapy to the pelvis causes a loss of fertility. Menopausal symptoms may begin during your treatment, but contraception is still advised at this time. The preferred method is barrier contraception. HRT may be discussed as part of your follow-up.

## Follow-up

It is important to attend the follow-up appointments with your oncologist. The first is usually about 6 weeks after finishing treatment. If you do not receive an appointment letter through the post within 2 weeks of finishing treatment, please contact your oncologist's secretary.

## Additional information

The Clatterbridge Cancer Centre patient information leaflets:

- Radiotherapy booklet
- Radiotherapy to the female pelvis
- Use of vaginal dilators when receiving radiotherapy to the pelvis

Macmillan booklets about coping and living with cancer and treatment side effects are available free of charge. These can be ordered by telephoning 0808 808 00 00 or by visiting a Macmillan Information Centre (sited in the main entrances of Clatterbridge Cancer Centre - Liverpool, Clatterbridge Cancer Centre - Aintree and Clatterbridge Cancer Centre - Wirral).





## Useful Contact details

### **The Clatterbridge Cancer Centre**

[www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk) telephone 0151 556 5000

### **Macmillan Cancer Support**

[www.macmillan.org.uk](http://www.macmillan.org.uk) telephone 0808 808 0000

### **Macmillan Cancer Information and Support at:**

Clatterbridge Cancer Centre – Wirral 0151 556 5570

Clatterbridge Cancer Centre – Aintree 0151 556 5959

### **Brachytherapy Clinical Specialist Radiographer**

Direct dial 0151 556 5342

### **Gynaecological Cancer Clinical Nurse Specialist**

Direct dial 0151 556 5134

### **The Clatterbridge Cancer Centre Hotline 0800 169 5555**

If you are unwell during or up to six weeks following your cancer treatment please call The Clatterbridge Cancer Centre Hotline.

Your call will be answered by a dedicated nurse advisor. This line is available 24 hours a day, 7 days a week.





## How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

**If you have a comment, concern, compliment or complaint, please call 0151 556 5203.**

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