

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

In the clinic today, you and your doctor have agreed that you are going to have radiotherapy treatment for your cancer. If you have had external beam radiotherapy (that is treatment given from outside the body) to the pelvic area for cancer of the cervix (neck of the womb) and/or are due to have internal high dose rate (HDR) brachytherapy treatment, then this leaflet will explain what to expect during the internal treatment process.

Why internal HDR brachytherapy?

The reason internal treatment is recommended for you is that it allows a higher dose of radiotherapy to be delivered to an area at a particular risk of recurrence whilst minimising damage to the normal tissues.

If you have had a hysterectomy, the internal treatment is delivered to the vaginal vault. Information on this particular treatment can be found in another information booklet called 'Post-operative Internal High Dose Rate brachytherapy for gynaecological cancers'. If you are having a chemo-radiation as the primary treatment for your cervix cancer, the internal radiotherapy is delivered to the area around cervix as described below.

In addition to this leaflet, you will also have been given information on external beam radiotherapy to the pelvis.

The Berkshire Cancer Centre is a training centre, so you may meet radiography students who may be involved with the delivery of your treatment under close supervision.

Appointments

During your external beam radiotherapy (that is treatment given from the outside of your body), you will meet the radiographer who specialises in gynaecological cancers and they will discuss the internal radiotherapy procedure in more detail. At this time you will also be given the dates for these appointments. If you have any questions before this please contact the Radiotherapy Department on: Telephone: 0118 322 7872, Monday-Friday 8.30am-5.00pm.

What are the benefits of radiotherapy?

Radiotherapy works by using high energy x-rays to kill cancer cells. Our bodies are made up of different cells, and all cells have the ability to divide and grow. If radiation hits a cell that is dividing, it will be damaged. Unlike normal cells, cancer cells are much less able to repair the damage, which means that more of them will be destroyed.

Before your external beam radiotherapy finishes, you will be given three appointments to attend the department for your internal radiotherapy treatment. These will normally be the week after your external radiotherapy treatment finishes.

When recommending HDR brachytherapy, your doctor will have taken into account the risks and benefits of the treatment. Although there are risks and side effects, it is felt that the advantages for you outweigh the disadvantages.

Pregnancy

Patients with childbearing capacity must not be pregnant or become pregnant at any time during a course of radiotherapy, as radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period or suspect that you may be pregnant, before you are exposed to any radiation.

Patients with childbearing capacity will be asked to confirm their pregnancy status prior to planning the radiotherapy and again on the first day of radiotherapy treatment. This applies to all those with childbearing capacity between the ages of 12-55 years and is a legal requirement.

Your first HDR treatment

You will have arrived on Sonning Ward with an appointment to have an examination and cervical dilatation under general anaesthetic. This is performed as a day case (you go home the same day) and is needed to allow insertion of a small plastic tube (a Smit sleeve) through the opening of the cervix into the uterus before internal radiotherapy treatment is given. The end of the plastic tube will remain at the opening of your cervix between treatments and allows a hollow tube to be inserted into the uterus with ovoids (round hollow applicators) placed either side and attached to thin, hollow tubes that lead out of the vagina. You may also have a urinary catheter inserted.

After this procedure, you will be brought down to the Radiotherapy Department where you will have a CT scan. This CT scan is to check the ovoids/tubes are in the correct position. After the scan, you will be moved to the treatment couch. The tubes are then secured to a special fixing on the treatment couch to ensure that they are held in exactly the right place during treatment. A female radiographer will chaperone (or accompany) you during this whole procedure.

You will then be taken to the HDR treatment room on the couch. The ovoids and the tubes will then be connected to the HDR machine using flexible transfer tubes. At this point, the radiographers will leave the room. The radiographers will be able to see you with the CCTV cameras and a monitor at their workstation throughout treatment delivery. You will hear the machine bleeping throughout the treatment but will not see or feel anything. You will be in the treatment room for approximately 20-30 minutes in total. However, the radiographers will only be out of the room for around 10-15 minutes. When the treatment is finished, the radiographers will re-enter the treatment room and the doctor will remove the ovoids and tubes, leaving the Smit sleeve in place. The Smit sleeve will remain in the cervix until after the last treatment has been given. You will then return to Sonning ward before going home.

Please ensure you have an adult who is able to drive you home and remain with you for 24 hours following the anaesthetic.

If the Smit sleeve feels like it has moved out of place, you may gently push it back into place with your fingers, like a tampon. If it is not possible and the tube has fallen out please contact the radiographers on 0118 322 7872 or review radiographer on 0118 322 8869 to let them know.

Subsequent appointments

For subsequent treatments, you should not have to return to theatre as the Smit sleeve will already be in place. It will be removed after the final treatment.

When you attend for subsequent treatments, please go to the Radiotherapy Planning waiting area in the Berkshire Cancer Centre (North Block, Level 1). The radiographers will call you in when ready for you.

Once in the CT room, you will be asked to lie on the treatment couch, where the doctor will re-insert the tubes and ovoids. There may be some discomfort whilst these are positioned. You will then have a CT scan to ensure that the ovoids and tubes are in the correct position. The treatment will be carried out as before. The Smit sleeve is taken out after the final radiotherapy treatment.

How will I feel afterwards?

For a few days, following the HDR treatment, it is possible you may experience some vaginal spotting or discharge. It is advisable to bring some sanitary pads with you for use after the treatment. You may also experience some side effects such as diarrhoea, pain in the rectum (rectal tenderness), discomfort passing urine (radiation cystitis) and tiredness (fatigue).

If you are concerned about these side effects please contact your review radiographer on 0118 322 8869 or Lisa Clarke, Gynaecological Clinical Nurse Specialist on 0118 322 8195, who are both contactable 9am-5pm Monday to Friday. Outside these hours please contact your GP.

What other side effects can I expect?

Both external and internal radiotherapy will cause changes to the vagina, including: vaginal scarring (fibrosis), shortening and tightening of the vaginal space (stenosis) and the walls of the vagina may stick together (adhesions). To reduce the risk of these side effects happening, the radiographers will explain how to use the vaginal dilators. An information sheet about this will also be given to you.

Possible long-term side effects are: increased bowel frequency, increased bladder frequency, reduced bladder capacity, pain in the bowel due to scarring/adhesions, bleeding and/or excess mucus from the rectum (back passage), passing blood in the urine, or urine leakage. Side effects such as bowel blockage, leakage or incontinence or development of a small hole in the vaginal wall (fistula) are much less common. Please speak to the radiographers treating you, the medical staff at your appointments, or your clinical nurse specialist if you have any concerns or questions about these possible side effects.

Follow up appointment

You will get a follow up appointment to see your oncology doctor 4-6 weeks after completing your HDR treatment.

Contact details

Berkshire Cancer Centre: 0118 322 7888 (9am-5pm)

Radiotherapy Clinic: 0118 322 7890 (9am-5pm)

Macmillan Cancer Information Centre: 0118 322 8700

Lisa Clarke (Clinical Nurse Specialist): 0118 322 8195

Lisa Revans (Review Radiographer): 0118 322 8869

Further information

Macmillan Cancer Support Tel: 0808 808 0000 www.macmillan.org.uk

Hospital Patient Advice & Liaison (PALS) Team Tel: 0118 322 8338 or email
PALS@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Lisa Revans: Gynaecological Review Radiographer, April 2021. Next review due: April 2023