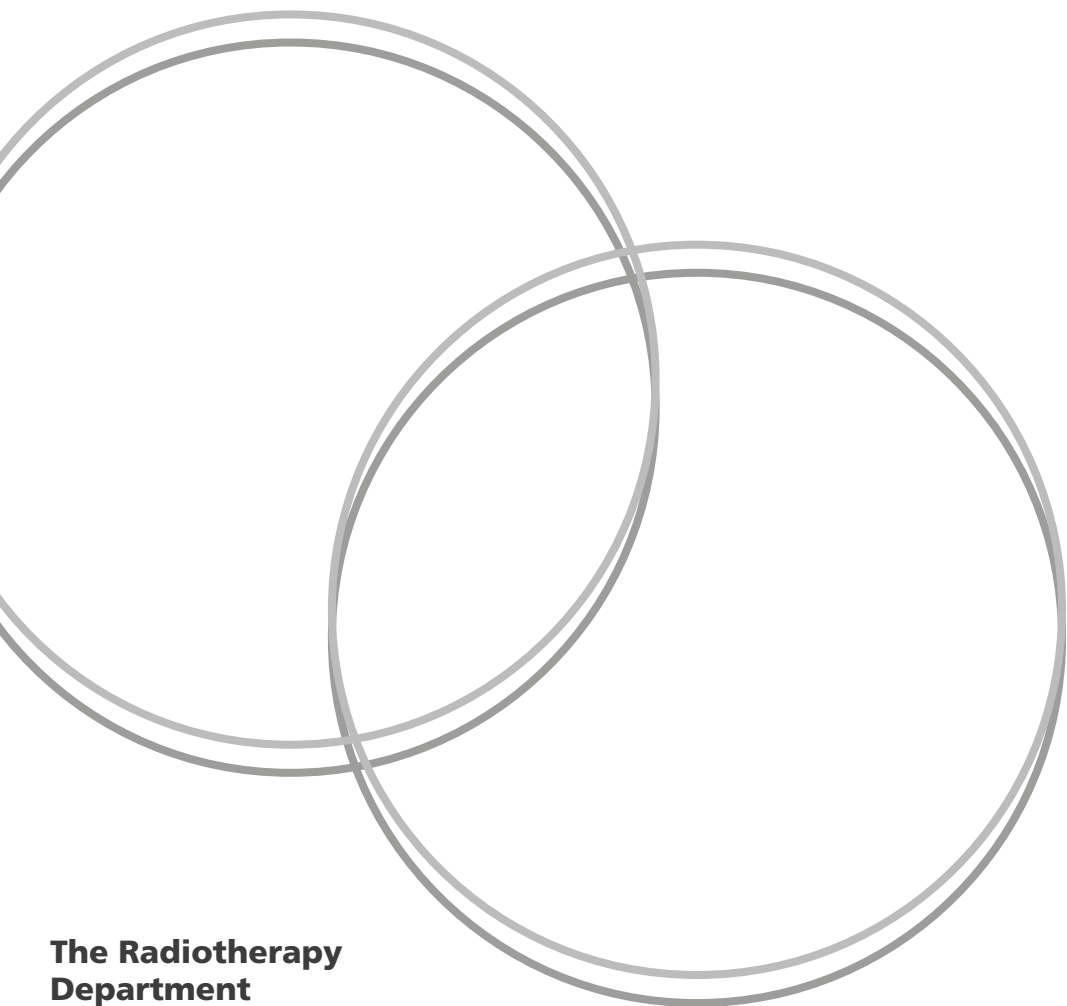




Oxford University Hospitals
NHS Foundation Trust

Vault brachytherapy for gynaecological cancer

Information for patients



**The Radiotherapy
Department**

You have been given this leaflet as you have been recommended brachytherapy as part of your treatment for your gynaecological cancer. By giving you some idea of what to expect we hope to ease some of the worries you may have. Family members and friends may also find it helpful.

This leaflet is detailed, but is intended as a guide only. The brachytherapy radiographers and your doctor will have already talked to you about this treatment.

What is brachytherapy?

Brachytherapy is a form of high-dose radiation treatment, given from inside the body. Some people refer to it as 'internal treatment'.

A tube (applicator) is put inside your body and then a very small radioactive pellet (source) is put inside the applicator. This allows us to give a high dose of radiation to the tissue close to the source, without adding a large dose to the other tissues in your pelvis or the rest of your body.

You will not be radioactive. Your body does not store up or give off any radiation with this treatment.

Why do I need to have brachytherapy?

We need to give a dose of radiation to the top of your vagina. By using brachytherapy we are able to position the treatment directly on this area.

You may be having this treatment alongside other pelvic radiotherapy, or may have it on its own after surgery.

Brachytherapy procedure

You are likely to have two or three treatments, depending on whether you have had previous surgery or radiotherapy.

Planning appointment

Your first appointment will be a planning appointment, to fit the correct sized applicator. The radiographer will explain the procedure and check you are happy to go ahead. If you are, they will then offer you a hospital gown to change in to.

The planning appointment will start with a vaginal examination, which will help the doctor or radiographer to select a suitable sized applicator. The applicator will then be coated in a lubricating gel before being inserted into your vagina. The process may be a bit uncomfortable, but should not be painful.

After the applicator has been inserted, you will have a CT (computerised tomography) scan with the applicator in place, to check it is in the right position for the treatment. The applicator will then be removed and you will be sent home.

Treatment appointments

The CT scan is usually only needed for the planning appointment, so any further appointments will be quicker and simpler. When you return for the treatment appointments you will have the applicator inserted in the treatment room, immediately before the brachytherapy is delivered.

How is the treatment delivered?

The source is housed in a small machine. When the treatment plan is ready, the radiographers will connect the machine to the applicator. When the machine is switched on, the source travels into the applicator to deliver the treatment.

The radiographers will leave the room when you are ready to start the treatment. You will be asked to lie still and breathe normally. The radiographers will be watching you continuously on cameras from outside the room. If you need them to come back in just raise your hand.

You will not be able to feel the source travelling into the applicator or the treatment itself. The treatment will take between 5 and 10 minutes to deliver. When it is over, the source will travel back into the machine.

The machine will automatically switch off when the treatment is finished. The radiographers will then enter the room and remove the applicator.

Possible early /short-term side effects and risks during treatment

Bowels

Sometimes the treatment can cause your bowels to become looser, or occasionally cause diarrhoea. It is important to drink plenty of fluids and continue to eat your normal diet. The radiographers will give you advice if you need it.

You may also experience bowel frequency and urgency, rectal pain/discomfort, bleeding from the bowel.

Bladder

You may experience a burning sensation when you pass urine. This will be helped by drinking plenty of fluids. If the burning sensation increases, lasts more than three days or your urine develops an unpleasant odour, you may have developed a bladder infection. Please contact your family doctor, who may prescribe antibiotics to treat the infection.

You may also experience urinary frequency and urgency, pain when urinating, bleeding from the bladder.

Vagina

After the treatment the top of your vagina may become sore and inflamed. You may also experience vaginal itching, discharge or light bleeding (spotting). To reduce any discomfort and help minimise the risk of infection, it is advisable to bathe or shower as normal and change sanitary towels regularly. Do not use tampons, feminine deodorisers, douches or talc as they could cause discomfort and irritation and possibly encourage infection.

Tiredness

You could feel quite tired after this treatment. This is completely normal. Try to rest and gradually build up to your normal activities as you feel able to.

Possible late or long-term side effects

Bowels

1 in 5 women report some symptoms of late effects, such as a change in bowel function. These include bowel urgency, looser stools, frequency, rectal pain/discomfort, bleeding from the bowel, damage which may require surgery. These are usually minimal, with little or no impact on daily life. The effects of most of these symptoms may be controlled by a change in diet.

Bladder

1 in 10 women report some symptoms of late effects. These include urinary frequency and urgency, pain, incontinence, bleeding from the bladder, damage which may require surgery. These are usually minimal, with little or no impact on daily life. The effects of most of these symptoms may be helped by controlling the amount of fluid you drink.

Vagina

When the vaginal tissues heal themselves, small scars and adhesions (areas of tissue that become connected) can form. The muscles supporting the vagina can also become hardened, causing them to lose their flexibility. This may result in your vagina becoming 'tighter' and shorter. This can make vaginal examinations in follow-up clinics and sexual intercourse more difficult and uncomfortable. You will be given vaginal dilators during your treatment, to help prevent the scars and adhesions forming and to keep your vagina as supple as possible.

The treatment can also affect the cells that produce the natural lubricant in your vagina. This can cause a 'dry' or unpleasant feeling, which can make sexual intercourse uncomfortable. This may be helped with the use of vaginal moisturiser and/or lubricant.

Small blood vessels can develop on the surface of the vagina, which can occasionally bleed. This may happen after using the dilators, intercourse or a vaginal examination. It is usually nothing to worry about, but if you have any concerns or unexpected bleeding please contact either your gynaecological oncology nurse practitioner or your family doctor.

You may find the Macmillan “Cancer and your sex life” booklet useful. Please ask a member of the treatment team for a copy.

Second cancer

Brachytherapy is associated with a small risk of causing another cancer many years later. For this reason, it is important that you come for your regular follow-up appointments and alert your medical team to any unexplained symptoms.

Follow-up arrangements

Hospital appointments

You will have follow-up appointments either by telephone or face to face. The first of these will usually be four to six weeks after your last treatment. This appointment will be sent to you by post. You will be assessed, asked about continuing side effects and be able to discuss your progress and plan future appointments.

Follow up lasts for up to five years. At these appointments, you will be asked questions about your general wellbeing and specifically about your bowel and bladder functions. If you are seen face to face, your abdomen will be felt and you will have an internal examination. There will also be a discussion around any future decisions about your care.

If you have any questions, remember to write them down and bring them to your appointment.

Will I have any scans or tests after the treatment has finished?

Not usually. The medical team will decide at future follow-up appointments whether you need any scans or tests.

Who do I contact for advice once my treatment has finished?

For routine advice and queries up until your first follow-up appointment, please contact a member of the treatment team (as shown on the next page). For urgent enquiries, contact your family doctor.

After your first follow-up appointment, please contact your gynaecological oncology nurse practitioner or your family doctor.

How to contact us

During normal working hours:

(Monday to Friday, 8:00am to 6:30pm):

Brachytherapy radiographers:

Telephone: 01865 226 289

Consultant therapeutic radiographer

Telephone: 01865 227 213

Out of hours:

Oxford triage assessment team

Telephone: 01865 572 192

Notes

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Gynae brachytherapy team

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Oxford University Hospitals NHS Foundation Trust

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