Internal radiotherapy to the cervix and uterus

Who is the leaflet for? What is the aim?

This leaflet is for patients receiving or about to receive internal radiotherapy (brachytherapy) to the cervix and uterus. The aim of the leaflet is to provide information regarding the procedure, including possible side effects.

Introduction

Internal radiotherapy is also known as brachytherapy. It gives a very high dose of radiation to the cervix and the area close by, but only a low dose to tissues and organs more than a few centimetres away. This reduces the risk of side effects from the treatment.

At Addenbrookes, internal radiotherapy is given by a machine called a high dose rate (HDR) microSelectron.

Internal radiotherapy is given by inserting two tubes into your vagina and uterus (womb). The procedure is carried out in an operating theatre and a general and/or epidural anaesthetic is usually used. An epidural anaesthetic is advised for pain control following applicator insertion, in most cases. Alternative pain relief can be used following the procedure but this is often not as effective as the epidural and may cause nausea and vomiting.

You will be given a booklet explaining what to expect when you have an epidural anaesthetic.

When the applicators have been inserted it is essential to ensure the applicators stay in the correct position, so you will be asked to remain in bed. For this reason your urine will be drained away through a small tube, or catheter, which is placed in to the bladder.

Each woman's treatment will be planned individually and occasionally thin hollow metal tubes will be inserted around the applicator directly into the cancer. This is called interstitial brachytherapy.

Before the treatment can be given, you will need to have a CT and/or MRI scan. This will allow your doctor to see the treatment tubes in place and plan your treatment.

Once you have had your scans it may take several hours for the plan to be completed and your treatment given.
When the treatment plan is ready you will be taken to the treatment room and the tubes inside your vagina will be connected to the HDR microSelectron. During your treatment you will be left alone in the room but you will be able to talk to the radiographer, who will be watching you from an adjoining room. The treatment is not painful, and will take approximately 20 minutes.

You will usually receive a total of three-four treatments. This will require a hospital admission for two nights. Each morning you will return to the radiotherapy department to have a further CT scan, followed by treatment.

Generally we will aim to complete your treatment in three days but you may be asked to return to hospital the following week when the procedure will be repeated. (Alternative treatment schedule below).

There are two possible treatment schedules:

**Week One:**
- Monday (1\textsuperscript{st} treatment) 07.00 admission and a two night stay on Daphne Ward (occasionally more than two nights is necessary)
- Tuesday 2\textsuperscript{nd} & 3\textsuperscript{rd} treatment
- Wednesday 4\textsuperscript{th} treatment and discharge late pm

**Alternative treatment schedule is:**

**Week One:**
- Monday (1\textsuperscript{st} treatment) 07.00 admission and overnight stay on Daphne Ward
- Tuesday (2\textsuperscript{nd} treatment) Discharge late pm

**Week Two:**
- Monday (3\textsuperscript{rd} treatment) 07.00 admission and overnight stay on Daphne Ward
- Tuesday (4\textsuperscript{th} treatment) Discharge late pm

The tubes will then be removed. This will usually be in the radiotherapy treatment room. When you are fully recovered and the effects of the epidural have subsided (usually later on in the day) you can return home.

**Side Effects**

It is not unusual to have some vaginal bleeding or discharge once your internal treatment is completed. If it continues or becomes heavy then contact your doctor or radiographer.

Internal radiotherapy may also cause diarrhoea and a burning sensation when passing urine. These side effects are normal and usually disappear within a few weeks.

The treated area may feel sore following the insertion. Your doctor can prescribe painkillers to help relieve the discomfort if necessary.
Possible long term side effects
In some patients internal radiotherapy may cause 'long term' side effects. Possible side effects are discussed in the cancerbackup patient information provided to you at your first consultation titled ‘pelvic radiotherapy in women’.

Benefits
Internal radiotherapy (brachytherapy) gives a very high dose of radiation to the cervix and the area close by, but only a low dose to tissues and organs more than a few centimetres away. This reduces the risk of side effects from the treatment.

Risks
There is a slight risk of making a small hole in the womb (perforating the uterus) when the treatment tube is inserted. This does not normally cause side effects but antibiotics may be prescribed by your doctor.

Alternatives
In some patients internal radiotherapy is not suitable. This will be decided during the examination under anaesthetic on the first day of applicator insertion. If this is the case further external beam radiotherapy treatments may be given.

Contacts/further information
Important points:
- If you are experiencing diarrhoea, as a result of your previous treatment, please take your prescribed Imodium or loperamide regularly for 24 hours before you come to hospital.
- If you are having the tubes inserted under general anaesthesia, you MUST NOT EAT or DRINK anything after midnight the night before your treatment. If you need to take your normal medication, this can be taken with a small amount of water.
- You MUST NOT DRIVE yourself home from hospital. The anaesthesia may make you feel sleepy for up to 24 hours. You may have a relative or friend stay with you throughout the day.

If you have any questions about your treatment, please contact your radiographer on 01223 256710. Or if your call is urgent please contact the oncology 24 hour helpline on 01223 274224.
We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history

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Contact number: 01223 216551/2
Publish date/Review date: January 2019/January 2022
File name: Internal_RT_cervix_uterus.doc
Version number/Ref: 6/PIN2491/100467