

Information for patients having vaginal vault brachytherapy

Cancer Services

Information for patients

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Your consultant has suggested that you have a course of internal radiotherapy known as intravaginal brachytherapy. The purpose of this information booklet is to tell you about this treatment and what it involves. We hope it will answer some of your questions about treatment. If you would like more information or have any further questions please ask your consultant or brachytherapy radiographer.

What is brachytherapy?

Brachytherapy is internal radiotherapy and is used to treat gynaecology cancers. Giving the radiotherapy from the inside allows a high dose of radiation to be directed to the top of the vagina without it passing through the surrounding tissue. Brachytherapy is also given following chemotherapy and/or external beam radiotherapy treatment. It can also sometimes be used for women who cannot have a hysterectomy.

How is the treatment given?

The treatment is carried out in the Radiotherapy Department, in the Brachytherapy Suite, as an outpatient procedure. You do not need an anaesthetic, so you can eat and drink normally before your treatment. We will ask you to empty your bladder before the procedure starts.

The whole process will take between 45 minutes to one hour, although the actual treatment time will only be between five to twenty minutes. Your brachytherapy team include both female and male staff but there will always be a female staff member present.

You will be shown where you can change and leave your belongings. You will need to remove your clothes including underwear from the waist down and change into a hospital gown. You will need to lie on a bed on your back with your knees bent and legs raised and supported in a

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comfortable position. Pillows and support sponges can be used to make you as comfortable as possible. The radiographer will examine you internally using lubricating jelly; an instrument called a speculum may be used. Then a small tube or applicator is put carefully inside the vagina. This may cause some initial discomfort and should not cause you pain, but it is important that the applicator fits well inside the vagina. The vaginal applicator is held in the correct position by an external clamp.

The radiographer will attach the applicator to the machine. The radiographers will leave the room to switch the machine on and alarm will sound as the door closes. The radiographers will watch you on a monitor throughout the treatment, so if you need them just raise a hand and they will come to you. It is important that you keep still throughout the procedure. When the machine is switched on it makes clicking noises but you will not see or feel anything. The treatment will only take 5 - 10 minutes.

What happens when the treatment is finished?

A radiographer will take the applicator out as soon as the treatment is finished. Removing the applicator is quick and is not painful. You should not feel unwell after this treatment. This treatment does not make you radioactive, so you are safe to mix with other people including children when you return home.

How many treatments will I need?

You will normally need two or three treatments one week apart, but this varies depending on other treatment being given. However your consultant will discuss this with you before you start. All of your treatments will follow the same procedure.

Are there any side effects?

The treatment is generally very well tolerated, but it is normal to have some side-effects. Any side-effects will usually settle within 4 to 6 weeks of finishing brachytherapy treatment. A radiographer will ring you after completion of treatment to assess how you are and offer any necessary advice and support.

The possible early/short-term side-effects include:

Vaginal discharge/bleeding

The treatment causes some swelling to the lining of the vagina and you may notice a bloody or brown discharge. A slight discharge is normal. If you have a smelly or pale green discharge you should tell your radiographer, consultant or GP, as it could mean you have an infection.

It will help to cut down the risk of infection if you:

- inform your radiographer, consultant or GP as soon as possible if you have a lot of bleeding
- wear pants with cotton gussets
- avoid wearing tights or tight clothing
- gently wash the area daily

Cystitis/pain when you urinate

The bladder is close to the treated area. You may feel a burning sensation when passing urine. Drinking plenty of fluids 1.5 - 2 litres daily helps to dilute the urine and flush the bladder through. You should inform your radiographer, consultant or GP if:

- your urine is cloudy or smelly
- you feel hot and feverish

These symptoms may mean you have a urine infection. A urine test can be done and you may need antibiotics.

Bowel frequency (Diarrhoea)

The bowel lies close behind the vagina. The treatment causes some inflammation to the lining of your bowel and this may give you mild diarrhoea. You can take over the counter anti diarrhoea tablets. Drinking plenty of fluids (1.5 - 2 litres a day) will help replace fluid lost by frequent bowel motions.

Tiredness

Many people feel tired following treatment, particularly for the first one to two weeks.

Advice to help with tiredness:

- Rest when you feel tired
- Gradually increase the exercise you take and tasks you do
- Balance periods of activity with short rests
- Vary your activities to stimulate interest
- Use your energy to do things that you enjoy
- Return to work when you feel ready

The possible late/long-term side-effects

May happen many months or years after radiotherapy and may be permanent.

There may be some permanent changes in the tissues in the treated area. For most patients these do not cause significant problems

Vaginal narrowing, shortening or dryness

The lining of your vagina is very delicate. While it is healing after the treatment some scarring takes place. This means that bands of fibrous tissue (called adhesions) may form in your vagina making intercourse and internal examinations difficult. You can help to reduce this by using vaginal dilators, which will be given to you and explained whilst you are on treatment. Your radiographer will provide you with a leaflet which will explain more about dilator use.

Urinary incontinence and urgency

Passing urine more often than normal, a sudden urgency to empty your bladder and urine leakage when coughing or sneezing. As part of dilator use you will be given guidance on how to do pelvic floor exercises to help improve muscle tone, which will help to address this issue over time.

Macmillan Cancer Support gives advice on practical ways to cope with urinary urgency when out in public www.macmillan.org.uk/cancer-information-and-support/bladder-cancer/using-public-toilets

Urinary frequency and urgency

To help try the following:

- Try to drink plenty. If your urine is dark and concentrated, it can irritate the bladder and worsen symptoms. Drinking more makes your urine paler and less concentrated.
- Try to drink more water and reduce drinks that may irritate the bladder. These include drinks containing caffeine, such as tea, coffee, drinking chocolate and cola. Also alcohol, fizzy drinks and acidic drinks (fruit juices such as orange and grapefruit) are best avoided too.
- Try drinking cranberry juice or taking cranberry capsules to help reduce symptoms. But you should not have cranberry products if you are taking a drug called warfarin.
- If you smoke, try to stop. We can refer you to the Stop Smoking Service. Smoking can make bladder side-effects worse.

Bowel frequency

Opening your bowels more often than normal and a sudden urgency to open your bowels.

To help try the following:

- Try to reduce drinks that may worsen bowel symptoms. These include drinks containing caffeine, such as tea, coffee, drinking chocolate and cola and alcohol.
- If you smoke, try to stop. We can refer you to the Stop Smoking Service. Smoking can worsen bowel symptoms.
- Macmillan Cancer Support gives advice on practical ways to cope with bowel urgency when out in public www.macmillan.org.uk/cancer-information-and-support/bladder-cancer/using-public-toilets

Fertility and Contraception

If you have any concerns regarding fertility and contraception, please discuss this with your consultant or radiographer.

Emotions

You may experience many different feelings whilst trying to come to terms with your diagnosis, this is very normal.

We realise that you may have concerns regarding your sexuality and relationships with a partner and may wish to discuss these. Talking about your thoughts and feelings can help. This maybe with family and friends or professionals. Staying in touch with your gynae-oncology nurse specialist (key worker) can also help. Macmillan produces a booklet Sexuality and cancer, which you may find helpful. Cancer Research UK provides information on sex, sexuality and cancer.

- <https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/sex-and-cancer>
- <https://www.cancerresearchuk.org/about-cancer/coping/physically/sex>

Follow-up appointments

Telephone call

A radiographer will give you a call after you finish your treatment to see how you are recovering.

Hospital appointment

You will be seen in the oncology outpatient department about 3 months after you have finished your brachytherapy treatment. The consultant will ask you how you are feeling, any side-effects and plan your next appointment.

Useful contacts

If in the meantime if you have any problems or questions please contact either:

- Osborne Assessment Unit on 0116 258 6681 (for serious concerns only)
- Brachytherapy treatment team (8:30am to 4:30pm)
Monday to Friday - Telephone 0116 258 3627
- Gynae-oncology Nurse Specialist (key worker)
Monday to Friday (8am to 4pm) - Telephone: 0116 258 4840
- Macmillan Cancer Support (Freephone) 0808 808 0000. This provides specialist advice through Macmillan nurses and doctors and financial assistance for people with cancer and their families.

Please note: there is no out of hours, on-call, or weekend review radiographer service – in an emergency, please contact the Osborne Assessment Unit.

You may find it useful to write down some questions prior to your brachytherapy appointments and bring these to your next appointment.

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