

# Having brachytherapy for cervical cancer as an in-patient

Cancer Services

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Information for patients

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## Introduction

This booklet provides information about brachytherapy. We hope it will answer some of your questions about treatment. If you would like more information or have any further questions please ask.

## What is brachytherapy?

Brachytherapy is a type of radiotherapy treatment that is given inside the body close to the cervix. It is usually given after a course of external beam radiotherapy and chemotherapy. Narrow tubes (applicators) are put inside your uterus in theatre with an anaesthetic and then a small radioactive pellet (source) is put inside the applicators. This enables us to give a high dose of radiation to the tumour site without giving other tissues in the area a large dose.

You will not be radioactive or give off radiation when you have this treatment, so you will not be a risk to your friends and family.

## What happens before I come into hospital for treatment?

- You will have an MRI scan towards the end of your course of external beam radiotherapy. This scan is for planning purposes only.
- You will also have an appointment towards the end of your course of external beam radiotherapy with your consultant and a radiographer, who will explain the procedure to you and ask you to sign your consent form.
- You will have a pre-assessment appointment on ward 39 in the Osborne Building. A nurse will explain what will happen so you fully understand the procedure. You will also have a blood test. This appointment should last about an hour and you are welcome to bring someone with you.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Preparing for your brachytherapy

You will usually be given 3 treatments but your consultant will discuss this with you. Brachytherapy is given as soon as possible after you complete your course of external beam radiotherapy treatment. You will be given appointments in advance for brachytherapy. Your brachytherapy treatment is given weekly on a Tuesday.

On the evening of your admission, which will be Monday, you will be given some laxatives to help empty your bowels. You will have an enema on the morning of your treatment in order to empty your bowel completely. This will reduce the chances of you having a bowel movement during treatment.

You must have **nothing to eat or drink** from midnight the night before your procedure.

Your treatment will be given on a Tuesday. After the procedure and good recovery, you will be discharged home. If you have a general anaesthetic, you may require an overnight recovery.

## Your treatment schedule is as follows

- First brachytherapy treatment - Will be given on your last week of external beam radiotherapy. On the Monday of week 5 (after chemotherapy and radiotherapy) you will be admitted onto Ward 39. You will receive your first brachytherapy treatment on Tuesday. You will not receive external beam radiotherapy treatment on this day.
- Second brachytherapy treatment - Will be given the following week. You will be admitted onto the ward after your last external beam radiotherapy treatment on Monday. You will receive your second brachytherapy treatment on Tuesday.
- Third brachytherapy treatment - You will be admitted onto the ward from home, having finished external beam radiotherapy treatment, between 3-4pm. You will receive your third and last brachytherapy treatment on the Tuesday.

### 1<sup>st</sup> Treatment Session

Week 1: Admission Monday after chemo-radiotherapy (Week 5) with brachytherapy treatment Tuesday

### 2<sup>nd</sup> Treatment Session

Week 2: Admission Monday after your last radiotherapy treatment for brachytherapy treatment Tuesday

### 3rd Treatment Session

Week 3: Admission Monday from home with last brachytherapy treatment Tuesday

## Having the applicators inserted

On the Tuesday morning you will be taken to theatre which is in the brachytherapy suite, where you will be given either a spinal anaesthetic or a general anaesthetic. A spinal anaesthetic is where you have an injection into your spine to numb the area along with a sedative, but you will be awake during the procedure. A general anaesthetic is where you will be asleep during the procedure. The anaesthetist will discuss both options with you on the day.

Whilst in theatre you will have the applicators inserted. Gauze is used to help keep the applicators in place. You will have a catheter inserted into your bladder as you will not be able to get up to go to the toilet whilst having treatment.

Following the procedure, you will be taken to have a CT and MRI scan of your pelvis to check the position of the applicators. You will be in the care of the brachytherapy team as you visit these areas.

Whilst we are planning your treatment you will be taken back to the ward for continued care. You must stay in bed. You must not turn on your side, sit up or lift your bottom off the bed as this could move the applicators. We advise you to eat small amounts and drink lots of fluids. You may wish to bring snacks with you that are easy to eat lying down and a sports bottle to make drinking easier.

You may experience some pain and discomfort as the anaesthetic wears off and from lying on your back for a prolonged period. Please ask the ward nurses for pain relief when you need them.

## How is the treatment given?

Once your treatment plan is ready the radiographers will bring you back down to the brachytherapy suite on your bed. The applicators are then connected to the brachytherapy treatment machine. We may need to insert some water into your bladder via the catheter at this point.

The radiographer will attach the applicators to the machine and will then leave the room to switch the machine on. An 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. When the machine is switched on it makes clicking noises as small radioactive pellets pass into the applicators to deliver the treatment. The pellets return to the machine once the treatment is finished. You will not feel this happen and the treatment is not painful and will take only 10 – 20 minutes to deliver.

Before coming down for your treatment you may be given a pain relief injection and a muscle relaxant. This will help with the removal of the applicators after treatment has been given. If needed you will be able to use a general inhalation anaesthetic (Penthrox<sup>TM</sup>), which provides pain relief to ease any discomfort you might experience. The gauze packing is removed first, followed by the applicators and lastly the catheter. This does not take long and there may be some bleeding at this point, but this is normal.

When the applicators have been removed you will be able to sit up. We recommend this is done slowly and that you have a nurse with you the first time you get out of bed, as you may feel a little light-headed or dizzy after lying down for so long. This feeling will soon go away.

When the treatment has finished you will return to the ward. Dependant on anaesthetic and recovery you may be discharged home that day or require an overnight stay with discharge in the morning. You will need someone to collect you from the hospital. You will be given some pain relief medication to take home, which should help with your recovery.

You may have two more treatments on the subsequent weeks on Tuesday. The same procedure will follow for each treatment.

## 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 or consultant 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 or consultant 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 anti-biotics.

### Bowel frequency (Diarrhoea)

The bowel lies close behind the vagina. The treatment can cause 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 combat 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 may take place. This means that bands of fibrous tissue (called adhesions) may form in your vagina making future 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 the dilators.

### 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.

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 to.
- 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.

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](http://www.macmillan.org.uk/cancer-information-and-support/bladder-cancer/using-public-toilets)

### 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](http://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 brachytherapy radiographer.

## Emotions

You may experience many different feelings, such as feeling overwhelmed, anxious or depressed, whilst trying to come to terms with your diagnosis. It can be helpful to know that these feelings are normal and ease with time. Discussing your concerns with your consultant, gynae-oncology nurse specialist (key worker) or radiographer is important.

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, friends or professionals. Staying in touch with your gynae-oncology nurse specialist (key worker) also helps. Macmillan produces a booklet Sexuality and cancer, which you may find helpful. Cancer Research UK provides information on sex, sexuality and cancer. Their contact details are at the end of this booklet.

- <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 radiographers 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 around 3 months after you have finished your brachytherapy treatment. The consultant will ask you how you are feeling, discuss side-effects and plan your next appointment.

## Useful contacts

- For admissions enquiries Ward 39 on 0116 258 6309
- Osborne Assessment Unit on 0116 258 6681 (for serious concerns only)
- Brachytherapy treatment team  
Monday to Friday (8.30am to 4.30pm)  
Telephone 0116 258 3627 (for questions and advice)
- Gynae-oncology Nurse Specialists (key workers)  
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 with you to your next appointment.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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