

Kent Oncology Centre


High Dose Rate Vaginal Vault Brachytherapy


Information for patients


We hope this leaflet will help you understand brachytherapy (internal radiotherapy) to the vaginal vault. It will explain the side effects that may occur and the best way to manage them. If you would like to speak to one of the radiotherapy team please feel free to contact them on the numbers given below:

Maidstone Hospital


Macmillan Radiotherapy Specialist

 01622 227331

 01622 225094

 07825 978632

Appointment enquiries

 01622 225080

What is brachytherapy?

Vaginal vault brachytherapy is carefully controlled radiation treatment delivered directly to the upper part of the vagina to reduce the risk of cancer recurrence in this area following hysterectomy.

A smooth plastic cylinder (applicator) is placed inside the vagina. A small radioactive source is sent inside this cylinder for a few minutes and provides the treatment. The treatment is painless although it might feel slightly uncomfortable whilst the applicator is in place.

Your consultant oncologist may recommend that you have this treatment as well as external beam radiotherapy. If so you will have two brachytherapy treatments about one week after completing your radiotherapy; the two brachytherapy treatments will be given in the same week.

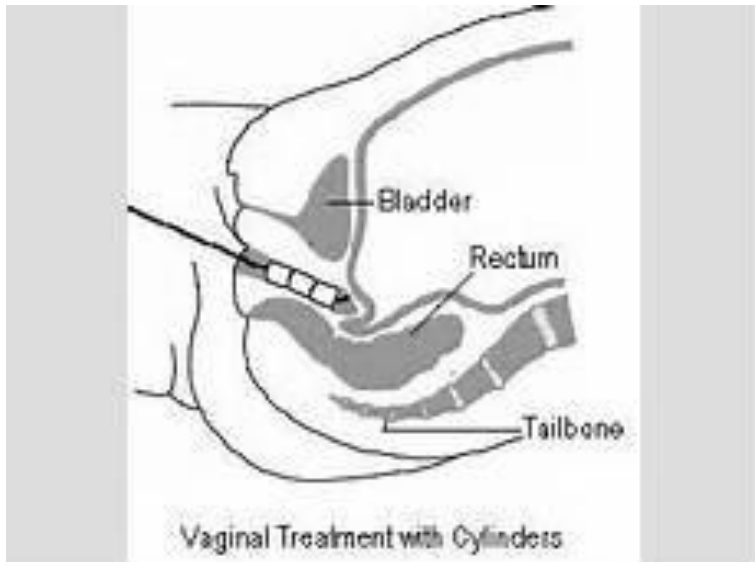
If your consultant oncologist has recommended that you have brachytherapy only, then you will be given three treatments with a one week gap in between each one.

Preparation

There are no special preparations before treatment but you may feel more comfortable if you empty your bladder beforehand. The therapy radiographers will show you into the treatment room and advise what items of clothing need to be removed.

You will then be asked to lie on a treatment couch whilst your consultant gently examines you and inserts the treatment applicator. Plenty of lubricant will be used. The applicator needs to be positioned firmly at the top of the vagina and you may feel some pressure there whilst the applicator is fastened to a small holder. This will keep it secure and prevent it from slipping but we will ask you to keep still throughout the procedure. Your legs will be lying flat with support sponges under your knees.

Diagram showing position of treatment cylinder



Source: www.uwhealth.org

Treatment

The therapy radiographers will leave the room while the treatment is delivered. Before they leave they will tell you how long the treatment will take (between three and ten minutes) and ensure that you are as comfortable as possible before starting. They will watch you on monitors outside the room throughout the treatment and can come back into the room at any time should it be required.

Treatment completion

When the treatment is completed the therapy radiographers will come into the room and remove the treatment applicator from your vagina. You can then get dressed and leave the hospital. No radioactive materials remain inside you and it is quite safe to mix with family and friends.

Aftercare

After your final treatment the therapy radiographers will ensure that a follow up appointment with your consultant oncologist is booked for about eight weeks after treatment. They will also discuss with you possible side effects that you may experience.

Side effects

Brachytherapy treatment only treats a very small area of the body and therefore you are unlikely to experience many side effects. The most likely effects in the short term are bowel and bladder irritation, and in the long term are dryness and scarring of the vagina.

Bowel

You may find that your bowel movements increase in frequency or urgency for two to three weeks after treatment. This is most likely if you have also had external beam radiotherapy as your bowels may still be unsettled from that. Drinking plenty of fluids and altering your diet may help. Occasionally medication is required to control symptoms. You may have the sensation of wanting to open the bowels but may just pass wind and mucus.

Bladder irritation

You may experience some irritation on passing urine and a need to urinate more frequently for two to three weeks after treatment. Drinking plenty of fluids can help. If symptoms persist or your urine is cloudy or smelly, this could be a sign of infection; in this case contact your GP for advice.

Vaginal discharge/bleeding

You might notice a small amount of bleeding (spotting) soon after your treatment but it is unlikely that you will have any further bleeding as a result of the treatment. Some women notice a slight increase in discharge. If this occurs after completion of treatment and it is troublesome or smells offensive then contact your GP for advice.

Vaginal dryness and fibrosis (scarring)

The lining of the vagina can become dry after brachytherapy. During intercourse you will probably need to use a lubricant. You may also find it beneficial to use a vaginal moisturiser. Your specialist radiographer will be able to advise you about this or you may wish to discuss it with your GP or pharmacist.

Sometimes after treatment scar tissue can form inside the vagina. The vagina can shorten in length, becoming less stretchy, and the vaginal walls may stick together. This can make it uncomfortable for intercourse or when you are examined as part of your follow up consultations.


We recommend that you use a vaginal dilator for several months after treatment to try to reduce the chance of this happening. A dilator is very similar to the treatment applicator that is used for your treatment. At the end of your treatment the therapy radiographers will advise you on using vaginal dilators and will give you the information leaflet '**Advice about using dilators after radiotherapy**'.

Please use this space to write any notes or questions you may have.

Further information and advice can be obtained from:

Macmillan Cancer Support

Free phone

 0808 808 0000

Website: www.macmillan.org.uk


Kent Oncology Macmillan Cancer Information Centre Maidstone Hospital

 01622 227064

Offers support and information to anyone who has concerns about cancer (patients, relatives, friends or carers)

Cancer Research

This charity provides information about cancer, treatment and clinical trials

 0808 800 4040

Website: www.cancerresearchuk.org

Patient Experience Teams (PALS) for East Kent patients

Kent and Canterbury Hospital


Desk at the outpatient's entrance of the hospital

Queen Elizabeth The Queen Mother Hospital

Office at the main entrance of the hospital (Ramsgate Road)

William Harvey Hospital


Desk at the main entrance of the hospital

 01227 783145 or 01227 864314

Email: ekh-tr.patientexperienceteam@nhs.net

NHS 111

NHS Choices online

 111

www.nhs.uk

*The information in this leaflet has been taken from information provided by Macmillan Cancer Support.

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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