SUNA SOCIETY OF UROLOGIC

PATIENT EDUCATION PROCEDURE HANDOUT

Brachytherapy

SUNA Postoperative Care Task Force

Overview

Prostate brachytherapy is a type of radiation used to treat prostate cancer. It involves placing small radioactive seeds into the prostate gland, where the radiation can kill the cancer cells while causing less damage to healthy tissue near the prostate gland. Brachytherapy uses low dose rate (LDR) brachytherapy. LDR brachytherapy places radioactive seeds into the prostate gland permanently, where they slowly release radiation over several months. Once the radiation is released, the seeds remain in place. They typically do not cause any long-term issues.

Indications

Brachytherapy is used to treat prostate cancer within the prostate gland.

What to Expect Before the Procedure

- You may need to have lab tests, X-rays, and electrocardiogram (EKG) completed before your procedure, if ordered by your provider.
- You may be asked to attend a clinic visit before the procedure for an exam and review of test results.
- Do not eat or drink anything after midnight on the night before the procedure.
- Please make plans for someone to bring you home from the procedure. You will not be allowed to drive yourself.

What to Expect After the Procedure

Antibiotics: You may be given a prescription for an antibiotic. Be sure to take every tablet in the bottle, even if you are feeling better before the prescription is finished.

After procedure swelling: Expect some pain and swelling in the area between the rectum and the scrotum (perineum). You may use an ice pack over the area, if needed. Please place a towel between the ice pack and your skin. Do not leave the ice pack in place for more than 20 minutes at a time.

Activity: Rest as needed. It is normal to feel tired. You may begin your normal activities when you feel up to it. No heavy lifting for the first 2 days. Any straining/heavy activity should be approved by your provider before you begin it. No bike riding, horseback riding, or lawn mowers for the first month after the procedure.

Diet: Drink plenty of fluids for 2 days following your procedure.

After procedure urinating: Expect to see some blood in your urine. Most men experience some burning on urination and/or urinating more often. You will be given medication to help these issues.

Sexual activity: You may begin sexual activity 2 weeks after the procedure. You must wear a condom for 4 weeks (until 6 weeks after the procedure). Your semen may be dark brown or black. This is normal and is related to bleeding that may have occurred during the procedure.

Distance to others: Children and pets should not sit on the patient's lap for the first 2 weeks after the procedure. Pregnant (or possibly pregnant) women should avoid long periods of time in close contact with the patient for the first 2 weeks after the procedure. A distance of 3 feet is acceptable. At a distance of 3 feet, there is no limit to the length of time anyone can be with the patient. After 2 weeks, no further precautions are necessary.

Complications and Call the Clinic if You Experience:

- Fever/chills: Temperature of 100.4 degrees F or greater.
- Blood clots in your urine.
- Pain that does not go away.
- Severe nausea or vomiting.
- New lumps, bumps, or swelling.
- Trouble urinating.

**If you are unable to reach the clinic and are in need of urgent assistance, please proceed to the nearest Emergency Department.

Acknowledgment

We would like to especially thank the following SUNA members for their valuable contributions to these special focus issues. They either acted as a peer reviewer, author of the educational handouts, or both.

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We hope you and all your family members may benefit from these handouts.

Resources

American Urological Association. (n.d.). Adjuvant and salvage radiotherapy after prostatectomy: ASTRO/AUA guideline (2013, amended 2018 & 2019). https://www.auanet.org/guidelines/guidelines/prostatecancer-adjuvant-and-salvage-radiotherapy-guideline

cancer-adjuvant-and-salvage-radiotherapy-guideline
Gaither, T., Awad, M., Osterberg, E.C., Murphy, G., Allen, I., Chang,
A., Rosen, R., & Breyer, B. (2017). MP84-18 erectile dysfunction
after prostatic radiotherapy: Why measurement matters, a systematic review and meta-analysis. *Journal of Urology*, 197(4S),
e1146. https://doi.org/10.1016/j.juro.2017.02.2659

National Cancer Institute. (2019). Brachytherapy to treat cancer. https://www.cancer.gov/about-cancer/treatment/types/radiation-therapy/brachytherapy

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