



The Christie 
NHS Foundation Trust

Vaginal brachytherapy

A guide for patients and their carers

We care, we discover, we teach



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Please note:

Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.

Introduction

This booklet is written for women who are having vaginal brachytherapy after a hysterectomy for cancer of the womb. The doctor or nurse clinician will discuss your treatment with you and explain anything you do not understand. Please share this booklet with your family and friends. They can have a role in helping you. It's important that they feel well-informed and understand what is happening. If you would like more detailed information about your own treatment, please ask the staff.

What treatments are available?

Following a hysterectomy for womb cancer, the tissue that is removed from your body will be assessed and analysed by a histopathology doctor. These results will then be discussed at the weekly multi-disciplinary meeting and a decision will be made whether you would benefit from additional (adjuvant) treatment to reduce the chance of your cancer coming back. Treatment can include either on their own or in combination: brachytherapy, pelvic radiotherapy and chemotherapy.

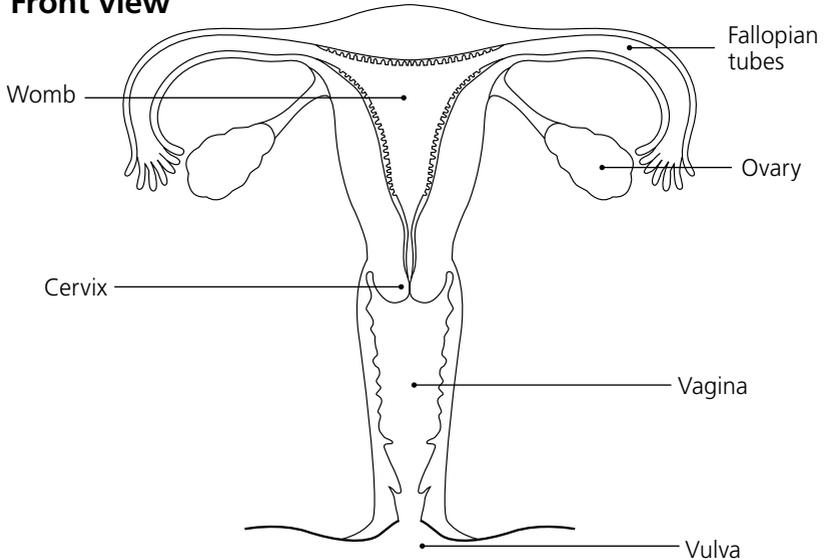
When is brachytherapy offered and what are the benefits?

For womb cancer, where there is a small risk of cancer cells being left in the area around the top of the vagina after surgery, brachytherapy can be given on its own. Brachytherapy is a type of internal radiotherapy that can give a localised dose of radiotherapy which results in far fewer women getting side effects compared to standard radiotherapy. The doctor or nurse clinician at The Christie will explain and discuss with you why brachytherapy is being recommended in your situation.

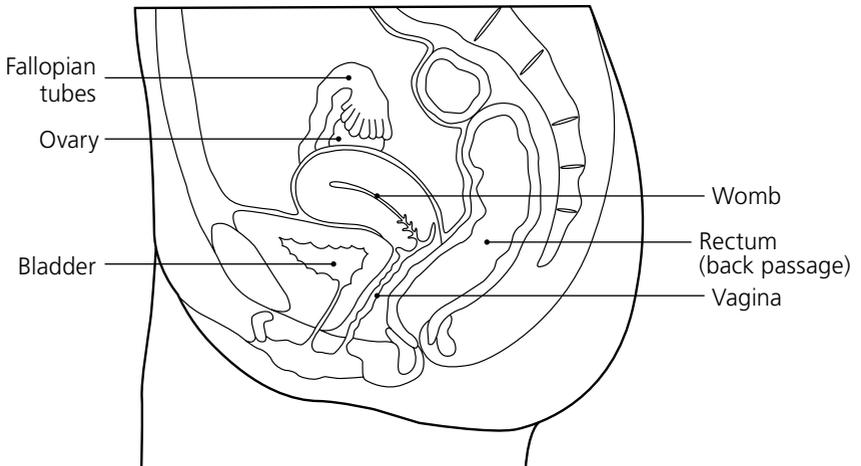
The areas being treated

These diagrams may be useful to help you understand where your cancer was and the area to be treated with brachytherapy. Your doctor may draw on them to help explain your treatment.

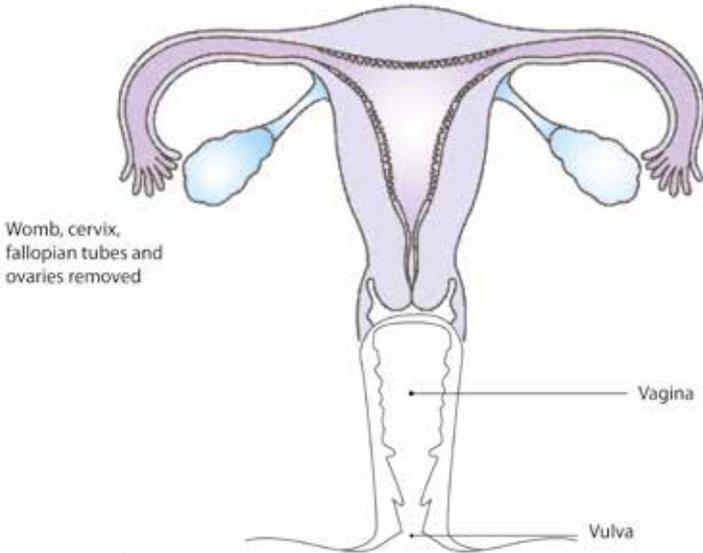
Front view



Side view



Front view following hysterectomy



© Cancer Research UK

Agreeing to treatment

Consent to treatment

The doctors and specialist nurses will give you some written information to support what they have said about your treatment. At a separate appointment, you will have the opportunity to discuss anything you do not understand, or any worries or concerns you may have. We will ask you to sign a consent form (see page 28) agreeing to accept the treatment that you are being offered. The key messages in the consent form for radiotherapy are included in this booklet for you to read and consider. It is important that you understand what the planned treatment involves and that you have been given the opportunity to discuss any concerns before you sign the consent form.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Some questions about brachytherapy

Is radiation safe?

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to include all tissues that could possibly contain cancer cells whilst minimising the dose to the normal tissue.

Will I be radioactive?

No. Patients treated by x-rays do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women apart from when you are actually having brachytherapy treatment.

I already have problems with my health. Will brachytherapy make them worse?

Not usually. Please speak to your treatment team about any existing medical conditions and continue with any medication that you may be taking unless your doctor or nurse tell you otherwise. Ask your Christie doctor if you are worried about any other health problems.

What happens if I need transport to attend for brachytherapy?

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need hospital transport, please let the medical team know or follow the directions on your admission letter to book your transport.

Prescriptions

Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy and benefits advisers at The Christie and from your GP.

Questions you may want to ask your doctor

- What type and extent (stage) of disease do I have?
- Why are you recommending brachytherapy for me?
- What might be the benefits and side effects?
- Is there any alternative treatment, and, if not, why is this?
- What will brachytherapy involve and how many times will I have to visit the hospital?
- Will there be any lasting effects from treatment?

Brachytherapy treatment

What is brachytherapy?

Brachytherapy is usually done 6 to 12 weeks after a hysterectomy. Most women are admitted to the BMRU (Brachytherapy and Molecular Radiotherapy Unit), department 16, in the morning and allocated a bed in one of the single treatment rooms.



The BMRU

The doctor will gently examine you, insert a catheter into your bladder using some local anaesthetic gel and then place an applicator or tube into your vagina. This will be held in place with bandages. The doctor will then plan your treatment. A radiographer or technician will then come and connect the applicator to the

treatment machine. The PDR (Pulse Dose Rate) machine puts radioactive sources into applicators to give short pulses of radiation to treat the upper vaginal area. This happens for 5 to 10 minutes each hour. You will not feel this but the machine may make some whirring noises at the start and end of each pulse as well as some clicking noises. The treatment usually takes about 14 hours. Since patients often finish treatment in the early hours of the morning an overnight stay is involved. Two treatments are usually needed. The second treatment is normally carried out 7 to 10 days later by an advanced practice radiographer.

Gynae advice nurse-led clinic

Before brachytherapy treatment we will give you an outpatient appointment for the gynae advice clinic to see one of the specialist nurses. They will address any particular

concerns or questions that you may have about the treatment, vaginal dilators, sex, fertility and menopause.

It is essential that you attend as your consent to treatment will be covered at this appointment. If you would find it helpful to visit the treatment room before coming in to hospital, this can usually be arranged at this appointment. Some women find it helpful to bring their husband or partner to this appointment.

Pre-clerking clinic

You will be admitted at 8am on the day of your brachytherapy (internal treatment). Therefore, **it is essential** to attend a pre-clerking clinic appointment before admission to hospital. At the clinic you will see an advanced nurse practitioner who will take down details of your medical history, examine your heart and lungs and arrange basic blood tests. You will also be seen by one of the ward nurses who will do a nursing assessment and will be able to answer any questions you may have about your planned stay in hospital.

Smoking

While you are having brachytherapy, you will not be able to smoke. If you are a regular smoker, please discuss this with the staff at any of your appointments before this treatment begins as we can offer you support including referral to the smoking cessation service at The Christie.

Alcohol

It is important to let the staff know if you drink alcohol most days because they can then advise you how to manage this when you come into hospital.

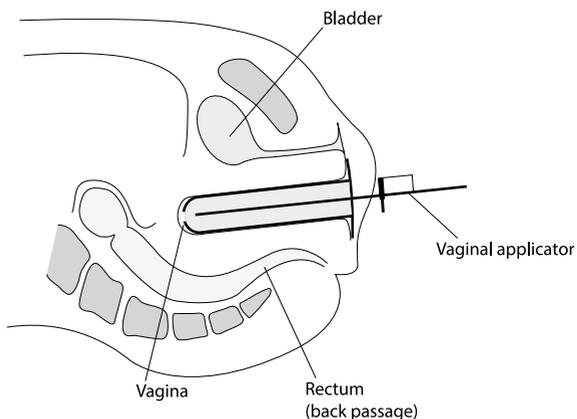
Memory

People may have some deterioration in their memory as they get older for many reasons. Often this can start with being a little forgetful and it may only be apparent to themselves and those close to them. Before you have brachytherapy it is very important to let the staff know if you have any problems with your memory. This is because you will be in a room on your own for most of the treatment time and the staff will need to make sure that you are safe. If you have any concerns about your memory and being able to cope with the treatment, please let the treating team know as soon as possible.

Preparation for brachytherapy

It is important to tell the staff if you are having any bowel problems because your treatment may need to be delayed if these are severe. We will ask you to have a light breakfast before you come into hospital. Prepare a bag to take with you containing things you may need while having treatment, such as dentures, a watch, nightie, soap bag and items such as magazines, puzzle books or mobile phone. It is a good idea to have a bath or shower on the day of your treatment and you will be asked to put on a gown. This is a good time to go to the toilet.

Brachytherapy applicator in place



Please remember to tell your relatives not to visit you on the brachytherapy treatment day, but they can ring the ward to find out how you are (0161 918 2030).

While you are having brachytherapy...

It is normal to have a feeling of pressure in the pelvis whilst having this treatment.

This may be because of the vaginal applicator. Or it may be that the catheter in your bladder makes you feel as if you urgently need to pass water. If you try to relax and let go, the catheter will drain the urine into a drainage bag. While the catheter is in, it is important to drink as much as you can (2 to 3 litres of fluid). This helps with drainage and prevents any urine infection. If you find the catheter uncomfortable, the nurses will give you medication to relieve this feeling.

The nurses will come in to see you at regular intervals when the PDR is not giving treatment. They will check whether you would like to change position, also if they can get you anything to make you feel more comfortable. With the help of the nurses you should be able to sit up sufficiently to read, drink, eat and watch TV. Alternatively, you may want the nurses to help you to turn on to your side especially if you find this more comfortable for sleeping. At these regular checks, the nurses will offer you hot drinks and sandwiches or toast or a light meal. **Please tell the staff about any discomfort so they can help you change position or give you painkillers.** If you need the nurse for something that cannot wait until the next visit, use your call bell and the nurse will come promptly. Do tell the nurses if the painkillers you are taking are not helping. They will be able to get you something stronger.

“The treatment felt slightly uncomfortable but the main thing is being bored”



Room on BMRU

Once your applicator is connected to the machine, treatment will not start until the radiographer or nurse has left the room, closing the door behind them. Treatment is then started by pushing the start button on the control panel outside the room. The treatment machine is switched on and off from the outside

control panel. You may hear noises when the machine turns on and off.

To help pass the time...

To help pass the time, it is a good idea to bring books or magazines in to read. If you have favourite music, bring this with you and a CD/MP3 player. There is a TV in the room for you to watch. You may want to bring a mobile phone with you or a device to use the WiFi.

Exercises / Preventing clots

We encourage you to do exercises whilst you are having internal treatment. The nurses will explain these to you. It is important that you do not move your pelvis in a way that could change the position of the treatment applicator. It is also important that your joints do not get too stiff or that you develop complications from staying in one position for a long time. It is a good idea to practise these exercises before your treatment and try to do them every hour while you are having treatment.

Quad sets:

Tighten the muscles along the front of the thigh by pushing the back of the knee down onto the bed – hold 5 seconds – relax.

Repeat 5 to 10 times, 4 times a day.

Hamstring sets:

Tighten muscles along the back of the thigh by digging heels into bed – hold 5 seconds – relax.

Repeat 5 to 10 times, 4 times a day.

Glute sets:

Tighten buttock muscles by squeezing the muscles together inward – hold 5 seconds – relax.

Repeat 5 to 10 times, 4 times a day.

We recommend that you take several deep breaths every hour while you are awake which will help keep your chest clear.

We will give you a small injection of a low molecular heparin drug which is to reduce your risk of getting a clot or thrombosis while you are having this treatment.

When brachytherapy ends...

The nurse will remove the catheter and applicator in the treatment room. She will explain the procedure to you beforehand and as she goes along. Please tell the nurse if you have any particular worries about having the applicators removed. Pain relief is not usually needed, but patients' experience of this varies greatly. We can offer you a variety of painkillers including simple ones such as paracetamol, short-acting such as entonox (gas and air) or stronger ones such as morphine. The nurse looking after you at the time can discuss the options with you and help you decide what is most suitable in your situation. For most women, taking out the applicators is a simple and quick procedure which usually takes a few minutes. It will help both you and the nurse if you try to remain as relaxed as possible. Concentrating on deep breathing helps to make you less tense and reduces any discomfort. Afterwards, you may just want to sleep or have a shower. Providing that you are feeling OK and you have passed urine, you should be able to go home later that morning.

Shrinking/closing of the vagina

Brachytherapy to the vagina produces a side effect which needs your personal care and attention. This side effect is called atrophy (shrinking) and is a result of scar tissue forming in the vagina following this treatment. You will need to follow instructions carefully. If you do not, your vagina could shorten and become narrower and the upper part could close. So it is important that you keep your vagina open to prevent any problems when you come for your check up, or when you start sexual intercourse again, as well as for your general well-being and comfort. Your vagina can be kept open by vaginal dilation. Dilation means 'stretching and opening' and can be done by:

1. Use of a dilator
2. Sexual intercourse
3. A combination of intercourse and dilator use.

Vaginal dilators are normally discussed, explained and given to you at the Gynae Advice appointment, along with some lubricating gel. Generally, we recommend lubricants such as 'Sylk' and 'Yes' which can be prescribed or purchased from a pharmacy. Obviously this is a personal area of care and some people have reservations or strong feelings about using a dilator.

Please feel free to discuss any aspect of this at your Gynae Advice appointment or with any member of the team looking after you. Your feelings will always be respected.

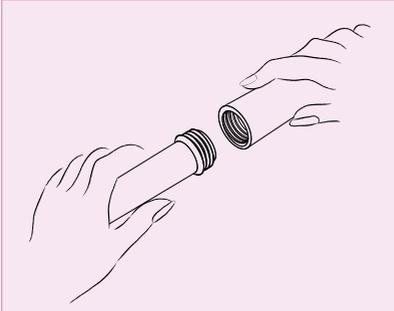
Vaginal dilation

How to use your dilator

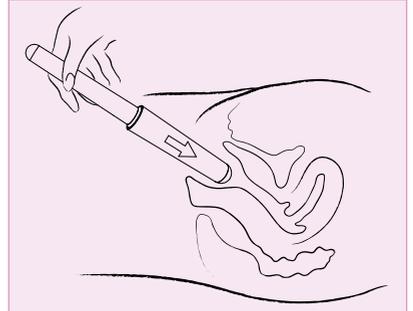
Start using your dilator four weeks after finishing your brachytherapy, continue to use it once a day, every day, for six weeks. We would then advise you to continue the use of the dilator 2 to 3 times a week.

Examine the dilator before each use to be sure that it is smooth. If there are cracks or rough edges, do not use it – phone the ward staff or nurse clinician for a replacement.

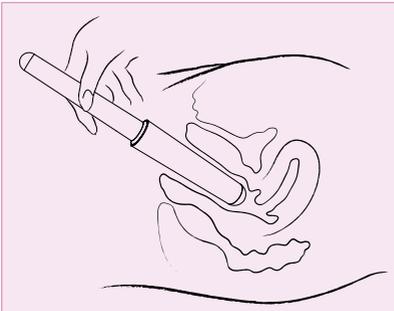
You should not feel any pain or discomfort if you are gentle and stay relaxed whilst using the dilator. Starting with the smallest size dilator, attach the size 1 (smallest) to the size 2 cone and apply some gel to the dilator and to the entrance of the vagina. Lie on your back in bed with your knees bent and slightly apart. Some people prefer to insert the dilator standing with one leg raised on a chair, or squatting. (You may find it is easier in the bath, or after a bath, when you are relaxed).



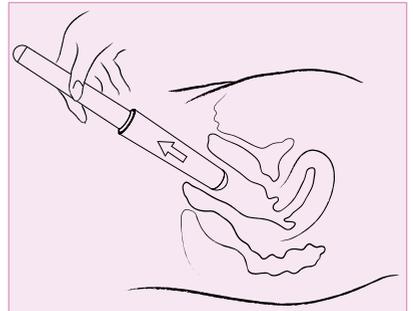
1. Connect size one (smallest) cone to the size 2 cone. Apply lubricating gel.



2. Get into a comfortable position, apply lubricating gel to the entrance of the vagina, and slowly insert dilator into the vagina as far as it will go.



3. Gently move the dilator from side to side, up and down and then circular movements for approximately 5 minutes to gently open and stretch the vagina.



4. Remove the dilator, wash with soap and water and dry.

Insert the dilator into your vagina gently and as deeply as you can without discomfort but you should be able to feel it gently bounce off the top of the vagina when it reaches the end. Then gently move the dilator from side to side, up and down and then circular movements (see diagrams). Also gently stretch the vagina upwards by gently pushing it upwards and letting the dilator bounce off the top of the vagina, this helps to keep the elasticity of this area which is particularly important if you are going to have intercourse in the future. Continue this for five minutes. Now take it out

and clean it with hot soapy water, rinsing it well. If you are able to do this easily, then next time try using the next size dilator and progress up the sizes.

Do not be alarmed if slight bleeding or spotting occurs following dilator use. This is a normal reaction. Do not use force inserting the dilator. If you are unable to insert it easily, postpone it for a few days or contact the nurse clinician (0161 446 8101) or specialist nurse. Most women should be able to progress to the second size dilator within a few days. If, after a week or two, this is easy and comfortable to use, then progress to the third and fourth size dilator. Remember it is important that you should use the dilator of the right size that reaches the top of your vagina (you should be able to gauge this yourself) and that you use the dilator regularly. After your six week check-up even if you are not going to have intercourse or you are having it infrequently, we still recommend you to continue to use the dilator daily for another four weeks and then 2 to 3 times a week for the next 2 to 3 years. You can then talk to a member of the nursing/medical team before you stop using it.

Sexual intercourse after treatment

It is important in close relationships to continue to have intimacy but we suggest that initially, following treatment, you avoid intercourse until you are comfortably able to use an appropriate size dilator. You may find your vagina drier than usual and you may need a lubricant. There are many lubricants that you can buy from the supermarket or chemist which can often be found by the condom display. Alternatively, there are some lubricants such as 'Sylk' and 'Yes' that can be prescribed or purchased from a pharmacy. If you want more information about lubricants ask a member of the team when you are seen in clinic or phone the nurse clinician or your nurse specialist.

You may have some slight bleeding or spotting following intercourse and may feel some degree of discomfort. Do not be frightened by this. As the tissues begin to stretch, the bleeding and discomfort should subside. Some women experience problems in resuming sexual intercourse after brachytherapy. Please tell us when you come back to clinic if you have any difficulty.

You are not a danger to your sexual partner. You cannot transmit cancer, and no radiation remains in your body once the treatment session is completed.

Side effects

As brachytherapy is a very localised way of giving radiotherapy, most patients have few or no side effects. However, side effects do occur in a small number of patients but these are generally mild. Short-term side effects generally happen 7 to 14 days after brachytherapy and last for a few days to a few weeks. The time taken to recover does vary from patient to patient. If you have any questions about side effects, please ask any member of the team treating you.

Bowel

Generally after brachytherapy most patients will not notice any change in their bowels and we suggest that you eat your normal diet. A small number of patients in the first few weeks following treatment do experience some bowel changes. These are usually mild and only last a few days. For most, this results in their motions being slightly looser or more frequent for a couple of days. However, a small number may get a degree of diarrhoea or occasionally it can be constipation. With the diarrhoea, patients may get some increased “wind”, urgency, intermittent abdominal gripes/ cramps and bloating.

What you can do to help...

If diarrhoea becomes a persistent problem, you will need to follow a lower fibre diet to ease your symptoms. Fibre is the part of grains (flours and cereals), pulses, vegetables and fruit which is not digested and passes down the gut.

Follow the lower fibre diet for as long as your side effects last, then gradually resume your normal diet by adding one new food each day that contains fibre, then if the diarrhoea returns you should be able to work out which food has caused it and eliminate this from the diet for a further few weeks. If you develop bowel side effects in the first few weeks following treatment and need further advice, please ring The Christie Hotline on 061 446 3658.

If you have diabetes and you have developed diarrhoea, still follow the lower fibre diet advice but make sure you eat meals and snacks containing low fibre starchy foods such as white bread, white rice and cereals. Once your symptoms have resolved, go back to your normal diabetic diet.

- Replace wholewheat or oat-based cereals with Rice Krispies, Cornflakes or Special K.
- Replace wholewheat biscuits with biscuits made from white flour such as Rich Tea, Marie biscuits or custard creams.
- Avoid nuts and pulses (baked beans, kidney beans, peas and lentils).
- Take only small amounts of fruit and vegetables and avoid eating the skin.

Some people also find it helpful to cut down on fat by avoiding fried foods, pastries, cream cakes and fatty meat.

If you have diarrhoea you must drink enough to replace the fluid that is being lost. Aim for a minimum of 10 to 12 drinks a day.

If you are following this diet for more than a week, a complete multivitamin and mineral supplement is recommended daily such as Centrum, Boots A-Z, Sanatogen A-Z Complete, and Nature's Best A-Z multi.

If you have followed a lower fibre diet and are still having problems with diarrhoea, we can prescribe Fybogel (also

called Senokot High Fibre or Normacol). These act by absorbing fluid and help to form more solid, less frequent motions. These are often taken by people who have Irritable Bowel Syndrome and can help with both diarrhoea and constipation. Take these until your bowel symptoms settle. Fybogel is a powder which needs to be mixed with water or a fizzy drink and then drunk immediately. If your bowel problems persist, then you may need additional medication such as loperamide (Imodium®) or codeine phosphate which can be prescribed for you.

In the small number of patients who get bowel symptoms following brachytherapy, it is usually very mild and lasts for a few days. However, bowel symptoms vary greatly between patients and very occasionally patients can find that it takes several weeks for their symptoms to settle and in rare cases they never return to what was normal for them.

Bladder

During brachytherapy you will have a catheter, so there is a small risk of getting a urinary infection. In the first few days following treatment, if you have symptoms such as 'burning', 'stinging', frequency or smelly urine, it is important to book an appointment with your GP as you may need antibiotics.

In a small number of cases, brachytherapy can irritate the the bladder 1 to 3 weeks following treatment and give symptoms similar to cystitis such as increased frequency and burning or difficulty when passing urine. This is not usually due to an infection but the radiation. If this happens, we recommend that you take plenty of fluids, at least a litre a day preferably 2 to 3 litres. It is best to avoid drinking lots of tea and coffee and avoid all alcohol. Some people find a

glass of cranberry juice a day helpful. **Bladder and bowel problems, if they do occur, are usually quite mild and resolve very quickly so that most patients have no effects by their follow-up clinic visit six weeks after treatment.**

Fatigue

Following your stay in hospital, you may feel a little tired due to a disturbed night's sleep. Brachytherapy does not normally cause fatigue.

Vaginal discharge or bleeding

You may find that you have a slight vaginal discharge or pink spotting. These are not unusual and may continue for a time after you get home. It is not likely, but if the discharge or bleeding alters in any way (for example, becomes heavier or smells unpleasant or if there is bright red heavy bleeding), phone **The Christie Hotline 0161 446 3658** which is open 24 hours a day, seven days a week for advice.

Why do side effects happen?

The side effects happen because, as well as destroying cancer cells, radiation can also damage healthy cells nearby. As the diagrams on page 4 show, the bladder and bowel are very close to the vagina, so they can be affected by the radiation too.

When planning a woman's treatment, the doctors choose the dose that will give the best chance of destroying the cancer cells and reducing the symptoms – with the smallest possible effect on healthy tissue.

It seems that some women are more sensitive to radiation than others, and are more likely to experience side effects. At present, it is not possible to identify these women before treatment starts.

Late effects

There are some late side effects of radiotherapy that your doctor will discuss with you. These may occur months or years after treatment with brachytherapy and only happen in a very few cases. They can include long-lasting bowel, vaginal and bladder problems, but this is uncommon when you are treated with vaginal brachytherapy alone.

Your doctor will ask you to sign a consent form before treatment to say that you agree to the treatment and understand about the possible side effects.

Research at The Christie

The Christie, along with the nearby Paterson Laboratory, is a major centre for cancer research of all kinds. You may be asked if you are willing to help with some of the clinical trials and audits that are going on. You are under no obligation to take part in any of these. You will meet some of the research nurses who help to run the trials. They will also give you support and advice throughout your treatment, whether you are taking part in a trial or not.

After the treatment

Follow-up after treatment for gynaecological cancer

You will have regular follow-up appointments. Your first appointment will be about six weeks after your treatment finishes with the oncology team who did the brachytherapy. We will usually post this to you. The main aim of this is to check that you have recovered from your treatment and that any side effects are settling. The doctor will also examine you. Following this most patients will have the rest of their appointments with the gynaecologist who did their operation or at their local hospital. Follow-up appointments are usually arranged regularly for five years.

Will I have a scan?

Most women will be followed up with regular consultations and examinations. Following a hysterectomy, scans are not carried out routinely as the original cancer has been removed.

We do not routinely offer follow-up scans as recurrent disease can only be identified when it is large enough to be seen on a scan (usually about 1cm in size or about half an inch). Unfortunately, early detection of the cancer when it is small does not lead to a better outcome. In other words, when all the initial treatment is complete, finding a recurrence earlier rather than later and then treating it sooner does not necessarily mean that a patient will live longer. In fact doing scans when patients feel well can lead to additional anxieties and generally are not useful.

There is only one case where the cancer can return but still be curable. That is when the cancer returns just at the top of the vagina. In these very small number of cases, and providing the patient is very fit, then radiotherapy can be considered if the patient has not already had this treatment or a large operation can be carried out to remove the cancer and usually also the bladder and the lower part of the bowel. This is the reason why patients are examined when they come to the clinic to see if there are any signs that the cancer has come back at the top of the vagina. Scans are not very good at showing this area clearly and an examination is a much better way of detecting this.

When will I know that the cancer is gone?

The highest chance of recurrence is in the first year following treatment. This is why patients are seen frequently in the first two years after treatment. For women with the common types of cancer of the uterus, it is unusual for them to have further problems from their cancer if they are free of any problems at five years.

Do I need further smear tests?

We do not recommend that women who have had a hysterectomy and brachytherapy have further smear tests taken from the vagina. These are not helpful because brachytherapy makes it very difficult to interpret the smear tests.

What symptoms should I report or be worried by?

If you have the following symptoms you should contact The Christie or your gynaecologist or your GP to ask for an earlier appointment:

- pain lasting for 2 to 3 weeks, particularly if it keeps you awake
- new swelling in one or both legs
- bleeding or discharge from the vagina or bowel, or from the bladder when passing urine
- a serious change in bladder or bowel habit.

Treatment effects

A few women will develop symptoms that could be due to treatment effects. These can be similar to the symptoms caused by the tumour recurring or an entirely different condition. Tests will help us to identify the cause of these symptoms to suggest appropriate treatment. These effects may occur some time after treatment finishes, even after several years.

If you have further tests or surgery at another hospital, it is important that you tell your doctors that you have had brachytherapy treatment before.

After you have had treatment for cancer it can be a worrying time. Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your cancer and its treatment.

Travel and holidays

Most people do not feel like travelling for the first few weeks after their treatment. Every woman is different but it may take 4 to 6 weeks before your side effects settle and it may be some time after this before you feel like going on holiday. Once you feel like going on holiday there should be no problem travelling within the UK. However, if you are thinking about going abroad, make sure you have adequate health insurance which includes your cancer diagnosis. Even in Europe, you should have insurance as well as the European Health Insurance Card. This may mean that the cost of your insurance policy is higher than it has been previously. Some people have found it useful to get a quote for their insurance before booking a holiday, as this could affect your choice of destination. More information about this and other things to consider are in the booklets 'Getting Travel Insurance' and 'Travel and Cancer' Macmillan Cancer Support, available from the cancer information centre.

Consent for vaginal brachytherapy

The doctor is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.

You may ask for a relative, or friend, or a nurse to be present.

The doctor will ask you to sign a consent form, here are the key messages:

- **Vaginal brachytherapy is the insertion of an applicator into the vagina which is then used to give a localised radiotherapy treatment**
- **Insertion of urinary catheter**

Early side-effects:

- This treatment sometimes causes some degree of diarrhoea, tiredness and cystitis. These side effects are temporary.

Long-term effects:

- This treatment carries a small risk of damage to the bladder, bowel or vagina which may be long-term and sometimes requires surgery.
- This treatment may cause some narrowing of the vagina which is usually preventable but sometimes it can impact on sexual function.

Further information

Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is 0808 808 00 00. (Monday to Friday, 9am to 8pm). If you are hard of hearing, use the textphone 0808 808 0121. If you are a non-English speaker, interpreters are available. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: www.macmillan.org.uk

Booklets include:

- Understanding radiotherapy and Understanding chemotherapy.

Booklets on living with cancer – some are listed below:

- Talking about your cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and complementary therapies
- Travel and cancer
- Pelvic radiotherapy in women – possible late effects.

The cancer information centre at The Christie located on the glass link corridor has the full range of booklets available free to patients and their relatives/carers.

Cancer information in your language

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on 0808 800 4040

Christie information

The Christie produces a range of patient information booklets and DVDs. Some of these are listed below:

■ **DVD: Radiotherapy: a guide**

DVDs can be borrowed to watch at home. Ask the staff on the ward, in outpatients or in Radiotherapy for copies. Available with English sub-titles and in Urdu, Polish, Bengali and Punjabi.

■ **Where to get help: services for people with cancer**

This discusses sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

■ **Eating: Help Yourself**

This gives advice on eating problems when you don't feel well and you are having treatment. Other booklets give helpful advice on diet such as [Nutritional Drinks](#). Please ask staff for a copy.

■ **Be Active, Stay Active: a guide for exercising during and after treatment for cancer**

A booklet and DVD with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise. Available with subtitles, and in Urdu and Chinese.

Booklets are free to patients coming to The Christie. If you would like a copy, please ask the ward staff. If you are an outpatient please ask your nurse, doctor or radiographer.

Large print versions are available, please contact Patient Information on 0161 446 3576.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients. Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education. Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way. We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

The Christie Hotline

The service is available 24 hours a day and seven days a week. The Christie Hotline can provide help and support at every stage of treatment. All patients having radiotherapy can contact the Hotline for support and advice for radiotherapy reactions.

Contacting The Christie Hotline. When you call the Hotline you will hear a 'welcome' message. Listen carefully and follow the instructions. The team aim to answer your call within 4 minutes. All calls are recorded for training and monitoring purposes. When you speak to the Hotline team, remember to report any new or worsening conditions.

The Christie Hotline
0161 446 3658

Benefits and financial information

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help. You may be entitled to Personal Independence Payments but new claims cannot be made for Disability Living Allowance. People over 65 may be able to claim Attendance Allowance.

Find out more:

- Disability Living Allowance, call the Disability Benefits Helpline on 08457 123 456
- Attendance Allowance, call 0845 605 6055
- Personal Independence Payment (PIP), call the PIP Claim line on 0800 917 2222
- Carer's benefits, call the Carer's Allowance Unit on 0845 608 4321
- Contact The Christie at Withington general and benefits advisers on 0161 446 8538 or 8539. The Christie at Oldham has a benefits advice session on Thursday afternoons phone 0161 918 7745
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs
- Macmillan Cancer Support has an advice line on 0808 808 00 00
- Useful websites: www.macmillan.org.uk or www.gov.uk

You may be able to claim travel costs for petrol and parking or public transport but not taxi fares if you receive: income-related Employment Support Allowance, Income Support, Universal Credit, Guaranteed Pension Credit or hold a valid tax credit exemption card. You may also be able to qualify for help if you are on a low income and have a valid HC2 or HC3 certificate. For advice please contact the general and benefits advisers.

Useful contacts

Via your consultant's secretary

Dr Davidson 0161 446 3330

Dr Livsey 0161 446 8278

Dr Barraclough 0161 446 3406

- Nurse clinician – 0161 446 8101
- Benefits advisor – 0161 446 8539 or 8538
- Counsellor – 0161 446 8038
- Smoking cessation service on 0161 446 8236
- Employment information and support – 0161 446 8498
- Theatre administrator on 0161 446 3520 for any questions about appointments or transport issues when coming for brachytherapy
- BMRU (Brachytherapy and Molecular Radiotherapy Unit) on 0161 918 2030

The Christie Website
www.christie.nhs.uk

More information about brachytherapy is available on The Christie website, as well as many of The Christie booklets and a list of UK help groups are available on The Christie website, the address is above. You can also access other patient information sites in the UK such as Macmillan Cancer Support and Cancerhelp UK via The Christie website.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact

Patient.Information@christie.nhs.uk

Visit the Cancer Information Centre:

The Christie at Withington Tel: 0161 446 8100

The Christie at Oldham Tel: 0161 918 7745

The Christie at Salford Tel: 0161 918 7804

Open Monday to Friday, 10am to 4pm.

Opening times can vary, please ring to check before making a special journey.



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The Christie Patient Information Service

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