

## BRACHYTHERAPY ASSESSMENT CLINIC

### **What is the appointment for?**

You have been referred by your hospital for assessment for Brachytherapy treatment

### **Where do I have to go?**

The Kidney and Urology clinic, 3<sup>rd</sup> floor, Royal Free Hospital.

### **What is Brachytherapy?**

Brachytherapy is the insertion of radioactive seeds into the prostate which kill cancer cells. You will be given a detailed information booklet at your appointment and a full explanation will be given to you. Please feel free to ask any questions you may have about your condition and treatment at this appointment.

### **How long will I be at the hospital?**

You will be at the hospital for approximately 3 hours.

### **Why will I be at the hospital for so long?**

You will have all your investigations at this appointment (see **what will happen at the appointment?**). By the time you go home you will be informed if you are able to have Brachytherapy or not. We try to carry out all the investigations so that your visits to the hospital are reduced and your care is more streamlined.

### **Shall I bring someone with me?**

Some people find it helpful to bring someone with them for company and support.

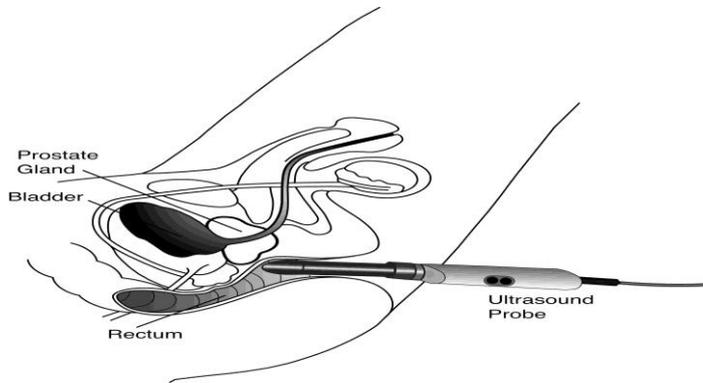
### **Is there anything I need to do before I attend the appointment?**

**You will need to arrive with a full bladder.** If you have a distance to travel to the hospital you should arrive earlier than your appointment time and drink plenty of fluid on your arrival (this will cut down the amount of time you are at the hospital).

### **What will happen at the appointment?**

You will see a nurse who will ask you to pass urine into a machine which measures your urine flow. The nurse will then carry out a bladder ultrasound scan to find out if your bladder is empty of urine. This involves putting some gel onto your stomach and running a probe over it.

You will then be asked to fill in a form which asks you questions about any problems you have (if any) with passing urine.



The doctor will see you and carry out a TransRectal UltraSound (TRUS). For this you will be asked to lie on your left side with your knees drawn up towards your chin. An ultrasound probe is inserted into your back passage and images of your prostate will be seen on the ultrasound machine screen. This allows the doctor to measure your prostate size and look at its shape.

### **Are there any side effects from the investigations?**

You may feel slight discomfort in your back passage when you pass stools but this should not last for very long.

### **What happens after the investigations?**

Following these tests the doctor will explain the results to you and tell you if you are able to have the Brachytherapy treatment.

If you are able to have the treatment, and you agree to it, you will be seen by the oncology doctor who will explain the procedure, side effects and post operative precautions. You will then be asked to sign a consent form for the operation. You will also be given a date for the operation.

### **What if I am not suitable for Brachytherapy treatment?**

If you are not suitable for Brachytherapy the doctors will explain the reason(s) why.

If you have been referred from another hospital it may be suggested that you are referred back to the hospital to discuss other treatment options. The doctor will write to the hospital and explain why you are not suitable for Brachytherapy and ask them to make an appointment for you to see them to discuss other treatments.

### **Do I need to bring anything with me to the appointment?**

Please bring a list of your medication. Also, please complete the enclosed International Prostate Symptom Score (I-PSS) form. If you do not know how to complete the I-PSS form please bring it to the appointment and a member of staff will explain it to you.

**For further information please contact your Consultant**

# I-PSS

## International Prostate Symptom Score (I-PSS)

Patient Name: _____ Date: _____	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
<b>1. Incomplete emptying</b> Over the last month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>2. Frequency</b> Over the last month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
<b>3. Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
<b>5. Weak Stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>6. Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	No	1	2	3	4	5	
	ne	tim	tim	tim	tim	tim	
<b>7. Nocturia</b> Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5	
<b>Total I-PSS Score</b>							

<b>Quality of Life due to Urinary Symptoms</b>	Delighted	Pleased	Mostly Satisfied	Mixed about equally satisfied & dissatisfied	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>