

SWAG Cancer Alliance GP Treatment

Summary: Prostate Brachytherapy

National Cancer Survivorship Initiative (NCSI) -
Working in Partnership



Department
of Health



Name	Born	Gender	Hospital No	NHS No
------	------	--------	-------------	--------

Diagnosis:	Information will already be in place	
Date of Diagnosis:		
Organ/Staging:		
Treatment Aim:	Drop Down Options: Curative/Symptom Control/Palliative/End of life	Indicate from drop down treatment plan
Treatment Aim Comments:		
<p>This treatment summary relates to the end of the following types of prostate brachytherapy:</p> <ul style="list-style-type: none"> • HDR monotherapy (low/intermittent risk patients) • HDR boost in combination with external beam radiotherapy (high risk patients) <p>This treatment summary relates to the end of brachytherapy to the prostate only and may change with subsequent consultation and if so you will be advised by the consultant or urology clinical nurse specialist</p>		
Local/Distant		
Summary of treatment and relevant dates	Indicate which type of brachytherapy (see above) has been given including dates and for how long if information not already in place	

Comments:
Add in patient specific information around side-effects experienced from brachytherapy
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences and/or late effects:</p> <p>Acute Effects (During or shortly after brachytherapy)</p> <ul style="list-style-type: none"> • Fatigue – Doing a small amount of daily exercise can be helpful • Dysuria/ haematuria/ blood clots in urine • Urinary frequency and cystitis • Decreased urinary stream - Tamulosin Hydrochloride can be prescribed • Urinary retention which may require urgent catheterisation • Perineal discomfort/ haematoma (where the implant was placed) • Discomfort in rectum or anus/ haemorrhoids – a compound haemorrhoidal preparation with corticosteroid can be used • Rectal bleeding <p>Late effects (may occur many months or years after brachytherapy)</p> <ul style="list-style-type: none"> • Incontinence (between 1-5%) • Haematuria • Urinary retention requiring urgent catheterisation (about 10%) • Urethral stricture (between 1.5-7%) • Proctitis • Urgency of bowel movements, difficulty with bowel control (rare) • Rectal bleeding/ haemorrhoids • Diarrhoea and tenesmus • Bowel narrowing/ fistula • Risk of impotence (about 30%), lack of libido especially if on hormone therapy • Dry ejaculation or blood in semen
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <ul style="list-style-type: none"> • Sudden failure to pass urine – refer to oncologist or go straight to emergency department

- Persistent pain which is uncontrolled with simple analgesia – refer to oncologist
- Penile swelling/ palpable nodes – refer to oncologist
- Erectile dysfunction – refer to urology team
- Bowel incontinence – refer to gastroenterologist
- Bladder incontinence or signs of urinary stricture – refer to urology team
- Signs / symptoms of metastatic spinal cord compression - **MSCC Co-Ordinator: Oncology On Call Registrar (provide number)**

Secondary Ongoing Management Plan (Tests Appointments etc.)
 Follow-up will continue with the oncologist as required (typically 1 week after treatment, then 3-6 monthly thereafter)

Indicate if referral to palliative care has been made in this space

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes/No
DS1500 application completed	Drop Down Options:	Indicate Yes/No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/No
Contacts for re-referrals or queries: In Hours/Out of hours	In Hours: Radiotherapy Aftercare Service (provide number) Urology Clinical Nurse Specialist – (provide number) Out of hours: Leave message on answerphone or contact Acute Oncology (provide number)	

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review
 Please could the patient have a repeat PSA test one week prior to the next follow -up oncology appointment which will be **insert date and hospital site**

Summary of information given to the patient about their cancer and future progress:
The following will be inserted UNLESS YOU STATE OTHERWISE:
 is aware of all the details regarding his prostate cancer as documented in the information above. He understands the aim of treatment is **curative (amend if required)** and that all treatments have been given with the aim of reducing his future risk of relapse as much as possible. He understands that if he has any symptoms of concern he should contact the urology clinical nurse specialist who will advise on an appropriate course of action.

Additional information relating to lifestyle and support needs:
 We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.
 There are many services available to support patients in their recovery and the Urology Clinical Nurse Specialists and our Macmillan Support Worker(s) are very happy to discuss any concerns or help with referrals
Insert relevant local information about Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, prostate charities e.g. Prostate Cancer UK and relevant local prostate support groups etc. prostate charities e.g. Prostate Cancer UK and relevant local prostate support groups etc.