



RADIOACTIVE SEED IMPLANTS

Prostate Radiation Therapy

INSTRUCTIONS FOR PATIENTS RECEIVING RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER



Radiation Precautions: Radiation safety is a concern. Iodine-125 and Palladium-103 are low energy radioactive materials that quickly lose their radioactivity. The low energy of the seeds means that most of the radiation is contained within the prostate gland. Some radiation is given off to the surrounding tissues such as the bladder and rectum. Because there is a small amount of radiation that escapes the body, you should observe the following precautions to ensure that those around you are protected from unnecessary radiation. Any children under the age of 18 years and pregnant women should avoid close, prolonged, personal contact with you for at least **four weeks** following the implant. They should not sit next to you; they should not sit on your lap. They can greet you briefly, hug you, and then move to a distance of at least **six feet**. At this distance, there is no limit to the length of time they can be in the same room with you. **Objects that you touch DO NOT become radioactive.**



Sexual Intercourse: Sexual intercourse may resume following the implant. You should use a condom during intercourse for two weeks following the implant. You may experience slight pain with ejaculation the first few times you have intercourse. You may notice blood in the semen, this is not harmful.



Urination: Blood in the urine or pink-colored urine is common for a few days following the implant. Increase your fluid intake to flush any blood from the urine. You may experience urinary frequency (especially during the night) and a burning sensation during urination. These symptoms usually subside within 2-3 weeks following the implant. On occasion, you will experience difficulty urinating following the implant procedure. If you are unable to urinate, you will need to notify your urologist, as you may need to have a urinary catheter placed. If you have a catheter placed, you will need to ask for a catheter clamp. The catheter should be clamped until you feel the urge to urinate. When you feel the urge to urinate, remove the clamp so the urine can drain. When the bladder is empty (catheter has stopped draining urine), re-clamp the catheter. Continue this regimen until the catheter is removed.



Bowels: It is not uncommon for you to go without a bowel movement for the first day or two after the implant. You do not need to use a laxative—bowel function will return on its own. Rarely, you will note more frequent bowel movements and a looser consistency to the stool.

Some bruising, discoloration, swelling of the testicles or implant area may occur. An ice pack may help to decrease the discomfort.

Long-Term Side Effects



Urination: You may continue to have ongoing problems with urination. Please notify the Radiation Oncologist. The Radiation Oncologist may refer you to your urologist. If the urologist recommends a urinary procedure to help the symptoms (i.e., TURP), remember: **NO PROCEDURE SHOULD BE PERFORMED WITHOUT PRIOR NOTIFICATION OF THE RADIATION ONCOLOGIST.**



Bowels: Very rarely, you may have on-going problems with bowel irritation. Please notify the Radiation Oncologist. The Radiation Oncologist may refer you to a colon-rectal specialist for evaluation. It is important to remember: **NO BIOPSIES OF THE RECTUM SHOULD BE PERFORMED WITHOUT PRIOR NOTIFICATION OF THE RADIATION ONCOLOGIST.**

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