

Permanent seed brachytherapy



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This fact sheet is for men who are thinking about having permanent seed brachytherapy to treat their prostate cancer. This is where tiny radioactive seeds are put into the prostate. You might also hear it called low dose-rate (LDR) brachytherapy. Your partner, family or friends might also find this information helpful.

Each hospital will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

Symbols

These symbols appear in this fact sheet to guide you to more information:

 Speak to our Specialist Nurses

 Read our publications

What is permanent seed brachytherapy?

Permanent seed brachytherapy is a type of radiotherapy where tiny radioactive seeds are put into your prostate. Each radioactive seed is the size and shape of a grain of rice. The seeds stay in the prostate and give a steady dose of radiation over a few months.

The radiation damages the prostate cells and stops them from dividing and growing. The cancer cells can't recover from this damage and die. But your healthy cells can repair themselves more easily.

The seeds release most of their radiation in the first three months after they are put into the prostate. After around 8 to 10 months, almost all of the radiation has been released. The amount of radiation left in the seeds is so small that it does not have an effect on your body. The seeds stay in your prostate forever.

Permanent seed brachytherapy is as good at treating low risk localised prostate cancer as other treatments, such as surgery (radical prostatectomy) or another type of radiotherapy called external beam radiotherapy. Read more about low risk prostate cancer on page 2.

Treatment for prostate cancer can cause side effects (see page 7). Overall, the risk of side effects from treatment is similar for permanent seed brachytherapy, external beam radiotherapy and surgery. Some studies suggest men who have brachytherapy may be less likely to get erection problems or leak urine. But they may be more likely to need to urinate (pee) more often and more urgently and have bowel problems (see page 8).



beam radiotherapy (this is sometimes called a brachytherapy boost), or with hormone therapy. Read more about these treatments in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.

Having other treatments at the same time as permanent seed brachytherapy can help make the treatment more effective. But it can also increase the risk of side effects.

There is another type of brachytherapy called high dose-rate (HDR) brachytherapy or temporary brachytherapy. Read more about this in our fact sheet, **High dose-rate brachytherapy**.



Read more about low, medium and high risk prostate cancer in our fact sheet, **Localised prostate cancer**.

Who can have permanent seed brachytherapy?

Permanent seed brachytherapy on its own may be suitable for men whose cancer hasn't spread outside the prostate (localised prostate cancer) and has a low or medium risk of spreading. This is because the radiation from the radioactive seeds doesn't travel very far, so will only treat cancer that is still inside the prostate.

Your cancer may be low risk if:

- your PSA level is less than 10 ng/ml, **and**
- your Gleason score is 6 or less, **and**
- the stage of your cancer is T1 to T2a.

If you have medium risk prostate cancer, you may be able to have permanent seed brachytherapy as long as tests show that the cancer is unlikely to have spread outside the prostate. Your cancer may be medium risk if:

- your PSA level is between 10 and 20 ng/ml, **or**
- your Gleason score is 7, **or**
- the stage of your cancer is T2b.

Speak to your doctor or nurse about whether permanent seed brachytherapy is an option for you.

If you have high risk localised prostate cancer that is likely to grow quickly, permanent seed brachytherapy on its own won't be suitable for you. You may have it together with external

When is permanent seed brachytherapy not suitable?

Permanent seed brachytherapy won't be suitable if your cancer has spread to the area just outside your prostate (locally advanced prostate cancer) or to other parts of your body (advanced prostate cancer).

It may not be suitable if you have a very large prostate. If you do have a large prostate you may be able to have hormone therapy before treatment to shrink your prostate.

It may also not be suitable if you have severe problems urinating, such as those caused by an enlarged prostate. These include needing to urinate more often, a weak urine flow, or problems emptying your bladder. Permanent seed brachytherapy can make these problems worse. Before you have treatment, your doctor or nurse will ask you about any urinary problems, and you may have some tests.

If you've recently had surgery to treat an enlarged prostate, called a transurethral resection of the prostate (TURP), you may have to wait three to six months before having permanent seed brachytherapy. Some hospitals don't offer brachytherapy to men who've had a TURP as it may increase the risk of urinary problems after treatment.

You will usually have a general anaesthetic during permanent seed brachytherapy, so you'll be asleep and won't feel anything. This means permanent seed brachytherapy may only be an option if you are fit and healthy enough to have an anaesthetic. However, you may be able to have a spinal (epidural) anaesthetic instead. This may depend on what your hospital offers.

Not all hospitals carry out permanent seed brachytherapy. If your hospital doesn't do it, your doctor may be able to refer you to one that does.

Other treatment options

Other treatment options for men with localised prostate cancer include:

- active surveillance
- watchful waiting
- surgery (radical prostatectomy)
- external beam radiotherapy
- high dose-rate brachytherapy
- high-intensity focused ultrasound (HIFU) or cryotherapy, but these are less common.

Unsure about your diagnosis and treatment options?

If you have any questions, ask your doctor or nurse. They will explain your test results and talk you through your treatment options. Make sure you have all the information you need. We have more information about diagnosis and treatment in our fact sheets and booklets and on our website. You can also speak to our Specialist Nurses.



What are the advantages and disadvantages?

What may be important for one person might not be important for someone else. If you're offered permanent seed brachytherapy, speak to your doctor or nurse before deciding whether to have it. They can help you choose the right treatment for you. There's a list of questions on page 12 that you might find helpful. There's usually no rush to make a decision, so give yourself time to think about whether permanent seed brachytherapy is right for you.

Advantages

- Recovery is quick, so most men can return to their normal activities one or two days after treatment.
- The radiation is inside the prostate and doesn't travel far, so there may be less damage to surrounding healthy tissue, and a lower risk of some side effects.
- You will be in hospital for just one or two days for treatment.
- If your cancer comes back, you may be able to have another type of treatment (see page 7).

Disadvantages

- Permanent seed brachytherapy can cause side effects such as urinary and erection problems. It can also cause bowel problems but this isn't common.
- You will usually need a general or spinal anaesthetic, which can have side effects.
- It may be some time before you know whether the treatment has been successful (see page 7).
- You will need to avoid sitting closer than 50 cm (20 inches) to pregnant women or children during the first two months after treatment (see page 6).

If you are having external beam radiotherapy or hormone therapy as well as permanent seed brachytherapy, remember to think about the advantages and disadvantages of those treatments as well. Read more in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.



What does treatment involve?

You will be referred to a specialist who treats cancer with radiotherapy, called a clinical oncologist. The treatment itself may be planned and carried out by other specialists including therapy radiographers, radiologists, urologists, physicists and sometimes a specialist nurse.

Before your treatment

You will have the treatment during one or two hospital visits. If you have the treatment in just one visit, your treatment will be planned and the seeds put in at the same time under the same anaesthetic. You may hear this called a one-stage procedure. You may not need to stay in hospital overnight.

If your treatment is spread over two visits, you will have a planning session on your first visit to find out the size, shape and position of your prostate. The radioactive seeds will be put in two to four weeks later. You may hear this called a two-stage procedure.

Before the planning session, let your specialist know if you are taking any medicines, especially medicines that thin your blood such as aspirin, warfarin or clopidogrel. Don't stop taking any medicines without speaking to your doctor or nurse.

Planning session

During the planning session, you will have an ultrasound scan to find out the size, shape and position of your prostate. This is called a volume study and is done by a clinical oncologist, physicist, radiographer or radiologist. They will use the scan to work out how many radioactive seeds you need.

It's important that your bowel is empty so that clear images of your prostate can be taken to plan your treatment. So you may need to take a medicine called a laxative the day before the planning session to empty your bowels. Or you might be given an enema when you arrive at the hospital instead. An enema is a liquid medicine that is put inside your back passage (rectum).

Your doctor, nurse or radiographer will give you more information about this.

You will usually have a general anaesthetic so that you're asleep during the planning scan. This will be given by a health professional called an anaesthetist. If you aren't able to have a general anaesthetic for health reasons, you may be able to have a spinal (epidural) anaesthetic. This is where anaesthetic is injected into your spine so that you can't feel anything in your lower body. In some hospitals, the anaesthetist will talk through the different types of anaesthetic before deciding with you which is the best option.

A thin tube (catheter) is passed up your penis into your bladder to drain urine, and an ultrasound probe is put inside your back passage. The probe is attached to a monitor that displays an image of the prostate. Your doctor, radiographer or physicist will use this image to work out how many radioactive seeds you need and where to put them.

The planning session is a final check that the treatment is suitable for you. If the scan shows that your prostate is too large, you may be offered hormone therapy for up to six months to shrink your prostate. You'll then have another planning session before you have the seeds put in. Very occasionally, the scan may show that permanent seed brachytherapy isn't possible because of the position of your prostate and pelvic bones. If this happens, your specialist will discuss other treatment options with you.

The planning session usually takes about half an hour. You can go home the same day if you aren't having the treatment straight away. Ask a friend or family member to take you home, as you shouldn't drive for 24 hours after an anaesthetic.

During your treatment

The clinical oncologist will put the seeds into your prostate. If you have the treatment on the same day as your planning session, the seeds will be put in straight after the planning scan, under the same anaesthetic.

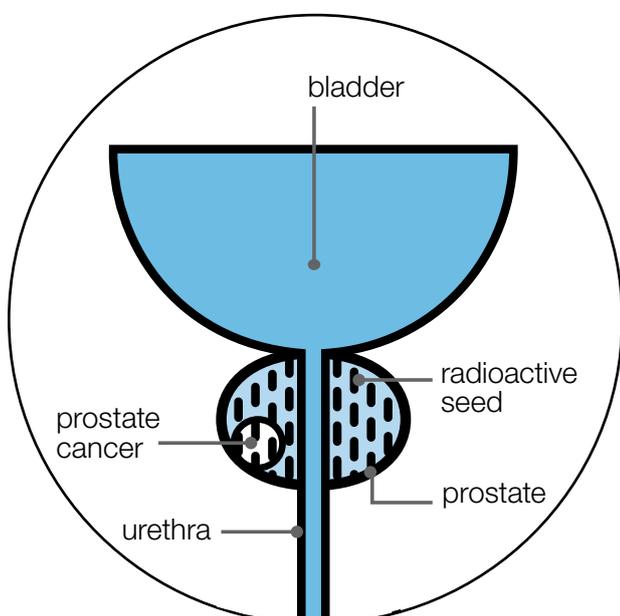
If you have the treatment on a different day to your planning session, you'll need another anaesthetic on the day of your treatment. You may also need to take another laxative, or have another enema to empty your bowels for the treatment. And you'll usually have another catheter put in to drain urine from your bladder.

An ultrasound probe is again put inside your back passage to take images of your prostate and make sure the seeds are put in the right place. In some hospitals, the clinical oncologist might put gel into your urethra (the tube you urinate through). This is so they can see your urethra more clearly and don't put any seeds into it.

The clinical oncologist then puts thin needles through your perineum (the area between the testicles and the back passage), and into your prostate. They pass the radioactive seeds through the needles into the prostate. The needles are then taken out, leaving the seeds behind.

Depending on the size of your prostate, between 50 and 120 seeds are put into the prostate using around 15 to 30 needles. The seeds can be loose individual seeds or linked together in a chain using material that slowly dissolves. Each hospital is different and the clinical oncologist will decide what type of seeds you will have.

Where the seeds go in the prostate



After your treatment

You'll wake up from the anaesthetic in the recovery room, before going back to the ward or discharge area. Most men feel fine after the anaesthetic but a few men feel sick or dizzy after a general anaesthetic. You may be given an ice pack to put between your legs to help prevent swelling.

Your catheter will usually be removed before you wake up. Or it may be left in for a few hours until you are fully awake, and taken out before you go home. Having the catheter removed may be uncomfortable, but it shouldn't be painful.

You can go home when you've recovered from the anaesthetic and can urinate normally. Most men go home on the same day as their treatment. But some men find it difficult to urinate at first, and need to stay in hospital overnight. You shouldn't drive for 24 to 48 hours after the anaesthetic. Ask a family member or friend to take you home.

Your doctor or nurse will give you any medicines that you will need at home. These may include drugs to help you urinate, such as tamsulosin, and antibiotics to prevent infection.

You may have some pain or bleeding from the area where the needles were put in. You can take pain-relieving drugs such as paracetamol for the first few days if you need to.



The planning and treatment was very straightforward – and I was able to return to work within a few days.

A personal experience

When to call your doctor or nurse

Your doctor or nurse will give you a telephone number to call if you have any questions or concerns. Contact them or go to your local accident and emergency (A&E) department with information about your treatment if any of the following things happen.

- If your urine is very bloody or has clots in it, you may have some bleeding in your prostate. This will need treatment as soon as possible.
- If you have a high temperature (more than 38°C or 101°F) with or without chills, this may be a sign of infection.
- If you suddenly and painfully can't urinate, you may have acute urine retention. You may need a catheter put in straight away to drain the urine.

staff know straight away so that they can get rid of it safely. If this happens after you've left the hospital, don't try to pick up the seed. Just flush it down the toilet.

Always tell your doctor or nurse if you think you have passed a seed. Your treatment will still work, because there will still be enough radiation left in the prostate to treat your cancer.

It is possible for a seed to move into your bloodstream and travel to another part of your body, but this is rare. This shouldn't do any harm and will often be picked up when you have a scan at your follow-up appointment. If you have any unusual symptoms, speak to your doctor or nurse.

If a man dies within 20 months of having treatment, for whatever reason, it won't be possible to have a cremation because of the radioactive seeds. Speak to your doctor or nurse if you are worried about this. Some men decide not to have permanent seed brachytherapy because of this – for personal or religious reasons.

What happens afterwards?

The prostate absorbs most of the radiation, and it's safe for you to be near other people or pets. But you should avoid sitting closer than 50 cm (20 inches) to pregnant women and children during the first two months after treatment. You can give children a cuddle or hold them (at chest level) for a few minutes each day, but try not to have them on your lap. If you have pets, try not to let them sit on your lap for the first two months after treatment. Your doctor or nurse will talk to you about this in more detail.

Although the seeds usually stay in the prostate it is possible, but rare, for seeds to come out in your semen when you ejaculate. To be on the safe side, don't have sex for a few days after treatment, and use a condom the first five times you ejaculate. Used condoms should be double-wrapped and put in the bin.

It is also rare for a seed to come out in your urine. If this happens at the hospital, don't try to pick it up. Leave it where it is and let the hospital

Going back to normal activities

You should be able to return to your normal activities within a few days. You can go back to work as soon as you feel able. This will depend on how much physical effort your work involves. It's best to avoid heavy lifting for a few days after having the seeds put in. Speak to your doctor or nurse about your own situation.

Travel

Your doctor or nurse should give you an advice card that says you've had treatment with internal radiation. Take this card with you whenever you travel to another country as the radiation in the seeds can occasionally set off security and radiation scanners.

Speak to your doctor or nurse if you plan to travel anywhere soon after having permanent seed brachytherapy, or if you have any concerns about holidays and travel plans. Read more about travelling with prostate cancer in our fact sheet, **Travel and prostate cancer**.



Your follow-up appointment

You'll have an appointment with your doctor or nurse a few weeks after your treatment. They will check how well you are recovering, your PSA level (see below), and ask about any side effects you might have.

After your treatment you'll have a computerised tomography (CT) scan to check the position of the seeds. This can happen on the same day as your treatment, but it may be up to six weeks after your treatment, depending on your hospital.

PSA tests

This is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in your prostate, and also by prostate cancer cells.

You will have regular PSA tests after your treatment to check how well it has worked. You will also be asked about any side effects. In most hospitals, you'll have a PSA test six to 12 weeks after your treatment. Then for the next two years you will have a PSA test at least every six months, and then at least once a year after that. Each hospital will do things slightly differently, so ask your doctor or nurse how often you will have PSA tests.

Your PSA should drop to its lowest level after 18 months to two years. How quickly this happens and how low your PSA level falls varies from man to man, and depends on how big your prostate is. Your PSA level won't fall to zero as your healthy prostate cells will continue to produce some PSA.

Your PSA level may actually rise after your treatment, and then fall again. This is called 'PSA bounce'. It could happen up to three years after treatment. This is more common in men with a large prostate. It can be worrying but doesn't always mean that the cancer has returned.

If your PSA level rises by 2 ng/ml or more above its lowest level, and it continues to rise for three or four PSA tests in a row, this could be a sign

that your cancer has come back. If this happens, talk to your doctor or nurse about further treatment options. You may be offered hormone therapy, HIFU, cryotherapy or high dose-rate brachytherapy. Surgery might also be an option, although there is a higher risk of side effects if you've already had brachytherapy.



Read more about follow-up appointments in our booklet, **Follow-up after prostate cancer treatment: What happens next?** Read more about possible further treatments in our booklet,



If your prostate cancer comes back: A guide to treatment and support. You can



also speak to our Specialist Nurses if you have any questions about your follow-up or further treatment options.

What are the side effects?

Like all treatments, permanent seed brachytherapy can cause side effects. These will affect each man differently, and you may not get all of the possible side effects.

Side effects usually start to appear about a week after treatment, when radiation from the seeds starts to have an effect. They are generally at their worst a few weeks or months after treatment, when the swelling is at its worst and the radiation dose is strongest. They are often worse in men with a large prostate, as more seeds and needles are used during their treatment. Side effects should improve over the following months as the seeds lose their radiation and the swelling goes down.

You might have worse side effects if you have permanent seed brachytherapy and external beam radiotherapy together.

You might also get more side effects if you had problems before the treatment. For example, if you already had urinary, erection or bowel problems, these may get worse after permanent seed brachytherapy.

After the treatment, you might get some of the following:

- blood-stained urine or rusty or brown-coloured semen for a few days or weeks
- bruising and pain in the area between your testicles and back passage which can spread to your inner thighs and penis – this will disappear in a week or two
- discomfort when you urinate and a need to urinate more often, especially at night, and more urgently.

Some side effects may take several weeks to develop and may last for longer. These may include problems urinating, erection problems, bowel problems and tiredness.

Urinary problems

Permanent seed brachytherapy can irritate the bladder and urethra. You may hear this called radiation cystitis. Symptoms include:

- needing to urinate more often or urgently
- difficulty urinating
- discomfort or a burning feeling when you urinate
- blood in the urine.



I had no side effects for about a month. Then I developed radiation cystitis which meant I urinated frequently. It took about three months to clear up.

A personal experience

Permanent seed brachytherapy can also cause the prostate to swell and block the urethra, making it difficult to urinate.

These problems may be worse in the first few weeks after brachytherapy, especially in men with a large prostate, but they usually start to improve after a few months.

Medicines called alpha blockers may help with problems urinating. You can also help yourself by drinking liquid regularly (two litres or three to four pints a day) and by avoiding drinks that may irritate the bladder, such as alcohol and drinks with caffeine, such as tea, coffee and cola.

Permanent seed brachytherapy can also cause scarring in your urethra, making it narrower. This is called a stricture, and can also make it difficult to urinate. This is rare and may happen several months or years after treatment.

Some men find they suddenly and painfully can't urinate in the first few days or weeks after treatment. This is called acute urine retention. If this happens, contact your doctor or nurse straight away, or go to your nearest accident and emergency (A&E) department as soon as possible. They may need to put in a catheter to drain the urine. You may need to have the catheter in for several weeks until your symptoms have settled down.

Some men leak urine (urinary incontinence) after permanent seed brachytherapy, but this is less common. It may be more likely if you've previously had surgery to treat an enlarged prostate, called a transurethral resection of the prostate (TURP). Problems with leaking urine may improve with time, and there are ways to manage them.



Read our fact sheet, **Urinary problems after prostate cancer treatment**, for more information about managing urinary problems.



I have some long-term bladder irritation as a result of the radiation, but I manage this with medication.

A personal experience

Bowel problems

Your bowel and back passage (rectum) are close to the prostate. Permanent seed brachytherapy can irritate the lining of the bowel and back passage. This can cause bowel problems, but it's not very common. You are more likely to have bowel problems if you're also having external beam radiotherapy.

Bowel problems can include:

- loose and watery bowel movements (diarrhoea)
- passing more wind than usual
- needing to empty your bowels more often
- needing to empty your bowels urgently
- bleeding from the back passage
- feeling that you need to empty your bowels but not being able to go.

About one in five men (20 per cent) get bowel problems after permanent seed brachytherapy, but these tend to be mild and they often get better with time. But you may get bowel problems as late as two to three years after treatment, although this isn't very common.

Bleeding from the back passage is rare after brachytherapy. It can also be a sign of other bowel problems such as bowel cancer, so tell your nurse or GP about any bleeding. They may do tests to find out what is causing it. They can also tell you about treatments that can help.

Erection problems

Brachytherapy can affect the blood vessels and nerves that control erections. This may cause problems getting or keeping an erection (erectile dysfunction). Erection problems may not happen straight after treatment, but sometimes develop some time afterwards.

The risk of long-term erection problems after brachytherapy varies from man to man. You may be more likely to have problems if you had any erection problems before treatment, or if you are also having hormone therapy or external beam radiotherapy.

There are ways to manage erection problems. Ask your doctor or nurse about these, or speak to our Specialist Nurses.

You may find that you ejaculate less semen than before the treatment, or even none at all. This can be a permanent side effect of brachytherapy.

 Read more about sexual side effects in our booklet, **Prostate cancer and your sex life**.

Having children

Brachytherapy may make you infertile, which means you may not be able to have children naturally. But it may still be possible to make someone pregnant after brachytherapy.

It's possible that the radiation could change your sperm and this might affect any children you conceive. The risk of this is very low, but use contraception during treatment if there is a chance of your partner becoming pregnant. You may have to use contraception for up to a year after having treatment, but ask your doctor or clinical oncologist about this.

If you plan to have children in the future, you may be able to store your sperm before you start treatment so that you can use it later for fertility treatment. Ask your doctor, nurse or radiographer about sperm storage.

Tiredness (fatigue)

The effect of radiation on the body can make some men tired. If you get up a lot during the night to urinate, this can also make you tired in the day. Fatigue is extreme tiredness that can affect your everyday life. It can affect your energy levels, motivation and emotions. Fatigue can continue after the treatment has finished and may last several months.

There are things you can do to help manage fatigue. For example, planning your day to make the most of when you have more energy.  Read more in our fact sheet, **Fatigue and prostate cancer**.

Our fatigue support service

Our fatigue support service is designed to help you manage your fatigue. It involves four telephone appointments with one of our Specialist Nurses. They will help you make changes to your behaviour and lifestyle that can help with your fatigue. Changes might include things like gradually doing more physical activity, increasing social activities, getting back into hobbies, or changing your diet. Find out more on our website at prostatecanceruk.org/get-support, or speak to our Specialist Nurses.



If you are gay or bisexual

If you are gay, bisexual or a man who has sex with men, some of the side effects of permanent seed brachytherapy may cause specific issues for you.

If you are the active partner during anal sex you normally need a strong erection. Brachytherapy may make it difficult for you to get or keep a strong erection. But there are treatments that may help keep your erection hard enough for anal sex.

If you are the receptive partner during anal sex, there is a risk in the first few months that your partner might be exposed to some radiation during sex. Speak to your doctor or nurse about when it is safe to have sex.

Bowel problems after permanent seed brachytherapy may be a particular issue if you are the receptive partner. If you do have bowel problems, wait until these have improved before trying anal play or sex.

Talk to your doctor or nurse for more information, or read more in our booklet, **Prostate facts for gay and bisexual men**.



Dealing with prostate cancer

Being diagnosed with prostate cancer can change how you feel about life. If you or your loved one is dealing with prostate cancer you may feel scared, stressed or even angry. There is no 'right' way to feel and everyone reacts differently. There are things you can do to help yourself and people who can help.

How can I help myself?

Look into your treatment options

Find out about the different treatments available to you. Bring a list of questions to your doctor or nurse. And ask about any side effects so you know what to expect and how to manage them. This will help you decide what's right for you.

Talk to someone

Share what you're thinking – find someone you can talk to. It could be someone close or someone trained to listen, like a counsellor or your doctor or nurse. Your GP, nurse or other people involved in your care should be able to answer any questions or concerns you might have.

Set yourself some goals

Set yourself goals and plan things to look forward to – even if they're just for the next few weeks or months.

Look after yourself

Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like breathing exercises or listening to music.

Eat a healthy, balanced diet

Eating well is good for your general health. There is some evidence that certain foods may help slow down the growth of prostate cancer or lower the risk of it coming back after treatment. A healthy diet can also help with some side effects of treatment. For more information, read our fact sheet, **Diet and physical activity for men with prostate cancer**.



Be as active as you can

Keeping active can improve your physical strength and fitness, and can lift your mood. Some research suggests that physical activity may help slow down the growth of prostate cancer. It can also help you stay a healthy weight, which may help to lower your risk of advanced prostate cancer. Physical activity can also help with some side effects of treatment. Even a small amount of physical activity can help. Take things at your own pace. For more information, read our  fact sheet, **Diet and physical activity for men with prostate cancer**.

Get more ideas about how to look after yourself from Macmillan Cancer Support, Maggie's Centres, Penny Brohn UK or your nearest cancer support centre. You can also find more ideas  in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**.

Who else can help?

Your medical team

It may be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can explain your diagnosis, treatment and side effects, listen to your concerns and put you in touch with other people who can help.

Our Specialist Nurses

 Our Specialist Nurses can answer your questions and explain your diagnosis and treatment options. They've got time to listen, in confidence, to any concerns you or those close to you have.

Trained counsellors

Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse at the hospital if this is available. Your GP may also be able to refer you to a counsellor, or you can see a private counsellor. To find out more, contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service

Our one-to-one support service is a chance to speak to someone who's been there and understands what you're going through.

They can share their experiences and listen to yours. You can discuss whatever's important to you. Our Specialist Nurses will try to match you with someone with similar experiences.

Our online community

Our free online community is a place to talk about whatever's on your mind. Anyone can ask a question or share an experience.

Local support groups

At local support groups, men get together to share their experiences of living with prostate cancer. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives.

Our fatigue support service

Our fatigue support service is a 10-week telephone service delivered by our Specialist Nurses. It can help if you have problems with extreme tiredness (fatigue), which is a common symptom of prostate cancer. Fatigue can also be a side effect of some treatments for prostate cancer, including brachytherapy. The fatigue support service can help you make positive changes to your behaviour and lifestyle, which can improve your fatigue over time.

To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.



When I had side effects, it was good to be able to call the Specialist Nurses, who were always very helpful.

A personal experience

Questions to ask your doctor, nurse or radiographer



You may find it helpful to keep a note of any questions you have to take to your next appointment.

Will I have a planning session at a different time to the treatment, or immediately before?

Will I have external beam radiotherapy or hormone therapy as well as permanent seed brachytherapy?

What side effects might I get?

How will we know if the treatment has worked?

What should my PSA level be after treatment and how often will you measure it?

If my PSA continues to rise, what other treatments are available?

More information

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk

Telephone: 01455 88 33 00

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Patient information from Cancer Research UK.

Healthtalk.org

www.healthtalk.org

Watch, listen to and read personal experiences of men with prostate cancer and other medical conditions.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 00 00

Practical, financial and emotional support for people with cancer, their family and friends.

Maggie's Centres

www.maggiescentres.org

Telephone: 0300 123 1801

A network of drop-in centres for cancer information and support. Includes an online support group.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Runs courses and offers physical, emotional and spiritual support for people with cancer and those close to them.

Sexual Advice Association

www.sexualadviceassociation.co.uk

Information about treatments for sexual problems including erection difficulties.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.



This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an **A to Z of medical words**, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at **prostatecanceruk.org/publications** or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at **prostatecanceruk.org**

This publication was written and edited by our Health Information team.

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- Cathy Taylor, Consultant Radiographer, The Christie NHS Trust, Manchester
- Our Specialist Nurses
- Our Volunteers.

Tell us what you think

If you have any comments about our publications, you can email:

literature@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit prostatecanceruk.org/donate or text **PROSTATE** to **70004**[†].

There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

[†] You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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 Follow us on Twitter: **@ProstateUK**

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Call our Specialist Nurses from Monday to Friday 9am - 6pm, Wednesday 10am - 8pm

* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

