Insertion of a rectal spacer for radiotherapy

This leaflet explains more about the insertion of a rectal spacer for radiotherapy, including the benefits, risks and any alternatives. It also provides information on what you can expect when you come to hospital. If you have any further questions, please speak to a doctor, nurse or radiographer caring for you.

What is a rectal spacer?
A rectal spacer is a blob of gel that is inserted into the space between the prostate and rectum. The spacer moves the rectum away from the prostate and helps to reduce any radiotherapy side effects to the rectum.

Why should I have a rectal spacer?
The goal of radiotherapy to the prostate is to maximise the radiation dose to the prostate to kill the cancer cells while avoiding irradiating surrounding normal tissue. As the rectum sits close to the prostate, it can receive a high radiation dose which can lead to side effects.

As the spacer is inserted between the prostate and rectum, it pushes the rectum away from the prostate and away from the high radiation dose.

Without a spacer                  With a spacer

What are the risks?
The spacer is made of a synthetic material mostly consisting of water. Many studies have shown that the material is biocompatible and can be used safely in the body. The use of rectal spacers is approved by the National Institute for Health and Care Excellence (NICE).

There is a very small risk, less than 1 in 100, (1%) of complications from the spacer if it is inserted incorrectly into a vessel or into the rectum. If this happened, you would have to wait for three months for the gel to be absorbed into your body before repeating the procedure. This may delay you radiotherapy treatment.
Modern anaesthesia is very safe and serious problems are uncommon. Your anaesthetist (a doctor who gives anaesthetics) will monitor you closely throughout the procedure. However, risk cannot be removed completely and some people may have side effects or complications. Our leaflet, Having an anaesthetic, has more information about this. Please ask for a copy from a member of staff.

**Are there any alternatives?**
There is no alternative to having a rectal spacer but it is possible to have radiotherapy without one.

**How can I prepare for the procedure?**

**Pre-admission clinic**
You will need to come to a pre-admission clinic before you have the insertion. We will check your suitability for a general anaesthetic at this appointment. A general anaesthetic is where you are put to sleep. This will be discussed with you in more detail at your clinic appointment.

We will carry out a number of tests to make sure that your heart, lungs and kidneys are working properly. You may have a chest X-ray, electrocardiogram (ECG – a recording of the electrical activity of your heart) and some blood taken. Your doctor will explain any further tests you need.

**Medication**
Please let us know if you are taking any antiplatelet medicines (for example, aspirin, clopidogrel) or any medicines that thin the blood (for example, warfarin or rivaroxaban), as these may need to be stopped temporarily before the procedure. Also tell us if you have diabetes, as you may need to alter the dose of your diabetes medicines, as you will need to fast before the procedure. We will give you more advice about this. Do not make any changes to your usual medicines, and continue to take them, unless you are told otherwise. Please remember to bring them with you to the pre-admission clinic and on the day of your procedure.

Please let us know if you are taking any regular medicines (including anything you buy over the counter, and any herbal or homeopathic medicines) and if you have any allergies to any medicines.

**Fasting instructions**
Please do not eat or drink anything (except non-fizzy water) for six hours before your appointment. This means that you cannot suck on sweets or chew gum. You are allowed to drink water up to two hours before your appointment. This will be explained to you in the pre-admission clinic. **If you do not follow these instructions, your procedure may have to be cancelled.**

**Smoking**
If you smoke, you may be asked to stop smoking, as this increases the risk of developing a chest infection or deep vein thrombosis (DVT – a blood clot developing in a deep vein). Smoking can also delay wound healing because it reduces the amount of oxygen that reaches the tissues in your body. If you would like to give up smoking, please speak to the Trust’s stop smoking service, t: 020 7188 0995 or call the NHS Smoking Helpline, t: 0800 022 4322.
**Consent – asking for your consent**
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

**What happens during the rectal spacer insertion?**
The insertion of the spacer takes place in a theatre under general anaesthetic. This may take place as part of another procedure such as the insertion of brachytherapy seeds. The rectal spacer insertion takes about 30 minutes.

Once you are anaesthetised, the doctor will inject the spacer as a liquid through a small needle between the rectum and the prostate. The doctor will use ultrasound imaging to make sure it is in the correct place. Once inside the body the spacer forms a firm gel, and will remain in place during your treatment, then gradually biodegrade 3-6 months after insertion.

**Will I feel any pain?**
There is not usually much pain from this procedure, although you may be a little sore. We can give you painkillers if you need them, so please let us know if you are in pain. We will usually give you oral painkillers such as paracetamol or ibuprofen, which you can take as soon as you are able to eat and drink. This is usually within hours of returning to the ward.

**What happens after the procedure?**
After the procedure you will be taken to the recovery room. You will stay there until you awake from the anaesthetic, which usually takes about an hour. After this, you will be taken back to your ward or day surgery unit.

When you wake up you will have a drip (a bag of fluid connected to a small tube in a vein in your arm) to keep you well hydrated until you are able to drink fluids. Passing urine may be a little uncomfortable at first. If you have problems with this you may need a catheter inserted, although most patients do not need this.

If you are coming in as a day surgery patient you will need a relative or friend to help you home afterwards.

**What do I need to do after I go home?**
You will be given a one week course of antibiotics to start on the evening of your insertion. You must complete the course as it will reduce the risk of urinary infection.

When you go home, please drink plenty of clear fluids each day. We recommend 2-3 litres of water, and limit any caffeine (tea or coffee), fizzy drinks and alcohol. You should be able to return to normal activities within about three days.

**Will I have a follow-up appointment?**
You will be given an appointment to attend the Radiotherapy Department for a CT and an MRI scan for your radiotherapy planning. This appointment will be sent to you in the post.
Contact us
If you have any questions or concerns about rectal spacer insertion, please contact the Radiotherapy Urology Advanced Practitioner radiographer, t: 020 7188 7188 ext.84220, Monday to Friday, 9am to 5pm.

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit w: www.guysandstthomas.nhs.uk/leaflets

**Pharmacy Medicines Helpline**
If you have any questions or concerns about your medicines, please speak to the clinical nurse specialist or other member of staff caring for you or call our helpline.
t: 020 7188 8748, Monday to Friday, 9am to 5pm

**Your comments and concerns**
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

**Language and accessible support services**
If you need an interpreter or information about your care in a different language or format, please get in touch.
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

**NHS 111**
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111