

High dose-rate brachytherapy



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This fact sheet is for anyone who is thinking about having a type of internal radiotherapy called high dose-rate (HDR) brachytherapy to treat their prostate cancer. You might also hear it called temporary brachytherapy. Your partner, family or friends might also find this information helpful. We describe how HDR brachytherapy can be used to treat prostate cancer.

For information about another type of brachytherapy called permanent seed brachytherapy (also known as low dose-rate or LDR brachytherapy), or about external beam radiotherapy, read our fact sheets **Permanent seed brachytherapy** or **External beam radiotherapy**.

Each hospital will do things slightly differently. Use this fact sheet as a general guide. Ask your doctor, nurse, or radiographer for more information about your treatment and the support available to you. 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 high dose-rate brachytherapy?

High dose-rate (HDR) brachytherapy is a type of internal radiotherapy. You might also hear it called temporary brachytherapy.

It involves putting thin, hollow needles into the prostate. A source of radiation is then passed down the needles into the prostate for a few minutes to destroy cancer cells. The source of radiation is then removed, so no radiation is left inside your body.

Because the radiation is put directly into the prostate, the prostate gets a much higher dose of radiation than the healthy tissue around it.

Who can have HDR brachytherapy?

HDR brachytherapy on its own

A few hospitals offer HDR brachytherapy on its own to treat cancer that hasn't spread outside the prostate (localised prostate cancer), and has a low or medium risk of spreading.

If you have HDR brachytherapy on its own, the healthy tissue around the prostate gets a much smaller dose of radiation than the prostate itself. This means healthy tissue is less likely to be damaged than when you have external beam radiotherapy as well. But we don't yet know if HDR brachytherapy on its own works as well as HDR brachytherapy and external beam radiotherapy together.

HDR brachytherapy with other treatments

You may be offered HDR brachytherapy together with external beam radiotherapy if you have localised prostate cancer (cancer that hasn't spread outside the prostate) or if you have locally advanced prostate cancer (cancer that has spread to just outside the prostate).

External beam radiotherapy is usually used in combination with hormone therapy to treat both localised and locally advanced prostate cancer. This means you may have three treatments together. The external beam radiotherapy treats the prostate and the area just outside the prostate. HDR brachytherapy gives an extra dose of radiotherapy to the prostate. You might hear this called a brachytherapy 'boost'.

Having both external beam radiotherapy and hormone therapy can help to make the treatment more effective. But it can also increase the risk of side effects. Read more about these treatments in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.

HDR brachytherapy can also treat cancer that has come back after radiotherapy (recurrent prostate cancer). This is called salvage brachytherapy.

HDR brachytherapy isn't usually used to treat cancer that has spread to other parts of the body (advanced prostate cancer).

If you have localised or locally advanced prostate cancer, your Cambridge Prognostic Group (CPG) will help your doctor decide what treatment options are suitable for you. However, some doctors may use the old system of low, medium and high risk instead. Find out more about your CPG and treatment options in our booklet,



Prostate cancer: A guide for men who've just been diagnosed.

Other things that might affect whether you can have HDR brachytherapy

HDR brachytherapy isn't available at all hospitals. If your hospital doesn't offer HDR brachytherapy, your doctor may be able to refer you to one that does.

HDR brachytherapy may not be suitable if you have severe problems urinating (weeing), such as a weak urine flow or not emptying your bladder fully. The treatment 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 have a large prostate, you may have hormone therapy to shrink it and make the cancer easier to treat. However, you may not be able to have HDR brachytherapy if your prostate is very large.

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 HDR brachytherapy to give you time to recover. Some hospitals don't offer HDR brachytherapy to men who have had a TURP as there may be a higher risk of urinary problems afterwards.

HDR brachytherapy may only be an option if you're fit and healthy enough to have an anaesthetic. You may have an anaesthetic injected into your spine (spinal anaesthetic). This will make you numb from waist down but won't send you to sleep. You may also be offered a general anaesthetic that sends you to sleep so you don't feel anything during the treatment.

Treatment may involve lying still on your back for a few hours, to make sure the needles don't move (see page 5). If you have back problems or you can't lie flat, HDR brachytherapy may not be suitable for you. Ask your doctor what will happen during your treatment.

Other treatment options

Other treatment options for men with localised prostate cancer include:

- active surveillance
- surgery (radical prostatectomy)
- external beam radiotherapy
- permanent seed brachytherapy
- watchful waiting
- high-intensity focussed ultrasound (HIFU) or cryotherapy, but these are less common and only available at specialist centres or as part of a clinical trial.

If you have locally advanced prostate cancer, other treatment options include:

- external beam radiotherapy with hormone therapy
- surgery (radical prostatectomy), often followed by hormone therapy and radiotherapy
- hormone therapy alone
- watchful waiting.

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 to one person might not be so important to someone else. If you're offered HDR brachytherapy, speak to your doctor, nurse or radiographer 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.

Advantages

- HDR brachytherapy delivers radiation directly into the prostate, so there may be less damage to surrounding healthy tissue, and a lower risk of some side effects.
- HDR brachytherapy gives a 'boost' of radiation to the prostate when used together with external beam radiotherapy, without causing extra damage to the surrounding healthy tissue.
- You will be in hospital for just one or two days for treatment.
- Recovery is quick, and most men can return to their normal activities within a week.
- If your cancer comes back, you may be able to have another type of treatment.

Disadvantages

- HDR brachytherapy can cause side effects such as urinary, bowel and erection problems.
- You will need an anaesthetic, which can have side effects.
- You may require a urinary catheter for a short period afterwards (see page 4).
- At some hospitals, you may need more than one session of HDR brachytherapy. You may need to stay in the same position in hospital between treatments, with the needles still in your prostate (see page 5). Some men find this uncomfortable.
- It may be some time before you will know whether the treatment has been successful (see page 6).



If you are having external beam radiotherapy or hormone therapy as well as HDR brachytherapy, 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 a therapeutic radiographer, a radiologist, a urologist, a physicist and sometimes a specialist nurse.

If you have a large prostate, you may have hormone therapy for at least three months before you have brachytherapy, to shrink your prostate.

If you have localised or locally advanced prostate cancer, you may have hormone therapy for about six months before brachytherapy treatment, during treatment and for up to three years after treatment. You may also have external beam radiotherapy, either before or after your HDR brachytherapy. Read more about these treatments in our fact sheets, **Hormone therapy** and **External beam radiotherapy**.

Before your treatment

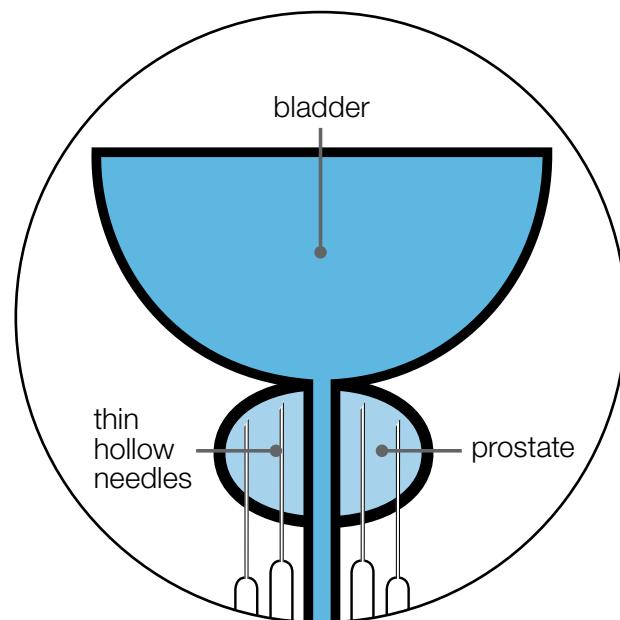
You should tell your doctor or specialist nurse if you are taking regular medication such as blood thinners (aspirin, warfarin, clopidogrel or dipyridamole) before you start treatment. They may ask you to stop taking your medication one to two weeks before your treatment as these drugs can cause the prostate to bleed during treatment.

On the morning of your treatment, you'll have an enema to empty your bowels. An enema is a liquid medicine that is put inside your back passage (rectum). Your bowel needs to be empty so that clear images of your prostate can be taken. You may then take a tablet to stop you needing a bowel movement while the radiation is being delivered.

You will have an anaesthetic so you don't feel the needles go in. Some hospitals use a general anaesthetic so that you're asleep during the treatment. Others use an anaesthetic in your spine, so you're awake but can't feel anything in your lower body. You may also be offered sedation, which will relax you so you're less aware of what's happening. Talk to your doctor about which type of anaesthetic you will have.

Once you've had the anaesthetic, a thin tube (catheter) will be passed up your penis, through the urethra (the tube you urinate through) and into your bladder to drain urine. An ultrasound probe will then be 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 make sure the needles are put in the right place. About 10 to 20 thin needles are then passed through the perineum (the area of skin behind the testicles), into the prostate and the surrounding tissues. The needles are then secured in place.



You'll then have a scan – either a computerised tomography (CT) scan, magnetic resonance imaging (MRI) scan or ultrasound scan. Each hospital does things slightly differently and you may need more than one scan.

Your doctor and physicist will use the scan to plan the doses of radiation needed for your treatment. You will either be awake or asleep during the scan, this will depend on your hospital. If you are awake, you'll need to lie still. Some men find this uncomfortable.



I had the brachytherapy needles put in under general anaesthetic. When I woke up, I couldn't feel the needles and didn't have any pain.

A personal experience

During your treatment

During treatment, the needles in your prostate are attached to the brachytherapy machine. The machine passes a source of radiation into each needle in turn. The radiation source stays in each needle for a set period of time – usually a few minutes. The machine automatically removes the source of radiation at the end of the treatment.

Most hospitals just do one treatment, but you may have more than one. Ask your doctor or nurse how many treatments you will have, and whether you'll be asleep or awake during treatment.

One treatment

In some hospitals, you'll have the treatment while you are asleep in the operating theatre and the needles will be removed before you wake up. In other hospitals, the needles are put in while you are asleep. You will then have the treatment a few hours later, while you are awake. The treatment itself is completely painless. The needles are removed after the treatment has finished.

Two or three treatments

If you have more than one treatment, there will be a gap of at least six hours between each one. Some hospitals will give each treatment in

the brachytherapy room while you are awake. They will leave the needles in place in between each treatment. Other hospitals will remove the needles after each treatment and insert new ones for the next treatment. You may have a general anaesthetic for each treatment. Ask your doctor or nurse how they will carry out the treatments.

After your treatment

After the treatment has finished, the nurse will take your catheter out. This might be uncomfortable but it shouldn't be painful. Some hospitals will leave the catheter in overnight, until the blood starts to clear from your urine (see below).

If you've had a general anaesthetic, you may feel cold or sick for a few minutes or hours after you wake up. If you feel dizzy, you may be given fluid through a tube (called a cannula) that goes into a vein in your arm or hand. This is called an intravenous (IV) infusion. The tube may be put in when you have your anaesthetic and will be taken out when you're no longer feeling dizzy and are able to eat and drink.

You should be able to go home when you have recovered from the anaesthetic, you can urinate normally and you are no longer passing blood in your urine. This may be on the same day as your treatment or after a day or two.

You shouldn't drive for 24 hours after a general anaesthetic. Talk to your doctor or nurse if you need help getting home or ask a family member or friend to take you home.

Your doctor or nurse will give you any medicines that you need at home. These may include drugs called alpha-blockers (such as tamsulosin) to help prevent urinary problems, and antibiotics to prevent infection. You may be given pain-relieving drugs such as paracetamol or ibuprofen.

When to call your doctor, nurse or radiographer

Your doctor, nurse or radiographer will give you a telephone number to call if you have any questions or concerns. Contact them if any of the following things happen.

- If your urine is very bloody or has large clots in it, you may have some bleeding from your prostate. This will need treatment as soon as possible.
- If you suddenly can't pass urine, or it's painful when you do, you may have acute urine retention. Go to your local accident and emergency (A&E) department as this will need treatment as soon as possible. Take information about your cancer treatment with you, if you can.
- If you have a high temperature (more than 38°C or 101°F), this may be a sign of infection. Contact your medical team or go to your local A&E department.

What happens afterwards?

You may have some discomfort, swelling and bruising in the area where the needles were placed. Your bowel movements may also feel a little uncomfortable. This should settle down after a few days.

No radioactive material is left in the prostate, and you won't give off any radiation. So it's safe for you to be around other people, including children and pregnant women.

Some men will have external beam radiotherapy before HDR brachytherapy and others will have it afterwards, depending on the treatment offered at each hospital. If you are having external beam radiotherapy after HDR brachytherapy, you will start this around two weeks after your brachytherapy.

Going back to normal activities

You should be able to return to your normal activities a few days after treatment. You can go back to work as soon as you feel able – this will depend on how much physical effort your work involves. Speak to your doctor, nurse, or radiographer about your own situation.

Your follow-up appointment

You'll have an appointment with your doctor, nurse or radiographer a few weeks after your treatment. They will check how well you are recovering and ask about any side effects you might have (see page 7).

Follow-up varies between hospitals. Ask your doctor or nurse how often you will have follow-up appointments.

You'll have regular blood tests to measure 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. Regular PSA tests are a good way to check how well your treatment has worked. Your PSA level will be checked at least every six months for two years, and at least once a year after that.

Your PSA level should slowly drop to its lowest level (PSA nadir) 18 months to 2 years after treatment. How quickly this happens, and how low your PSA level falls, varies from man to man. If you have hormone therapy as well as HDR brachytherapy, your PSA level may fall more quickly. Your PSA level won't fall to zero, as your healthy prostate cells will continue to produce some PSA.

Your PSA level may 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 younger men and men with a large prostate. It can be worrying but it doesn't always mean that the cancer has come back, or that you need more treatment.

If your PSA level consistently rises, particularly in a short amount of time, this could be a sign that cancer has come back.

If this happens, talk to your doctor or nurse about possible further treatment options. Treatment options may include hormone therapy, surgery, cryotherapy or HIFU.

 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.

Looking after yourself after brachytherapy

At some hospitals, you may not have many follow-up appointments after your treatment and be encouraged to take greater control of your own health and wellbeing. You might hear this called supported self-management.

Instead of having regular appointments at the hospital, you may talk to your doctor or nurse over the telephone. You'll still have regular PSA tests to check how your cancer has responded to treatment (see page 6). But your GP may give you the results over the phone or in a letter. Some men prefer this type of follow-up, as it means you can avoid going to appointments when you're feeling well and don't have any concerns.

Your doctor or nurse will give you information about the possible side effects of your treatment and any symptoms to look out for, as well as details of who to call if you notice any changes.

You, or your doctor or nurse, can arrange an appointment at any point if you have any questions or concerns.

What are the side effects?

Like all treatments, HDR brachytherapy can cause side effects. These will affect each man differently, and you may not get all the possible side effects. Before you start treatment, talk to your doctor, nurse or radiographer about the side effects. Knowing what to expect can help you deal with them.

 You may be more likely to get side effects if you have HDR brachytherapy together with external beam radiotherapy and hormone therapy. External beam radiotherapy can cause side effects months or even years after treatment. Read more about the side effects of these treatments in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.

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

Tiredness

You may feel tired for the first few days after treatment as you recover from the anaesthetic. The effect of radiation on the body may make you feel tired for longer, especially if you're having hormone therapy. If you're also having external beam radiotherapy, this can cause tiredness as well. If you get up a lot during the night to urinate, this can also make you feel tired during 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 your 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**. You can also get tips on coping with fatigue in our interactive at prostatecanceruk.org/guides

Our fatigue support

Fatigue is a common symptom of prostate cancer, and a side effect of some treatments.

 Our Specialist Nurses can talk to you in depth about your experience of fatigue, and the impact it's having on your day-to-day life. They can also discuss ways to help you better manage your fatigue, such as behaviour and lifestyle changes.

Urinary problems

HDR brachytherapy can make your prostate swell. This can make the urethra (the tube you urinate through) narrow, which can make it difficult to urinate. This can happen soon after treatment. Medicines called alpha-blockers, such as tamsulosin, may help with this. You may be prescribed alpha-blockers before you start HDR brachytherapy to help prevent these problems. You can also help yourself by drinking plenty of liquid (two litres or three to four pints throughout the day) and cutting down on drinks that may irritate the bladder, such as alcohol and drinks with caffeine, including tea, coffee and cola.

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

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

These problems may be worse in the first few weeks after treatment but usually start to improve after that. A few men may develop urinary problems a few months after treatment, but these usually get better over time.

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

A few men find they are suddenly unable to urinate. This is called acute urine retention, and can be very painful. If this happens, you will need treatment straight away, usually at a hospital. Contact your doctor, nurse or radiographer, or go to your hospital's accident and emergency (A&E) department as soon as possible. They can put in a catheter to drain the urine.

Some men leak urine (urinary incontinence) after HDR brachytherapy. This isn't a common problem but it may be more likely if you've recently had surgery to treat an enlarged prostate, called a transurethral resection of the prostate (TURP).



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



It wasn't until a few months after my treatment that the side effects kicked in – a stinging pain when I passed urine.

A personal experience

Erection problems

HDR brachytherapy can affect the blood vessels and nerves that control erections. This may cause problems getting or keeping an erection (erectile dysfunction). You may be more likely to have problems getting an erection if you had any erection problems before treatment, or if you're also having hormone therapy or external beam radiotherapy. These problems may slowly get worse over several years, especially if you have external beam radiotherapy as well.

If you have anal sex and prefer being the penetrative partner you normally need a strong erection, so erection problems can be a particular issue.

 There are ways to help manage erection problems. Ask your doctor or nurse about these, or speak to our Specialist Nurses. For more information, read our booklet, **Prostate cancer and your sex life**.

Some men have less feeling along their penis immediately after HDR brachytherapy. This may slowly improve but it can occasionally be permanent.

You may find that you ejaculate less semen than before treatment. Or you may have a 'dry orgasm' where you have the sensation of an orgasm, but don't produce any semen. You may notice some blood in your semen for a few weeks after treatment. This is normal, but contact your doctor or nurse if there is a lot of bleeding.

 Read more about sexual side effects in our booklet, **Prostate cancer and your sex life**. You can also get tips on managing sexual problems in our interactive guide at prostatecanceruk.org/guides

Having children

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

It's also possible that the radiation could change your sperm. This might affect any children you conceive. The risk of this is very low, but use contraception for at least a year after treatment if there is a chance you could get someone pregnant.

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. If this is relevant to you, ask your doctor or nurse whether sperm storage is available locally.

Bowel problems

Your bowel and back passage (rectum) are close to the prostate. Radiation can irritate the lining of the bowel and back passage, which can cause bowel problems. The risk of bowel problems after HDR brachytherapy is low. But you are more likely to have problems if you're also having external beam radiotherapy.

Bowel problems can include:

- passing more wind than usual
- loose and watery bowel movements (diarrhoea)
- inflammation, pain and bleeding in the back passage (proctitis).

Bleeding from the back passage is rare after HDR 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 some tests to find out what is causing it. They can also tell you about treatments that can help.

 If you have anal sex and are the receptive partner, then bowel problems may be a particular issue. If you do have bowel problems, wait for about 2 months or 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 cancer tests and treatment: A guide for gay and bisexual men**.

Using a rectal spacer to protect your back passage

Your doctor may suggest using a rectal spacer to help protect the inside of your back passage from radiation damage. The spacer is placed between your prostate and your back passage. This means that less radiation reaches your back passage, which may help to lower your risk of bowel problems during or after your treatment.

Rectal spacers aren't commonly used in high dose-rate brachytherapy alone. But you may have one if you're also having external beam radiotherapy. Rectal spacers are still new and aren't very common yet, so they might not be available at your hospital. Ask your doctor, nurse or radiographer for more information about rectal spacers, their side effects and other ways to manage bowel problems.

Screening for bowel cancer

If you're invited to take part in the NHS bowel screening programme soon after having brachytherapy, the test may pick up some blood in your bowel movements, even if you can't see any blood yourself. Your doctor, nurse or radiographer may suggest that you delay your bowel screening test for a few months if you've recently had brachytherapy. This will help to make sure you don't get incorrect results or after your treatment.

Dealing with prostate cancer

Some men say being diagnosed with prostate cancer changes the way they think and feel about life. You might feel scared, worried, stressed, helpless or even angry.

At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way to feel and everyone reacts in their own way.

This section suggests some things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support and information too.

 They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.

How can I help myself?

Everyone has their own way of dealing with prostate cancer, but you may find some of the following suggestions helpful.

Look into your treatment options

Find out about the different treatments you could have. Bring a list of questions to your doctor, nurse or radiographer. 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, nurse or radiographer. 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. If you're having difficulty sleeping, talk to your doctor or nurse.

Eat a healthy, balanced diet

We don't know for sure whether any specific foods have an effect on prostate cancer. But eating well can help you stay a healthy weight, which may be important for men with prostate cancer. It's also good for your general health and can help you feel more in control.

 Certain changes to your diet may 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. We don't know for sure if physical activity can help slow the growth of prostate cancer. But it can 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 can help. Take things at your own pace. Read  more in 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, 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**.

Check out our online 'How to manage' guides

Our interactive guides have lots of practical tips to help you manage symptoms and side effects. We have guides on fatigue, sex and relationships, urinary problems, and advanced prostate cancer. Visit prostatecanceruk.org/guides

Who else can help?

Your medical team

It may be useful to speak to your nurse, doctor, radiographer, 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 help with any questions and explain your diagnosis and treatment options. They have time to listen, in confidence, to any concerns you or those close to you have.

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse if this is available. You can also refer yourself for counselling on the NHS, or you could see a private counsellor. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service

This 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. We'll try to match you to someone with similar experiences.

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Support groups

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

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



Questions to ask your doctor or nurse



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

Will I have external beam radiotherapy before or after HDR brachytherapy?

Do I need hormone therapy before or after HDR brachytherapy?

What are the chances of side effects such as urinary problems, erection problems and bowel problems?

Will I be asleep or awake during treatment?

How long will I need to stay in hospital for the treatment?

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?

Who can I contact if I have any questions or concerns about my treatment or side effects?

More information

Bladder and Bowel UK

www.bbuk.org.uk

Telephone: 0161 214 4591

Information and advice about bladder and bowel problems.

British Association for Counselling

& Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about prostate cancer and clinical trials.

Healthtalk

www.healthtalk.org

Watch, listen to and read personal experiences of men with prostate cancer and other health problems.

Human Fertilisation & Embryology Authority

www.hfea.gov.uk

Free and impartial information about fertility treatment and research.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

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

Maggie's

www.maggies.org

Telephone: 0300 123 1801

Drop-in centres for cancer information and support, and online support groups.

Pelvic Radiation Disease Association

www.prda.org.uk

Telephone: 0113 278 5405

Support for men with long-term side effects of radiotherapy.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Courses and physical, emotional and spiritual support for people with cancer and their loved ones.

Sexual Advice Association

www.sexualadviceassociation.co.uk

Information about sexual problems and their treatments, including erection problems.

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.

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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- Peter Hoskin, Consultant Clinical Oncologist, Mount Vernon Cancer Centre and Division of Cancer Sciences
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- Philip Reynolds, Consultant therapeutic radiographer, Clatterbridge Cancer Centre
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email:
yourfeedback@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, over 47,000 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



Patient Information Forum

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To be reviewed December 2025

Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

*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.

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