

Patient information factsheet

Rectal spacer for radiotherapy

We have given you this factsheet because your doctor or nurse practitioner has recommended that you have radiotherapy treatment for prostate cancer. It explains what a rectal spacer is and how it is used in radiotherapy.

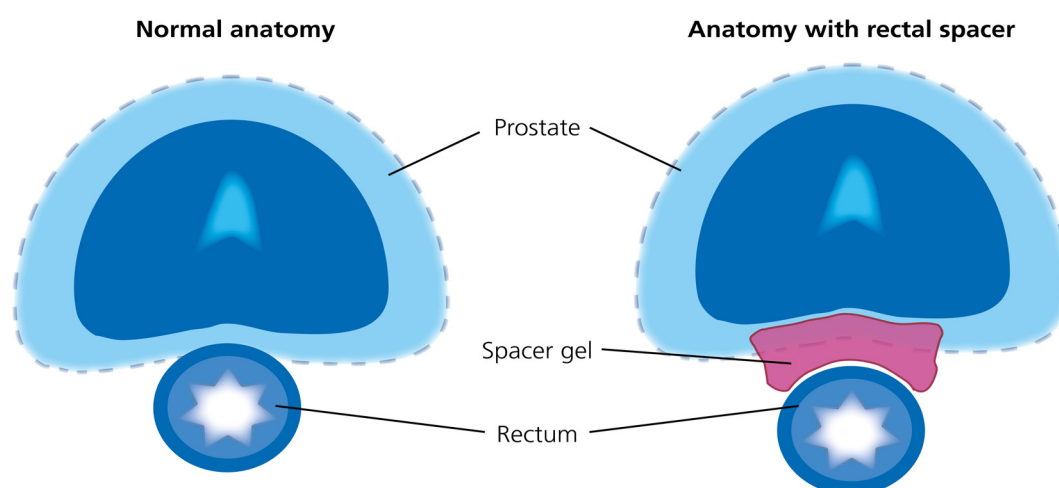
We hope this factsheet will answer some of the questions you may have. If you have any further questions, please speak to your doctor or nurse practitioner.

What is a rectal spacer?

The aim of radiotherapy to the prostate is to deliver a high dose of radiation to the prostate to kill the cancer cells. The tissues and organs which lie close to the prostate, such as the rectum, will also receive some of this radiation. This can lead to side effects.

A rectal spacer is a gel that is inserted into the space between your prostate and rectum.

We use the spacer to push your rectum away from your prostate, and therefore away from the high radiation dose. This can help to reduce potential side effects during and after your radiotherapy treatment.



The gel stays in place for about nine months. It is then safely absorbed by the body.

Risks of using rectal spacers include:

- infection
- pain at the injection site
- minor bleeding from the injection site
- mild to moderate sensation of rectal filling

Before the rectal spacer is inserted

Pain relief

We recommend taking 1000 milligrams (mg) of paracetamol one hour before your appointment. If you are unable to take paracetamol, please contact the prostate nurse practitioner team. Their contact details can be found at the end of this factsheet.

Eating and drinking

You can eat and drink as normal on the day of the procedure. If possible, you should try to open your bowels (pass stool).

Medication

If you are taking blood thinning medication (such as warfarin or clopidogrel), your doctor or nurse practitioner will tell you when to stop this before your procedure. If you are unsure when you should stop this medication, please contact the prostate nurse practitioner.

You should continue to take all other medication you have been prescribed.

Inserting the rectal spacer

A doctor or a nurse practitioner will talk through the procedure and ask for your permission to insert the rectal spacer.

They will ask you to lie on your back on the recliner couch, with your legs placed in supportive stirrups. To make sure you are in the correct position, the doctor or nurse practitioner will apply some tape to move your scrotum out of the way. They will also lift the supportive stirrups to bend your knees. If the position is uncomfortable, please let the doctor or nurse practitioner know.

The doctor or nurse practitioner will gently insert a finger into your back passage to feel the prostate. They will then insert an ultrasound probe covered in lubricating jelly into your back passage to obtain images of the prostate.

Your skin will be cleaned with an antiseptic fluid before the local anaesthetic is injected. The injection will be given through the perineum (the skin between the scrotum and anus) and then deeper to anaesthetise around the prostate. This may sting for a few seconds, and then the area will start to go numb. It will take a few minutes for the anaesthetic to take full effect.

The rectal spacer needle will be inserted through the perineum. The rectal spacer gel is contained in a syringe and will be gently squeezed into a gap between your prostate and rectum. If you feel pain when the first needle is inserted, please let the doctor or nurse practitioner know. They may be able to give you more anaesthetic.

The procedure will take around 20 to 30 minutes.

After the rectal spacer is inserted

After the procedure there may be a small amount of bleeding from the puncture sites. You can ask the doctor or nurse practitioner for an absorbent pad to place in your underwear.

You may feel lightheaded after the procedure, so we will ask you to get up slowly and get dressed. We will ask you to wait in the department until you feel normal and have passed urine.

We recommend you have someone drive you home after the procedure. When you arrive home, you should rest for about four hours.

Side effects

Minor side effects

Inserting a rectal spacer is a safe procedure.

However, you may experience some minor side effects, such as mild discomfort in the rectal area for one or two days afterwards. You can take some simple pain relief such as paracetamol or ibuprofen to help with this. These minor side effects are normal.

Major side effects

You should go to your nearest emergency department if:

- your pain increases despite taking simple pain relief
- you have a temperature higher than 38°C
- you have not passed urine for eight hours

If you need to visit your local emergency department, please ask them to contact the on-call urology team for advice.

Contact us

If you have any further questions or concerns, please speak to a member of the urology team.

Urology nurse practitioner team

Telephone: **07824 131 262** or **023 8120 1416** (Monday to Friday, 8am to 6pm)

Urology administration team

Telephone: **023 8120 5524** (Monday to Friday, 9am to 5pm)

Radiotherapy reception

Telephone: **023 8120 8568** (Monday to Friday, 8am to 6pm)

Useful links

The Prostate Cancer Charity

The Prostate Cancer Charity provides support and information for men with prostate cancer.

Telephone: **0845 300 8383**

Website: www.prostatecanceruk.org

Macmillan Cancer Support

Telephone: 0808 080000

Website: www.macmillan.org.uk

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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