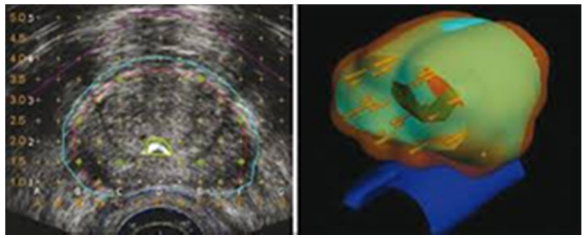
PSA failure:

- PSA not dropping to a nadir value, preferably 0,2ng/ml
- 3 consequetive PSA rises



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PATIENT INFORMATION BROCHURE

LOW DOSE BRACHYTHERAPY

Patient well-being is my first priority!

Low Dose Brachytherapy

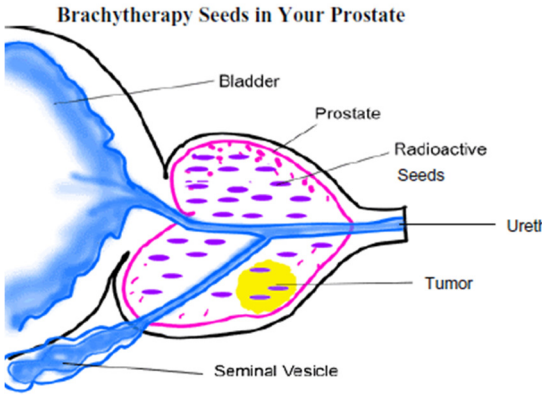
Why is it done?

This is the alternate management option for a localized prostate cancer.

Criteria include:

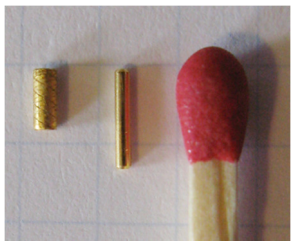
- PSA less than 10
- Gleason 3,4 adenocarcinoma prostate,
- Higher grades may have extra-prostatic extension requiring combined External Beam Radiation
- Staging negative, (bone scan negative, CT negative)
- Not younger than 65

It is the localized radiation of the prostate, by means of trans-perineal placement of Radio-active I-125 seeds.
This is a nerve sparing procedure and patients have a good opportunity to maintain this.
A Cardiologist/ Physician work-up is required prior to surgery to asses your operative risk factors.
Anaethiatist review preoperatively where indicated.
The procedure takes 2-3hours excluding the anaesthetic time.
You will be given Deep-Vein-Thrombosis prophylaxis in the form of compression stockings, pneumatic compressions and Clexane 40mg subcutaneously daily. You will continue with the Clexane for 28 days. You are at risk for deep vein thrombosis due to the dynamics of any cancer in the body, which may lead to a pulmonary embolism with immediate death.
This is an alternative to a Radical Retropubic Prostatectomy for low-intermediate risk prostate cancer. Prostates are generally smaller than 50cc.
Could be ideal for those patients with excessive BMI and fitting the cancer specific criteria



How is it done?

- Under a General Anaesthetic
- Presence of Radiation Oncologist and Physicist
- Lithotomy position
- Trans-rectal placement of an ultrasound probe
- Real-time accumulation of digital images to allow real-time placement of Radioactive Iodine seeds according to an intra-operative plan



Complications

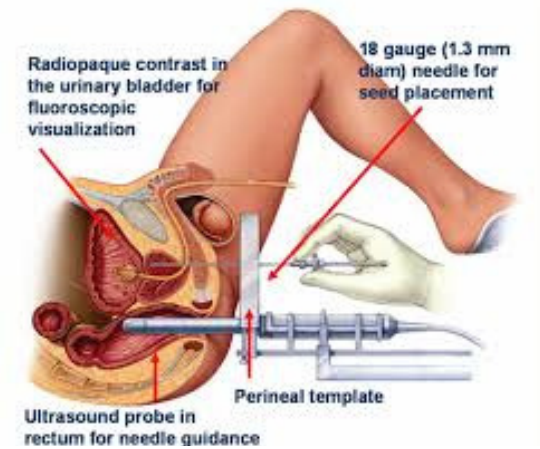
- Perineal heematoma
- Wound infections
- Urgency Frequency and weak stream
- Limited Erectile Dysfunction, which may only surface after 18 months after treatment.
- Lower ejaculate volume.
- Testicular pain similar to vasectomy for 2-3 days

Post operative care:

- A post-procedure CT scan to account all the seeds, and exclude migration of seeds.
- Normal diet
- A salt water or Betadine Douche is required after every stool for the fist week
- A 3 month course of Flomaxtra to ease Lower Urinary Tract Symptoms
- Wounds generally heal in 7-10 days

Catheter care

- Your catheter will remain until you are awake.



Post-operative review:

- Radio-Oncology will review a few weeks later.
- You will review with me at 6 weeks post-procedure to check if you are doing fine.
- Review PSA roughly 3 months after the procedure to asses PSA track
- You should reach your Nadir (lowest PSA) at 6– 9 months after the procedure. The lower the better.
- 6 monthly PSA's thereafter.
- Expect a PSA Bump at approximately 9-12 months after the procdure, The PSA should drop thereafter
- If stable with good PSA outcomes, refer back to GP for 6 monthly PSA review