

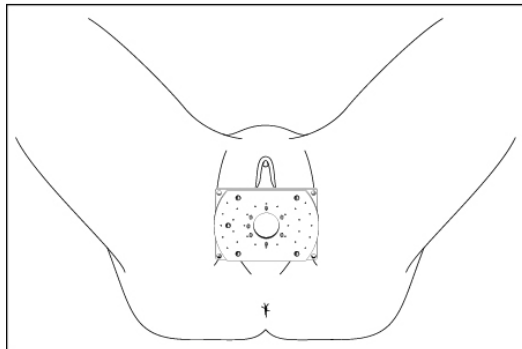
## Interstitial Implant Radiation

### Interstitial Radiation

Interstitial radiation is the way of giving radiation to a very small area. It is the placement of needles directly into the tumor site so that less normal tissue is radiated. Your doctor can give you a higher dose in a shorter time than with external beam radiation. This type of radiation is very involved, so you will need to have an epidural catheter placed into your back to numb your pelvis. The anesthesia staff will talk with you more about this.

### The Implant Surgery

You will go to the hospital operating room to have treatment instruments implanted. A small cylinder like tube is placed into the vagina. Then, a small template will slide over the tube and will rest against the perineum (the skin around the vagina). Small hollow needles are inserted through the holes of the template and into the tumor site. Placement of needles will be verified through MRI images.



### After Implant

After the instruments are placed, you will go to the recovery room. Once anesthesia discharges you from recovery, and the treatment plan is completed, you will be brought back to the radiation oncology clinic

for treatment. Patients **do not** go to the inpatient unit before the 1<sup>st</sup> dose of radiation.

### Treatment

Radiation is put into the small hollow needles and remains there until the right dose is given. The treatment time does vary from patient to patient. You will go to your hospital room when treatment is complete.

You will have radiation a total of 5 times, 2 times on day of admission, 2 on day 2 and 1 on day 3. This may change depending on the final radiation plan. When the radiation treatment course is completed, the implant is removed in Radiation Clinic and epidural will be removed in your room.

### Getting Ready for Surgery

#### Nurse Phone Call

**The time of your surgery will be set the day before surgery.** A nurse will call you sometime after 10:00 am the day before your surgery (or on the Friday before a Monday surgery). They will tell you when to arrive and where to go. They will answer questions you may have. Before this call, review details staff gave you at your clinic visit. **If you do not hear from us by 3:00 pm, please call (608) 265-8857.**

#### Housing

If you are coming from out of town, you may wish to stay in Madison. Call the Housing Desk at **(608) 263-0315** for a list of nearby motels and to book a stay at a discounted rate.

## Illness

If you have a cold, fever, or are ill before surgery, call your surgeon's clinic. After hours or on weekends ask to speak with the gynecologic oncology doctor on call.

## Choosing a Caregiver

You may have some physical challenges after surgery. You will not be able to lift anything more than 10lbs (gallon of milk). Arrange for someone to help with the tasks below for a few weeks.

- Daily cares such as bathing or care of your wounds.
- Driving you to and from follow up visits, as you cannot drive while on opioid pain medicine.
- Housework such as cooking, vacuuming, shopping, and laundry.
- Caring for others you normally care for such as children and pets.

## Alcohol

**Do not** drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.

## Bowel Prep

You may need to complete a bowel prep before surgery. It is common to have pain in your belly until the stool has been flushed out (this may take 2 to 4 hours or more).

### Bowel Prep Tips (if needed)

- Follow your ERAS Preop checklist for bowel prep instructions.
- Stay near a toilet!
- Drink **at least** 6 large 8 oz. glasses of clear liquids the day before surgery (not including the bowel prep liquid).
- Treat any anal skin irritation or hemorrhoids with over-the-counter-products (hydrocortisone cream, baby wipes, Vaseline, or TUCKS® pads). Do not use products that contain alcohol.

- If you have a prescription for hemorrhoid cream, you may use it.
- Do not use suppositories.

## Clear Liquid Diet

If you need to follow a clear liquid diet, avoid fiber, pulp and sediment. Clear does not mean colorless. Examples include:

- Water
- Broth
- Apple juice
- Ginger ale
- Gatorade
- Clear Jello®
- Popsicles

## Smoking

Try to stop smoking as smoking slows wound healing. It can also increase the risks from anesthesia. If you would like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).

## Skin Prep

Read Health Facts for You #7938 - *Getting Your Skin Ready for Surgery-Adult* for skin prep instructions.

## Makeup

**Do not** wear make-up. Remove nail polish from at least one finger.

## Rest

Try your best to get rest the night before surgery.

## Medicines

If you take medicine or pills, we will tell you at your preoperative clinic visit if you should take them the day of surgery.

## Valuables

Please leave all jewelry, rings, large sums of money, and credit cards at home. You will need to remove all jewelry including body piercings.

## Day of Implant

### First Day Surgery (FDS)

When you look at the main entrance of the hospital, there are two revolving doors, one to the left and one to the right. Enter through the hospital door (the doors to left when you look at the main entrances). Follow the gray stone path to the E elevator. Take the E elevator to the 3rd floor. You will see signs for First Day Surgery.

The First Day Surgery (FDS) Unit is open from 5:30 am to 6:00 pm. The Main Hospital door is always open. Please check in at FDS at your scheduled time.

### Items to Bring with You

Bring your inhalers, CPAP, glucose meter, eyeglasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you need. Be sure these items are labeled with your name and in a case. You will leave your glasses, teeth, and hearing aids with your family before you go to surgery. **Do not** bring bottles of pills with you the morning of surgery unless you have been told to do so.

### Belongings

Please have your family member leave your belongings in the trunk of your car the day you check in (**bring in your CPAP and inhalers**). Once your room is ready, they can bring your things to you. The hospital is not responsible for lost or stolen items.

### Parking Pass

Your main support person will get one parking pass for the length of your stay. It can be picked up the day of your surgery by your family at the guest services front desk.

### Other Important Places

- **Cafeteria:** H4/1 – H elevator to the 1st floor
- **ECG:** Heart & Vascular Clinic, Atrium elevator to 4th floor
- **Outpatient X-Ray:** J elevator, 2nd floor

### Primary Support Person

We welcome all family members on your day of surgery, but you will need to choose one person as your **primary support person**. This is the only person who may stay with you from check-in time until you go to surgery. When choosing this person, keep in mind that they will hear your private health information.

### Your Pre-op Room

After checking in, a nurse will take you and your primary support person back to a room to ask you questions about your health history and get you ready for surgery. Other family and friends will be in the waiting room while you are getting ready.

You will be asked to change into a gown. An IV line may be started. You will wait in this area until it is time to have the procedure. Your epidural will be placed. This will be removed when the treatment is **completed**.

### Operating Room (OR)

We take you to the OR on a cart. The staff wears masks, gowns, and hats. They help you move onto a narrow, firm bed. The nurse puts a safety belt (like a seat belt), across your chest/upper abdomen. ECG (electrocardiogram) patches are put on your chest. You will also have a blood pressure cuff on your arm and a plastic clip on your finger to check your heartbeat and oxygen level.

### **If Needed**

- You will be asked to breathe oxygen through a soft plastic mask and medicine is given to you through your IV.
- Once you are asleep, a breathing tube is placed to help you breathe.
- Other IVs and monitors are put on after you are asleep.

### **The Surgery**

Your Radiation Oncology and Gynecologic Oncology doctors will be in the operating room to place the instruments. You may be awake depending on the type of anesthesia chosen; but, you will not feel any pain. A foley catheter will also be placed and remain in until the radiation treatment is complete. The Radiation Oncology doctors may ask for help from the Gynecologic Oncology doctor to guide the needles. This is done with **laparoscopy** using small incisions made in the abdomen. Your surgeon puts a long camera and other tools inside your abdomen to help them.

### **A Note to Families**

How much time you spend in the OR depends on the type of surgery. Loved ones can wait in the Surgery Waiting Area on the 2<sup>nd</sup> floor. If you have loved ones that plan to call, please have them call **(608) 263-8590**. They may want to bring something to do since the time may seem to pass slowly. If they wish to leave the waiting area, they should pick up a pager at the surgical waiting area desk. The nurses will keep them informed during surgery.

### **The Recovery Room**

After surgery, you go to the recovery room to wake up. You may be in the recovery room an hour or more. Due to the position of the implant and the epidural, your movement will be limited. Your nurse will help you to change positions.

### **Tubes and Lines**

You may have a few tubes, drains and other equipment. A nurse will teach you about how they work and how long they will be in place. These may include:

- An IV (intravenous line) in your hand or arm to give you fluids and medicine until you can drink.
- A face mask or tube under your nose to give you oxygen.
- A plastic clip on your finger to check your oxygen level.
- A blood pressure cuff on your arm that tightens for a few seconds every 10-15 minutes.
- A catheter to drain urine from your bladder, though you may still feel like you need to urinate.
- Leg wraps that inflate and deflate or elastic stockings to improve blood flow in your legs.

After recovery, you will be taken to Radiation Oncology for your first treatment.

### **After Surgery**

#### **Diet**

You can eat and drink right after surgery. You will be on a soft diet. You may eat any food you wish but start by eating small amounts. You may find that eating small amounts of bland food helps the first few days after surgery.

#### **Pain Management**

Prevention or early treatment of pain is far better than trying to treat severe pain. We have made a special plan to stay ahead of your pain and use almost no narcotics. You can always ask for more pain pills if you are in pain.

With the epidural catheter, you will get a constant dose of pain medicine. If you need more pain relief, you can push a button to give yourself more medicine.

You will get acetaminophen (Tylenol®) and an ibuprofen-like medicine as well.

### **Nausea and Vomiting**

The medicines you get in the OR should help with nausea and vomiting after surgery. If you do feel sick, you should reduce how much you eat/drink by mouth. Small, frequent meals or drinks are best. If you can drink and stay hydrated, the nausea should pass.

## **Preventing Complications**

### **Blood Clots**

To prevent blood clots, you will:

- Have leg wraps while in the hospital improve blood flow.
- Get shots of blood thinning medicine while in the hospital. You may also need this medicine at home.
- Get up and walk early and often.

### **Coughing and Deep Breathing**

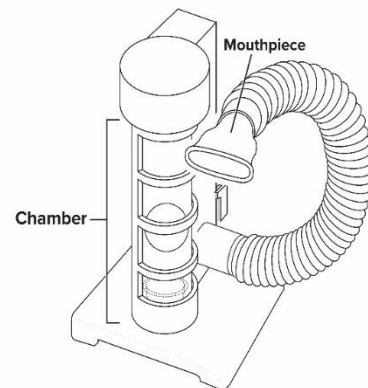
It is important to take deep breaths and cough after surgery. Once the breathing tube is out, nurses will ask you to deep breathe, cough, and use a breathing tool (incentive spirometer). This helps prevent pneumonia.

### **How to Cough and Deep Breathe**

1. Place a pillow over your chest to lessen the pain while you cough.
2. Take a slow, deep breath through your nose. Hold it.
3. Exhale slowly through the mouth.
4. Repeat two more times.
5. Breathe in again; hold it, and then cough.

### **How to Use the Incentive Spirometer**

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale and keep the guide as high as you can for as long as you can, or as told by your nurse or respiratory therapist.
4. Exhale and relax. Take the mouthpiece out and breathe out as usual.
5. Repeat 10-15 times each hour while you are awake. Try to do this twice each commercial break on tv.



### **Constipation**

You may have a hard time with bowel movements after surgery. Decreased activity and opioid pain pills cause constipation. While on opioids, take a stool softener (docusate sodium/Colace) 100mg twice daily and Miralax 17 gm once a day. You can buy this at your local drugstore.

### **To avoid constipation:**

- Drink plenty of water (at least 64oz (8 cups) of fluid per day).
- Avoid drinks with caffeine.
- Walk for at least 20 minutes a day if able.

## Going Home

### Discharge

You need to plan for someone to help you get home. Your ride must be ready and waiting for you in order to leave. Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for many reasons. We will not send you home until we feel it is safe to do so.

### What to Expect

You may have some vaginal spotting or bleeding. This should stop within 1-2 days. Use a sanitary pad, **no tampons**.

You may have some irritation or burning when you first urinate. This is from the foley catheter.

You could have some diarrhea after implant. Over the counter medicine can help or we may give you a prescription for medicine.

You may be sore in the area around the vagina. We will give you a prescription for pain medicine if you need it.

You may be given a prescription for antibiotics to take. Follow the directions on the bottle and be sure to take the entire prescription.

You are **not** radioactive after the implant is removed.

### Sitz Baths

People who use a sitz bath often (4-6 times per day) feel more comfortable and heal faster. You can use your bathtub, or we can give you a sitz bath. The portable sitz bath is used by placing it on the toilet and filling it with lukewarm water. You may add corn starch if you wish, just enough so the water turns white. Use this as often as you need but remember more often is quite beneficial.

**Do not submerge your incision (on your belly) in water.**

### Vaginal Dilator

At your first follow up visit, you will be given a vaginal dilator to use. The radiation may cause the vagina to become narrow and tight. Use it daily to help maintain the vaginal opening. You will be shown how to use it and directions will be given.

### Sex

It is safe to have sex after the implant, but this may be uncomfortable for a while.

### When to Call

- Fever above 100 F.
- Pain that is not relieved by medicine
- Bleeding more than a normal menstrual period
- Burning when you urinate or blood in the urine lasting more than 24 hours.

### Who to Call

Radiotherapy Clinic  
**(608) 263-8500**

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5329

## Pre-op Checklist

Remove this page to use 2 days before your surgery.

2 Days  
Before  
Surgery

**Start a clear liquid Diet if a bowel prep is needed**

- Water
- Broth
- Apple juice
- Ginger ale
- Gatorade
- Clear Jello®
- Popsicles

1 Day  
Before  
Surgery

**Magnesium Citrate Bowel Prep (if needed)**

- Morning** – Eat a light breakfast. Do not eat greasy foods and red meat.
- Lunchtime** – Eat a light lunch. No greasy foods or red meat. No solid food **after** lunch. Start clear liquid diet.
- At 3:00 PM** – Drink one bottle of Magnesium Citrate Oral solution (10 ounces).
- At 7:00 PM** – Drink one bottle of Magnesium Citrate Oral solution (10 ounces).
- Before bed** – Shower with the Hibiclens medicated wash. Use half of bottle or 2 packets and follow the instructions in your folder.

Morning  
of  
Surgery

- Take medicines as you have been told.
- Use the second half of the bottle of Hibiclens or 2 packets medicated wash and follow the instructions.
- Use your saline enema if your surgical team told you to.