

THE UROLOGY GROUP

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POST PROSTATE SEED IMPLANT INSTRUCTIONS

Activity: No strenuous activity for two weeks after the procedure (i.e. jogging, basketball), but otherwise resume normal activity and exercise the day following the procedure as tolerated. Avoid activities that place pressure on the prostate, such as bicycling or horseback riding, for a month following the procedure

Diet: Resume normal diet. Consider a low fiber diet for a few weeks if you experience frequent or loose BM 's (i.e. no fresh fruits or vegetables). A diet low in saturated fat is recommended as 'heart healthy' and may also reduce the risk of future cancers.

Sexual intercourse: Consider use of condom for the first few encounters since the semen will likely be bloody. Losing a seed in the ejaculate is rare and would not expose your partner to significant if it occurred.

Radioactive precautions: The radioactivity in the seeds has very limited penetration and is not a risk to others around you. However, the threshold for radiation effects to a fetus or child is not known. We recommend that encounters with children and pregnant women be brief (i.e. a hug) for the first month after an implant. There is no limit to the amount of time you may spend with a child at a distance of 6 feet (even the day of the implant). Your bodily fluids never become radioactive.

Losing seeds: The urine should be strained for the first week after the implant since it is possible to lose a seed into the bladder. If a seed is recovered, use tweezers to place the seed into the lead jar provided to you upon discharge. The lead jar should be brought back to Radiation Oncology at your next visit to be recycled. It is also possible to lose a seed via the network of veins around the prostate to the lung. This does not pose a risk to the lung. Since many seeds are placed in the prostate, losing a seed should not affect the affect the implant dose significantly. "Stranded" seeds are now used making seed migration unlikely.

Post-implant symptoms: Nearly all patients will notice significant urinary symptoms such as frequency (especially at night), urgency, burning with urination or weak urinary stream that may last for weeks. Some patients (<10%) may have an inability to empty the bladder, usually the first couple of days after the procedure. This may be uncomfortable and requires a catheter be placed and remain for about one week. Contact Radiation Oncology or your Urologist to have a catheter placed during office hours. Otherwise, go to the Emergency Room. Blood in the urine is common the first 24 hours after the implant, but your Urologist should be contacted if this persists. Contact your Urologist or Radiation Oncologist if you develop a fever (greater than 101.5 degrees).

Medications: Resume all normal medications upon discharge. In addition, most patients will benefit from an "alpha-blocker" (Flomax, Uroxatral, Rapaflo, Hytrin, or Cardura), and an anti-inflammatory (Aleve, Motrin, Advil). The alpha-blocker improves urinary flow and reduces frequency and urgency and is typically taken until symptoms improve (weeks-months). The anti-inflammatory can usually be stopped after 2-4 weeks. Pain medication (i.e. narcotic) is also available if needed, but should generally be avoided since constipation may develop.