

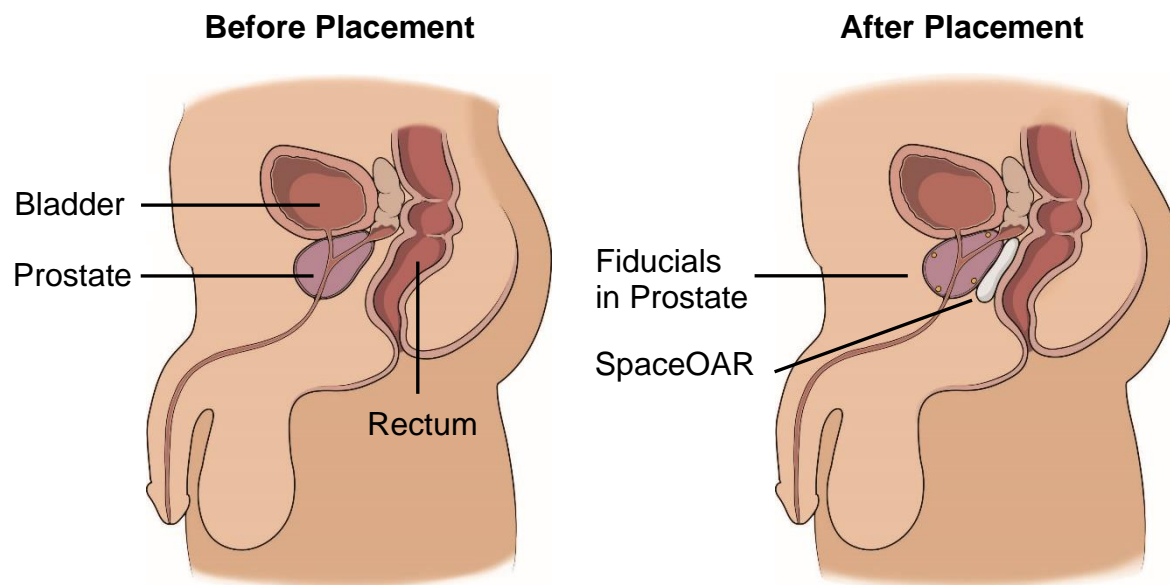
Spacer and Fiducial Marker Placement for Prostate Radiation

This handout gives details about spacer and fiducial marker placement for prostate radiation. If you have questions after reading this, speak with your doctor or nurse.

About spacers and fiducial markers

The prostate and rectum lie close to each other inside your body. Radiation given to the prostate can harm the nearby rectum. When a gel spacer is placed between the prostate and rectum, it helps protect the rectum from radiation and improves treatment to the prostate. The spacer is called SpaceOar Hydrogel. It is made mostly of water. A doctor uses a needle to inject the spacer between your prostate and rectum. The spacer stays in place for about 3 months and is absorbed into your body and removed through urine (pee) in about 6 months.

Fiducial markers are small metal objects, about the size of a grain of rice. They help your radiation doctor pinpoint the location of the tumor. Which can limit harm to nearby healthy tissue. Fiducials are placed at the same time as a spacer. They are not removed after treatment.



Getting ready

Plan to have someone drive you home after the procedure. It is not safe for you to drive since the anesthesia you get makes you sleepy and less alert.



The placement is done in the operating room and takes about 1 hour. However, plan for the process to take a couple hours. This allows for check in, the procedure and recovery.



The day before your procedure, do not eat or drink anything after midnight. The morning of your procedure, you will need to do a Fleet's enema at home. Your urology doctor's office should give you more details about this.

The placement process

Your blood pressure, heart rate, breathing rate and oxygen level are checked before and during the procedure. An intravenous (IV) line is placed into a vein your hand or arm. The IV is used to give your anesthesia medicines and fluids.

For the procedure, you lie on your back with your legs apart and flexed. Your legs are held up in raised stirrups. You are given anesthesia, so that you are asleep during the placement. The doctor injects numbing medicine in the skin between your scrotum (sack that contains the testicles) and anus. An ultrasound probe is placed in your rectum, to help guide the spacer gel and fiducial placement into your prostate.

Once the area is numb, a needle goes into the skin between your scrotum and anus. The doctor uses the needle to inject the spacer gel and fiducial markers.

After placement

Plan on staying in the recovery area for at least 1 hour. During that time, your vital signs are checked and your IV is removed. You must pee (urinate) before going home. Before leaving, a nurse goes over your discharge papers.

It is normal to have a small amount of blood in your pee (urine) or semen for several days.

To plan for your radiation, you will need a CT simulation scan in the radiation department about 1 week after this procedure. The radiation staff will schedule the scan for you.

Activity

- Do not drive, use heavy machinery, sign legal papers or workout **for 24 hours after your procedure**. This is because the anesthesia makes you sleepy and less alert.
- Do not do things that shake you around, or put pressure on your groin area **for 1 week**. Some things to avoid are riding a bike, motorcycle, roller coaster, or lawn mower.

Pain

You may have pain, pressure, or soreness in the area between your scrotum and anus. This should go away in a few days. **Things you can do for pain or soreness:**

- Use a cold pack on the area
 - Wrap the cold pack in a towel to keep it from hurting your skin.
 - Keep the cold pack on for 20 minutes, then take it off.
 - Let the skin rest for 20 minutes before putting the cold pack on again.
- Take warm tub baths
- Take acetaminophen (Tylenol), aspirin, Naproxen (such as Aleve) or Ibuprofen (such as Motrin or Advil). Follow the label directions.

Call your doctor or nurse right away if you have:

- Swelling or redness in the area between your scrotum and anus
- Soreness or pain that doesn't go away after a few days or gets worse
- A temperature of 100.4°F (38°C) or higher
- A full bladder and the urge to pee, but you cannot go
- Pain or bloating in the area below your belly (lower abdomen)
- Trouble holding a bowel movement until you reach the toilet. Or, if you have a bowel movement in your underwear without knowing that it happened.
- Concerns, questions or if you are admitted to the hospital



To reach your Urology doctor's office, call 216-844-3009.