

Stereotactic Ablative Body Radiotherapy (SABR) Information for Prostate Cancer Patients

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You have agreed to have stereotactic ablative body radiotherapy (SABR) for your prostate cancer. It is also called stereotactic radiation therapy. This is a focused type of radiation that gives a high dose of radiation in 5 treatments. Treatments are given with one day rest in between the next treatment. Treatments are not given on weekends.

The information in this pamphlet supports the teaching you will get from your radiation therapy team. This treatment is only available at the QEII Cancer Centre. It is not available at the Cape Breton Cancer Centre.

How does Prostate SABR work?

This treatment uses gold markers to help focus radiation. The radiation will shrink or control the growth of the cancer. The radiation may kill the abnormal cells or stop the cells from growing.

How do I get ready for treatment?

Before starting treatment there are a few planning steps that will be completed.

1. **Insertion of gold markers into your prostate**
2. **Planning CT scan (Computed Tomography)**
3. **Planning MRI scan (Magnetic Resonance Imaging)**

All the planning steps may take about 3-4 weeks before your radiation begins.

Insertion of gold markers:

Gold markers are small metal gold spheres, coils or cylinders about the size of a grain of rice. These markers are placed in the prostate to help the Radiation team target the exact same spot during each treatment.

These gold markers must be put into the prostate before the radiation treatments start. Placing the gold markers into the prostate will take about 30 minutes to 1 hour. You will be in the cancer centre for about 2-3hours. You may receive medications to help you relax. You will need someone else to drive you home after the procedure.

The planning CT scan may be the same day as the gold marker placement. If they are both on the same day, you will be at the cancer centre until both appointments are done.

Preparation for gold marker insertion: (If you have any questions, please ask)

1. Plan a few days before gold marker insertion:

- **Support person:** Please ensure you have a support person who will drive you to and from the gold marker insertion procedure as you may receive sedation medications to help you relax.

2. 10-14 days before gold marker insertion:

- You need to have bloodwork 10-14 days before the gold marker insertion. You will be given a blood work request form when you see the Radiation Oncologist. You must book your own blood work appointment. To book your blood work please go to this website: <https://booking.nshealth.ca> or contact us if you have difficulty getting an appointment at 902-473-2024.
- When you get your gold marker insertion appointment date, write it down here:

- Book your bloodwork appointment 10-14 days before the gold marker insertion and write it down here:
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3. Night before gold marker insertion:

- You will be given a prescription for an antibiotic. **You must start taking it the night before the gold marker insertion.** You will continue taking it twice a day for 5 doses total. Your oncologist will give you this prescription either as a paper copy or send it online directly to the pharmacist. An online prescription can be filled at any pharmacy. Tell the pharmacist there is an online prescription for you.

4. The night before and morning of gold marker insertion:

- Do not eat any solid foods after midnight the night before your gold marker insertion procedure. You may drink clear liquids until 4 hours before your procedure. No food or drink within 4 hours of your procedure.

5. Same day as gold marker insertion:

- Please bring all medication containers, prescriptions and over the counter medications with you, including blister packs and natural health products (vitamins and herbs) you take. Tell your doctor if you stopped taking any other medications in the last few months.
- You need to have an empty bowel before the gold marker insertion. Purchase a Fleet™ enema from your pharmacy any time before coming to the cancer centre (more information can be found at the end of this pamphlet in a list to take to your pharmacy). Bring this with you the morning of the gold marker insertion. You will use it at the cancer center 1-2 hours prior to the procedure. You will be given access to a private washroom and assistance from staff if needed.

6. ECG:

- Your oncologist may request an Electrocardiogram (ECG) to be done before your gold marker insertion. This is a cardiac/heart test that is done as an outpatient procedure (does not require you to be admitted to hospital). If you need an ECG, you will be contacted with information regarding this test.

7. Blood thinner:

- If you take a blood thinner such as: Aspirin (ASA), warfarin (coumadin), Eliquis (Apixaban), Pradaxa (Dabigatran), Heparin, Xarelto (Rivaroxaban), Plavix (Clopidogrel); your oncologist will tell you to stop taking it for 7 days before the gold marker insertion. If you do not know if you are on a blood thinner, please ask your Radiation Oncologist. It is important to bring all medication containers or prescriptions or a list of them with you when you see the doctor.

Planning CT scan

A planning CT scan will be done in the cancer centre before you start. During this appointment very small marks will be tattooed on your lower belly and each hip. These marks will be used during each radiation treatment to ensure you are in the correct position each time.

Your planning CT appointment may be booked different ways.

1. On the same day as the gold marker insertion or,
2. A week after the gold marker insertion, on the same day as the planning MRI scan.
The CT scan will only take a few minutes. It is important that you lie still on the table. You will not get an injection for this CT scan.

Preparing for the planning CT scan:

1. If your CT scan is on the same day as your gold marker insertion
 - Empty your bladder (pee) 45 minutes before the CT scan then drink 500ml (16 ounces) of water as quickly as you can. Do not empty your bladder until after the scan is complete. If you cannot hold your urine (pee) let the person doing your procedure know.
2. If your CT scan is NOT on same day as your gold marker insertion
 - Take 34g (double dose) of PEG (Polyethylene Glycol) laxative powder (RestoraLax) daily for 3 days leading up to your CT scan.
 - › More information about RestoraLax is at the end of this pamphlet in the list to take to your pharmacy
 - 1 ½ -2 hours prior to your CT scan use a Dulcolax suppository. (This can be picked up from a pharmacy and no prescription is required)
 - › See more information on the Ducolax suppository at the end of this pamphlet in the list to take to your pharmacy.
 - Empty your bladder 45 minutes before the CT scan then drink 500ml (16 ounces) of water as quickly as you can. Do not empty your bladder until the scan is complete. If you cannot hold your urine (pee) let the person doing your procedure know.

Planning MRI Scan

An MRI scan is needed for planning of your radiation. The MRI will give a very detailed image of your prostate and surrounding tissues. This will be booked about a week after your gold marker insertion. This appointment will be about 1-1 ½ hours.

Preparing for the planning MRI scan:

1. Take 34g (double dose) of PEG (Polyethylene Glycol) laxative powder (RestoraLax) daily for 3 days leading up to your MRI scan. See more information on the RestoraLax at the end of this pamphlet in the list to take to your pharmacy
2. 1 ½ -2 hours prior to your MRI scan administer a Ducolax suppository (this can be picked up from a pharmacy and no prescription is required) See more information on the Ducolax suppository at the end of this pamphlet in the list to take to your pharmacy
3. Empty your bladder 45 minutes before your MRI scan then drink 500ml of water as quickly as you can. Do not empty your bladder until the scan is complete. If you cannot hold your urine (pee) let the person doing your procedure know.

Prostate SABR – how to prepare for your radiation treatments

You will be contacted by phone with the dates and times of your radiation treatments. The appointments will happen every other day. Your first radiation treatment is typically 2-3 weeks after your other planning appointments are completed.

Preparation for treatment (this is the same as for planning MRI)

1. Take 34g (double dose) of PEG (Polyethylene Glycol) laxative powder (RestoraLax) daily for 3 days leading up to your FIRST Radiation Treatment. See more information on the RestoraLax at the end of this pamphlet in the list to take to your pharmacy
2. Take 17g (single dose) of PEG (Polyethylene Glycol) laxative powder (RestoraLax) daily (including weekends and days off treatment) until your radiation treatment sessions are finished.

3. 1 ½ -2 hours before each treatment use a Dulcolax suppository (this can be picked up from a pharmacy and no prescription is required) See more information on the Ducolax suppository at the end of this pamphlet in the list to take to your pharmacy
4. Empty your bladder 45 minutes before your treatment then drink 500ml (16 ounces) of water as quickly as you can. Do not empty your bladder until treatment is complete. If you cannot hold your urine (pee) let the person doing your procedure know.

What happens during my radiation treatment sessions?

- You will be given a gown (johnny shirt) to wear.
- You will wait in the waiting area.
- Other patients having radiation treatment will also be there.
- The radiation therapists will call you into the treatment room.
- You will be asked to lie on the treatment bed. You will be made comfortable with knee supports.
- The therapists will then position (move) you and the machine so that radiation treatment can be given accurately. Part of your lower belly will be uncovered so the therapist can see the small tattoo markers you had during the planning CT. The therapists will need to touch you to move your legs or body slightly.
- It is important that you stay still and breathe normally. Once you are in position the therapists will leave the room.
- The treatment is controlled from outside the room. You will be alone in the room during your treatment. The therapists can use an intercom to talk to you. They can stop treatment and enter the room at any time. If you need them, they can hear you and always see you.
- You will not feel anything during the radiation treatment, but you may hear the machine making noises. The machine will move around you, but it will never touch you. The treatment bed may move. This is the therapists moving the bed remotely from outside the room.
- The therapists may come into the room to reposition you and the machine.
- You will be in the treatment room for 15 to 30 minutes depending on the time it takes to position you.
- Treatment may take longer than 30 minutes if the Radiation Therapist needs to repeat procedures for the best possible accuracy.

What happens after my treatments are finished?

- Close to the end of your treatments, your radiation therapy team will review important instructions with you about follow up care and appointments.
- The side effects from your treatment may continue for a period of time even though your treatment has finished. Continue with the instructions you receive until the side effects stop.
- You will get a follow up appointment with your oncologist within a few months of treatment finishing.
- The video “What to expect after radiation therapy” might be helpful. [Living Beyond Cancer - What to Expect After Radiation Therapy on Vimeo](#)

We know there are a lot of instructions to follow to prepare for prostate SABR. We are here to support you during your treatment.

Questions?

- › Phone: 902-473-6067 (QEII Cancer Centre Patient Line) for treatment or other health-related questions. Someone will return your call within 24 hours.
- › Phone: 902-240-8129 if you are feeling any distress and want to speak with a social worker, you can also talk to a member of your radiation therapy team.
- › If there are financial and/or travel concerns, please discuss with your Radiation Therapy team.

List of supplies to pick up from pharmacy

If you require assistance with any of the following, please ask. Help is available.

1. Fleet Enema. Purchase 1 bottle.

- Please bring this with you to the cancer centre. You will use this AT the cancer centre.
- You will insert the enema 1-2 hours before your gold marker insertion appointment.
- You will be given access to a private washroom and assistance from staff if needed.
- If possible, lay on your side with your legs bent. Insert the neck of the bottle into your anus and squeeze the bottle. The contents will enter your bowels. Try to hold the liquid in your body for as long as possible, at least 10 minutes. It usually takes about 1 hour for it to work completely.

2. Docolax suppository. Purchase a package of 7 suppositories.

- one suppository is inserted before MRI scans and before each radiation treatment.
- Insert one suppository 1 ½ -2 hours before your planning MRI scan and before each radiation treatment. This is inserted into your anus using your finger or the applicator.
- This suppository will make you have a bowel movement (poop).
- You may need to use one before your planning CT scan if your planning CT scan is not on same day as your gold marker insertion.

3. Antibiotic. You will be given a prescription. This will be sent electronically to your pharmacy or be a paper copy you bring to a pharmacist.

- If the prescription was sent electronically, talk to your pharmacist to get them to find the online prescription for you.
- If you have a paper prescription, take it to a pharmacy and have it filled a few days before your gold marker insertion appointment.
- Start taking the antibiotic the night before your gold marker insertion appointment.

4. PEG (Polyethylene Glycol) laxative powder (RestoraLax)

- Trade names: RestoraLax
- Pick up a bottle of RestoraLax (or another PEG based laxative) from your pharmacy and follow the instructions above about when to start taking before scans and while on treatment.

Use this calendar to record important dates during your treatment.

MONTH/YEAR: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Patient and family feedback is very important to us.

We would like to invite you to send any comments or suggestions on how to improve this booklet to education.cancercare@nshealth.ca or feel free to call us at 1-866-599-2267.

Looking for more health information?

Find this brochure and all our patient resources here: <http://library.nshealth.ca/cancer>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Nova Scotia Health promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

Nova Scotia Health
www.nshealth.ca

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The information in this brochure is for informational and educational purposes only.

The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider. The information in this pamphlet is to be updated every 3 years or as needed.