



Royal Free London
NHS Foundation Trust

Insertion of a rectal spacer for radiotherapy

Information for patients

This leaflet answers common questions about the insertion of a rectal spacer for radiotherapy. If you would like further information, or have any particular worries, please do not hesitate to ask your radiographer or doctor.

In all cases, a doctor will explain the insertion of a rectal spacer for radiotherapy to you and answer any questions you may have.

In most cases it will be possible for a friend or relative to accompany you for all or part of the procedure. Please ask your radiographer or doctor.

What is a rectal spacer?

A rectal spacer is a gel that is inserted into the space between the prostate and rectum. The spacer moves the rectum away from the prostate and helps to reduce side effects to the rectum that can be caused by radiotherapy treatment. As the spacer is inserted between the prostate and rectum, it pushes the rectum away from the prostate and away from the high radiation dose.

How is a rectal spacer inserted?

The insertion of the spacer takes place in the urology out-patients' clinic room under local anaesthetic and takes about 30 minutes. Three small markers, called fiducial markers, will be inserted at the same time. This enables us to have a better view of your prostate and ensures that the radiotherapy is delivered to the correct place.

Once you have been given a local anaesthetic, the doctor will inject the spacer as a liquid through a small needle between the rectum and the prostate. They will then use ultrasound imaging to ensure the spacer has been placed correctly.

The spacer will remain in place during your treatment. There is no need for it to be removed as it will gradually break down on its own between three to six months after insertion.

Please let your team know if you are taking any antiplatelet medicines such as, aspirin or clopidogrel, or any medicines that thin the blood like warfarin or rivaroxaban. These medications may need to be stopped temporarily before the procedure. As you will need to fast before the procedure, please let us know if you are diabetic so the team can offer advice or alter the dose of any medication you are using.

Do not make any changes to your usual medicines and continue to take them unless you are told otherwise. Please let us know what these medicines are (including anything you buy yourself over the counter or any herbal or homeopathic medicines) and if you have any allergies to any medicines. Remember to bring your medications with you to the pre-admission clinic and on the day of your procedure.

Is the procedure painful?

There is not usually much pain from this procedure, although you may be a little sore or experience mild discomfort. Your team can give you painkillers if you need them, so please let us know if you are in pain. These will usually be oral painkillers such as paracetamol or ibuprofen, which you can take as soon as you are able to eat and drink. You will normally be able to do this within hours of returning to the ward.

What happens after the procedure?

You may find that passing urine may be a little uncomfortable at first. If you have problems with this, you may need a catheter (a flexible tube used to empty the bladder) inserted, although most patients do not need this.

What do I need to do after I go home?

You will be given a one-week course of antibiotics to start on the evening of your insertion, this will be prescribed for you by the team. You must complete the course as it will reduce the risk of urinary infection.

When you go home, please drink plenty of clear fluids each day. We recommend two to three litres of water, and limit any caffeine

(tea or coffee), fizzy drinks and alcohol. You should be able to return to normal activities within about three days.

Will I have a follow-up appointment?

You will be given an appointment to attend the radiotherapy department for a CT and MRI scan to prepare for your radiotherapy planning. This appointment should be received within a few days and will be sent to you in the post or via text message.

Are there any risks of having a spacer?

The spacer is made of a synthetic material mostly consisting of water, the material is biocompatible and can be used safely in the body. The use of rectal spacers is approved by the National Institute of Clinical Excellence (NICE).

There is a very rare risk (less than 1%) of complications from the spacer if it is inserted incorrectly. If this happens, you will have to wait three months for the gel to be absorbed into your body before repeating the procedure. This may delay your radiotherapy treatment.

Are there any alternatives to having a spacer?

There is no alternative to having a rectal spacer, but it is possible to have radiotherapy without having one inserted.

Giving your consent (permission)

You will be involved in decisions about your care and treatment. If you agree to the procedure, you will be asked to sign a consent form. If you would like more information about our consent process, please speak to a member of staff caring for you.

More information

For more information about the radiotherapy service at the Royal Free London, please visit our website:

www.royalfree.nhs.uk/services/services-a-z/cancer-services/radiotherapy-services/

Your feedback

If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

© Royal Free London NHS Foundation Trust
Service: Radiotherapy
Version number: 1
Approval date: July 2022
Review date: July 2024
www.royalfree.nhs.uk

world class expertise  local care