

The following is an example letter to send to a patient's primary care provider or specialist to request pre-operative clearance for anal/rectal HDR brachytherapy. Always follow your institution's policies and the treating physician's instructions. You may attach your worksheet such as lab orders, outlining the specific clearance needed based on the patient's medical history, surgical history, medications, or other clinical factors.

Hello,

Please note that our mutual patient _____ has decided to pursue HDR brachytherapy as an integral part of their anal/rectal cancer treatment.

HDR brachytherapy is a highly precise, localized treatment that delivers targeted radiation through temporary tubes or needles placed into the target area. This can involve both the use of local and systemic anesthesia. A range of anesthesia may be used from light anesthesia (monitored anesthesia care) up to general anesthesia. The procedure itself lasts less than a few hours, after which the patient will recover from the anesthetic. Depending on the number of prescribed treatments, they will either go home the same day or remain in the hospital until all treatment is delivered.

We are requesting this patient obtain preoperative medical or cardiac clearance as part of standard pre-anesthesia clearance requirements. This is a joint request between Radiation Oncology and or anesthesia service. Please see the attached worksheet for the requested clearance, which is based off the patient's past medical/surgical history, medications, or other factors.

We do ask that anticoagulation be held prior to this procedure, based on the type of medication being prescribed and standard preoperative hold times. In the event of a recent event that greatly increases the risk of pausing anticoagulation, such as recent pulmonary embolism, deep vein thrombosis, myocardial infarction, cardiac stent, or ischemic stroke, please contact our team. At times an enoxaparin bridge may be warranted, or we may have to adjust the patient's plan of care due to risk.

Please reach out to our team at (____) _____ - _____ if you have any questions about this patient's procedure or pre-anesthesia clearance requirements being requested.

With gratitude,
