

BRACHY NURSING TOPIC: PROSTATE HDR IMPLANT REMOVAL

By Kayla Kafka-Peterson RN BSN, Administrative Nurse for UCLA Radiation Oncology- Division of HDR Brachytherapy

Disclaimer info: This is meant as an educational guide/tip sheet only. Always defer to your institution's policies and procedures and orders from the treating physician.

Prostate HDR brachytherapy has become a very precise, efficient way to treat prostate cancer. At the end of the patient's treatment, the HDR implant catheters will need to be removed.

How implants are removed varies by institution. Some HDR implants are removed while the patient is under anesthesia or moderate sedation, while others are removed when the patient is awake and alert. Some are removed in the same procedure room they were placed, while others are removed in any available space large enough to fit a patient in a gurney. Some teams have nurses involved, while other teams have therapists and physicians removing implants. These tips are general and can be adapted to your team and your needs.

Prostate implant removal is usually very simple and straightforward. However, there are still some basic supplies you will need to have on hand for implant removals, and some additional supplies your team should have on standby in the event of any complications, such as sudden or sustained hematuria.

SUPPLIES FOR EACH REMOVAL

- Scissors (if sutures present)
- 4x4 sterile gauze pack
- 10cc syringe to deflate bladder catheter balloon
- personal protective equipment – moderate chance of exposure to bodily fluids (especially if bladder irrigation is performed)
 - Recommendation: fluid-resistant gown and eye protection
- Trash can
- Sharps container

SUPPLIES TO HAVE ON STANDBY

- Biohazard receptacle (for anything that becomes saturated with blood or bodily fluid)
- Manual bladder irrigation
 - Irrigation tray
 - Irrigation fluid (usually normal saline)
 - Catheter plug
 - Sterile surface
- Continuous bladder irrigation supplies (rare)
 - Cystoscopy tubing
 - 3 way-foley catheter
 - Normal saline irrigation bag (1 or 3L)

PATIENT PREPARATION

- Patient will be in supine position, likely with knees bent, frog-legged, or in stirrups

- If patient is awake, it is important to remind them to breath continuously during the implant removal to help them relax and to help minimize vagal nerve stimulation. Patients have the tendency to hold their breath or bear down.

REMOVAL

- Recommendation: Have more than one person present for implant removal to provide assistance as needed
- Bleeding from the perineum immediately after prostate HDR implant removal is normal and pressure will need to be held until bleeding stops
- Monitor the bladder catheter carefully to assess for the development of hematuria (please see ABS nursing tipsheet for hematuria, “Considerations for Managing Hematuria in the Pelvic HDR Brachytherapy (Interstitial) Patient” for further information).

POST-REMOVAL

- Discharge instructions per physician orders
- For sample instructions, please see ABS document “SAMPLE Discharge Instructions after Prostate HDR Brachytherapy”

Things to Ask your Physician about Prostate HDR Removals:

Where do we remove prostate HDR implants?

What supplies should be available when a prostate HDR implant is being removed?

Who needs to be present during HDR implants (examples: physician, nurse, medical assistant, radiation therapist)?

Instructions for urinary catheter removal (timing, irrigation required yes/no, voiding required before discharge yes/no - for most facilities, will need to be an order):

Are there patients that are discharged with catheter still in place? When does this occur and when do they need to come back for catheter removal?

After prostate HDR implant removal, what instructions should the patient receive (You may refer to document "Sample Discharge Instructions after Prostate HDR" for suggestions):
