

Information for patients and carers

Stereotactic Radiosurgery

Decorative graphic at the bottom of the page consisting of three horizontal, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

What is Stereotactic Radiosurgery?

Stereotactic radiosurgery or SRS is a non-invasive technique using highly precise X-ray treatment to small areas in the brain. It uses very small beams of high energy x-rays to target the lesion or tumour. It works by damaging the DNA in the cells so they can no longer reproduce and grow. This treatment can be given in 1 to 5 sessions. SRS can achieve the same results as surgery without having any surgical incisions made. There is no in-patient stay, no lengthy recovery or healing; and shortly after the procedure you can expect to resume your normal activities.

Are there any alternatives to this treatment?

The oncologist may have advised you about other possible treatments which may include surgery. They will be happy to discuss any concerns you still have.

What will happen if you do not have this treatment?

If you choose not to have this treatment the cancer will continue to grow. Symptoms may develop and worsen.

Important information

Please inform us before you attend:

- If you are or think you are pregnant or breastfeeding
- If you weigh over 25 stones (158Kg)
- If you have problems standing or need a hoist to transfer
- If you have a pacemaker fitted.

You **MUST NOT** drive and should inform the DVLA of your diagnosis. Hospital transport can be arranged if you do not have anyone to bring you to your appointments.

Appointments

MRI Scan in MRI department at RPH

Date: __/__/__ Time _____

CT Scan in Rosemere Cancer Centre at RPH

Date: __/__/__ Time _____

Treatment in Rosemere Cancer Centre at RPH

Date: __/__/__ Time _____

Preparation

Treatment planning for your stereotactic radiosurgery will be done at least one week before the treatment.

Stage 1: You will have a Magnetic Resonance Imaging (MRI) scan of your brain with a contrast injection. This

takes images of finely cut sections of your brain. You will have recently had one of these scans, however we will need to do another MRI scan so that we can use the most up to date information to plan your treatment accurately. It is important that you stay as still as possible for this scan, allowing the team to get the best images possible.

Stage 2: Mask production and CT scan (for radiotherapy planning). Shortly after your MRI you will have a CT scan in radiotherapy. You need to keep your head still throughout the treatment so a radiotherapy mask can be made for you. It is done by warming a flat plastic sheet which is applied to your face. When it cools down, the plastic sheet will form a mould of your head. The mask is full of multiple small holes, so you can see through it and breathe normally through your mouth and nose. You will then have a CT scan with the mask on.

- We ask that you do not have your hair cut once your radiotherapy mask has been moulded as it can alter the exact fitting of the mask.
- If you have a beard or a moustache you will be asked to shave it off before you attend for planning, as this helps us to get a good fit with the radiotherapy mask.

Your Treatment

We advise that you are accompanied by either a family member or friend on the day of treatment.

You will be asked to lie on the treatment couch with your mask on. The machine will move around you but will not touch you. You will not feel anything when you are having your treatment although you may hear the machine buzzing or bleeping. The radiographers will be watching you on a CCTV monitor throughout the procedure and the machine can be switched off at any time if you have any problems.

The treatment time can vary but usually takes approximately 30 minutes per lesion which is being treated.



Steroids

Radiotherapy can cause some swelling in the treatment area. In view of this, steroids are usually prescribed to counteract this.

This regime will be decided by your Neuro Oncology consultant to ensure that you reduce the steroid dose gradually. If you start to experience an increase in neurological symptoms such as headaches or dizziness whilst reducing your steroids, seek medical advice as your steroid dose may need to be increased again. Sometimes patients may need to stay on a low dose of steroids for longer. This will be managed by your primary oncology team.

Lansoprazole/Omeprazole must be taken alongside steroids to protect the stomach until your course of steroids is complete.

After your treatment

Future follow-up appointments will be arranged after treatment with your primary clinical oncologist.

A follow-up MRI scan will be arranged for 12 weeks after your stereotactic radiotherapy.

Contact details

Should you require further advice or information please contact:

Radiotherapy Reception **(01772) 522923.**

Appointments **(01772) 522931**

Transport **(01772) 522295**

If you would like to watch a short information video about radiotherapy, please scan the QR code below.



Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

Stop smoking services

<https://www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/>

Alcohol advice

<https://alcoholchange.org.uk/>

Macmillan at Rosemere Cancer Centre

<https://tinyurl.com/38z3d2fy>

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

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