



Information for
patients and
carers

**Stereotactic Radiosurgery
(SRS/FRST)**

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 tumour in the brain. It works by damaging the DNA in the cells so they can no longer reproduce and grow. This treatment can be given in 1-5 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. If you require transport we are happy to arrange this for you.

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 treatment 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 that is being treated. You will need to remain in the department for a short period of time to be monitored afterwards.



Steroids

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

Regime of Dexamethasone to start the day of SRS treatment:

6mg day for 3 / 5 / 7 days

4mg twice a day for 3 / 5 / 7 days

2mg twice a day for 3 / 5 / 7 days

2mg once a day for 3 / 5 / 7 days

Then STOP or 1mg once a day for 5 / 7 days then STOP

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 should always be taken alongside steroids to protect the stomach until your course of steroids is complete.

Side effects - early reactions

- Dry itchy scalp
- Patchy temporary hair loss
- You may experience dizziness, nausea or a headache
- It is quite usual to feel tired for some days after your treatment
- Based on the location, there may be a small risk of seizures (fits)

Side effects - late reactions

Radionecrosis is when the radiation treatment damages the normal brain tissue around the tumour. This can cause symptoms that mimic the tumour and may require further treatment with steroids and/or

surgery. This is rare and will be discussed with you when you consent for treatment.

After your treatment

Future follow up appointments will be arranged after treatment with your primary clinical oncologist and a follow up MRI scan will be arranged for 12 weeks after SRS.

Where can I get help?

We are here to ensure your treatment goes as smoothly as possible. If you have any concerns or anxieties you can contact any of the team for further specialist help or information.

Radiotherapy Appointment Team: Tel (01772) 522931

Patient Transport Queries: Tel 01772 522901

Acute Oncology Team: Tel (01772) 523205

In cases of emergency you should attend your local Accident & Emergency (A&E) Department.

Questions about cancer?

We are here to help, the Macmillan Cancer Information & Support Service at Lancashire Teaching Hospitals is open to anyone affected by cancer and is situated at both Chorley Hospital & Royal Preston Hospital.

Contact us on 01772 523709 or cancerinfocentre@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals
www.nhs.ukwww.patient.co.uk
www.macmillan.org.uk
www.cancerhelppreston.co.uk
www.nhs.uk
www.patient.co.uk
www.accessable.co.uk

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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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

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

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یی چھپا یں ییہ ابی دست ہو یسکت ہے برا ے مہر یان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأ حروف كبير ة و بلغات إذا كنت تر يد مساعده في فهم هذه لمعلومات يُر جى أن تطلب أخرى يملكن تو فسير هذه المعلوما ت

Department: Radiotherapy

Division: Surgery

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