Rectal spacers

This leaflet explains how rectal spacers can help to minimise some potential side effects of radiotherapy for prostate cancer.

What are the possible side effects of radiotherapy for prostate cancer?

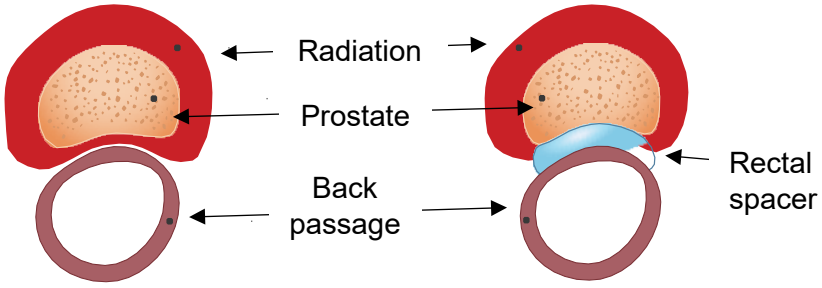
Radiotherapy is very effective in targeting and treating prostate cancer, but as with any procedure where radiation is used, there are potential side effects. These side effects can be mild and go away on their own, but for some patients they can last for years after treatment is completed and can have a profoundly negative impact on quality of life. Side effects can include:

- Rectal pain and bleeding
- Chronic diarrhoea
- Urinary urgency and leakage
- Erectile dysfunction

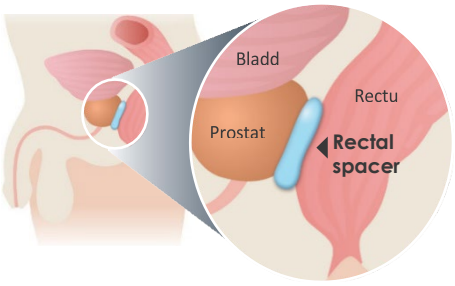
What is a rectal spacer and how does it help minimise side effects?

It is an absorbable material that temporarily creates a barrier between the prostate and the back passage, reducing the radiation dose delivered to the back passage during radiotherapy and may eliminate or decrease damage.

When treating prostate cancer patients with radiotherapy, the goal is to kill the cancer cells while avoiding damage to surrounding healthy tissue. The prostate is next to the back passage and naturally separated by a small space. This means that radiotherapy can unintentionally cause damage to the back passage, leading to issues with bowel function.



Without rectal spacer *With rectal spacer*



Images courtesy of Boston Scientific

Can a rectal spacer be used in all kinds of prostate cancer radiotherapy?

A rectal spacer can be used in all types of radiotherapy, including:

- **External radiation (or external beam radiation therapy – EBRT)** directing high-energy rays (or photons) from outside of the body into the tumour. Most patients get external radiotherapy over many weeks, during hospital outpatient visits.
- **Internal radiation, also called brachytherapy**, involves putting radioactive seeds inside the body into or near the tumour.
- **Stereotactic body radiation therapy (SBRT)** uses advanced imaging techniques to deliver extremely precise, very intense doses of radiation to the prostate.

- **Proton beam therapy** uses proton particles in place of X-rays or high-energy rays.

Where and how is the rectal spacer put in?

Rectal spacers can be implanted as an outpatient procedure in the hospital, before you start radiotherapy. It is usually a short procedure with the Hydrogel injected as liquid between the back passage and the prostate, using ultrasound as a guide to ensure it is in the right place. Rectal spacers will usually be implanted under local anaesthetic so you should not feel any discomfort during insertion.

How long will the rectal spacer remain in my body?

A rectal spacer stays in place, separating your prostate and back passage, for about three to nine months. After this time, it is naturally absorbed into the body and passed in your urine.

What are the risks associated with rectal Spacers?

As with any medical treatment, there are some risks involved with the use of rectal spacers. Potential complications include but are not limited to:

- Pain associated with a rectal spacer injection;
- Pain or discomfort associated with a rectal spacer;
- Needle penetration of the bladder, prostate, rectal wall, rectum or urethra;
- Injection of a rectal spacer into the bladder, prostate, rectal wall, rectum or urethra;
- Local inflammatory reactions;
- Infection; injection of air, fluid or rectal spacer intravascularly;
- Urinary retention;
- Rectal mucosal damage, ulcers, necrosis; bleeding; constipation; and rectal urgency.

Rectal spacers have been evaluated in many clinical studies, which showed that they were safe and effective, with the average study patient gaining 1.3cm of space between the prostate and back passage. This significantly reduced the radiation dose to the back passage, resulting in significantly fewer rectal side effects.

Three years after treatment, patients from the study were asked to report on their quality of life for bowel, urinary and sexual functions. These patient-reported outcomes showed that study patients experienced significantly fewer long-term rectal side effects, were more likely to maintain sexual function, and showed significantly lower decline in urinary and bowel quality of life.

Contact us

Contact the Urology Procedures Department for advice on weekdays between 8.30am-4.30pm via the Urology Clinical Admin Team 0118 322 8629 or Hopkins Ward on 0118 322 7771 at other times.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Urology, May 2024. Next review due: May 2026