

PROTOCOL FOR: Implant: Care of the Patient Receiving a Gynecologic (GYN)
Radioactive Intracavitary Implant

- POLICY:
1. The patients will report to SDS/OR to have applicators inserted. The patients are transported to Radiation Oncology for treatment planning and then sent to Surgery 7 where the implant will be placed. The Radiation Oncology Nurse is responsible for the care while the patient is in the Department of Radiation Oncology.
 2. Patients receiving an intracavitary GYN implant will have their applicators placed into the vagina and/or uterus by the gynecologist and Radiation Oncologists, either under local or general anesthesia in the Operating Room.
 3. Patients will not have radioactive sources (Cesium¹³⁷) placed until after their simulation session in the department and they have been transferred to their in-patient room. The length of time of the implant will be determined after the simulation and treatment planning are complete.

- DESIRED PATIENT OUTCOMES:
1. Patient will verbalize basic understanding of procedure and rationale for procedure.
 2. Patient will verbalize understanding of potential side effects of procedure.
 3. Patient will verbalize understanding of self-care at discharge and at follow-up.

CLINICAL
ASSESSMENT AND
CARE:

Pre Procedure:

1. Assess patient's ability to understand and comply with the appropriate precautions and post procedure care. Report any concerns to physician.
2. Discuss equipment (applicators) needed for procedure with Radiation Oncologist and send to Central Sterile for gas sterilization. Ensure readiness of kit for procedure date.
3. Review department medical record for patient's status on completion of external beam radiation therapy.

During Procedure:

1. Wear film and ring badges. Note: the patient does not have the implant placed until they are on Surgery 7 and the patient poses a no greater exposure risk than any other patient.

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After Procedure Care:

1. Review post-operative orders and provide nursing care as ordered, i.e., vital signs, oxygen therapy, intravenous fluid and foley catheter monitoring, etc.
2. Assess cardiac, respiratory status and comfort level. Report to physician any pain, heavy bleeding; vaginal itching, burning or discharge; diarrhea or constipation; signs of infection; nausea or vomiting.
3. Assist in patient transfers and with log rolling as needed. Do not elevate patient's head of bed (stretcher) higher than 30°.

Post-Discharge/ Follow-up:

1. Consult with Radiation Oncologist regarding care needs, i.e. dilator size, care at home, etc.
2. Assist with Pelvic Exam.

PATIENT
EDUCATION: Provide patient and family with appropriate educational materials.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 3/02

REVISION DATE: