

This booklet is for patients undergoing SRS / SRT for brain lesions.

Please read this information in conjunction with the *“Brain Treatment Information Booklet”* provided by your Radiation Oncologist.

WHAT IS SRS AND SRT?

SRS and SRT have shown to be beneficial in treating small secondary cancer(s), also known as metastases, in the brain. It may be given as the main treatment or following surgical removal.

SRS and SRT are similar to traditional brain radiation therapy, with the main differences being:

- The total dose of radiation prescribed by your Radiation Oncologist is given over a smaller number of treatment sessions (usually between 1 and 5).
- In order to precisely target the area being treated, the Linear Accelerator (“Linac”) may need to deliver the treatment from multiple angles. Images are taken and the bed adjusted to ensure you are in the correct position before each radiation beam.
- As we are giving a higher dose of radiation per session, you will be in the treatment room for 20-30 minutes each visit.

OPERATING HOURS

8.00am – 5.00pm, Monday to Friday

For urgent cancer-related medical attention after hours, contact your GP or Baxter Wing 6 on 4215 2266 and ask for the registrar on call.

ADDRESS

The Andrew Love Cancer Centre
University Hospital Geelong

PHONE CONTACTS:

T 4215 2600 (GENERAL ENQUIRIES)

T 4215 2603 (RADIOTHERAPY NURSES)



Published by Barwon Health
July 2020



barwonhealth.org.au



OUR VALUES
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STEREOTACTIC RADIOSURGERY (SRS) AND STEREOTACTIC RADIATION THERAPY (SRT)

For treatment of brain lesions



Radiotherapy / Andrew Love Cancer Centre

MRI SCANS

Your Radiation Oncologist will refer you for an MRI scan, so that we have the most up-to-date imaging of the area we will be treating.

You may also have a follow up MRI scan 4-12 weeks after your treatment has been completed. Your Radiation Oncologist will discuss this with you.

PLANNING SESSION AND CT SCAN

At the planning appointment you will have a customised mask made to support your head. This mask is to assist you in keeping perfectly still during your CT scan and treatment sessions.

Although you may have had a recent CT, we need a scan of you wearing the mask and in the treatment position to plan your Radiation Therapy.

TREATMENT

SRS and SRT treatments are similar to other x-ray procedures. The linear accelerator will make a buzzing sound when it is on, but you will not be able to see or feel the treatment.

Some patients having treatment to the brain may see flashes of light, even with their eyes closed. There is no pain or discomfort from the treatment. The Radiation Therapists can see, hear and talk to you from outside the room.

FOLLOW UP AFTER TREATMENT

After your Radiation Therapy has been completed, please keep both sections of your mask for 12 months.

On your last day of treatment two follow up appointments will be scheduled for you. The Radiotherapy Nurses will organise a telephone review to take place 1-2 weeks after your final treatment. Your review with the Radiation Oncologist will be booked within 6 weeks of treatment, unless otherwise indicated.

SIDE EFFECTS

Your Radiation Oncologist will discuss potential treatment side effects with you. Side effects are dependent on where the lesion is located, and may be different for each individual. Below is a list of side effects that you may experience from your treatment.

SHORT TERM SIDE EFFECTS

- Fatigue
- Nausea and vomiting
- Headaches
- Hair loss

POSSIBLE LONG TERM SIDE EFFECTS

- Cerebral oedema (brain swelling)
- Radionecrosis (small risk) (tissue in area being treated dies)
- Visual impairment (if tumour is very close to visual pathway)

