

Patient information

Plaque Radiotherapy for Tumours inside the Eye

St. Paul's Eye Unit

Your Consultant / Doctor has advised you to have Plaque Radiotherapy.

What is Plaque Radiotherapy?

It is radiotherapy used to treat tumours inside the eye.

It involves two operations:

- The first operation is to fix the plaque to the outside of your eye where it can deliver radiation directly to the tumour inside your eye.
- The second operation is to remove the plaque once the tumour cells have been killed.

What are the benefits of having Plaque Radiotherapy for tumours inside the eye?

Compared to other methods, plaque radiotherapy is relatively straightforward and reliable, in certain patients.

What are the risks of having Plaque Radiotherapy for tumours inside the eye?

Risks include local tumour recurrence, double vision, drooping of the upper lid, dry eyes, cataract, radiation maculopathy and optic neuropathy, which is damage to the central part of the retina and the optic nerve caused by radiation, which may result in loss of vision.

The chances of survival after this treatment are about the same as after removal of the eye.

Are there any alternative treatments available?

There may be other treatments available and the doctor will have discussed these with you. If you feel that you need any further information please feel free to ask your doctor or specialist ocular oncology nurse (your key worker).

What will happen if I don't have any treatment?

Your tumour may continue to grow. This might make treatment more difficult and could make your eye painful. There may be an increased risk of tumour spread out of your eye and to other parts of your body.

What sort of anaesthetic will I need?

The first operation is carried out under general anaesthetic, while the second is carried out under general or local anaesthetic.

General anaesthetic is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training. Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Both local and general anaesthetics can cause side effects, which are common, but are usually short-lived. They include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death. The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

You will be admitted either the morning after your clinic appointment or, if this is not possible, a couple of weeks later. You will have some blood tests and an ECG (heart tracing).

These tests are important for you. It is better to find out about any problems as soon as possible to help prevent operations being postponed for medical reasons.

If there are any complications, our doctors will refer you to the appropriate hospital specialist or to your own family doctor (GP). You will be told if this is the case.

Interview / teaching session

You will be encouraged to ask questions and talk about your condition and operation.

A qualified ophthalmic nurse will explain your care plan in detail using a specially designed care programme.

The day of your operation

- You will be admitted via the Theatre Assessment Unit on the day of your operation.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safe keeping. General Office is open between 8.30am and 4.30pm, Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open.

- The Trust does not accept responsibility for items not handed in for safe keeping.
- You will be asked to remove jewellery. Band rings can be worn but they will be taped.
- If you are on regular medication, you will be told to take this if necessary.
- A bracelet with your personal details will be attached to your wrist.
- You will be asked to sign a consent form.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.
- The nursing staff will put drops into your eye to dilate (enlarge) your pupil.
- The ward nurse will then leave you and you will then be taken to the anaesthetic room.

The operations

First operation

This operation is to insert the plaque and takes about 45 minutes. Once the plaque is in position, calculations are carried out to specify how long the plaque needs to stay in place to kill the tumour cells. This varies from one to seven days.

Second operation

This operation to remove the plaque is carried out within a given timeframe, and usually takes about 25 minutes.

What should I expect after my operations?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing rate and wound regularly.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed.
- The nursing staff may offer an injection to help this sick feeling go away.
- You will have a pad over the operated eye.
- After your first operation, you may feel as if there is something in your eye while the plaque is in place. You may feel some slight discomfort. You will be offered pain-relieving medications if needed.
- While the plaque is in place, you will need to stay in your room or near your bed as much as possible.
- This is to limit the amount of radiation that other patients and visitors might be exposed to. You will be allowed visitors, but they will be asked to sit a few feet away from you. Children and pregnant women should not visit whilst you have the plaque in place.
- Ocular radiotherapy does not cause tiredness, hair loss or any generalised side effects. The treated eye might be red and possibly swollen for a few days, but this should settle quite quickly once the plaque has been removed.

Going home

Usually you can return home the day **after** the plaque is removed.

Discharge information

Pain relief and medication

- The nursing staff will advise you about painkillers before you leave the hospital.
- Continue any oral medication prescribed by the doctors.
- A member of the nursing staff will show you how to apply antibiotic and anti-inflammatory eye drops. If necessary, a District Nurse will be asked to help you with this once you get home.
- Please wash your hands both before and after applying eye drops.
- Apply your drops at the correct times.

If any severe pain, sudden loss of vision or excessive stickiness are noticed, please contact the Emergency Eye Department:

**Tel: 0151 706 3949 / Text phone number: 18001 0151 706 3949
or
Your local hospital.**

Your eye

For two weeks after the operation please:

- Avoid rubbing or pressing on the eye.
- Avoid heavy lifting, exercise or gardening
- Avoid getting soap or shampoo in your eye while washing.
- Avoid eye makeup for at least two weeks after your operation.

Getting back to normal

- Ask your hospital doctor or your own family doctor (GP) when you can take up driving, swimming and other sports again.
- You may feel low in mood at times after you have been discharged from hospital. Sister Gillian Hebbar is available to help you and can arrange for you to see a counsellor if required. She works closely with Professor Heimann. If you would find it helpful, you can arrange for her to contact you at home after discharge from hospital. This might be an opportunity for you to ask her any questions you may have.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need.

Further Appointments

Arrangements will be made for you to be reviewed at your own local eye hospital within a couple of weeks of discharge, where you will be advised on further treatment with drops.

It is usually between three and six months before you will be reviewed here at the St Paul's Eye Department at the Royal Liverpool Hospital.

This is to allow enough time to pass so that your consultant can assess the effectiveness of your treatment. This appointment will be sent to you through the post.

**If you do not receive an appointment within this time, please telephone the Service Administration Manager on
Tel: 0151 706 3973. Text Phone 18001 0151 706 3973**

You will need to be reviewed every six months for the first few years, and then once a year for the rest of your life.

At first these appointments will be alternated between here and your home hospital.

Eventually, you will be discharged from the Royal Liverpool Hospital. If, at any time, your consultant feels the need to send you back here for review, this can be easily arranged.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Ocular Oncology Clinical Nurse Specialists

- **Gillian Hebbbar**
- **Gwendolyn Hachuela**
- **Shirley Varghese**

Tel: 0151 706 3976 (Answer machine out of office hours)

Text phone number: 18001 0151 706 3976

Email:

gillian.hebbbar@rlbuht.nhs.uk

gwendolyn.hachuela@rlbuht.nhs.uk

shirley.varghese@rlbuht.nhs.uk

Theatre Assessment Unit

Tel: 0151 706 3947

Text phone number: 18001 0151 706 3947

Mrs Jenny Pendlebury

Service Administration Manager

Tel: 0151 706 3973

Text phone number: 18001 0151 706 3973

Accredited Websites:

<http://www.looc.uk.com/>

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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