Seeds Of Hope

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A Patient's Real Guide to

Prostate Brachytherapy

What I Wish Someone Had Told Me

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Seeds of Hope: A Patient's Real Guide to Prostate Brachytherapy

First Edition

Medical Disclaimer

This book reflects one patient's personal experience with prostate brachytherapy and is intended for informational and educational purposes only.

This book is NOT medical advice. The information provided should not be used to diagnose, treat, cure, or prevent any disease or medical condition. Every patient's situation is unique, and treatment outcomes can vary significantly based on cancer stage, overall health, and individual factors.

Always consult with qualified healthcare professionals — including your urologist, radiation oncologist, and primary care physician — before making any decisions about your treatment. The author is not a medical professional.

The experiences, timelines, and outcomes described in this book are specific to the author and may not reflect what you will experience. Your medical team is the best source of guidance for your individual case.

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Introduction: Why I Wrote This Book

When I was diagnosed with prostate cancer, I did what most people do — I turned to the internet. I found plenty of medical websites explaining the procedure in clinical terms, statistics about success rates, and lists of potential side effects. What I couldn't find was what I really needed: a real person telling me what it was actually like.

I wanted someone to tell me: Will it hurt? What does waking up feel like? How long before I can go back to work? Will I be the same person afterward? The medical literature gave me data, but it couldn't give me reassurance.

That's why I wrote this book.

This isn't a medical textbook. I'm not a doctor, and I'm not going to pretend to be one. What I am is someone who has been exactly where you are right now — scared, uncertain, and desperately wanting to know what's coming next.

In these pages, I'll share my complete journey: from the moment I heard the words "you have cancer" to where I am today. I'll tell you what the procedure was really like, minute by minute. I'll be honest about the recovery — the good days and the hard ones. And I'll share my results, because I know that's what you're really wondering about.

My hope is that by the time you finish this book, you'll feel less alone and more prepared. Not because I have all the answers, but because sometimes just knowing that someone else has walked this path — and come out the other side — makes all the difference.

Chapter 1: The Diagnosis

When Life Changes in One Sentence

There's a before and after to a cancer diagnosis. One moment you're living your normal life, and the next, everything looks different. The world hasn't changed, but your place in it has shifted in ways you're only beginning to understand.

Understanding the Path to Diagnosis

For most men, the journey to a prostate cancer diagnosis follows a similar path. It usually starts with a routine PSA (Prostate-Specific Antigen) blood test, often done as part of a regular check-up. PSA is a protein produced by the prostate gland, and elevated levels can indicate various conditions — including cancer.

A "normal" PSA is generally considered to be below 4.0 ng/mL, though this varies by age. Higher levels don't automatically mean cancer — an enlarged prostate (BPH), infection, or even recent sexual activity can elevate PSA. But a high or rising PSA typically leads to further investigation.

If your PSA raises concerns, your doctor will likely recommend a prostate biopsy. This procedure involves taking small tissue samples from the prostate using a needle, typically guided by ultrasound. It's not comfortable, but it's the only definitive way to determine if cancer is present.

On a normal visit to my doctor he asked “when did we last do your bloods” to which I answered “I don’t believe we ever have,” as I was reasonably new to the area.

After having my bloods done it appeared I had an elevated PSA - 5.6 and was sent to have an MRI which confirmed there was a problem - However a biopsy is required to confirm if it is cancer or not. Hearing the final - “Yes you do have Prostate Cancer” is quite nerve racking.

The biopsy itself is ok, It’s done under anesthesia so you are not awake at the time. It’s a day procedure so I went in, in the morning and home that afternoon and then waited a few days for the result. I had the biopsy on a Thursday, so I was away from work on the Friday as well, however with the aid of a circular pillow I resumed work on the Monday, it’s not painful, just a little uncomfortable sitting for long periods.

An appointment had been set up in advance and I was told in person that the biopsy confirmed it was indeed prostate cancer. Truly at that point in time you do not really know what to think.

A further appointment was made with an oncologist, this appointment was quite lengthy. I spent approximately 4 hours at the hospital, I spoke to a surgeon and the oncologist and was given 3 different options to consider.

Option 1. An operation to cut out the cancer, something I was not very comfortable with as one of the possibilities was that a nerves could be damaged and the ability of having erections could become no longer possible. Higher rates of incontinence are

also reported. I was not going to take this option.

Option 2. 21 days of Radiation therapy done from outside of the body - I know people that have had this procedure and it's rather draining on you and this also has a downside that the radiation can affect surrounding organs and tissue.

Option 3. Brachytherapy - A newer technology where they place 100-120 radioactive titanium seeds (half the size of a grain of rice) in your prostate gland to kill the cancer locally.

Option 4. Active surveillance - Monitoring the cancer for a period of time without any immediate treatment.

All of these options were explained to me in great depth, and I was given plenty of information to take home and read.

My first choice was active surveillance which I did for 6 months, having two further blood tests during that period.

Making Sense of Your Pathology Report

After a biopsy, you'll receive a pathology report that can feel like it's written in a foreign language. Here are the key terms you need to understand:

Gleason Score: This grading system (ranging from 6 to 10) indicates how aggressive the cancer cells appear under a microscope. It's actually two numbers added together — the most common pattern and the second most common pattern. A Gleason 6 (3+3) is considered low-grade; Gleason 7 (3+4 or 4+3) is intermediate; and Gleason 8-10 is high-grade.

Grade Group: A newer, simpler classification system ranging from 1 (least aggressive) to 5 (most aggressive). Grade Group 1 corresponds to Gleason 6, Grade Group 2 to Gleason 7 (3+4), and so on.

Number of Positive Cores: During biopsy, multiple tissue samples (cores) are taken. Your report will show how many contained cancer. For example, "4 of 12 cores positive" means cancer was found in 4 of the 12 samples taken.

Cancer Stage: This describes how far the cancer has spread. T1 and T2 cancers are confined to the prostate; T3 has spread just outside; T4 has spread to nearby structures. Brachytherapy is typically most effective for T1 and T2 cancers.

The Emotional Impact

Let's be honest: hearing the word "cancer" is terrifying. It doesn't matter how early it's caught or how treatable it is — that word carries weight. It's normal to experience a flood of emotions: fear, anger, disbelief, sadness, or even a strange numbness.

Some men immediately shift into problem-solving mode, researching treatment options within hours of their diagnosis. Others need time to process before they can take action. There's no right way to respond.

What helped me was remembering that prostate cancer, especially when caught early, has very high survival rates. The five-year survival rate for localised prostate cancer is nearly 100%. This isn't a death sentence — it's a challenge to be managed.

Chapter 2: Why I Chose Brachytherapy

Weighing Your Treatment Options

After diagnosis comes one of the most difficult decisions you'll face: choosing a treatment. For localised prostate cancer, there are several effective options, each with its own benefits and trade-offs. Understanding these options is crucial to making the right choice for your situation.

The Treatment Landscape

Active Surveillance

For very low-risk cancers (typically Gleason 6), active surveillance involves monitoring the cancer closely without immediate treatment. Regular PSA tests, biopsies, and sometimes MRIs track any changes. Treatment is initiated only if the cancer shows signs of progression. This approach avoids treatment side effects but requires comfort with "living with" cancer and regular medical appointments.

Radical Prostatectomy (Surgery)

This surgery removes the entire prostate gland. It can be done through open surgery, laparoscopically, or with robotic assistance (da Vinci system). The main advantage is that the cancer is physically removed. The trade-offs include longer recovery time (typically 4-6 weeks), higher rates of incontinence (especially initially), and erectile dysfunction. Many men regain function over time, but it's a significant consideration.

External Beam Radiation Therapy (EBRT)

This delivers radiation to the prostate from outside the body, typically over 4-8 weeks of daily treatments. Modern techniques like IMRT (Intensity-Modulated Radiation Therapy) precisely target the prostate while minimising exposure to surrounding tissues. Side effects can include fatigue, urinary symptoms, and bowel irritation. There's no surgery, but the treatment schedule requires significant time commitment.

Brachytherapy (Seed Implantation)

This is the treatment I chose, and the focus of this book. Brachytherapy involves implanting tiny radioactive seeds directly into the prostate gland. These seeds deliver radiation from the inside out, providing a high dose to the cancer while limiting exposure to surrounding tissues. The procedure is typically done as an outpatient procedure lasting about 90 minutes, with most men returning to normal activities within days.

Why Brachytherapy Made Sense for Me

Every man's decision process is different, influenced by their cancer characteristics, lifestyle, priorities, and risk tolerance. Here's the general case for brachytherapy:

- Single outpatient procedure versus weeks of daily treatments or major surgery
- Quick recovery — most men return to work within a week
- Lower rates of incontinence (less than 1% long-term) compared to surgery
- Good preservation of erectile function (up to 90% maintain function)

- Excellent long-term cancer control rates for appropriate candidates
- The radiation is delivered precisely to where it's needed

Brachytherapy isn't right for everyone. It's typically best suited for men with low to intermediate-risk prostate cancer, a prostate that isn't too large, no previous TURP surgery, and good baseline urinary function. Your medical team can help determine if you're a good candidate.

At the end of my surveillance period my PSA had risen to 14.9. It was now time to act.
Based on all the above information - I chose Brachytheropy, and I'm glad I did.

Questions to Ask Your Medical Team

Before making your decision, consider asking these questions:

- Based on my specific cancer characteristics, which treatments do you recommend and why?
- What are the expected cure rates for each option in my situation?
- How many of these procedures have you performed?
- What are the realistic side effect rates at your centre?
- If this treatment doesn't work, what are my options then?
- How will this affect my quality of life in the short and long term?
- What does the monitoring schedule look like after treatment?

Chapter 3: Preparing for Procedure Day

What Nobody Told Me

Once you've decided on brachytherapy, there's a period of preparation — both medical and personal. Understanding what's coming and being well-prepared can significantly reduce anxiety and help ensure the smoothest possible experience.

Pre-Procedure Medical Appointments

Before your implant, you'll have several appointments to prepare:

Volume Study: A transrectal ultrasound (TRUS) to precisely measure your prostate. This creates a detailed map that the radiation oncologist uses to plan exactly where each seed will be placed. The study typically takes 15-30 minutes and is done as an outpatient procedure.

Pre-Operative Assessment: Standard blood tests, ECG, and medical history review to ensure you're fit for anaesthesia. This is when you'll discuss any medications you're taking and whether any need to be stopped before the procedure.

Treatment Planning Meeting: Your radiation oncologist will explain the procedure, discuss expected outcomes, and answer your questions. This is also when you'll receive specific instructions for procedure day.

Physical Preparation

Your medical team will give you specific instructions, but here's what's typically involved:

Bowel Preparation: You'll likely need to do a bowel clean-out the day before (usually with an enema or laxative) to ensure the rectum is empty during the procedure. This helps the ultrasound probe get clear images and reduces infection risk.

Fasting: Nothing to eat after midnight before your procedure, and usually no liquids for a few hours before. This is standard for any procedure involving anaesthesia.

Medications: You may be told to stop blood thinners (aspirin, warfarin, etc.) several days before the procedure. Always follow your doctor's specific instructions about your medications.

Practical Preparation

Beyond the medical preparation, there are practical matters to sort out:

Time Off Work: Most men take 3-7 days off, though some return sooner. I'd recommend at least 3-4 days if you have a desk job, longer if your work is physical.

Transportation: You cannot drive yourself home after the procedure due to anaesthesia. Arrange for someone to pick you up and stay with you for the first night.

Home Setup: Stock up on easy meals, have comfortable loose-fitting clothing ready, and consider setting up a comfortable recovery spot with entertainment within reach.

What to Bring on Procedure Day

- Photo ID and insurance/Medicare card
- List of current medications
- Loose, comfortable clothing (avoid tight underwear or trousers)
- Slip-on shoes (bending may be uncomfortable after)
- Phone and charger
- Something to read or watch during waiting time
- Contact information for your ride home

Mental Preparation

The anxiety leading up to the procedure is often worse than the procedure itself. Here are some strategies that can help:

- Ask questions until you feel informed — uncertainty breeds anxiety
- Talk to someone who's been through it (ask your doctor if they can connect you)
- Keep busy in the days before — idle time allows worry to grow
- Practice relaxation techniques or meditation if that works for you
- Remember: the medical team does this regularly — you're in experienced hands
- Focus on the outcome — this is a step toward being cancer-free

Chapter 4: The Day Of

A Minute-by-Minute Account

This is the chapter I searched for and couldn't find when I was preparing for my procedure. I wanted someone to walk me through exactly what would happen, step by step. So that's what I'll do for you.

Arriving at the Hospital

You'll typically arrive 1-2 hours before your scheduled procedure time. After checking in at reception, you'll be taken to a pre-operative area where you'll:

- Change into a hospital gown
- Have your vital signs checked (blood pressure, heart rate, temperature)
- Have an IV line placed for fluids and medications
- Meet with the anaesthetist to discuss your anaesthesia options
- See your urologist and/or radiation oncologist for any final questions

The Anaesthesia

Brachytherapy is typically performed under either general anaesthesia (you're completely asleep) or spinal anaesthesia (you're awake but numb from the waist down). Your anaesthetist will discuss which option is best for you based on your health and preferences.

With general anaesthesia: You'll be wheeled into the operating room, the anaesthetist will administer medication through your IV, and you'll simply fall asleep. The next thing you'll know, you're waking up and it's over.

With spinal anaesthesia: A small needle is placed in your lower back to inject numbing medication. You'll be awake but won't feel anything below the waist. Many men prefer this option as it avoids general anaesthesia side effects.

The Procedure Itself

The actual seed implantation procedure typically takes 60-90 minutes. Here's what happens while you're under anaesthesia:

You'll be positioned with your legs in supports (similar to a gynaecological examination position). An ultrasound probe is placed in the rectum — this provides real-time imaging that guides the entire procedure. A catheter is placed in your bladder.

Using the pre-planned treatment map, the radiation oncologist inserts thin needles through the perineum (the area between the scrotum and rectum) into the prostate. Through these needles, the radioactive seeds are precisely deposited according to the treatment plan.

Anywhere from 40 to 100+ seeds may be implanted, each about the size of a grain of rice. The seeds are made of titanium and contain either iodine-125 or palladium-103 — both of which emit radiation over several months before becoming inert.

Throughout the procedure, the team uses ultrasound and sometimes fluoroscopy (X-ray) to verify seed placement. Once all seeds are in place, the needles are removed. There are no incisions or stitches — just tiny puncture marks that heal quickly.

Waking Up

You'll wake up in a recovery area, and the first thing you'll probably notice is that it's over. For most men, the overwhelming feeling is relief.

You may feel groggy from the anaesthesia, and there's typically some discomfort in the perineal area — like mild bruising. You may have a catheter in place (some doctors remove it before you wake; others leave it in for a few hours or overnight).

Nurses will monitor your vital signs and ensure you can urinate before discharge. You'll be given ice packs for swelling and pain medication if needed.

Going Home

Most men go home the same day, typically 3-4 hours after the procedure. Before discharge, you'll receive:

- Written instructions for care at home
- Prescriptions for pain medication and possibly antibiotics
- Information about radiation safety precautions
- Follow-up appointment dates
- Contact numbers for any concerns

The ride home should be comfortable — bring a pillow to sit on if you're concerned about discomfort. Avoid bumpy roads if possible. Once home, the priority is rest.

Chapter 5: The First Week

Recovery Reality Check

The first week after brachytherapy is when you'll experience the most noticeable effects. Everyone's recovery is different, but here's a general picture of what to expect, along with my personal experience.

Day 1: Home After the Procedure

The day of your procedure, once you're home, rest is the priority. You may still feel the effects of anaesthesia — drowsiness, mild nausea, general fogginess. This is completely normal.

Expect some discomfort in the perineal area. It often feels like you've been kicked — a deep bruising sensation. Ice packs (20 minutes on, 20 minutes off) help significantly. The prescription pain medication you're given should manage any significant pain.

You may see some blood in your urine — this is normal and typically clears within 24-48 hours. There might also be minor bleeding from the puncture sites, though this is usually minimal.

Days 2-3: Peak Discomfort

For many men, days 2-3 represent the peak of discomfort. The perineal bruising may feel more pronounced before it starts to improve. Swelling of the prostate is at its maximum, which often causes increased urinary symptoms.

You may experience:

- Frequent urination — needing to go every 1-2 hours
- Urgency — when you need to go, you really need to go
- Weak stream or difficulty starting urination
- Burning sensation when urinating
- Waking multiple times at night to urinate

These symptoms are caused by prostate swelling, not infection. They typically peak around day 2-3 and then gradually improve. Your doctor may prescribe alpha-blockers (like tamsulosin) to help with urinary flow.

Days 4-7: Gradual Improvement

By days 4-7, most men notice improvement. The bruising sensation fades, sitting becomes more comfortable, and urinary symptoms begin to ease. You're likely reducing pain medication and starting to feel more like yourself.

This is when many men start wondering about returning to normal activities. Light walking is encouraged and actually helps with recovery. However, you should still avoid:

- Heavy lifting (nothing over 5-10 kg)
- Strenuous exercise
- Sexual activity (usually for 2 weeks)
- Cycling or activities that put pressure on the perineum
- Long periods of sitting

Managing Pain and Medications

Your doctor will prescribe appropriate pain management. Typically this includes:

- Paracetamol (Panadol) for mild pain
- Anti-inflammatory medication (if not contraindicated)
- Stronger prescription pain relief for the first few days if needed
- Alpha-blockers for urinary symptoms
- Possibly antibiotics as a precaution

Stay ahead of the pain — it's easier to prevent pain from building up than to knock it back down. Take your medication as prescribed, especially in the first 48 hours.

Chapter 6: Weeks 2-6

The Slow Return to Normal

The first week is about recovery. Weeks 2-6 are about returning to normal life while the seeds do their work. During this period, you'll have follow-up appointments, gradually resume activities, and learn to live with some temporary limitations.

Follow-Up Appointments

Around 4-6 weeks after your procedure, you'll have a follow-up CT scan. This important imaging study serves multiple purposes:

- Verifies that all seeds are in their intended positions
- Confirms adequate radiation coverage of the prostate
- Creates a record for calculating the actual radiation dose delivered
- Identifies any seeds that may have migrated (rare)

You'll also have an appointment with your radiation oncologist to review the CT results and discuss how you're feeling. This is a good time to ask any questions that have come up during recovery.

Returning to Work

When you return to work depends on the nature of your job and how quickly you recover. Here are general guidelines:

Desk jobs: Many men return within 3-7 days. Consider a cushion for your chair and take breaks to walk around.

Light physical work: Usually 1-2 weeks. Avoid heavy lifting initially.

Heavy physical work: May need 2-4 weeks depending on the specific demands. Discuss with your doctor.

The main consideration is managing urinary symptoms. If you're still experiencing significant frequency or urgency, being near a bathroom throughout the day is important.

Exercise and Physical Activity

Gradual return to physical activity is encouraged, but with some important restrictions:

Weeks 1-2: Light walking only. No lifting over 5kg. Avoid stairs where possible.

Weeks 2-4: Increase walking distance. Light stretching. No gym work yet.

Weeks 4-6: Can begin light gym work, swimming. Still avoid heavy lifting and high-impact activities.

After 6-8 weeks: Most activities can resume. Cycling should wait longer (2-3 months) due to perineal pressure.

Radiation Safety Precautions

The radioactive seeds emit low levels of radiation that affect a small area around the prostate. While this radiation is therapeutic for killing cancer cells, some precautions are recommended for the first few months:

- Avoid prolonged close contact (less than 1 metre for extended periods) with pregnant women and young children for 2-3 months
- Brief hugs and normal interaction are fine — just avoid having small children sit on your lap for extended periods
- You may set off very sensitive radiation detectors at airports or nuclear facilities — carry your implant card
- Use a condom during sex for the first few weeks (in case a seed is expelled)

The seeds become inert (stop emitting radiation) within 6-12 months depending on the isotope used. They remain in your body permanently but pose no long-term risk.

Chapter 7: The Topics No One Wants to Discuss

Honest Conversations About Side Effects

These are the questions men really want answered but often feel uncomfortable asking. I'm going to be as honest and direct as I can, because this is information that matters.

Sexual Function

Let's address this directly: Most men who have brachytherapy maintain their ability to have erections. Studies show that 70-90% of men who had normal erectile function before the procedure retain it afterward. However, this is an area with a lot of individual variation.

Key points to understand:

- Changes usually happen gradually, not immediately
- The radiation effect on erectile tissue occurs over months
- Age, baseline function, and other health factors all play a role
- If changes occur, treatments like PDE5 inhibitors (Viagra, Cialis) are often effective
- Ejaculation may change — reduced volume is common, and some men experience dry orgasms

Most doctors recommend waiting 2-3 weeks after the procedure before resuming sexual activity, both for comfort and to allow initial healing.

Urinary Function

Urinary symptoms are the most common side effect of brachytherapy, but they're almost always temporary. The prostate surrounds the urethra, so any swelling or irritation affects urination.

Short-term (weeks 1-6): Increased frequency, urgency, weak stream, burning, and nighttime urination are common. These peak around weeks 2-4 and then gradually improve.

Medium-term (months 2-12): Symptoms continue to improve but may fluctuate. Some men notice flare-ups. By 12 months, most men are back to baseline or very close.

Long-term: Incontinence (inability to control urination) is rare with brachytherapy — less than 1% of men experience significant long-term incontinence. This is one of the major advantages over surgery.

Bowel Function

The prostate is located next to the rectum, so some radiation exposure to the rectal wall is unavoidable. However, because brachytherapy delivers radiation from inside the prostate, rectal side effects are generally less common than with external beam radiation.

Possible bowel effects include:

- Increased bowel frequency or urgency
- Loose stools
- Minor rectal bleeding (rare)
- Discomfort with bowel movements

These effects, when they occur, are usually mild and temporary. Significant long-term bowel problems are uncommon.

Emotional and Psychological Impact

Physical recovery is only part of the picture. The emotional journey of cancer treatment deserves acknowledgment too.

Common emotional experiences include:

- Relief that treatment is complete
- Anxiety about whether it worked
- Frustration with recovery time and limitations
- Changed perspective on life and priorities
- Gratitude for support received
- Fear of recurrence (this is normal and common)

It's okay to seek support — whether from family, friends, support groups, or professional counselling. Many cancer centres offer psychological support services.

Chapter 8: Long-Term Results

My PSA Story

After brachytherapy, PSA becomes your primary measure of treatment success. Understanding how PSA behaves after seed implantation can help you interpret your results and reduce anxiety.

Understanding Post-Treatment PSA

PSA monitoring after brachytherapy is different from after surgery. With surgery, the prostate is removed, so PSA should drop to nearly undetectable levels (below 0.1). With brachytherapy, the prostate remains in place, so PSA follows a different pattern:

Gradual decline: PSA typically decreases slowly over 2-3 years as the radiation kills cancer cells. Don't expect an immediate drop.

The "PSA bounce": Many men (20-40%) experience a temporary rise in PSA at some point during the first 2-3 years. This is NOT cancer recurrence. It's thought to be caused by radiation-induced inflammation or dying tissue. The bounce typically resolves on its own.

What's "normal": There's no single target number, but generally PSA below 1.0 is considered good. The lowest point your PSA reaches (nadir) is often more important than any single reading.

Signs of concern: A persistent, progressive rise in PSA (not just a temporary bounce) may indicate treatment hasn't been fully successful. The definition of "failure" is typically PSA nadir + 2.0 ng/mL.

My PSA Journey

> When first diagnosed my PSA level was 5.6, I opted for Active surveillance at that time, whilst having PSA tests every two months. This resulted in my PSA level rising to 14.9 at the time I decided to take action. The Best Thing I Did - was take action.
>
> 3 Months after the operation my PSA level had dropped to 4.3, 3 months later dropped again to 2.2, and then another 6 months after that 1.6. So, at 12 months after the operation My PSA level has dropped from 14.9 to 1.6, this is the latest PSA level test I have had to date before writing this document.
> I definitely support brachytherapy.

The Monitoring Schedule

Typical PSA monitoring after brachytherapy follows this pattern:

- First test: Usually 4-6 weeks after procedure (may still be elevated)
- Year 1-2: Every 3-4 months
- Years 3-5: Every 6 months

- After 5 years: Annually (or as directed by your doctor)

You'll also continue regular appointments with your urologist for physical examinations.

Chapter 9: Life After

What's Different Now

At some point — and it's different for everyone — you transition from "recovering from cancer treatment" to "living your life." The cancer becomes part of your history rather than the centre of your daily existence. This chapter is about that transition and what life looks like on the other side.

Quality of Life Today

Now 18 months post operation, I would say my quality of life is absolutely no different to before I was diagnosed. I have zero symptoms, no problems at all with urination, erections or maintaining erections - sex life is fine, I do take cialis, however I did this before the diagnosis anyway. Rather than taking 20mg when needed I take 5mg everyday. This makes us older fella's like we are 19 years old.

What I'd Do Differently

Hindsight offers clarity. Looking back on my experience, there are things I'm glad I did and things I might approach differently.

I am very glad I chose the option I did - The only thing, I would do differently if I was to go through this again is I would opt for brachytherapy immediately instead of doing the active surveillance.

Perspective Gained

A cancer diagnosis changes you. Not always in dramatic ways, but in subtle shifts of perspective and priority. For many men, it becomes a catalyst for positive changes.

I would certainly recommend to any men from 40 years old is to check their prostate levels regularly. I for one had absolutely no idea that I had prostate cancer - no signs at all, apparently it is reasonably common for men to not experience any symptoms at all, and in some cases they get mild symptoms over time and just put it down to old age.

Lifestyle Changes

While brachytherapy treats the immediate cancer, many men use their diagnosis as a prompt to make broader health improvements. Research suggests that healthy lifestyle factors may reduce the risk of recurrence and improve overall outcomes.

Areas to consider:

- Diet — Mediterranean-style eating patterns show benefits for prostate health
- Exercise — Regular physical activity is associated with better outcomes
- Weight management — Maintaining healthy weight reduces cancer risk

- Stress reduction — Chronic stress affects overall health
- Sleep — Quality sleep supports immune function and recovery

Advice to My Past Self

If I could go back and talk to myself on the day of my diagnosis, here's what I would say...

Make sure you have regular check up's after 40.

Don't take things for granted, and don't say to yourself I'm just getting old.

Chapter 10: Resources & Quick Reference

Practical Tools for Your Journey

Pre-Procedure Checklist

One Week Before:

- Confirm procedure date, time, and location
- Arrange time off work (3-7 days minimum)
- Arrange transportation home from hospital
- Fill prescriptions if provided in advance
- Stock up on easy-to-prepare meals
- Stop blood-thinning medications if instructed

Day Before:

- Complete bowel preparation as instructed
- Eat a light dinner, then nothing after midnight
- Lay out loose, comfortable clothing for tomorrow
- Pack hospital bag (see list below)
- Confirm ride to/from hospital
- Get a good night's sleep

What to Bring:

- Photo ID and Medicare/insurance cards
- List of current medications
- Loose-fitting pants and underwear
- Slip-on shoes
- Phone and charger
- Book or entertainment for waiting
- Small pillow for ride home (optional)

Questions to Ask Your Doctor

Before Treatment:

- What is my cancer stage and Gleason score?
- Why is brachytherapy the best option for me?
- How many of these procedures have you performed?
- What are the success rates at your centre?
- What are realistic expectations for side effects?
- What happens if this treatment doesn't work?

After Treatment:

- How did the procedure go?
- When should I expect symptoms to improve?
- What symptoms should prompt me to call you?
- What PSA pattern should I expect?
- What is the follow-up schedule?

Glossary of Terms

Brachytherapy: Internal radiation therapy using radioactive seeds implanted directly in the prostate

Gleason Score: A grading system (6-10) indicating cancer aggressiveness based on cell appearance

Grade Group: A newer classification system (1-5) corresponding to Gleason scores

PSA (Prostate-Specific Antigen): A protein produced by the prostate; elevated levels may indicate cancer

PSA Bounce: Temporary rise in PSA after brachytherapy, not indicating recurrence

Nadir: The lowest PSA level reached after treatment

TRUS (Transrectal Ultrasound): Ultrasound imaging of the prostate via a probe in the rectum

Perineum: The area between the scrotum and anus where needles are inserted

Alpha-blocker: Medication that relaxes prostate muscles to improve urinary flow

Iodine-125 / Palladium-103: Radioactive isotopes used in brachytherapy seeds

Helpful Resources

Australia:

- Prostate Cancer Foundation of Australia: pcfa.org.au
- Cancer Council Australia: cancer.org.au
- Beyond Blue (mental health support): beyondblue.org.au

International:

- Prostate Cancer Foundation (US): pcf.org
- Prostate Cancer UK: prostatecanceruk.org
- American Cancer Society: cancer.org

Final Thoughts

If you're reading this book, you're likely facing one of the most challenging experiences of your life. I want you to know: you can do this. Thousands of men have walked this path before you, and they've come through the other side.

Brachytherapy isn't a walk in the park, but it's manageable. The procedure is shorter than you expect. The recovery is faster than you fear. And the results, for most men, are excellent.

Take it one day at a time. Ask questions. Accept help. Give yourself permission to be scared, and then give yourself permission to be hopeful.

I wrote this book because I wished it existed when I needed it. If it helps even one person feel less alone, less afraid, or better prepared, then it was worth writing.

Wishing you strength, good results, and a quick recovery.

I highly recommend brachytherapy if it’s a possibility for you. But don’t put it off - Just go ahead and do it.

Best Regards
Wayne Rosa.

— End of Book —