Anaesthesia for 2-fraction Prostatic Brachytherapy – a Case Report

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BACKGROUND

Prostatic brachytherapy presents the Anaesthesiologist with unique problems¹. The aim of this report is to describe our anaesthetic approach to a patient with recurrence of prostatic cancer that needed to be awake and immobilized for more than 12 hours, in order to be submitted to 2 brachytherapy sessions in the same day.

CASE REPORT

- 79-year-old patient, ASA III;
 - Past medical history: ischemic cardiac disease, hypertension and prostatic cancer (submitted to external radiotherapy 9 years ago, with recent recurrence);
 - Scheduled for **prostatic brachytherapy in 2 sessions spaced 12 hours apart**;
 - Preoperative investigations (blood analysis, eletrocardiogram, and chest radiography): normal;
 - Suspension of clopidogrel and aspirin 6 and 3 days, respectively, before procedure;
 - Thromboembolism prophylaxis secured*.
- * prophylactic enoxaparin suspended 12 hours before

ANAESTHETIC MANAGEMENT and PROCEDURE DESCRIPTION

Fig. 1 – Chronological anaesthetic management and procedure description. CT – computer tomography ; h- hours

DISCUSSION

Regional techniques are the leading anaesthetic approach to pelvic brachytherapy^{1,2,3} but there aren't any specific publications about the ideal anaesthesia for 2-fraction prostatic brachytherapy. Analgesia, immobilization and even monitoring and transport between radiotherapy, CT and recovery rooms are main concerns. Combined spinal-epidural with epidural infusion is already used in gynaecologic interstitial brachytherapy with multiple fractions³ and, based on our experience, we suggest the portrayed technique as an advantageous option for 2-fraction prostatic brachytherapy.

LEARNING POINTS

- ✓ **2-fraction prostatic brachytherapy** presents the Anaesthesiologist with additional concerns - namely analgesia, immobilization, monitoring and transport;
- ✓ **Combined spinal-epidural anaesthesia with an epidural infusion** seems an advantageous option.