Radiotherapy Pre-Treatment
A Patient’s Perspective
Pre-Treatment Visit

Prior to starting a course of Radiotherapy a patient will requiring planning on the CT scanner to enable the treatment to be “Mapped out”

On the patients first visit to the Radiotherapy department they will have an explanation from a radiographer as to what to expect from the planning process
The patient is positioned on the CT scanner and accessory equipment is used such as a footstock, angled boards or individually made head shells to ensure that the patient will be able to remain still and in a reproducible position for the duration of their treatment course.
Performing the CT Scan

The CT Couch is raised until the area to be scanned is level with the centre of the scanner – this can be quite high in some instances.
Reference Marks

- To enable the CT Scan to be used for radiotherapy purposes it is vitally important that some form of reference marks are made both on the patient and the scan. This is then used as a zero point or ‘Origin’ and any moves to the centre of the treatment area are made from this position.

- Marks are placed on the patient using an external laser system. Initially these are temporarily marked onto the patient’s skin with marker pen.

- A Radio-Opaque marker is then placed on these marks – these will be visible later on the scan images.

- After the CT has been performed the marks are made permanent by a very small tattoo dot on the patient’s skin. All the pen marks can then be removed and the patient can continue to wash throughout their treatment.
Moving the patient into the scanner – the internal (red) lasers show the centre of the CT bore
Scanning

The patient is alone in the room whilst the scan is carried out. The couch moves through the scanner a number of times and can feel a little claustrophobic.

The patient is observed through the viewing window by the radiographers. They will talk to the patient via an intercom warning them of when the bed will move.
Final stages of the Scan

After the scan has finished and the permanent marks (tattoos) have been made on the patients skin they will be helped off the bed.

The position of the patient, any accessories used and landmarks for the tattoo are all recorded in a set-up document – this will then be enable the treatment radiographers to ensure the reproducibility of the treatment on a daily basis.
At the end of the patient’s visit they will be given a list of their treatment appointments, information leaflets about their treatment and any further questions that they may have will be answered.