PRACTICAL GUIDELINES FOR ARRANGING RADIO-IODINE THERAPY AND WHOLE BODY SCANS FOR PATIENTS WITH DIFFERENTIATED THYROID CANCER

Radio-iodine Therapy

1. Radio-iodine treatment must be deferred for at least 6 weeks post surgery – to allow endogenous thyroid hormone levels to fall. In practice, it is usually not necessary to rush in and arrange the ablative dose of radio-iodine straight away; radio-iodine treatment 2 to 3 months post surgery is quite acceptable. In such instances, 200mcg of thyroxine should be commenced immediately after surgery. If it is planned to give radio-iodine as soon as possible, commence the patient on tri-iodothyronine 20 mcg tds.

2. Book room in Ward 2 for the week of the planned admission - x32228

3. The usual ablative dose of radio-iodine is 3000MBq – but check with the consultant. Phone Charlie x32159 to confirm availability, send off the radio-iodine form (with the consultant’s signature).

4. Fill out request for whole body scan, send to Nuclear Medicine

5. Fill out blue metabolic unit form to ask nurses to measure TSH and thyroglobulin on the Thursday before the radio-iodine is to be administered. Include a request for the MU nurses to ask Registrar on call that week to check the TSH level on the Friday.

6. Send information leaflet and letter regarding timing of withdrawal of thyroid tablets to patient and GP. In practice, T4 should be withdrawn 6 weeks pre-therapy. T3 therapy should be commenced for the next 4 weeks and discontinued 2 weeks pre-treatment.

7. Check TSH level is > 30.0 mU/L on the Friday before treatment; if not, discuss with Consultant on call when next to measure TSH level.


9. Arrange follow-up at Endocrine clinic 2/12 after radio-iodine.

If a therapeutic dose of radio-iodine is to be administered (i.e. to a patient who has already received an ablative dose and is on T4 therapy in suppressive doses), follow
steps 2-9 as above. The dose of radio-iodine to be administered will need to be discussed with the appropriate consultant.

Protocol prepared by Alison Mackenzie and Mark Strachan 10/02
Sample Patient Letter

Dear

A side room has been booked for you in Ward 2 of the Western General Hospital for your forthcoming admission for radioactive iodine treatment. Please report to Ward 2 at 10am on the morning of Monday the _____ of ______________. I enclose an information sheet which should give you an idea of the procedures that will be followed during your admission.

In preparation for this treatment you need to switch from the “thyroxine” thyroid tablets which you are taking at present, to an alternative, called T3 or tri-iodothyronine. You will need to take one T3 tablet (20 micrograms) three times daily. I have copied this letter to your doctor, but you should obtain a prescription for the T3 tablets well in advance of the start date, as your chemist may need to order them.

You should take your last tablet of thyroxine on Sunday ____ of ____________ and begin taking T3 on the morning of Monday ____ of ______________. Please take the T3 tablets for 4 weeks only and stop them on the evening of Sunday the ____ of _________________. It is very important that you stop taking thyroid tablets two weeks before your radio-active iodine treatment in this way, or the treatment may not work properly.

During the time that you are off your thyroid tablets, you may feel increasingly tired as your hormone levels fall. You may also become constipated; to prevent this please make sure you drink plenty of fluids and ask your GP for a prescription of a laxative called lactulose.

Finally, we need to check a blood test on you on the Thursday before your radioactive iodine treatment, to ensure that your thyroid hormone levels are satisfactory. The nurses from the Metabolic Unit will be in touch with you to arrange this.

Best wishes