Procedure for radiiodine treatment

Diabetes and Endocrinology
Patient Information Leaflet
Why do I need treatment?

You have a condition called thyrotoxicosis. This means that your thyroid gland is overactive and produces too much thyroid hormone. If it is not properly treated, your health may be affected in the future.

What is radioiodine treatment?

Radioiodine treatment uses a form of iodine that is radioactive. It shrinks the thyroid gland so that it cannot produce as much thyroid hormone. The dose of radioactivity is very low and is not harmful.

Where does the radioiodine go?

The radioiodine is taken up by the thyroid gland.

How is the radioiodine given?

You will be asked to swallow a capsule or a liquid containing the radioiodine. Radioiodine is colourless and tasteless.

How many radioiodine treatments will I need?

Occasionally, a second treatment is necessary but not until a year after your first dose.

Will I need to see a doctor after the radioiodine treatment?

You should be seen by your hospital doctor after treatment and have blood tests taken. These are to check how your thyroid gland has responded.
Is radioiodine treatment safe?

Radioiodine has been used for over 40 years to treat thyrotoxicosis and patients treated this way have been studied carefully. This form of treatment is considered to be safe and effective.

Will I have any side effects?

There are no known immediate side effects associated with the treatment.

Are there any long term effects?

Radioiodine is a very safe treatment. However your thyroid gland may become under active after your treatment. This could happen within a few weeks, months or many years after treatment. That is why there are blood tests to check the function of your thyroid, which are important and should be performed regularly for the rest of your life. If your thyroid becomes under active you will be started on thyroid treatment which needs only to be taken once a day.

Are there any risks in having children afterwards?

There has been no effect on the health of the children of patients who have had radioiodine. However, we do ask you to avoid pregnancy, breastfeeding or fathering children for four months after radioiodine treatment.
Is there a risk to others?

You will be given some simple precautions to follow when you attend for your treatment. These are merely to avoid passing on any unnecessary radiation to others. Please see section ‘Precautions following radioiodine treatment’ for more information.

What are the alternatives to radioiodine treatment?

Alternatives include taking tablets called thionamides which stop your thyroid gland from producing excess amounts of thyroid hormones; or surgery to remove all or part of the thyroid gland. Your consultant will discuss these alternatives with you.

How do I prepare for radioiodine treatment?

Stop taking any thyroid tablets seven days before radioiodine treatment.

What about my other medication?

Your hospital doctor will give you instructions about the other medication you are taking.

What do I need to do after my treatment?

- You can start taking thyroid tablets seven days after the radioiodine treatment.
- You will need a blood test five weeks after having the treatment.
- You will need to return to the Endocrine Clinic six weeks after the treatment.
You will be given dates for these appointments when you have your treatment.

**Precautions following radioiodine treatment**

The aim of these recommendations is to ensure that any radiation dose received by members of the public is as low as possible. After radioiodine is given, the following is recommended:

- Do not have close contact with children and pregnant women for a period of eight days. This means that you should keep a minimum distance of one metre from pregnant women and children whenever possible.

- In addition you need to avoid extended periods of close contact for a period of 25 days. This means that you should not cuddle a child or pregnant woman for more than 15 minutes a day and should not sleep with a child or pregnant woman in the same bed for this period of time.

- You can return to work on the day following treatment but:
  - You can sit next to colleagues for up to eight hours but after this period of time you will need to sit more than two metres away. This is for a period of 25 days after the treatment.
  - You should tell your employer about your treatment as you should not work close to staff who are or who could be pregnant.
  - If your work involves food preparation then it is a good idea to tell your employer about the possibility of contamination and the need for precautions to avoid this.
• On the day you have your treatment do not sit for more than three hours next to someone on public transport.

• On the day you have your treatment you should not sit next to another passenger or driver for longer than three hours in private transport, such as a car.

Can I find out more?

We want you to understand what the treatment involves. If you have any other questions please either ask when you are referred for the treatment or you can contact your consultant by ringing their secretary, via the hospital switchboard on 01384 456111.

You can find out more about this treatment on the NHS Choices website:

www.nhs.uk

If you have any questions or if there is anything you do not understand about this leaflet please contact:

Diabetes and Endocrine Centre on 01384 244399 (9am to 5pm, Monday to Friday)
This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

यदि आपको यह वस्तु के भाषा में चाहिए तो पेशेंट इनफरमेशन को-ऑर्डिनेटर को टेलीफोन नंबर 0800 0730510 पर फोन करें।

दो तमने आ निश्चित तमारी पाटी भाषा (गुरुवार) में वक्ता लेख, तो दुरंत करें पेशेंट इनफरमेशन को-ऑर्डिनेटर 0800 0730510 पर संपर्क करें।

अपनी यदि यह प्रचारपत्र अपने निज के भाषा से प्रेषित चाहन, तबहले दया करे पेशेंट इनफरमेशन को-ऑर्डिनेटर से 0800 0730510 नंबर से संपर्क करें।

اذا كنت ترغب هذه الوصمة مترجمة بلغتك الأصلية (اللغة العربية), فرجاء اتصل بقسم المعلومات للمرضى 0800 0730510 Information Co-ordinator

Originator: Andrew Ball, Endocrine Lead Nurse
Date originated: June 2014
Date for review: June 2017
Version: 2
DGH ref: DGH/PIL/00454