What is a radioactive eye-plaque?

A radioactive eye-plaque is a device that can be used to deliver a high dose of radiation to an intraocular tumor. This is because the eye-plaque contains radioactive seeds. The gold of the plaque blocks more than 99% of the radiation. So, when Dr. Finger sews the plaque to the outside of your eye (underneath the tumor), the radiation is directed into the eye. For an average-sized tumor, less than 10% of the radiation makes it out of the other side of the eye.

Plaques come in various sizes between 10 and 20mm. A plaque will be chosen to cover your entire tumor plus a two millimeter "surround." The extra area is included to make sure the entire tumor is within the targeted area.

Most patients can stay at home or in a hotel room during treatment. Ask Dr. Finger about using radiation-blocking glasses that protect others from the radiation while letting you see from the operated eye.

Radiation treatment is continuous and will typically take up to 7 days. At the end of treatment, your tumor will have been given all the necessary radiation. Dr. Finger will remove your plaque and there will be no radioactivity left in your body.

About Dr. Finger

Dr. Finger is the Director of The New York Eye Cancer Center and Ocular Tumor Services at The New York Eye and Ear Infirmary, Bellevue Hospital, and the Manhattan Eye, Ear and Throat Hospital.

Dr. Finger is certified by the American Board of Ophthalmology and is a Fellow of both the American College of Surgeons and the American Academy of Ophthalmology.

He is a Clinical Professor of Ophthalmology at New York University School of Medicine and established The EyeCare Foundation in New York City.

Dr. Finger has pioneered the use of palladium-103 plaques for the treatment of choroidal melanoma.

The New York Eye Cancer Center

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The New York Eye Cancer Center

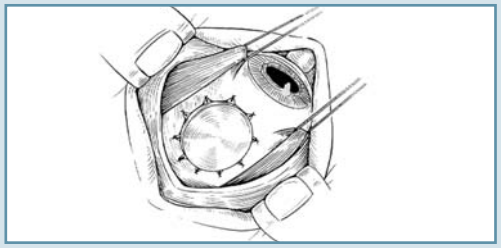
Radioactive Plaque Therapy

An Eye- and Vision-Sparing Treatment

What is plaque radiation?

Radioactive plaque therapy is a form of treatment that allows Dr. Finger to destroy your tumor without removing the eye. Unfortunately the radiation can also affect the normal parts of your eye and harm your vision.

By careful treatment planning, Dr. Finger will try to increase the effectiveness of radiation to kill your cancer, and decrease the side effects of radiation on the normal parts of your eye. A gold radioactive eye-plaque is shaped like a bowl or hat that can be placed on the eye.



Radioactive seeds are glued in a pattern within the gold eye-plaque.

FAQ's

Q: Am I radioactive after the plaque is removed?

A: No! Once the radiation plaque is removed, all radioactivity is gone.

Q: What sort of care will my eye need after I go home?

A: You will take eyedrops for about a month. These drops contain antibiotics, steroids, and medicines to relax your eye. They will help your eye heal more safely and quickly.

Q: How quickly will my tumor go away after plaque radiation?

A: Tumors are usually measured to shrink after 3 months. Most tumors shrink to about 40% of their original size, but rarely disappear. A residual lump of shrunken tumor usually persists for years after treatment.

Q: How often will I need to be checked after plaque treatment?

A: We recommend you be examined every 3 to 4 months after plaque radiation. There is a small chance the tumor will regrow or your eye may develop radiation-related problems that may require treatment.

Q: What will happen to my vision?

A: Plaque radiation may cause eventual blurring, dimming, or rarely, total loss of vision in the eye with the tumor. The amount of vision loss depends on what your vision was before treatment, how close the tumor is to your central retina, and how sensitive your tissues are to radiation.

Q: What type of radiation will be used?

A: Dr. Finger uses either palladium-103 or iodine-125 seeds in the eye-plaques. Each plaque is custom-made for each patient. Working with the radiation oncologist and medical physicist, Dr. Finger will pick the radiation seeds that will offer you the best chance for killing the tumor, keeping your vision and your eye.

Typically small, medium and some large-sized melanomas are best treated with palladium-103. We use iodine-125 in treatment of extra-large intraocular tumors.

Ask your doctor why he or she uses the radiation plaque picked for you and if it was compared to the other types currently available.

Provided by The EyeCare Foundation, Inc.