

# Low-energy contact X-ray brachytherapy for rectal cancer

Information for the public

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## Early-stage and locally advanced rectal cancer

This procedure can be used for early-stage and locally advanced rectal cancer when:

- the tumour is no bigger than 3 cm and has not spread beyond stage T3b N1 M0, and
- the person chooses not to have surgery, or
- the risks of surgery are too high.

This is because the procedure works well and there are no serious concerns about its safety in this condition.

T3b N1 M0 means the cancer has grown into the outer lining of the bowel (T3b) into up to 3 nearby lymph nodes (N1), but has not spread to other parts of the body (M0).

Some people with larger tumours may be able to have this procedure if other treatments, such as radiotherapy or chemotherapy, shrink the tumour to 3 cm or less.

## Metastatic rectal cancer

This procedure can only be done for metastatic rectal cancer as part of a research study. This is because there is not yet enough evidence to be sure how well it works or how safe it is.

Your healthcare professional should talk to you about the research.

## About this procedure

Rectal cancer occurs in the end part of the bowel (the rectum), just above the anus. Symptoms can include rectal bleeding, pain and changes in bowel habits, although there may not be symptoms in the early stages. In this procedure, also known as the Papillon technique, an X-ray tube is inserted through the anus and into the rectum. The tube is placed in contact with the tumour and releases a low dose of X-ray radiation (brachytherapy) directly to it. The aim is to kill the cancer cells, shrink the tumour and reduce symptoms. The procedure is usually done in an outpatient clinic using local anaesthetic (with or without sedation) to numb the area.

## Is this procedure right for me?

You should be included in making decisions about your care. See [our webpage on shared decision making](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

## Some questions to think about

- How many appointments will I need?
- Will I need more than 1 treatment?
- Will I need follow-up scans or check-ups?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

## Information and support

The [NHS webpage on bowel cancer](#) may be a good place to find out more.

The [NHS website has information about NHS hospital services](#) and [referrals for specialist care](#).

- [NICE's information on interventional procedures guidance](#) explains what an interventional procedure is and how we assess it.
- [NICE's information on recommendations](#) explains the types of recommendation we make.

[Bowel Cancer UK](#) (020 7940 1760) can give you advice and support.

You can also get support from your local [Healthwatch](#).

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