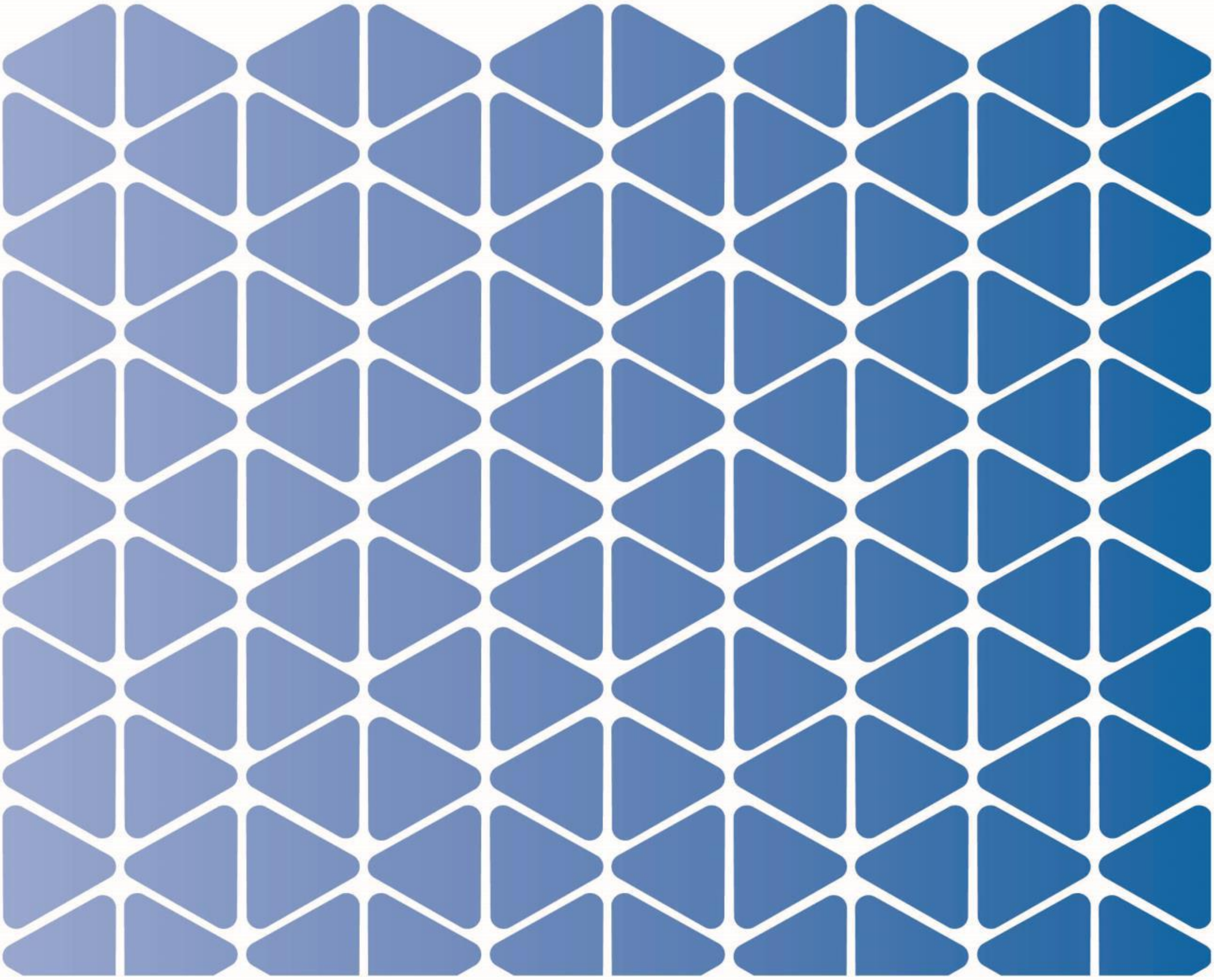
Worcestershire Acute Hospitals
NHS Trust

PATIENT INFORMATION

RADIOTHERAPY INFORMATION FOR PATIENTS UNDERGOING TREATMENT FOR GYNAECOLOGICAL CANCER



www.worcsacute.nhs.uk @WorcsAcuteNHS @WorcsAcuteNHS

Worcestershire Oncology Centre
Improving cancer services in Worcestershire

Introduction

This leaflet will explain the possible side effects which may develop when receiving Radiotherapy to your pelvic area.

These effects are individual and will depend on the dose of radiotherapy you receive and the length of your treatment. Everyone reacts to radiotherapy differently and not everybody will experience all the side effects mentioned. Most side effects can be temporary and will diminish with time. Acute (early) side effects may start at varying times during treatment and disappear in the weeks after treatment finishes. Late side effects may not occur for quite a long time after treatment has finished.

The radiographers will explain your possible side effects in more detail and answer any questions you may have before you start treatment.

You may also be having chemotherapy treatment at the same time as your radiotherapy. Chemotherapy is the treatment of cancer with drugs.

Some patients may have an internal type of Radiotherapy called Brachytherapy. We work in close partnership with the team at University Hospitals Coventry and Warwickshire (UHCW) to be able to deliver this treatment. The brachytherapy Radiographer from UHCW will be in contact if you are to have Brachytherapy treatment to talk you through the process. If you have any concerns regarding this, please speak to the Gynae specialist Radiographer here.

You will be given specific written information and consented separately for both Chemotherapy and Brachytherapy treatments.

You may have weekly blood tests while having radiotherapy treatment, this is so we can monitor some of the components in the blood and act accordingly if we need to.

Early effects (acute):
These effects may occur during your treatment and will continue for several weeks after the treatment course has been completed.

During your radiotherapy treatment you are not radioactive. Once the machine is switched off there is no radiation present so you are safe to be around children and pregnant people.

Effects on the bladder (cystitis)
You may experience an increase in frequency and urgency of urination and some people develop a burning or stinging sensation as well. There is also the possibility of feeling the urge to pass urine but then only passing small amounts.

You can help manage these effects by

- Drinking plenty of fluids and keeping generally well hydrated. This will depend on weight and body size but the average amount is 1.5- 2 litres, (3-4 pints) per day.
- Avoid drinks that can irritate the bladder such as tea, green tea, coffee and alcohol. Herb/fruit or caffeine drinks are fine.

Please tell the radiographers if you think you may be developing urinary problems.

Effects on the bowel:
You may find that your bowel motions become more frequent as the treatment continues, with looser, wetter stools and potentially diarrhoea especially as you come towards the end of the treatment.
It is not uncommon to have increased wind and pass some blood or mucous in your stools. You may also experience a bloated tender feeling in your stomach. If you are having chemotherapy as well, these side effects may be more severe.

You can help manage these effects by

- Trying to eat your usual diet and avoid missing meals. If necessary, we will advise you of a change in diet and we can give medication (usually Imodium / loperamide hydrochloride) if required. Please inform us if you normally take laxatives.

Tiredness

It is not uncommon to feel tired as you go through radiotherapy treatment. It can be a combination of traveling to and from the hospital and coping with side effects of treatment.

Research suggests that gentle exercise and keeping active can help with the symptoms of fatigue. Macmillan Cancer Support have a lot of information available. Please ask your radiographers for the appropriate booklets.

Hair Loss

You may find that you will lose your pubic hair in the treatment area. It should grow back but it may be thinner.

Skin

Patients receiving treatment to the pelvic area may get a more severe reaction especially in areas where there are skin folds and/or in the groin. The skin may also become sore and peel around the genital area. There are barrier creams and dressings that can be applied to help with these effects. Please let the treatment radiographers know if you are struggling and they will be able to advise you. You may also need to take pain killers for a while both towards the end of treatment and for a few weeks after the end of treatment. The skin reaction may peak 7-10 days after the treatment has finished.

Please continue to bath/shower daily using your usual products.

If you wish, you may use a moisturising cream of your choice externally in the treatment area.

Avoid wearing tight clothing in the area being treated if at all possible.

Nausea/sickness and weight loss

Sometimes people can lose weight during treatment. This can be due to side effects of sickness, diarrhoea and tiredness which can upset appetite. Eating frequent small meals can help.

It is possible to get a prescription for anti-sickness tablets so please let the radiographers know if you are struggling.

It will also be possible to speak to or see a dietitian if required.

Bleeding

Some people may experience a discharge from the front passage (vagina) which may be bloody. Please tell the radiographers treating you if this happens.

Changes to sexual function

Radiotherapy can cause loss of libido and a narrowing and shortening of the vagina, which may make sexual intercourse uncomfortable or difficult. It may also cause some vaginal dryness but lubricants are available on prescription.

To help prevent this happening you may be recommended to use a vaginal dilator with some lubricant. These will be given to you during your radiotherapy. They are used to maintain the opening of the vagina, and can help with sexual intercourse and to make future clinical examinations more comfortable for you.

Intercourse may not be possible for a few weeks following your treatment as your vagina will be inflamed. It is beneficial to use the vaginal dilators that you have been provided with, to make intercourse more comfortable. Using a lubricant jelly when intercourse resumes can ease vaginal dryness.

Fertility

Your consultant should have discussed with you the effects of your radiotherapy treatment on fertility.

In people with functioning ovaries, radiation treatment to the pelvis can result in infertility. This is because treatment brings about early menopause.

Late effects:

These can develop months or years after you have completed your treatment. Modern machines and techniques have reduced some of these late effects; however, they are the hardest to predict.

- <u>Swollen legs</u> - in some people, one or both of the legs can become swollen (Lymphoedema). This is more likely to occur in people who have had both surgery and radiotherapy to the lymph nodes. Your consultant or one of the team should be able to give you information about this and how it can be treated.

- <u>Bladder changes</u> - may include frequency, reduced bladder capacity, and occasionally leakage and blood in the urine.

- Bowel changes - may include loose bowel motions, urgency, narrowing of the bowel and bleeding from the rectum and some problems controlling bowel movement.
- Menopausal changes may occur for those who were premenopausal when they had the treatment. This will potentially result in infertility. Please speak to your consultant for more information about this.

- Changes in bone density may occur as a result of a premature menopause. The radiotherapy can affect the bones of the pelvis causing some weakness, with the possibility of fine hairline cracks developing called pelvic insufficiency fractures. Weight bearing exercise and a calcium enriched diet may help to prevent this. It may be necessary to have a bone density scan.

- Secondary cancer
  There is a very small risk (about 1-2% per 10 years follow-up) of a secondary cancer developing in the treatment area in the years following your radiotherapy.

Very rarely a bladder or bowel fistulae can develop. This condition arises when an abnormal opening forms between two organs that are not normally connected.

These long-term changes can be irreversible and MAY need investigation and management. Very rarely, if complications become sufficiently severe, surgical referral and intervention has to be considered. We would expect the risk of severe late effects, warranting surgery, to be less than 2% (i.e. 2 in 100 people). Risks will vary with the type of treatment and original extent of the cancer.

There is a booklet giving detailed information about potential side effects entitled “Pelvic Radiotherapy in Women: Possible Late Effects”, which is produced by Macmillan Cancer Support and Cancer Research UK. Please ask at the Macmillan Cancer Information and Support centre if you would like a copy.

If you develop new symptoms after your treatment is over, or you are concerned that the immediate side effects are not clearing up, you can contact the Macmillan Review Radiographers on 01905 761420. And/ or your Specialist Gynae Radiographer, Laura Catterall on 07598 555228.

There is often a simple explanation for these symptoms and they do not necessarily mean you will develop the late effects of treatment.

Treatment preparation - When attending for your CT planning scan & radiotherapy treatment you may be given some information to prepare your bladder and bowels for treatment.

Bladder preparation: 1 hour before your CT scan you will be required to empty your bladder and then drink 400mls of water over 10 minutes and then wait 40-50 minutes in order to have a comfortably full bladder. You will then be required to hold this until after your CT scan or radiotherapy treatment, **if you have difficulty holding your water then please speak to our receptionist or a radiographer.**

Bowel/Rectum preparation: You should aim to have an empty bowel/rectum (back passage) for your CT planning scan & radiotherapy treatment. You will be required to empty your rectum before you start your bladder preparation (outlined above); you might be given a micro-enema to help you empty your bowel/rectum.

Micro-Enemas - A micro-enema is a small capsule with a nozzle that is inserted into the rectum (back passage) and this is used to help empty your rectum in preparation for your CT scan and treatment.

When you attend for your CT scan and radiotherapy treatment your doctor or radiographer may prescribe micro-enemas, you will be given instructions on how to use them.

Hydration - It is very important to be hydrated when attending for your CT scan appointment and your radiotherapy treatment. Please make every effort to increase your hydration in the days/weeks before your CT scan and your radiotherapy. Try and drink double the amount of water/squash you normally do to avoid dehydration and to maintain good hydration throughout the course of your treatment.

The radiotherapy team at the Worcestershire Oncology Centre have worked with Worcestershire Acute Hospitals Charity to fund the use of reusable water bottles for patients undergoing pelvic radiotherapy treatment and are following a drinking protocol. As well as supporting patients in drinking the right amount of fluid for their radiotherapy treatment, the use of the water bottles will also reduce the use of single use plastic in the department.

If you would like to make a contribution to the charity to fund water bottles for future radiotherapy patients please scan the QR code below.

(Scan the QR code using your mobile phone camera or QR code reader and follow the link to donate.)

Or text BOTTLE to 70085 to donate £2.

Texts cost £2 plus one standard rate message.

You can also donate in the collection tin situated at the Radiotherapy reception.

Thank you for your support

Supported by

WORCESTERSHIRE ACUTE HOSPITALS CHARITY
Putting patients first

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:
Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.