

**Patient
Information**

Radiotherapy to the pelvis Female

Introduction

The Gloucestershire Oncology Centre at Cheltenham General Hospital is a specialist centre for the treatment of cancer with patients coming here from Gloucestershire, Herefordshire and Worcestershire and Wales. We also have a Radiotherapy Unit at Hereford County Hospital treating patients from that region.

This information has been written for women receiving radiotherapy for cancer of the pelvis which includes cervix, endometrial (womb) and bladder cancer. By giving you some idea of what to expect we hope to ease some of the worries that you may have. The leaflet is intended as a guide to the effects that you may have from the treatment, although this may vary from one person to another. If you have any worries, however small, during or after treatment please speak to your doctor, radiographer or specialist nurse, either at your visit or by phoning the department.

When you arrive at the Oncology Centre, it is important that you report to the Radiotherapy reception so that we know you are here. Please have a seat and a radiographer or support worker will call you for markingup or treatment.

We have male and female staff working in our department and we also train students who are always supervised.

What is radiotherapy?

Radiotherapy is the use of carefully measured doses of radiation to treat disease, usually cancer. Radiotherapy works by destroy cancer cells in the area that is treated. Although normal cells can be damaged by radiotherapy, they can usually repair themselves.

Radiotherapy can cure some cancers and can also reduce the chance of a cancer returning after surgery. It may also be used to control a cancer or improve the symptoms. You will not be radioactive during or after treatment.

The machine used to give you your radiotherapy treatment is called a linear accelerator. Staff who deliver your treatment are specially trained in the delivery of radiotherapy treatment.

Reference No.

GHPI0326_02_16

Department

Radiotherapy

Review due

February 2019

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Some gynaecological cancers are treated by giving a boost of radiotherapy from inside the patient. If this internal treatment is recommended for you the specialist gynaecological radiographer will meet with you to discuss it in more detail. Radiotherapy may be used as a treatment on its own or with other treatments such as chemotherapy, hormone therapy and surgery.

Other treatments

Surgery

If you have had surgery it may have involved a biopsy (a sample of tissue being taken) or removal of the cancer. Radiotherapy may then be used after either type of surgery.

Chemotherapy

Not all patients receive chemotherapy but if you do this may be given before or after surgery. Chemotherapy is often completed before starting radiotherapy but can sometimes be given alongside. If you are having chemotherapy alongside radiotherapy your chemotherapy nurse or doctor will ensure you are given all the information you need. You will also see your chemotherapy nurse or doctor regularly during your course of radiotherapy treatment.

Treatment schedules

Most patients receive their treatment as an outpatient and travel to the department for their appointment. When receiving radiotherapy for a cancer within the pelvis area, you may receive between 4 to 6 weeks of treatment. Treatment is usually given daily but not on weekends or bank holidays.

Based on a number of factors, your consultant will decide how many treatments you will receive. The decision is not a reflection of how 'good or bad' the outcome following treatment is likely to be. Please ask your doctor or radiographer if you are at all worried by this.

Transport

Most patients arrange their own transport by either driving themselves or a friend or relative bringing them to hospital. An exemption parking permit is available on application and is valid for the duration of your treatment.

Please ask the reception staff on arrival at the Oncology Centre.

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In some cases, we may be able to arrange hospital transport for you, but we need to know in advance, as this may affect your appointment times.

There are a limited number of hostel rooms at Cheltenham General Hospital available for self-caring patients who have long distances to travel.

Bladder filling and rectal emptying

You will be sent information regarding having your bladder full or empty and your rectum empty for your treatment along with your treatment schedule. This will also be discussed with you during your first visit. This advice may change as you go through treatment as your ability to hold urine will change.

Planning your radiotherapy treatment

Before beginning radiotherapy, the treatment needs to be carefully planned. Your first appointment will be for a Computerised Tomography (CT) planning scan. This scan will be carried out in the Radiotherapy Department at Cheltenham General Hospital.

Whilst you may have had previous CT scans, we need to scan you whilst you are lying in the position required for your treatment. This scan is used specifically for the planning of your radiotherapy treatment. The CT scan is very quick, only taking about 10 minutes. Please follow any instructions given in the appointment letter. This may mean you have to arrive in the Radiotherapy Department earlier than your appointment time.

The radiographers will explain the procedure to you and then ask you to lower the clothing from your pelvis area or to remove your skirt or trousers completely. The radiographers will keep you covered as much as they can to maintain your dignity.

The radiographers will make you as comfortable as possible in this position and will draw some crosses on the skin on your pelvic area, usually one on each side and one on the front. It may be necessary to use contrast for your CT scan. This involves injecting a dye into your veins during your CT scan which will enable the area to be treated to be seen more clearly.

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So that the radiographers can see the location of the marks on the scan, they will place thin pieces of wire over them. The radiographers will then leave the room for a few minutes while you are being scanned but they will be watching you all the time through a window.

Whilst they are out of the room, the couch you are lying on will move through the scanner. It is important to remember to breathe normally during the whole procedure and to keep as still as possible.

As the marks on your skin will wash off, once the scan is complete, the radiographers will ask your permission to tattoo 3 permanent dots. The tattoos are small and look like dark freckles. The tattoos will give the radiographers precise points from which to accurately align your treatment.

After we have completed the CT planning scan, you will be given your appointments for the course of radiotherapy treatment.

If these appointments are not available, a member of the team will send them to you through the post as soon as possible. It is important that we have your correct contact details.

Specialist radiographers carry out all of your planning and treatment appointments. A doctor may not be available at any of these appointments unless you have urgent issues to discuss.

What happens during treatment?

Before your first treatment, a radiographer will explain your radiotherapy treatment and its side effects to you and answer any questions that you may have. You are welcome to bring a relative or friend with you for this discussion.

- You will be called through from the waiting room and shown where to sit outside your treatment room
- When the room is ready you will be taken in and asked to lie on the treatment couch as you did during your CT planning session. You will be asked to take off your shoes and to lower the clothing from your pelvis area or to remove your skirt or trousers. The radiographers will cover you up whenever possible to maintain your dignity
- The radiographers will then position the couch and the treatment machine

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- It may be necessary to draw over the permanent dots with a pen each time you have treatment. This is so that the radiographers can see them when the treatment room lights are dimmed
- The radiographers may need to move you to ensure that you are in the correct position for treatment. It is important that you stay still during your treatment, but the radiographers will tell you what to do if you need to cough, sneeze or move during your treatment
- The radiographers will only leave the room to switch the treatment on once you are in the correct position and they are sure you are alright. A closed circuit television on the control desk means the radiographers can see you at all times during your treatment. They also have an intercom system and can talk to you from outside the room
- Parts of the machine may come quite close, but you will feel no pain or discomfort
- The treatment lasts a few minutes; you will hear a buzzing sound when the machine is on. You should breathe normally
- The radiographers may enter the room during your treatment to move the machine to the correct position for the next part of your treatment, or the machine may be moved from outside of the room
- You will be told when your treatment has finished and you can get off the couch. The whole procedure will last from 15 to 20 minutes
- Once your treatment is completed, you may dress and leave the department
- On certain days of treatment, the radiographers will take images (X-ray pictures) or scans to ensure the position of your treatment is accurate. These show us the position of your treatment but cannot tell us how you are responding.

Side effects of radiotherapy

Radiotherapy is an important and effective treatment for many different cancers including those found in the cervix, endometrium (womb) and bladder. To be effective, the radiotherapy dose needs to be high enough to kill the cancer cells. Your doctor will have already discussed the treatment with you, how many sessions may be required

Side effects develop because normal healthy cells close to the tumour cannot be avoided and they react to the radiotherapy.

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However, normal cells recover quickly whilst cancerous cells do not. Each patient's treatment is individual and you may experience some or all of the following side effects to some degree.

You may find it helps to get plenty of rest and sleep during the course of your treatment, especially if you start to get tired. It is important that you continue with your normal activities and routines as much as possible. Try to find a sensible balance between rest and activity. Smoking during the course of treatment may worsen your side effects, so try to avoid this. Cutting down will help if you cannot stop completely. Please ask a radiographer if you would like extra support

Friends and family often offer to help, accepting this can give you support as well as allowing them to feel involved with your treatment.

Effects during treatment

Acute or early side effects are usually temporary, building up during treatment and for 7 to 10 days after your radiotherapy finishes.

These usually settle down 4 to 6 weeks after treatment is completed, although they can last longer in some women.

The following is a general guide to some of the effects that you may experience.

Tiredness

Some patients notice they feel more tired than usual during the course of their treatment, often after 2 to 3 weeks. Travelling to the department and getting up more often in the night to pass urine may add to this tiredness.

Tiredness can last for a number of weeks after radiotherapy has finished. Some patients find that although once their treatment finishes they feel better, it can take a number of months before they feel back to normal. If you are experiencing tiredness or fatigue, please let your radiographers know as they can offer advice on how to manage these symptoms.

Bladder

After 2 to 3 weeks of treatment, the inside of the bladder may become inflamed and you may need to pass water more often and more urgently than usual. You may also suffer from discomfort or a burning sensation when passing urine. Drinking plenty of water and avoiding things that can irritate the bladder such as caffeine and alcohol can help.

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Let your radiographers know if this is a problem as they may need to ask you to provide a urine sample to check if there is an infection present.

For some patients, it may become increasingly difficult to maintain the bladder filling recommended at the start of your treatment. Please talk to your radiographers about this as they can amend the advice accordingly.

Bowel

Your bowel movements may change. This usually happens after about 2 to 3 weeks of your treatment and can continue for a number of weeks once radiotherapy has finished. Your bowel motion may become softer, looser and more frequent. Colicky or wind pains may accompany this. It is likely that you will develop diarrhoea as your treatment progresses. You may also pass more wind along with mucous and there may be a little blood. You should inform the radiographers who will give you advice to help deal with these symptoms and also give you medication if needed. They may suggest that you see a dietitian who can advise you on which foods to eat in order to help your side effects. An appointment will be arranged for you.

Rectum (back passage)

The wall of your back passage may become inflamed and sore. You may also feel the urge to open your bowels more often during the day and perhaps at night. If you have piles (haemorrhoids) or have had them in the past, these may worsen during treatment. You may also develop soreness around the anus. Let your radiographers know, as there are medications and advice which can be given to ease this.

Bleeding

Some patients experience some vaginal discharge or bleeding when they are receiving radiotherapy for cancer of the cervix or endometrium (womb). This is usually a small amount and nothing to worry about but please tell your radiographers if it happens.

Narrowing of the vagina

Radiotherapy to the pelvis may cause narrowing of the vagina. This can be helped by the use of vaginal dilators. During your treatment you will be given a dilator pack and instructions on how to use them. Using vaginal dilators is a very simple way to make any future internal examinations you have more comfortable and help with returning to normal sexual activity.

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Many women find that they lose interest in the physical aspect of their relationship during treatment. However, some women would like to continue sexual intercourse during radiotherapy. Water-soluble lubricants such as Sylk®, Astroglide® or Senselle®, which can be bought from the chemist, can be used if the vagina feels sore or dry. Do not use Vaseline® or creams as these do not dissolve and may cause irritation. After intercourse, you may notice slight bleeding or spotting. If the bleeding persists remember to tell your radiographer or doctor. Please do not hesitate to discuss any concerns or worries that you may have with them. If you feel that you need extra support, please ask your radiographers who will be able to refer you.

Skin care

Radiotherapy can cause soreness of the groins, vulva and anal areas. This happens gradually over the course of your treatment. We recommend that you wash using your normal products, do not use feminine deodorants or talc in these areas and always pat yourself gently dry. The radiographers will review your skin carefully during treatment and offer advice to help manage any soreness. The skin in these areas can become very sore towards the end of treatment, continuing for two weeks before gradually settling down. The skin may blister and peel, becoming sore or painful. Dressings and pain relief may be needed to keep you comfortable. Some women do find that their pubic hair falls out during or shortly after treatment, this usually grows back but is often thinner.

Diet

Keep to a normal diet at the start of your treatment unless you have been given an information letter with specific advice. If you develop bowel side effects you can discuss your diet with the radiographers and they will be able to advise you. They can arrange for you to see a specialist dietician.

You will be seen at intervals in the review clinic by the radiographer to assess your side effects and give you a further opportunity to ask questions and discuss any concerns you may have. These appointments will be with a specially trained radiographer. You may also need to see a doctor during your treatment, this will be arranged by the radiographers.

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Your doctor will have discussed with you the possibility of potential long-term side effects occurring after your treatment has finished. Chronic or late side effects are less common and develop months or even years after treatment. These are often permanent but treatments are usually available which can help. The likelihood of these happening is often small, and the advantage of receiving radiotherapy is believed to outweigh the risks of long term problems.

Bowel

Women who have had radiotherapy to the pelvis may experience some lasting alteration in bowel habit. This is often mild and can be controlled by altering your diet. Occasionally, the diarrhoea or slight mucous discharge that can occur during treatment does not settle down and long-term medication may be needed. Some people may notice an urge to move their bowels more often. It is possible that some time after treatment has finished, small blood vessels can form in the lining of the bowel and bladder. These vessels are very delicate and may break causing bleeding from the back passage or in the urine. It may seem frightening, but is not usually serious. You should let your GP or specialist know, as they may wish to arrange some tests. In very rare occasions, if the bleeding is persistent, bowel surgery may be required.

Bladder

A small number of patients may develop uncontrolled leakage of urine (urinary incontinence) after treatment and may need to empty the bladder more frequently. Very rarely these symptoms may be more serious, cause pain or very occasionally, (in less than 1% of women) a hole (fistula) could develop between the vagina and the bladder or bowel. If this happens, each woman is assessed and referred to a specialist who has experience of dealing with these problems. Sometimes surgical treatment is necessary.

Narrowing of the vagina

As mentioned previously, radiotherapy can cause the vagina to narrow, using dilators will help with this.

Lymphoedema

Lymphoedema is swelling of the leg that occurs in a small number of women after a gynaecological cancer. When it does occur, it is usually in women who have had both surgery and radiotherapy. The team can give you information to help prevent or minimise the swelling.

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There is a leaflet called 'Guidelines for those at risk of developing lymphoedema of the leg' GHP10242 which may be of help to you.

Fertility

In women who are still having periods, radiotherapy to the pelvis causes the ovaries to stop working as they are sensitive to radiation. Unfortunately, this means that you will no longer be able to have children and will have an early menopause. You may have 2 or 3 periods following your treatment. We are not certain at what stage you will become infertile therefore we would recommend that you use contraception for two months after your last period.

If fertility is an issue for you and your partner please let the doctor who is planning your treatment know as appropriate support can be arranged.

Treatment and management of the menopause needs to be worked out individually for each woman because it depends on many factors including type of cancer, past medical history, age and so on. Therefore this will be discussed on an individual basis with each woman.

You should contact your GP if you are concerned by any of the above side effects or if you notice bleeding or any significant vaginal discharge after your radiotherapy has finished.

Finally, it is important to stress that the side effects mentioned are possible effects and that you may not experience all of them.

After treatment has finished

On the day of your last treatment, the radiographers will give you specific advice on what to do now your treatment has finished, including how to manage any side effects and what to expect. Any side effects that have developed during treatment usually wear off within a few weeks.

It is important to remember that the full benefits of the treatment can take a number of weeks to be felt.

You will be given your first follow up appointment to attend at Cheltenham General Hospital or at a hospital closer to your home.

The appointment is usually between 4 and 8 weeks after your radiotherapy has finished to allow the treatment to continue working, side effects to begin to settle and for you to recover.

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You will be seen by your oncologist or a member of their team who will check that your side effects are settling down and discuss with you what further appointments may be needed.

Although all patients are glad to have finished their course of radiotherapy, it is quite normal to feel anxious as to what may happen next. Please do not feel abandoned. If you have any worries regarding your treatment or side effects, you can phone the radiographers who treated you. The radiotherapy department is only open on weekdays – please try to call the number for your treatment machine between 10:00am and 4:00pm as this is when there are more staff available to help with your query. You can also contact your GP if you have any other worries concerning your disease and/or treatment.

Contact information**Radiotherapy Reception**

Tel: 0300 422 4147

Monday to Friday, 8:00am to 5:00pm

Radiotherapy Appointments

Tel: 0300 422 4471

Monday to Friday, 10:00am to 3:00pm

Your treatment machine:

Telephone number:

Your treatment team:

Further information**FOCUS Cancer Information Centre**

Oncology Outpatients Department

Cheltenham General Hospital

Tel: 0300 422 4414

Monday to Friday, 8:30am to 4:30pm

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As well as information on treatments and support groups, the centre advises on how to obtain wigs and can supply a list of companies who may be able to help with holiday insurance. They also sell herbal sweets for nausea.

Aromatherapy, massage and reflexology are available to patients and carers. Appointments can be booked through the information centre.

Maggie's Cancer Caring Centre

The local Maggie's Cancer Caring Centre is located close to Cheltenham General hospital and offers support services. For further information visit the website, call or pop in to see them.

Maggie's

The Lodge
Cheltenham General Hospital
College Baths Road
Cheltenham
GL53 7QB
Tel: 01242 250 611
Website: www.maggiescentres.org

Cancer Information and Support Service

Macmillan Renton Unit
Hereford County Hospital
Tel: 01432 355444 ask for ext. 5459
Monday to Friday, 9:30am to 4:30pm
Email: hereford.cancerinfoandsupport@nhs.net

The service offers confidential one-to-one support as well as information on all aspects of living with cancer and its treatments to anyone affected by cancer. This includes information on diet and nutrition, coping with hair loss and alternative headwear and benefits advice.

Free internet access is available.

Many of the resources are available in different languages and formats and are suitable for people with special needs.

Content reviewed: February 2016