

**Patient
Information**

Radiotherapy to the pelvis

Male

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 men receiving radiotherapy for cancer of the pelvis which includes prostate and bladder cancer. By giving you some idea of what to expect we hope to ease some of the worries that you may have. This booklet 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 Department, it is important that you check in at the Radiotherapy reception so that we know you are here. Please have a seat and a radiographer or support worker will call you for marking up 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 destroying 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 coming back after surgery. It may also be used to control a cancer or improve the symptoms of it. You will not be radioactive.

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

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Department

Radiotherapy

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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 biopsy or removal of the cancer – radiotherapy can be used after either type of operation.

Chemotherapy

This may be given before or after surgery. It is often completed before starting radiotherapy but may sometimes be given alongside. If you are having chemotherapy alongside radiotherapy your chemotherapy nurse/doctor will ensure you have all the information you need and will see you regularly for blood tests.

Hormone therapy

Cancer cells removed at the time of your operation may have been tested to see if they respond to hormone therapy. If they do, your doctor may recommend you take hormone tablets or have hormone injections to reduce the size of the cancer or further prevent the cancer returning.

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 8 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 – either driving themselves or a friend or relative bringing them to hospital.

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An exemption parking permit is available on application, valid for the duration of the treatment. Please ask reception on arrival.

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 will alter 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 Planning CT scan.

In order to plan your treatment, a Computerised Tomography (CT) planning scan will be carried out at 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, but please follow any instructions given in the appointment letter. This may mean you have to arrive in the 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 trousers altogether.

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They will try to maintain your dignity and keep you covered as much as possible. The radiographers will make you as comfortable as possible in this position and will draw some marks on your skin.



CT planning scan

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 have to leave the room for a few minutes while you are being scanned but they will be watching you all of 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, but otherwise 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 do 3 permanent tattoo dots.

The tattoos are small and look like dark freckles. The tattoos give the radiographers precise points from which to accurately align your treatment.

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

If they are not available someone will contact you as soon as possible. It is therefore important we have all your contact details available.

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 treatment and its side effects to you, also answering any questions you may have. You may have a relative or friend with you for this discussion

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- Before your treatment, you will be called through from the waiting room and you will be shown where to sit outside your treatment room
- When the room is ready for you, you will be taken into the room and asked to lie on the treatment couch as you did during your planning session. You will be asked to take off your shoes and to lower the clothing from your pelvis area or to remove your trousers altogether. The radiographers will cover you up whenever possible to ensure your dignity is maintained
- The radiographers will then position the couch and treatment machine
- It may be necessary to draw over the small permanent dots with a pen each time you have treatment so the radiographers can see them when the treatment room lights are dimmed
- The radiographers may need to move you to line up the marks that were put on your skin during the planning session; this ensures you are in the correct position for your treatment
- The machines are large and you may find them a little alarming at first. 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
- Parts of the machine may come quite close, but you will feel no pain or discomfort



Linear Accelerator (Linac)

- 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
- The treatment lasts a minute or so and there is nothing to see or feel – you will hear a buzzing sound when the machine is on. You should breathe normally

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- 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
- 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
- Once your treatment is completed, you may dress and leave the department
- On certain days of treatment the radiographers will take further images and X-rays. This is to ensure your treatment is accurate.

Side effects of radiotherapy

Radiotherapy is an important and effective treatment for many different cancers including those found in the prostate gland 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 and any side effects that you may experience.

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

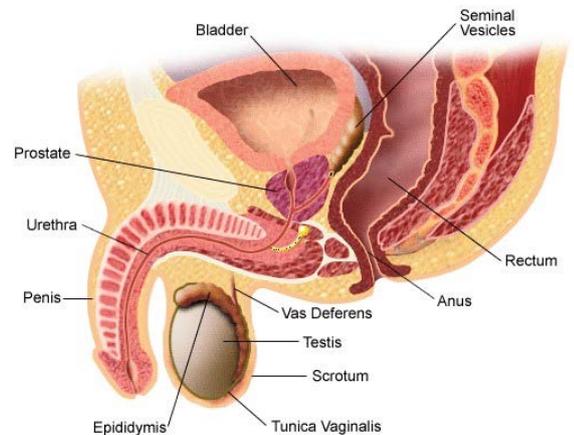
You may find it helps to get plenty of rest and sleep during the course of your treatment, especially if you start to get tired. It is important that you continue with your normal activities and routines as much as possible. Try to find a sensible balance between rest and activity. Smoking during the 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.

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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 usually continue for 7 to 10 days after your radiotherapy finishes.



Where the prostate is within your body

These usually settle down 4 to 6 weeks after treatment is completed, although they can last longer in some men. The following is a general guide to some of the effects you may experience but all patients are different.

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 may also add to this tiredness. If you have to get up more often in the night to pass urine this may add to your 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.

Bladder

After about 2 weeks of treatment, the inside of the bladder may become inflamed and you may need to pass water more often than usual. You may also suffer from a burning sensation when passing urine. Drinking plenty of water can help. 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 as you progress through.

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Please talk to your radiographers about this as they can amend the advice accordingly.

Prostate

During treatment your prostate may become inflamed and swollen. This can cause pressure on the urethra, the tube through which urine passes. You may find your urine flow becomes slower, is slower to start or you may notice a slight dribble at the end of urination. You may also feel that your bladder does not completely empty or you may feel the desire to go again soon after urinating. If you are finding this is becoming an increasing problem please inform your radiographers.

Bowel

Your bowel movements may change. This usually happens after about 3 to 4 weeks of your treatment. Your bowel motion may become softer, looser and more frequent. You may also produce 'bitty, pebble like' motions. Colicky or wind pains may accompany this. A few patients develop diarrhoea. You may also pass mucous or slime and there may be a little blood. You should inform the radiographers who will give you advice to help deal with these symptoms.

Rectum (back passage)

The wall of your back passage may become inflamed and you may 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 back passage.

Let your radiographers know, as there are medications and advice which can be given to ease this.

Skin

For bladder and prostate patients it is unlikely that you will develop sore skin in the treatment area but some people do develop skin irritation between the buttocks. If you are receiving radiotherapy to the rectum or anal area it is likely that the skin around your anus, between the cheeks of your bottom, scrotum and groins will become very sore. Please be reassured that the radiographers are able to help you with this by providing advice, creams, gels or dressings that may be needed. It is important that you use only those given to you by the radiographers.

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Please inform them if you have these problems.

You may bath or shower during the course of your treatment but make sure the water is not too hot. We recommend that you wash the skin gently with soap and water and gently pat dry.

Hair

There may be loss of hair which may not re-grow but only in the treated area.

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. We can arrange for you to see our specialist dietician.

You will be seen at intervals in the review clinic 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 and your radiographers will arrange this.

Effects after treatment

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.

- Your doctor will have discussed with you the possibility of potential long-term side effects occurring after your treatment has finished
- 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

Occasionally the diarrhoea or slight mucous discharge that can occur during treatment does not settle down and long-term medication may be needed to control it. 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

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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. Men who have radiotherapy to the prostate very occasionally may find that the urethra (the tube that takes the urine from the bladder) can develop a stricture (narrowing). If this occurs, the flow of urine may be reduced and there may be dribbling or spraying. A small operation may be needed to correct this.

Men who have had radiotherapy to the pelvis or bladder may experience some lasting alteration in bowel habit or need to empty the bladder more frequently. Occasionally they may have more serious effects such as narrowing of the bowel or bleeding from the bladder.

Rarely, a connection (fistula) develops between the bladder and bowel, which may require surgery.

Sexual function

Following treatment, there is a significant risk of loss of sexual function. This will also occur for men who are having hormone therapy.

You may find it difficult to get and keep an erection due to damage to some of the pelvic nerves. Please talk to one of the healthcare professionals looking after you if you experience this.

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.

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

You will be also be given your first follow up appointment. This may be at Cheltenham General Hospital or at a hospital closer to your home, usually between 4 and 8 weeks after your radiotherapy has finished. This time is given to allow the treatment to continue working, side effects to begin to settle and for you to recover. You will be seen by your oncologist or a member of their team who will want to 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 department is open on weekdays – please try to call between 10:00am and 4:00pm. 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:

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Oncology Outpatients Department
Cheltenham General Hospital

Tel: 0300 422 4414

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

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.maggiescentre.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

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languages and formats and are suitable for people with special needs.