

Radiotherapy for cancer of the colon/rectum and cancer of the anus

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, Worcestershire and Wales. We also have a Radiotherapy Unit at Hereford County Hospital treating patients from that region.

This booklet has been written as a guide for patients having radiotherapy or chemotherapy for cancer in the anus, rectum (also known as the back passage) or colon (bowel). By giving you some information about what to expect, we hope to ease some of the worries you may have, but if you do have any concerns, however small, please speak to your doctor, radiographer or specialist nurse.

When you arrive at the Oncology department it is important that you go to Radiotherapy reception so that we know you are here. Please have a seat and a radiographer or support worker will call you through 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 measured doses of radiation to treat disease, usually cancer, which works by destroying cancer cells in the area being treated. This treatment is given by specially trained staff.

Normal cells can also be damaged by radiotherapy but they can usually repair themselves. It is important to state that you will **not** be radioactive.

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 or improve the symptoms of cancer.

The machine used to give you your radiotherapy treatment is called a linear accelerator or Linac.

Reference No.

GHPI0806_09_18

Department

Radiotherapy

Review due

September 2021

Patient Information

The staff who give you your treatment are specially trained in the delivery of radiotherapy treatment.

Radiotherapy may be used as a treatment on its own or with other treatments such as chemotherapy, targeted therapy - which you will be given information about by the chemotherapy team, if it is considered the best treatment for you - or surgery.

Pregnancy

If there is a possibility that you might be pregnant, please tell your doctor or radiographer when you arrive as there may be a risk to your unborn child. It is also important to make sure you do not get pregnant during your course of treatment.

Other treatments

Surgery

You may have radiotherapy or chemotherapy with radiotherapy before surgery. This can make it easier to remove the cancer.

It also lowers the risk of the cancer coming back in the original area or in the tissues close to it.

Chemotherapy

This may be given before or after surgery and alongside radiotherapy. If you are having chemotherapy alongside radiotherapy your chemotherapy nurse or doctor will make sure you have all the information you need and will see you regularly for blood tests.

Targeted therapy

Targeted therapies are sometimes used to treat bowel cancers that have spread to other parts of the body. They may be given on their own or with chemotherapy.

Treatment schedules

Most patients have their treatment as an outpatient and travel to the department for their appointments.

When having radiotherapy for a cancer in the pelvic area, you may have between 4 to 8 weeks of treatment. If you are having radiotherapy to shrink a tumour before surgery, you may have 1 week of treatment followed by surgery a week later.

Patient Information

Treatment is usually given daily but not at weekends or on Bank Holidays. An exception to this is if radiotherapy is given to treat anal cancers – you will have radiotherapy over the Bank Holiday period.

Based on a number of factors, your consultant will decide how many treatments you will have. 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 having a friend or relative bring them to hospital. You can apply for a hospital parking permit, which is valid for the duration of your treatment. This will lower your parking costs. Please ask reception on arrival.

In some cases hospital transport may be available but we need to know in advance as this may affect your appointment times.

There are a small number of hostel rooms at Cheltenham General Hospital available for self-caring patients who have long distances to travel. Please ask your radiographers for more information.

Bladder filling and rectal emptying

You will be sent information about having your bladder full and your rectum empty for your treatment along with your treatment appointments. 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 is carefully planned to suit you. 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.

Patient Information

Whilst you may have had previous CT scans, we need to scan you whilst you are lying in the position you will be in for your treatment. This scan is used to plan your radiotherapy treatment. The CT scan is very quick, only taking about 10 minutes. Please follow any instructions given to you in the appointment letter. Before your scan you may be given an injection of a dye, to allow specific areas to be seen more clearly. We will also discuss your pre- scan bladder and bowel preparation. 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 either lower or take off your trousers or skirt and remove your shoes. The radiographers will try to maintain your dignity and keep you covered as much as possible.



Figure 1: CT planning scan

The radiographers will make you as comfortable as possible in the position you will need to be in for your treatment and will draw some marks on your skin.

To help the radiographers see where the marks on your skin are 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.

Patient Information

While the radiographers 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 apart from this 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 make 3 permanent tattoo dots under the skin surface using tattoo ink and a fine needle. The tattoos are small and look like dark freckles. The tattoos give the radiographers precise points from which to accurately set up your treatment.

After the CT planning scan is completed you will be given your appointment timetable for treatment if you have not already received it. If the appointments have not been arranged, you will be contacted as soon as possible. For this reason, 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 your appointments, but if there is a need for you to see your doctor this can be arranged by the radiographers.

What happens during treatment?

- Before your first treatment session, a radiographer will explain your treatment and its side effects to you and answer any questions you may have. You may have a relative or friend with you for this discussion.
- Before your treatment, you will be called through from the waiting room and you will be shown where to sit outside the room where you will be having treatment.
- When the room is ready for you, you will be taken in 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 or remove your trousers or skirt. The radiographers will cover you up whenever possible to make sure your dignity is maintained.
- The radiographers will then position the couch and the Linac treatment machine.

Patient Information



Figure 2: Linac

- The radiographers may need to draw over the small permanent dots with a pen each time you have treatment so they can see them when the treatment room lights are dimmed.
- The radiographers may need to move you to line up the tattoo dots so that you are in the right position for your treatment.
- The Linacs are large and you may find them a little alarming at first. The radiographers will reassure you and only leave the room to switch the treatment on when they are sure you are alright.
- Parts of the Linac may come quite close but will not touch you. You will feel no pain or discomfort.
- A closed circuit television (CCTV) 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 treatment is on. You should breathe normally and try to relax whilst keeping very still.
- The radiographers may enter the room during your treatment to move the Linac to the correct position for the next part of your treatment, or they may move the Linac from the control desk outside of the room.

Patient Information

- The radiographers will re-enter the room and tell you when your treatment has finished and you can get off the couch. The whole procedure will last about 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 further images and X-rays will be taken to make sure that your treatment is accurate.

Side-effects of radiotherapy

Patients can have side effects because normal healthy cells close to the tumour cannot be avoided and they react to the radiotherapy. The good thing is that normal cells recover quickly, whilst cancerous cells do not. Each patient's treatment is tailored to their needs, so it will vary which side effects you may have. We are listing the possible side effects of the treatment below.

It is important that you carry on 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 make your side effects worse, so try not to smoke. Cutting down will help if you cannot stop completely. Please ask a radiographer if you would like extra support.

You may have acute or early side effects (usually temporary), which build up during treatment and often get worse for 7 to 10 days after your radiotherapy finishes. These usually settle down 4 to 6 weeks after the treatment finishes, but can last longer in some people.

Accepting offers of help from friends and family can give you support during and after treatment, as well as letting them feel involved and helpful.

The following is a general guide to some of the side-effects you may experience but all patients are different.

Patient Information

- **Tiredness or fatigue**

Some patients notice they feel more tired than usual during the course of their treatment. Travelling to the department and getting up more often in the night to pass urine may add to your tiredness. Fatigue related to radiotherapy can make you feel as if you have no energy and do not want to do anything, even if you get a good night's sleep. There is evidence to show that keeping active and doing some exercise can reduce fatigue. Tiredness can last for a number of weeks or months after radiotherapy has finished. Some patients find they feel better once their treatment finishes, but that it takes a number of months before they feel back to normal.

- **Change of bladder habits**

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 find there is a burning sensation when passing urine. Drinking plenty of water and cutting out drinks with caffeine can help. Let your radiographers know if this is a problem as they may need you to provide a urine sample to check if you have an infection.

It may become more difficult to maintain the bladder filling you are asked to do at the start of your treatment. Please talk to your radiographers about this as they may be able to amend the bladder filling advice.

- **Sore skin**

When you are having radiotherapy to the rectum or anal area it is likely that the skin around your anus and your groin - as well as the scrotal area in men and the vulval area in women - will become very sore and may blister. This can start about 2 to 3 weeks after starting radiotherapy. Please be reassured that the radiographers are able to help you with this by providing advice and creams, gels or dressings as needed. It is important that you only use those recommended by, or given to you, by the radiographers. Please do not use creams such as Savlon® or Sudocrem®. You can also be prescribed pain relief if you need it.

Patient Information

The skin reaction will get worse for a week or two after radiotherapy finishes, but will slowly settle down over the following few weeks. This side effect can be painful, but you will be given help and support in the care of this reaction and it should heal completely. Please let the radiographers know when you notice any changes to your skin or if you have any concerns.

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 and dry the skin gently. You may choose to apply a moisturising lotion to the treated area – please use your usual product or pick one without sodium lauryl sulphate (sometimes listed as SLS in the ingredients).

- **Change of bowel habits**

Your bowel movements may change. You may have loose stools or constipation, or need to open your bowels urgently. Some people have cramping pains in their abdomen or rectum, or have more wind than usual. When you pass wind or open your bowels you may also pass mucous and there may be a little blood. Some people develop diarrhoea. Radiographers will give advice and medication to help deal with these symptoms.

Let your radiographer know if you have any soiling or leakage. They will give you advice on coping with this and how to look after the skin in the affected area.

If you have a stoma you are still very likely to get diarrhoea. This will result in more liquid being passed into your stoma bag and you will need to change it more often. It may also increase the chance of your stoma leaking, so please contact your stoma care nurse to discuss how to manage this. Medication may be given to reduce the diarrhoea.

- **Changes in the rectum (back passage)**

The lining of your rectum 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 get worse during treatment.

Patient Information

You may also find that you have soreness around the anus, if so, let your radiographers know, as there are medications and advice which can be given to help ease this.

- **Nausea**

Some people may feel sick (nauseated) but this is usually mild and can be well controlled with anti-sickness drugs (anti-emetics). Please let your radiographers know if you are feeling sick and if this is affecting your appetite.

- **Hair loss**

You may notice a loss of hair in the treated area. This may be temporary but in some patients it will not grow again. Hair on other areas of your body will not be affected.

- **Having to make changes to your 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.

- **Advice about sexual activity**

Some people have radiotherapy and chemotherapy at the same time. If you have sexual intercourse within the first couple of days of having chemotherapy, you will need to use a condom. This is to protect your partner in case there is any chemotherapy in the semen or vaginal fluid.

Radiotherapy can make the wall of the rectum very sore and inflamed so we advise you not to receive anal sex until this settles, usually a few weeks after treatment finishes.

More advice - for women

- **Narrowing of the vagina**

Radiotherapy to the pelvis may cause narrowing of the vagina. This can be helped by using vaginal dilators. During your treatment you will be given a dilator pack and instructions on how and when to use them – usually around 5-6 weeks after radiotherapy finishes.

Patient Information

Using vaginal dilators is a very simple way to make any future internal examinations you have more comfortable and help with getting back to normal sexual activity.

- **Sex**

Some women find that they lose interest in the physical part of their relationship during treatment. Radiotherapy can make the lining of the vagina sore and inflamed. You may prefer not to have sex during treatment and for a few weeks afterwards, but some women would like to continue sexual intercourse during radiotherapy. Water-soluble lubricants such as Sylk®, Replens™ 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 carries on, please tell your radiographer or doctor - 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.

More advice - for men

- **Sex**

Some men find they lose interest the physical part of their relationship during treatment, but it is fine to have sex during radiotherapy if you want to. Side effects can either make sex difficult or affect your desire to have sex. Sperm produced during treatment and for some time afterwards may be damaged, but you will still be fertile. Please note that conceiving a child soon after pelvic radiotherapy could result in abnormalities. To prevent this, your doctor may recommend that you use contraception during treatment and for at least 6 months afterwards.

Some men may have a sharp pain when they ejaculate. This is because radiotherapy can irritate the tube that runs through the penis (the urethra). The pain should get better a few weeks after treatment finishes.

**Patient
Information**

Review

You will be seen regularly in the review clinic to assess and manage your radiotherapy side effects. The review clinic is the best place for you to have your questions answered and talk over any concerns you may have.

These sessions will be with a specially trained radiographer.

If you are having chemotherapy as well, you will also be seen regularly by a member of the team in the chemotherapy clinic.

Effects after treatment

Chronic or late side effects are less common and develop months or even years after treatment. These side effects often do not go away, but can usually be managed.

Your doctor will have talked with you about the possibility of having long-term side effects after your treatment has finished. The chance of these happening is often small and the benefits of having radiotherapy are thought to outweigh the risks of long-term problems.

If you are having an operation after your radiotherapy, this will have its own side effects. Your surgeon will explain about side effects and risks of having surgery, before you have the procedure.

Bowels

It is possible your bowel habit may not return to normal after treatment; stools may always be looser or more frequent than before. Some people may notice an urge to open their bowels more often. Sometimes medication may be needed to regulate your bowel on a longer term basis.

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 be frightening, but it is not usually serious. You should let your GP or specialist know, as they may wish to arrange some tests. Very rarely, if bleeding shows no signs of stopping, bowel surgery may be needed.

**Patient
Information****Bladder**

Scar tissue may form in the area that has received radiotherapy. Sometimes it can affect the walls of the bladder and this may very rarely cause the bladder to shrink. This can cause irritation when passing water and sometimes you may feel you have to pass water urgently and often.

Male sexual function

Following treatment there is a fairly high risk of loss of sexual function. This may happen as a result of radiotherapy or surgery or both types of treatment together.

Men may find it difficult to get or 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.

Male fertility

It is likely you will become infertile as a result of pelvic radiotherapy.

If this is a concern to you, we can arrange for you to meet with specialists to talk about storing sperm before treatment starts.

Female fertility

In women who are still having periods, radiotherapy to the pelvis causes the ovaries to stop working as they are sensitive to radiation. 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 exactly when you will become infertile, so 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 know who is planning your treatment, as the right support and advice can be arranged for you.

Treatment and management of the menopause needs to be worked out for each woman individually, because it depends on many factors including the type of cancer, past medical history, age and so on. Face-to-face conversations will be had with each woman facing these side-effects.

Patient Information

The vagina can become dryer and narrower than before treatment, which may cause some discomfort during intercourse. Using the vaginal dilators to keep the vagina supple will help. Dryness can be relieved with vaginal lubricants and creams.

Please talk about any worries with your radiographer, doctor or specialist nurse as help and advice is available.

It is also important to remember that your emotions and worries can play a part in difficulties in your intimate relationships, particularly at this time.

There are members of staff available who can help you talk through any issues, so please let us know if you would like to speak with someone.

Finally, it is important to stress that you may not experience all of the side effects mentioned here.

After treatment has finished

On the day of your last treatment, the radiographers will give you 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 after 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 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.

If you are having surgery after your radiotherapy you will have an appointment for your operation to take place in the following few weeks.

Patient Information

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:

**Patient
Information****Further information****FOCUS Cancer Information Centre**

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 you can 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.

Patient Information

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: September 2018