Radiotherapy treatment to the
Female Pelvis

A guide for patients
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Radiotherapy Treatment to the Female Pelvis - A Guide for Patients
About this guide

The information in this guide has been written to give you a better understanding about radiotherapy. It contains general information about radiotherapy, as well as more specific detail about the treatment that has been planned for you. It has been prepared with input from doctors, radiation therapists, nurses and patients.

Please share this guide with your family and friends – they have an important role in helping you. It is important that they feel well informed and understand what is happening. There are also DVDs on radiotherapy which you can take home to watch.

It is impossible to include everything you may need to know in this guide. However, your medical team (doctors (radiation oncologists), nurses and radiation therapists) will give you more precise information about your specific treatment.

We hope you find this guide helpful and we welcome your comments so that the next edition can be improved.

You will be attending the ‘St Luke’s Radiation Oncology Network’ for treatment. The network is spread over three hospital sites;

- St Luke’s Hospital, Dublin 6
- St James’s Hospital, Dublin 8
- Beaumont Hospital, Dublin 9

You will receive your radiotherapy at whichever one of these three sites is most suitable for you.
What is radiotherapy and why is it given?

Radiotherapy uses carefully measured doses of radiation to treat many conditions, most of which are cancers. Radiotherapy beams damage cancer cells and stop them from dividing and growing. The beams can be directed very accurately to any area of the body using sophisticated machines. The most commonly used machines are called ‘linear accelerators’ (or linacs). There are other machines called ‘cobalt’, ‘orthovoltage’ or ‘superficial’ depending on the energy of the X-ray beams required (external radiotherapy).

It is also possible to deliver radiotherapy to small areas of the body using internal radiotherapy or brachytherapy (see page 14).

How does radiotherapy work?

A high dose of radiation damages cells and stops them from growing and dividing. Cancer cells, which are abnormal cells, tend not to recover. Normal cells usually recover or repair themselves quite quickly. Any side effects which occur during treatment are usually temporary.

Radiotherapy to the female pelvic area

Radiotherapy can be given to the pelvic area to treat a number of different types of cancer. In women it is mainly used to treat cancers of the cervix, uterus (endometrium) and rectum, but may also be used to treat cancer of the bladder, vulva, vagina or anus (see Figure 1, page 6). When delivering this type of radiotherapy (otherwise known as external radiotherapy) it is also necessary to treat the lymph glands in the pelvic area. It may be given instead of, before or after surgery. Some women will also require internal radiotherapy or brachytherapy (see page 14).
How is it given?
Radiotherapy is given to the same part of the body each day and each treatment takes a few minutes. **It does not hurt.** The machine does not touch you and it is very much like having an ordinary X-ray. When receiving radiotherapy you are usually lying on your back. Any variation from this is explained later in the guide or will be discussed with you by your medical team.

Radiotherapy is given as out patient treatment unless you live too far from the centre to travel each day. The duration of radiotherapy may vary but it is usually between three and six weeks. Your medical team will talk to you about which treatment is best for you.
Sometimes you might miss a treatment due to a public holiday or a machine service. This will be taken into consideration by your medical team. However, we encourage you not to miss any other treatments unless it has been discussed and agreed with your medical team.

If you are about to start (or you have already started) a course of radiotherapy please do not make any holiday plans for the immediate future. Talk to your medical team and take their advice about when it will be suitable for you to plan your break.

What are the benefits of radiotherapy?
The purpose of radiotherapy is to destroy the cancer cells while causing as little damage as possible to normal cells. It can be used to treat many kinds of cancer in almost any part of the body.

Radiotherapy is broadly divided into two main categories: **radical** or **palliative**. Your doctor can explain which category applies to you.

In **radical** cases the aim of treatment is cure (or sometimes long term control) so a higher dose of radiotherapy is given. It may be given before surgery to shrink a tumour or after surgery to stop the growth of cancer cells that may remain. It can also be given before, during or after chemotherapy (anti-cancer drugs). Sometimes it is the only treatment you will require.
**Palliative** treatment means that radiotherapy is given to relieve local symptoms from a tumour, for example to lessen pain, or stop bleeding, or to prevent damage to nearby structures such as nerves.

**What are the side effects of radiotherapy?**
Radiotherapy can damage or destroy normal cells and cause treatment side effects. These are discussed in more detail later in this guide.

The side effects of radiotherapy can generally be split into two categories:

- **Early** or **acute side effects** develop during or shortly after treatment. These are usually temporary.
- **Late side effects** are those which can develop months or even years after your radiotherapy is finished. The risk of these side effects occurring is small but, whilst they are rarely severe, they may be permanent.

Your doctor will not advise you to have any treatment unless the benefits are greater than the side effects.

If you are a woman of childbearing age, have not had a hysterectomy and have not yet gone through the menopause it is very important that you do **not become pregnant** before or during radiotherapy because the treatment may injure the baby, especially in the first three months of a pregnancy. **Please discuss with your doctor, nurse or radiation therapist if you think you may be pregnant.**
Receiving external radiotherapy does not make you radioactive or dangerous to be around. Once you have left the treatment room each day it is completely safe for you to mix with children and pregnant women.

Consent to treatment

You will be asked to sign a consent form but only when you are happy that you have all the information you need and your questions are answered. This is a written record stating that you have agreed to the planned radiotherapy. **There is a copy of the consent form in the back of this guide for your reference.**

Your medical team

Over the course of your treatment at the radiotherapy centre you will meet various members of the medical team. The team is often referred to as the ‘multidisciplinary team’. The team will have a consultant radiation oncologist, specialist registrars, radiotherapy nurses or clinical nurse specialists and radiation therapists. The radiation therapists operate the treatment machines and give you your radiotherapy. You will not meet the planning and physics staff but they are part of the team that plan your radiotherapy treatment.

All members of your multidisciplinary team work closely together. They can give you help and advice about any aspect of your treatment. Don’t be embarrassed or afraid to ask them anything you are concerned or anxious about.
Planning your treatment

We have to make sure that the area of your body to be treated includes all of the cancer cells and any areas that might be hiding cancer cells. We try as much as possible to avoid targeting healthy cells.

When you arrive at the treatment centre you should report to the reception desk and show your appointment letter.

Planning usually takes place in the **CT scanner**, which is a special X-ray machine that takes a scan of your body. The scans help the doctor decide the exact area within the body that needs treatment.
You may be asked to drink 3 cups of water 20-30 minutes before your scan. This helps to fill your bladder and push some of your bowel out of the area that is going to receive radiotherapy. This can help minimise the risk of bowel side effects. If you are asked to do this before your planning scan you will be asked to do the same before every treatment.

It may be necessary to perform a simple blood test and give you an injection of dye (intravenous contrast) into a vein in the back of your hand just before the scan. Your medical team will discuss this with you if this is recommended.

We may also need to make one or more small permanent marks on your skin the size of a small freckle. These marks help us to line up the radiation equipment accurately when you’re being treated. We put a drop of dark purple ink into the skin with a small needle. This is at worst slightly uncomfortable. These marks are called tattoos.

Once all the scans, pictures and measurements are taken, the rest of the treatment planning will happen behind the scenes over the next few weeks with the help of a physicist or planner. They assist the doctors in deciding the best way of giving you the amount of radiotherapy you need.

**When will treatment begin?**

Your treatment will usually start 2-4 weeks after your radiotherapy planning appointment. If you are given a different timeframe the reason for this will be explained by one of the team at your consultation.
During the treatment

At each treatment the radiation therapists will take you into the treatment room and make sure you are in the right position. When they are satisfied with the position, they will leave the room for a short while so that the treatment can be delivered. You will not feel anything but you may hear a bleeping sound. This is quite normal and means that the treatment is happening. During the treatment, the radiation therapists will watch you on a television screen and can talk to you over an intercom. They can also hear you. You are welcome to bring a favourite CD to listen to while you are being treated. Each treatment may take 10-20 minutes.

During your treatment, scans or X-rays will be taken regularly at the treatment unit to monitor your position and the treatment area.

It is very important that you lie still in exactly the same position for each treatment.

Illustration B

Undergoing radiotherapy treatment on a linear accelerator.
Some days you might notice some changes in the way the radiation therapists give you your treatment. For example, they might take a scan, a measurement or change the angles of the machine. Every effort will be made to make sure that changes are explained to you beforehand but if you are concerned about anything please just ask.

You will probably meet many other patients in the waiting area each day. Even though you might think your treatment is similar to someone else’s, each patient’s treatment is often very different. Therefore, if you are comparing stories and hear something that worries you, please just ask one of the professional staff.

Although your treatment only takes about 20 minutes each day you may be delayed longer on the days that you see the doctor, nurse or any other health care professional.

Please be assured that we make every effort to keep your waiting times to a minimum. If your treatment is cancelled any day due to a machine service or a machine break down, you will get this treatment session again i.e., you will always get the exact number of treatments your doctor prescribed for you.

You will be seen every one to two weeks by your doctors or a nurse and on a daily basis by your radiation therapists. In between, you may also be seen by one of our Clinical Nurse Specialists.
Para-aortic radiotherapy
If you are being treated for cancer of the cervix, have completed external radiotherapy to the pelvis and undergone brachytherapy there is a small chance that your doctors might recommend more treatment (para-aortic radiotherapy). This will involve a further 5 week course of treatment to a group of lymph glands at the back of your abdomen (in front of your back bone). Please ask your medical team to give you more information about this.

The following sections (up to section on side effects on page 21) are only applicable if you are having treatment for cervix, uterus or vaginal cancer.

Internal radiotherapy (also known as brachytherapy)
This is a different way of delivering radiotherapy. It is sometimes used in the treatment of cervix, uterus/endometrium (womb) or vaginal cancer. It may be given on its own or together with external radiotherapy. It is used to give a high dose of radiation to a small area, minimizing the amount of radiation delivered to normal tissue, but maximizing dose to tumour or potential microscopic tumour. In order to give the treatment a tube (or tubes) is (are) inserted into your body for a short period of time.
**How many and where are the brachytherapy treatments given?**

The number of treatments will vary from 2 to 5 depending on your diagnosis and your doctor’s decision. This will be discussed in detail with you when you attend the hospital/centre for radiotherapy.

The treatment takes place on the HDR (High Dose Rate) Brachytherapy Unit in St Luke’s Hospital, Rathgar. The procedure/technique is slightly different depending on the type of cancer you have and whether or not you have had a hysterectomy. The following section helps to explain this.

**Types of Brachytherapy**

**For uterus (endometrium/womb) cancer**

1. **If you have had a hysterectomy**

Some women will be advised to have external radiotherapy followed by brachytherapy. Others will be advised to have brachytherapy only. You will be given an appointment to attend the Radiotherapy Department as an outpatient for your treatment. It is generally advisable to have someone drive you to the hospital/centre for your first treatment.

Planning and treatment does not require an anaesthetic and it is normal to feel quite anxious about it. Please feel free to ask one of the medical team for a relaxation tablet. This is best taken shortly after you arrive in the department and if you think this is something you are likely to want, please bring someone who can take you home afterwards.
Brachytherapy planning
You will be asked to drink a small cup of white liquid. After approximately 30-40 minutes later you will be asked to lie on your back in the simulator (X-ray room). One of your doctors will perform an internal examination and then insert a cylindrical tube into your vagina. This will be secured in place using a special clamp. The tube may feel uncomfortable but should not be painful.

An X-ray will then be taken. The white liquid you will have taken allows your doctor to see how close your bowel is to the top of your vagina (the area that will receive radiation). If it is very close the doctor may modify or recommend no brachytherapy. Assuming you do proceed to treatment, you will then be transferred to the HDR Unit on a special couch. You will be required to wait about 30-45 minutes (while your treatment is being planned) before receiving the actual treatment.

Brachytherapy treatment
On the HDR Unit the radiation therapist will connect the tube to the treatment machine. All personnel will leave the room during treatment. However, there is an intercom and camera in the room so the radiation therapist can see and talk to you from outside. The treatment itself takes no more than 10 minutes.

Once the treatment is given a radiation therapist will remove the tube and you will be able to go home.

If you need to return for more internal treatment, you will not need to go through the brachytherapy planning process again. At your next visit the doctor or radiation therapist will see you and discuss any side effects you may have.

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had since your last treatment. Either the doctor or a senior radiation therapist will insert the cylindrical tube for your subsequent treatments.

Please note that if you only receive internal radiotherapy most of the side effects listed at the end of this guide do not apply. Your medical team will discuss these with you.

2. If you have not had a hysterectomy
Whether you have had external radiotherapy or not you will require five internal treatments. In any one day you may have one or two treatments. If you are scheduled to have two then the second must be given 6 hours after the first.

Preparation for this treatment involves admission to the hospital. In order to prepare you for brachytherapy you will be taken to theatre (in St. Luke’s, Rathgar) to have special tubes inserted into the womb. This enables treatment to be given. You will also have a urinary catheter inserted until treatment has finished. This is done under anaesthetic (spinal or general).

You will be admitted to hospital the day before the procedure (admission is 12 midday). On admission you will meet a doctor from your team and will have blood tests and an ECG (a reading of your heart) carried out.

The evening prior to theatre you will be advised on fasting. You may need suppositories or an enema to ensure your bowel is empty.
On the day of theatre the nurse looking after you will help to get you ready. You will be given medication to help you relax and you will be advised to stay in bed after this is given. The nurse will take you to theatre on a trolley. The theatre nurse will check you in and you will also meet the anaesthetist (if you have not already done so) who will talk to you about the type of anaesthetic you will be given.

After the tubes have been inserted in theatre you will have a CT scan to help your doctors plan your treatment. During the planning period you will be looked after on the ward. You will be carefully monitored by a nurse at this time to make sure you are comfortable and pain free. When the plans are ready you will be brought to the HDR Unit for treatment.

**Brachytherapy treatment**

On the HDR Unit the radiation therapist will connect the tubes to the treatment machine. All personnel will leave the room during treatment. However, there is an intercom and camera in the room, so the doctor, radiation therapist and nurse can see and talk to you, and treatment can be interrupted if necessary.

Once the treatment is finished (5-10 minutes) the tubes and catheter are removed and you will be taken back to the ward. However, if you are scheduled to receive two treatments in one day then you will need to remain in bed after the first treatment for up to 6 hours. The catheter and tube will remain in place.

During this time the nursing staff will closely monitor you. You will be allowed to eat and drink.
For the second treatment you will be taken back to the HDR Unit. Once the treatment is finished (5-10 minutes) the tubes and catheter are removed. This may be uncomfortable but shouldn’t be painful.

For cervix cancer

1. If you have not had a hysterectomy

Following (but occasionally during) your external radiotherapy treatment, brachytherapy is frequently given to deliver a boost of treatment to the cervix.

You will normally require three treatments (usually given on Mondays and Thursdays) but this may vary. Preparation for this treatment involves admission overnight to the hospital. In order to prepare you for brachytherapy you will be taken to theatre (in St. Luke’s, Rathgar) to have special tubes inserted into the cervix (see Figure 1, page 6). You will also have a urinary catheter inserted until after treatment is finished. This is done under anaesthetic (spinal or general) and will be discussed in more detail with you by your medical team. You will be admitted to hospital the day before the procedure. Admission time is 12 midday. On admission you will meet a doctor from your team and have blood tests and an ECG (a reading of your heart) carried out.

The evening prior to theatre you will be advised on fasting. You may need suppositories or an enema to ensure that your bowel is empty.

On the day of theatre the nurse looking after you will help you to get you ready. You will be given medication to help relax and you will be advised to stay in bed after this is given. The nurse will take you to theatre on a trolley. The
theatre nurse will check you in and you will also meet the anaesthetist (if you have not already done so) who will talk to you about the type of anaesthetic you will be given.

After the tubes have been inserted in theatre you will have a CT scan to help your doctors plan your treatment. During the planning period you will be looked after on the ward. There you will be carefully monitored. There will be a nurse with you during this time to ensure you are comfortable and pain free. When the plans are ready you will be brought to the HDR Unit for treatment.

**Brachytherapy treatment**

On the HDR Unit the radiation therapist will connect the tubes to the treatment machine. All personnel will leave the room during treatment. However, there is an intercom and camera in the room so the radiation therapist can see and talk to you from outside, and treatment can be interrupted if necessary.

Once the treatment is finished (5-10 minutes) the tubes and catheter are removed. This may be uncomfortable, but shouldn’t be painful.

You will then be taken back to the ward. On return to the ward you will have something to eat and will rest for a few hours until the anaesthetic has worn off. The nurse will monitor you and ensure you are comfortable. You will probably be allowed to return home that same evening once your doctor has reviewed you. It is advisable to arrange for someone to collect you.
2. If you have had a hysterectomy
It is not usually necessary to have brachytherapy following a hysterectomy for cervix cancer. If your doctors do recommend this then the process is the same as for womb cancer (see page 15).

Side effects

There are always some side effects. These are generally limited to the area being treated and depend on the size of that area and the particular tissues involved. Many of these side effects are treatable. Not all the side effects mentioned below will necessarily happen and your medical team will discuss these with you on an individual basis.

Side effects usually start off mild and may progress during treatment. Some of the side effects occur immediately, some of them happen soon after the radiotherapy treatment finishes and others can occur months or years later. You will be fully informed of all the expected and potential side effects at the time the consent form is signed.

Remember: your doctor, nurse and radiation therapists are all available to answer any questions that you may have during your course of radiotherapy.

Please inform any of the medical team as soon as possible if you notice any change in yourself or your normal routine, such as a change in diet, weight, sleeping habits, increased discomfort or pain.
Early side effects (during and shortly after radiotherapy)

Skin care
A skin reaction may occur during a course of radiotherapy to the pelvis. This is because the radiation must pass through the skin in order to treat the part of your body that needs treatment. Only the skin within the treatment area will be affected and this usually occurs from the second week of treatment up to four weeks after you finish radiotherapy. The type of reaction that is likely to be seen is a visible reddening of the area being treated. This may become sore and itchy and may even break down in areas.

The severity of the reaction varies from person to person and there are a variety of different creams, gels and dressings that are available if required. There are also steps you can take to keep your skin in good condition to help it to tolerate the radiotherapy.

**Remember:** a skin reaction will only affect the part of your body being treated, so you only need to follow the Dos and Don’ts for the part of your body in question.
<table>
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<th><strong>Dos</strong></th>
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| • Wash your skin, but only use simple, non-perfumed soap. Perfumed soaps might make the reaction worse. The area should be washed gently and patted dry with a soft clean towel.  
• Use lukewarm water to wash with.  
• Use an aqueous cream (a water-based cream) such as E45 twice a day from the start of your treatment. Increase the number of uses if necessary.  
• Wear loose cotton clothing to avoid friction.  
• Make sure you tell us if the area becomes sore or uncomfortable. We will be able to provide you with different creams, gels, dressings or painkillers if required. | • Do not use perfumed soaps or shower gel. These might make your skin sore.  
• Do not scrub at the area - scrubbing will make the irritation worse.  
• Do not scratch the area.  
• Avoid exposure to extreme temperatures, for example ice packs and hot water bottles.  
• Do not swim in chlorinated water during your radiotherapy. Even when your treatment is finished, wait until your skin has fully healed. |
Dos

• Try to get air to the affected area as this will aid the healing process.

Don’ts

• Do not expose your skin to the sun during treatment. Note: your skin will always be more sensitive to the sun after radiotherapy so high SPF or even total sun block is advisable.

Bowel

Radiotherapy to the pelvis will often cause diarrhoea or loose stools, but this is usually manageable with medication. Avoiding certain foods (spicy food, fresh fruit and vegetables) may help. You might also experience pain or soreness around the anus and this can cause bleeding. Creams or tablets may help so please don’t be afraid to ask one of the medical team.

Urinary

It is likely that you will find yourself passing water more frequently than normal. Some people also notice burning or stinging while passing water. It is important to drink plenty of fluids during treatment but also let your medical team know as you may have a urine infection.
Nausea
Nausea may occur with this treatment but it is usually well controlled with anti-sickness tablets.

Hair loss
The only hair that you are likely to lose is in the pubic region. It will gradually regrow in the months following treatment.

Fatigue (tiredness)
You might feel more tired than usual during your radiotherapy. This is at its worst towards the end of your treatment and immediately after treatment is finished. It is important that you get enough sleep and rest, but there should be no reason to drastically change your lifestyle.

The fatigue you will feel with radiation therapy is not the same kind of tiredness that comes after ‘overdoing it’ which goes away after a good night’s sleep. This treatment-related fatigue might feel like an overall lack of energy and might persist for many weeks or even months.

You might become fatigued during radiation treatment because of a combination of factors, including:
> the effect of radiation on your body
> the demands of keeping to the routine of daily treatments
> the emotional toll of the months since your diagnosis
> lingering physical effects from chemotherapy or surgery
> changes in diet and lifestyle because of the disruption the treatment causes
Combating fatigue

> **Listen to your body.** You should expect to feel fatigued now and then during your radiation treatment. If you acknowledge and expect it, you will better be able to deal with it when it happens.

> **Re-establish a reasonable routine.** You will minimise the stress associated with fatigue if your daily routine is realistic and organised.

> **Try to exercise.** A little bit of exercise should give you more energy. Try to establish a regular routine of walking. If you feel more energetic afterwards, you might be able to increase the amount you do each day. Just don’t overdo it!

> **Get more rest.** Many patients find that short ‘cat naps’ during the day give them more energy overall. Save your energy for only the most important activities during the day.

> **Ask for and accept help.** When you are undergoing treatment for any serious illness, it is a good time to ask for help—at home and in the workplace.

Late side effects (months to years after radiotherapy)

**Menopause**

If you have not yet gone through the menopause (and have not had surgery to remove the ovaries) radiotherapy to the pelvis will bring this on. Hormone levels generally start to decrease over the three months from the start of treatment. Your periods will gradually stop and the symptoms of the menopause may then occur.
When you have an early menopause, it usually takes about three months after the radiotherapy finishes to stop producing eggs. During this time it is important to use effective contraception. One of the earliest symptoms of the menopause is hot flushes. These can occur at any time of the day or night. For some women hormone replacement therapy may be an option. If this is not an option there are other tablets that may help alleviate some of the symptoms. If it is safe to do so your gynaecological surgeon may move one of your ovaries away from the area that is going to receive radiotherapy. This may reduce the chance of you going into the menopause. Your doctor or clinical nurse specialist are available to discuss any of these issues with you in more detail.

**Fertility**

After pelvic radiotherapy you will not be able to have children due to the effect of radiotherapy on your womb. Infertility is very hard to come to terms with especially if you were planning to have children in the future.

**Options for overcoming infertility should be discussed before commencing treatment.**

**Vaginal changes**

Radiotherapy to the pelvic area can cause inflammation in the walls of the vagina. As the vaginal tissue heals scar tissue can form, which can make the vagina narrower, shorter and less elastic. The vaginal walls may become dry and thin and stick together. Less vaginal lubricant may be produced, which can make you more likely to get vaginal infections such as thrush. The vaginal changes can be
uncomfortable and can make the vagina sore but this is generally only during intercourse. To help keep the vagina supple and to prevent scar tissue from forming your clinical nurse specialist will advise you on the use of vaginal dilators and vaginal lubricants.

Effects on the bowel
Both the small or large bowel may be damaged by radiotherapy to the pelvis. This may result in changes to your bowel movements. For a small number of women this may result in more troublesome changes. Symptoms vary but may include: frequency in the number of bowel movements per day, excessive gas (flatulence), looser stools, intermittent incontinence or abdominal cramps.

Proctitis (inflammation of the back passage/rectum) may occur and cause discomfort or the sensation that your bowel has not emptied properly. You may also experience a sense of urgency when opening your bowels. Some women may experience episodes of rectal bleeding several months or even years after radiotherapy. The bleeding is usually slight. If you experience any bleeding episodes please inform your doctor.

In very rare cases the following may occur: severe ulceration of the bowel, heavy bleeding from the back passage (rectum), blockage (obstruction) of the bowel or a hole (perforation) in the bowel wall. Sometimes an urgent operation is needed to manage these problems.
Effects on the bladder

The late side effects of radiotherapy on the bladder may include an increase in the need to pass water during the day or night, passing blood and occasional leaking.

In very rare cases the following may occur: severe ulceration of the bladder, heavy bleeding mixed in with urine, incontinence or cystitis. Sometimes an operation is needed to manage these problems.

Lymphoedema

This is a swelling of the leg(s) caused by a buildup of lymphatic fluid. This may happen after the surgical removal of the lymph nodes or after radiotherapy to the pelvic area. You can help prevent lymphoedema by trying not to put much of a strain on your lymphatic system. This means trying to avoid infection or inflammation in the leg(s). Your medical team may refer you to the Lymphoedema Specialist Nurse. If you do have lymphoedema, it is particularly important that you inform your medical team if you are intending to travel by air, as you may need to take special precautions.

Other effects

In very rare cases (one in a thousand people treated), radiotherapy might result in the development of another cancer within the treatment area many years later.

During your follow-up care we will be looking out for all of these problems. Please feel free to talk to us about any concerns you have when you come for your follow-up appointments.
Your feelings

After your cancer diagnosis and treatment, it’s normal for you to have a range of very mixed feelings including anger, anxiety, fear and sadness. These are all normal reactions that many patients go through. Everyone has their own way of coping. Some find it helpful to talk things over with other people who have been through similar experiences as themselves. Other patients prefer to keep their feelings to themselves.

There is no right or wrong way to cope, but help is there if you need it. Please feel free to talk to a team member about getting support if you feel it would help you. You might find it helpful to contact another support group or organisation.

**The Irish Cancer Society**

43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500

**National Cancer Helpline**

1800 200 700
www.cancer.ie

The Irish Cancer Society Information Service offers free, confidential advice, support and information on cancer and related issues to anyone worried about any aspect of cancer prevention, early detection, diagnosis, treatment or follow-on care. Through the Cancer Information Service, people can also access patient support groups and counselling services.

**ARC House**

65 Eccles Street, Dublin 7
Tel: 01 8307333
www.arccancersupport.ie

559 South Circular Road, Dublin 8
Tel: 01 7078880
ARC is a registered charity offering professional support to people affected by cancer and those who care for them. They are based in Eccles Street and the South Circular Road in Dublin.

Who you’ll meet

Consultant and their team
Your consultant is a Radiation Oncologist who will decide on the type and amount of treatment you will have. In general, you will have been referred to them by another hospital doctor or GP. The most senior doctor is the Consultant who has overall responsibility for your care. Your consultant will have a Senior Registrar or a Registrar working with them. If you are admitted to the hospital, you will also meet the SHO (Senior House Officer), who works with your consultant.

Radiation Therapist
Radiation therapists are specialists who are trained to give you your radiotherapy treatment and to operate the machines that are used to give you your treatment. They are completely involved with your treatment from helping to plan your treatment right through to monitoring all aspects of your daily treatment. They work closely with the doctors and other staff within the department. As they see you every day while you’re having treatment they can answer any questions you have about any aspect of your radiotherapy treatment.
Clinical Nurse Specialist
A Clinical Nurse Specialist is a nurse in clinical practice who has undertaken additional education relevant to their area of specialist practice. Clinical Nurse Specialists provide support for the patient and their family throughout treatment and after discharge from the hospital if necessary. They have up-to-date information about treatment, possible side effects and any other problems or issues that may arise.

If you would like to be seen by a Clinical Nurse Specialist please talk to a member of your medical or nursing team to arrange this.

Radiotherapy Nurse
Each consultant has a radiotherapy nurse attached to their team. These are nurses who are specially trained in caring for people with cancer. You will meet one of them when you first attend your treatment centre and then you’ll see them on a very regular basis during your radiation treatment. They are available throughout the working day if you have any concerns.

Physicist and Planner
These people are highly trained scientific specialists in the subject of radiotherapy planning. They help the doctors to decide the best way of delivering the radiotherapy you need.

Diagnostic Imaging Department
The Diagnostic Imaging, or X-ray department as it is often called, carries out a variety of imaging examinations for both in patients and out patients. These examinations can include plain film X-rays, ultrasound scans, CT Scans (Computed Tomography), a process called Fluoroscopy or Image
Guided Biopsies. The imaging examinations play a large part in planning your treatment and they are also used to see how the treatment is working for you. These examinations are carried out by trained radiographers and are viewed and reported by a Consultant Radiologist.

**Social Worker**
A social worker is assigned to each consultant’s team in your treatment centre and they are available to you and your family throughout the course of your treatment. The social worker can provide counselling and emotional support to you and your family in relation to your illness and also in relation to any other issues that might arise while you are on treatment.

They can also help with planning your discharge from hospital and setting up support services in the community. Also, they can give you advice about benefits. Please do not hesitate to ask one of the team to refer you to the social worker.

**Dietitian**
Dietitians are health professionals trained to give accurate advice on all aspects of nutrition and diet. During radiotherapy some people might need help with their diet to manage side effects and prevent them losing weight. If you have any concerns about your diet, please ask one of your team to refer you to the dietitian for nutritional advice and support.
Palliative Care or Symptom Control Team
During treatment some patients may be seen by our palliative care or symptom control team. These doctors (Consultant or Registrar) and specialist nurses are specialists in dealing with the symptoms associated with cancer and also its treatment.

Physiotherapist
These are specialists who are experienced in the assessment and treatment of a wide range of physical problems that a patient may have as a result of their cancer or its treatment. The aim of the physiotherapist working in cancer care is to maximise a person’s ability, function and improve their sense of wellbeing. One of the medical team may refer you to them for advice and support.

Lymphoedema Nurse Specialist
Your medical team may refer you to the lymphoedema specialist nurse. This specialist nurse can identify early symptoms of lymphoedema (swelling of the limb) and offer appropriate intervention, information and support. Early intervention may help to reduce limb size, improve the shape of the limb, improve movement and functional skills and help to prevent further swelling and complications.

Psycho Oncology Service
The emotional impact of a cancer diagnosis and treatment is very difficult. It is normal to feel stress, anxiety, sadness, anger or a sense of losing control. People deal with their emotions differently. Some people find inner strength and draw support and comfort from friends and family, others might need additional help. Your multidisciplinary team plays
an important role in helping you to cope but occasionally you might feel you need additional help from a psychologist.

Psychologists have specialist training in psychological therapies that help people and families who are particularly distressed, anxious or feeling low. You can choose to see a psychologist for a one-to-one session or you can attend relaxation classes, ‘coping’ talks or you could sign up for a group therapy session which are available in St Luke’s Hospital, Rathgar, Dublin 6. Please do not hesitate to ask for the psycho oncology information leaflet or to ask for a referral. Details of services available can be provided by your medical team.

**Clinical Research Nurse or Research Radiation Therapist**

Clinical Research Nurses or Clinical Radiation Therapists are trained in caring for patients with cancer who take part in a clinical research study. You might be approached by a member of the research team who will discuss your standard treatment and study related treatment options.

Clinical research studies are carried out in order to try and find new and better treatments for diseases. A cancer clinical research study is a highly organised study designed for people with cancer; to answer specific questions about a new treatment or a new way of using a known treatment. Each research study aims to increase medical knowledge and to find new ways to treat patients.
Useful contacts

Consultant Radiation Oncologist

Consultant’s Secretary

Clinical Nurse Specialist

Other

Contact information for St Luke’s Radiation Oncology Network is listed on back cover

St Luke’s Radiation Oncology Network would like to acknowledge the assistance of our patients and staff in producing this guide.

*Edited by Dr Charles Gillham*

Radiotherapy Treatment to the Female Pelvis - A Guide for Patients
St Luke’s Radiation Oncology Network
St Luke’s, Beaumont and St James’s Centres

Patient or Guardian Consent to Radiotherapy

Patient Name: ___________________________
Patient D.O.B.: ___________________________
ID Number: ___________________________

Type of Treatment: ___________________________

Statement of Patient or Guardian
I agree to the above treatment. I understand what is involved in radiotherapy planning and treatment and I have been given enough time to ask questions.
For females only: I have no reason to think I am pregnant now. I understand there is a risk to the foetus if I become pregnant during treatment.

Signed: ___________________________ Date: ___________________________
Name (PRINT): ___________________________ Relationship to patient (if applicable): ___________________________

Statement of Interpreter (where appropriate)
I have communicated the above information to the patient or their guardian to the best of my ability and in a way in which I believe they can understand.

Signed: ___________________________ Date: ___________________________ Name (PRINT): ___________________________

Statement of Health Professional
(to be completed by a health professional with appropriate knowledge of the proposed treatment)
I have explained the treatment to the patient or their guardian or their interpreter. I have outlined the potential benefits as well as the potential acute and late side effects of treatment. I have discussed the procedures involved in radiotherapy treatment planning and delivery and have provided appropriate written information.

Signed: ___________________________ Date: ___________________________
Irish Medical Council No: ___________________________

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St Luke's Radiation Oncology Network at
St Luke’s, Beaumont and St James’s Hospitals
Dublin

St Luke’s Hospital, Dublin 6
Tel: (01) 406 5000
Email: radiotherapy.stlukes@slh.ie

St Luke’s Radiation Oncology Centre at
Beaumont Hospital, Dublin 9
Tel: (01) 704 5500
Email: radiotherapy.beaumont@slh.ie

St Luke’s Radiation Oncology Centre at
St James’s Hospital, Dublin 8
Tel: (01) 420 6900
Email: radiotherapy.stjames@slh.ie

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