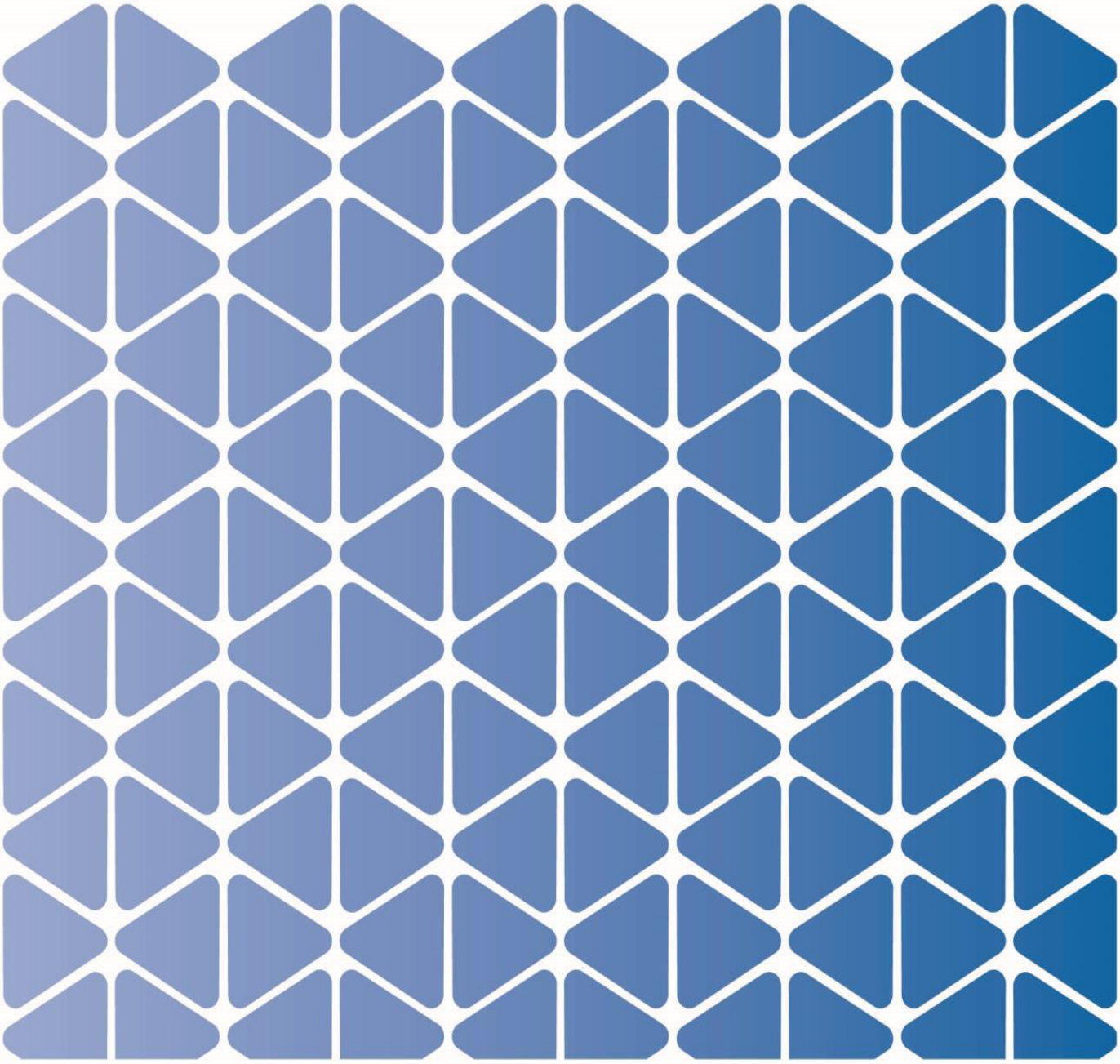
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

RADIOTHERAPY TO THE PROSTATE



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Worcestershire Oncology Centre
Improving cancer services in Worcestershire

Introduction

This leaflet provides important information about the possible side effects that may occur when receiving radiotherapy for prostate cancer. It also outlines how to prepare for your CT planning scan and the daily radiotherapy treatment process.

It is recommended that you read this leaflet carefully before your CT scan and the start of your treatment.

As you go through your treatment you will be seen regularly by specialist review radiographers who will offer advice and management for side effects as required.

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

Planning your radiotherapy treatment:

You will need to have a special CT scan in order to plan your radiotherapy treatment. This scan will allow the radiographers and doctors treating you to know the exact position, size and shape of your prostate. It is not a diagnostic scan and will not provide sufficient information to assess the status of your cancer or any other abnormalities.

The scan enables the team to produce a tailor made treatment plan specific for you and ensures the radiotherapy is planned carefully to avoid radiotherapy dose to surrounding areas to minimise treatment side effects.

Your bladder will need to be comfortably full for the CT scan and for each daily radiotherapy appointment. The purpose of this is to limit the amount of bladder tissue in the treatment area, to reduce the side effects of treatment and to help ensure treatment accuracy. Please inform the radiographers if you have a catheter in place.

It is very important to be hydrated when attending for your CT scan appointment and your radiotherapy treatment. Please make every effort to increase your hydration in the

days/weeks before your CT scan and your radiotherapy. Try and drink double the amount of water/squash you normally do to avoid dehydration and to maintain good hydration throughout the course of your treatment.

We also need you to have an empty bowel for the CT scan and for each daily radiotherapy appointment. Again this helps to minimise side effects, reduce the amount of bowel in the treatment area and helps to ensure treatment accuracy.

Most patients will be asked to use a micro-enema to help empty your rectum in preparation for your CT scan and treatment. These are small capsules with a nozzle that is inserted into the rectum (back passage).

Enemas are safe to use unless you are allergic to any of the following ingredients:

- Sodium citrate
- Sodium lauryl sulphate
- Sorbitol

Or

- You have an inflammatory bowel disease, such as Crohns disease.

Please discuss with the radiographers if you think this may apply to you.

You will be asked to use the enema and then wait in the waiting room until you feel the need to empty your bowels. You should then return to the toilet and empty your bowels and pass water to empty your bladder.

The CT scanning radiographers will go through bladder and bowel preparation with you prior to your CT scan appointment.

In order to have a comfortably full bladder for the scan you should then drink 400mls water over the next 10 minutes and then wait 40-50 minutes. You will then be required to hold this until after your CT scan**, if you have difficulty holding your water then please speak to our receptionist or a radiographer.**

Daily radiotherapy treatment:

You should eat and drink normally before your daily radiotherapy treatment.

For each treatment, it is important that your bladder is as comfortably full as it was when you had your CT planning scan and that your rectum is empty.

Follow the instructions below for **each** radiotherapy treatment. Preparation can be done at home or in the radiotherapy department. If you are travelling to the department by hospital transport, we suggest to wait until you arrive at the hospital to complete your preparation.

- **Step 1**: Use enema (If prescribed) to help **empty your bowel/rectum** (back passage) 1hr 30mins before your treatment appointment.

- **Step 2**: **Completely empty your bladder** ONE hour before your treatment appointment.

- **Step 3**: Drink **400ml** of **water** over the next **10 minutes** to fill your bladder and then hold until **after** your treatment.

****Please let Reception know if you are struggling to hold****

Please take time to understand this information to ensure you are fully prepared for your treatment.

The treatment radiographers will use an ultrasound scan to check that your bladder is full enough for radiotherapy treatment. You will also have a mini CT scan each day prior to treatment, this allows the radiographers to check the position of your prostate for the treatment.

Your treatment may not proceed if:

- You have too much wind or gas in your bowels
- Your rectum is too full
- There is not enough fluid in your bladder.

If this happens, the radiographers will tell you what is needed to proceed with the treatment. You may need to drink more fluid or wait longer for your bladder to fill. Please be aware that the department is very busy and delays in your treatment can significantly impact other patients.

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

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

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

Or text BOTTLE to 70085 to donate £2.

Texts cost £2 plus one standard rate message.

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

Thank you for your support

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WORCESTERSHIRE ACUTE HOSPITALS CHARITY
Putting patients first

Side Effects of Radiotherapy

Side effects vary from person to person and depend on factors such as the radiotherapy dose and the length of treatment. Not every patient will experience all the possible side effects. They are caused when healthy tissue near the prostate is affected by the radiotherapy. However, most healthy cells will recover, and side effects usually only last for a few weeks or months. In some cases, side effects can develop months or even years after treatment and may become long-term problems.

Types of Side Effects

- **Acute (Early) Side Effects**: These side effects can appear at different times during your treatment and typically go away within a few weeks after treatment ends. They are usually mild and temporary.
- **Late Side Effects**: These side effects may not appear for some time after your treatment is finished and can sometimes be long-term. It's important to be aware of these potential issues, but remember they are not guaranteed to happen.

Impact of Hormone Therapy

If you are also receiving hormone therapy in addition to radiotherapy, you may experience side effects from the hormone treatment as well. These can add to or alter the side effects caused by radiotherapy itself.

Support and Guidance

Your radiographers will provide more detailed information about the potential side effects and answer any questions you may have before you begin your treatment. Please do not hesitate to ask for clarification or advice.

Summary

- Side effects vary from person to person.
- Most side effects are temporary and mild.
- Some side effects can develop long after treatment has finished.
- Hormone therapy may also cause additional side effects.
- Radiographers will help guide you and provide more information before treatment starts.

Possible Acute (early) side effects

These can occur whilst you are undergoing radiotherapy and in the weeks immediately afterwards. They tend to be cumulative so may not occur in the first week of your treatment.

Tiredness and fatigue

One of the common side effects of radiotherapy is **tiredness** or **fatigue**, particularly as you near the end of your treatment. This fatigue can affect your **energy levels**, **motivation**, and even **emotions**. It is important to recognize that this is a normal response to the treatment, as your body works to heal from the effects of the radiotherapy.

While this tiredness often improves within several weeks after completing treatment, it may persist for a longer period for some people.

Managing Tiredness and Fatigue

Research suggests that **gentle exercise** and **keeping active** can help manage the symptoms of tiredness and fatigue. Regular physical activity, even if it's light, can help improve energy levels and overall well-being.

Urinary problems

Radiotherapy can irritate the lining of your **bladder** and **urethra** (the tube through which you urinate and ejaculate). This irritation can lead to various **urinary problems**, including:

- **Frequent urination**: The need to urinate more often than usual. This can often seem worse at night.
- **Urgency**: A sudden, strong urge to urinate that may be difficult to control. However, there may also be a reduction in the strength and quantity of flow.
- **Painful urination**: A burning or stinging sensation when urinating.
- **Blood in the urine (haematuria)**: The presence of blood in your urine, which is typically temporary.
- **Difficulty urinating**: where you feel that you cannot fully empty your bladder, is a **rare side effect** of radiotherapy. While it is uncommon, it can be a significant issue if it occurs. If you experience this symptom, it is very important to inform your **radiographers**.
- Untreated, this condition can lead to **urinary retention** (where urine is not being fully released), which may require medical intervention, such as the use of a **urinary catheter** to help you urinate.
- **Incontinence**: Accidental leakage of urine or loss of bladder control.

These symptoms generally improve after treatment, but they can last for a while in some cases. It's important to inform the radiographers if you experience any of these issues, as they can offer advice and solutions to manage these symptoms.

You can help yourself by:

- Increasing fluid intake
- Avoiding drinks which may irritate the bladder such as alcohol, coffee, and tea. Caffeine free alternatives may be better. Try to drink plenty of water or squash.

Bowel problems

Because the **bowel** and **back passage** (rectum) are located close to the prostate, radiotherapy can sometimes irritate the lining of these areas, a condition known as **proctitis**. This irritation can lead to a variety of **bowel problems**, including:

- Passing more wind than usual, this can sometimes be wet.
- Opening your bowels more frequently, along with a sudden urge to open your bowels but then not being able to and a feeling of not completely emptying your bowels.
- Loose or watery stools and diarrhoea
- Mucus jelly like discharge from the back passage
- Pain in your stomach area and/or back passage. This can be due to rectal inflammation.
- Bleeding from your back passage.

You can help yourself by eating a well-balanced normal diet and increasing your fluid intake. If necessary, we will advise you on changing your diet or medication which may help.

Tell your radiographer about any changes in bowel habits as there are often simple things you can do to help yourself.

Hair loss

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

Skin irritation and colour changes in the treatment area

This is a less common early side effect occurring in less than 10% of patients.
Redness in white skin tones and subtle darkness, yellow/purple/grey appearance in brown and black skin tones.

Late side effects

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

Bladder changes – can include a need to pass urine more frequently (both day time and night time) with an increased urgency.

Less common late side effects occurring in less than 10% of patients includes:

- Cystitis/pain when urinating due to bladder inflammation
- Reduced bladder capacity and incomplete emptying of the bladder
- A narrowing of your urethra (water pipe) which may cause a blockage and require surgery
- Bleeding from your bladder

Bowel changes – the sudden urge to open your bowels can continue after radiotherapy has finished and you may continue to empty your more bowels more frequently. This can also be associated with some abdominal or rectal pain and discomfort.
Bleeding from the bowel occurs in 5-10% of patients following Radiotherapy. This can happen from 6 months to 2 years after completion of Radiotherapy and usually settles without treatment.

Sexual function - Radiotherapy can cause damage to the nerves that control getting an erection, and it can take up to 2-5 years for the damage to appear. It may occur in 40-50% of people and the risk increases further if you had potency difficulties prior to treatment or if you are receiving hormone therapy.
Loss of libido is common too, along with dry ejaculation or reduction in the amount of semen produced. Radiotherapy can damage the cells that make semen and cause you to have a dry orgasm
Your consultant or one of the team will be able to advise you about treatments that may help with these side effects.
Radiotherapy to the prostate will cause infertility in 50-100% of people. Please speak to your consultant about sperm storage if you want to use it at a later point for fertility treatment.

Rare possible late or long term side effects

There is a very small risk of secondary cancers developing in adjacent areas in the years following your radiotherapy treatment.

Bladder and bowel issues including incontinence may continue, there is a small risk (less than 1%) that you may require surgery to repair bladder or bowel damage.

Radiotherapy can sometimes damage **bone cells** and reduce the **blood supply** to the bones near the prostate. This can lead to **bone problems**, including **pain** and issues with the **hips** or other bones, which may develop later in life. These problems are more likely to occur in individuals who receive both **radiotherapy** and **hormone therapy**.

If you are undergoing both radiotherapy and hormone therapy, it is especially important to monitor your bone health. The radiographers can provide guidance on managing bone health, including recommendations for exercise, diet, and possibly medications to help strengthen your bones and reduce the risk of complications.

If your surrounding lymph nodes are treated with radiotherapy, there is a small chance (less than 1%) that you may experience lymphoedema. This is a build-up of fluid – usually in your legs. Your GP or hospital consultant will be able to advise on this.

Please discuss any new symptoms that you experience after your treatment with your consultant in the follow up clinic.

There is also a wide range of information available from prostatecanceruk.org website or via the display stand in the radiotherapy reception area.

Hormones

Your Consultant or a member of the team may also have prescribed some hormone treatment for you to lower the levels of testosterone. A course of treatment is typically over 6 months or 2-3 years and usually 3 months of hormone treatment is prescribed before radiotherapy treatment starts. These may also give you side effects including, hot flushes, weight gain around the waist, mood changes, loss of libido and breast tenderness/enlargement. If you would like more information on management of these side effects, please speak to your oncologist or the Macmillan specialist review radiographers.

Support

If you are concerned about the late effects of radiotherapy treatment, or would like more information, please speak to your consultant, the Acute Oncology Service 01905 760158 or the Macmillan specialist radiographers on 01905 761420.
You may also contact your GP or your Clinical Nurse Specialist.

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

Patient Experience

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

Feedback

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

Patient Advice and Liaison Service (PALS)

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

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

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

How to contact PALS:

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

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

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