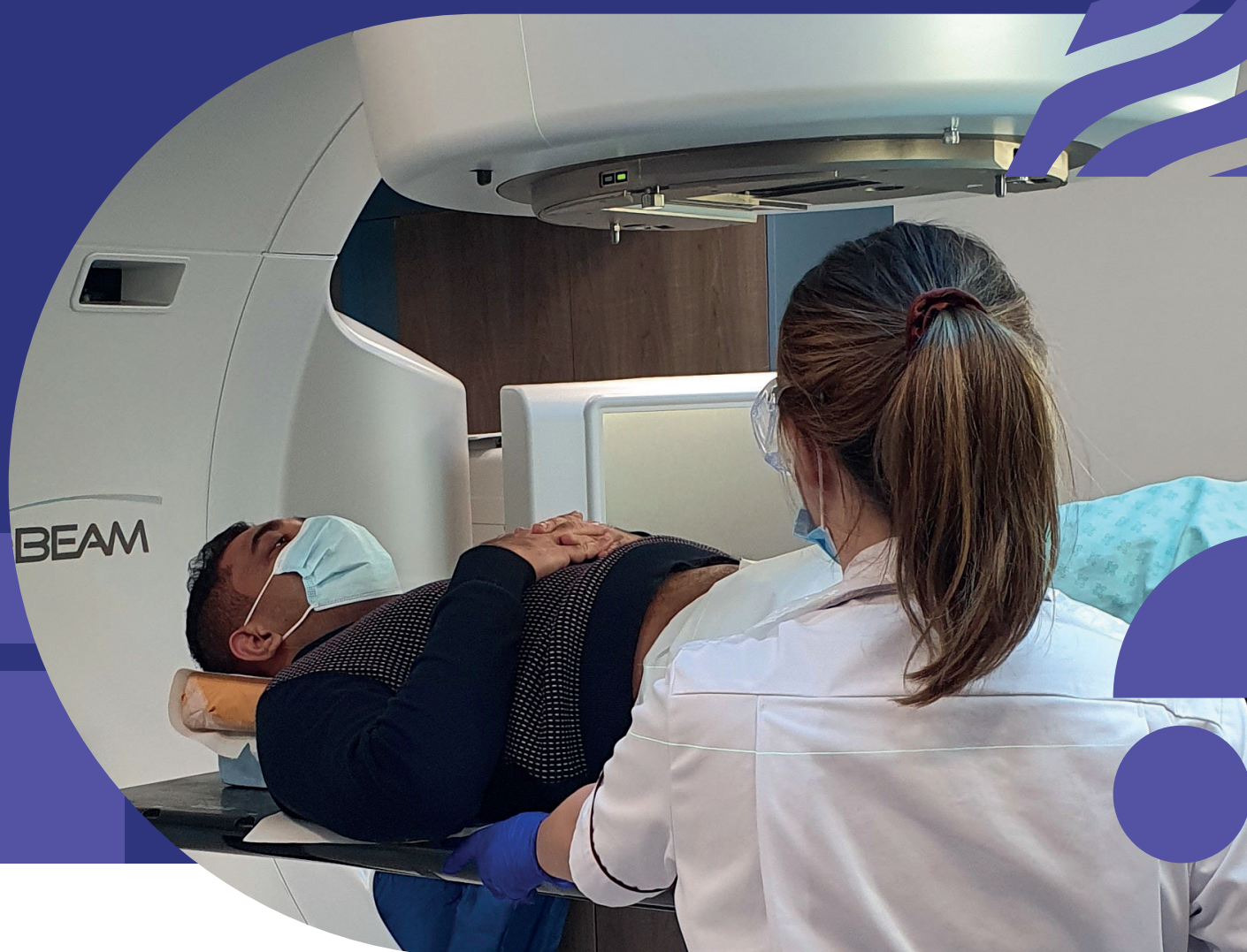


Information for Patients

# Radiotherapy Treatment for Prostate Cancer



***This is a guide to inform you about the radiotherapy treatment that you are going to receive. It also explains the possible side effects that you may experience and how they should be managed.***

***If you have any further questions please contact the Radiotherapy Department at The Lingen Davies Centre on 01743 261179. Please leave a message on the answerphone with your hospital number and a contact telephone number.***

## Introduction

The aim of this leaflet is to provide information regarding radiotherapy treatment to the prostate, including the process involved and the possible side effects.

Radiotherapy is the use of high-energy radiation beams to destroy tumour cells and is an effective treatment for prostate cancer, as it can significantly reduce the likelihood of the cancer returning. Treatment is given daily Monday – Friday, as an outpatient, for between 4 – 7 weeks. It is unlikely to cause any side effects which would stop the patient from driving to and from the hospital for their appointment.

## Bowel and Bladder Preparation

To ensure accurate and consistent treatment to the prostate gland, it is important that your bladder and bowel/rectum are prepared in the same way prior to your radiotherapy planning CT scan and your daily radiotherapy treatment. We require the rectum to be as empty as possible and the bladder to be comfortably full.

Following these guidelines is important during radiotherapy treatment as it reduces your side effects/urinary symptoms.

You will need to use Movicol and Simeticone before your CT scan and before starting your radiotherapy. Movicol encourages a regular bowel movement whilst Simeticone helps the body get rid of any wind. Each day before your CT scan and radiotherapy treatment you will need to use a micro-enema. In addition to this bowel preparation you also need to increase your fluid intake to 2 litres of water as a minimum per day. Please avoid alcohol as this will de-hydrate you.

## Pre-assessment

You will be contacted by telephone to attend a pre-assessment. This appointment involves watching a DVD which gives you all the relevant information you need to prepare you for your radiotherapy CT planning scan and radiotherapy treatment. You will be given your CT appointment, your medication (Movicol and Simeticone) and advised when to start using them ready for your CT scan. You will also have a blood test if necessary. There will also be the opportunity to ask any questions regarding your treatment.

Please note this pre-assessment is usually within a group setting with patients having similar treatment.

## Planning CT Scan

When you attend for your CT scan you will be asked to use a micro-enema (this needs to be done

even if you have been naturally at home). The enema takes up to 20 minutes to work and after this time we would ask you to go and try and empty your bowels (poo). We request that you empty your bladder at this stage. Once you are ready you will be asked to drink the allocated amount of water and then wait 30 minutes for your bladder to re-fill.

You will be lying on your back for this scan and for your treatment. The radiographers will need to carry out an ultrasound scan of your bladder; this is to ensure the bladder is full enough. If the bladder size is satisfactory the radiographers will place some reference marks on your skin in the on your skin in the pelvis area. The radiographers will leave the room to perform the CT scan. The first part of the scan is used to check for any wind and /or faeces (poo). If there is too much we may not be able to proceed with your scan and will give you advice and re-book you to attend at a later date.

After the CT scan is performed the radiographers will permanently mark your skin using ink and a needle (skin tattoo). These tattoos are used to position you accurately when you attend for your radiotherapy treatment.

You will usually be given your radiotherapy start date and a supply of enemas before you go home.

## Intravenous Contrast (Dye) Injection (IV contrast)

Your consultant may request us to perform the CT scan with IV contrast. A needle is inserted into the vein on the back of the hand with a small plastic tube known as a cannula. A contrast agent (dye) is then injected to make it easier to see the detail on the scans. If you need to have an IV contrast you will need an up-to-date blood test which can be carried out when you attend the group pre-assessment.

## Oral Contrast

Your consultant may request us to give you oral contrast. This is a fruity flavoured drink which is drunk instead of the allocated water. The aim of the oral contrast is to highlight the small bowel.

You may have both oral contrast and IV contrast as part of your CT scan.

## MRI scan

If you have a replacement hip/hips, you will need to have an MRI scan. This is usually on the same day as your CT scan whilst continuing to follow the bowel and bladder instructions'. An MRI is needed to show soft tissue as the metal in the hip replacements can affect the quality of the CT images.

## Radiotherapy Treatment

Treatment usually takes place daily Monday – Friday. You will need to follow the bowel and bladder preparation prior to each daily treatment. Please only follow the advice you have been given by the radiographers as your treatment plan is as individual as you are.

Please bring a dressing gown and slippers with you to change into before your treatment.

You will be positioned exactly the same as you were at the CT scan; you will notice the radiographers move you to line up your skin tattoos with the lasers positioned in the room. The radiographers will leave the room and take a scan to confirm your bowel and bladder position is within the limits set at CT. You may feel the bed move slightly; this is to position you accurately. It is really important to keep as still as possible during the treatment process. You may hear the machine buzz as it delivers the dose of radiation but you will not feel anything from the treatment. The machine moves around you, but will not touch you. It may be necessary to carry out a bladder ultrasound scan prior to your treatment.

## Side Effects

Side effects may occur as the radiation beam will also affect healthy cells along with any tumour cells. The side effects are produced as the body recovers its healthy cells and disposes of destroyed tumour cells. Side effects are categorised as either early side effects, which occur during the latter half of the treatment period and may last for 6 – 10 weeks after completion, or late side effects which may be noticed 1 – 5 years after completion of treatment. You will be supported through treatment by a dedicated team of radiographers who will check on your wellbeing on a daily basis. The radiographers are part of a highly trained experienced team who can deal with any treatment related problems you may have. In addition, during your treatment course you will attend an 'On Treatment Review Clinic', where you will be reviewed and monitored by the Review Radiographer.

## Early Side Effects

**Tiredness** - During the latter half of your treatment course you may feel more tired than usual. Ensuring that you have adequate rest, drink plenty of fluids (reducing your intake of caffeine) and eating a healthy balanced diet can help this. Light moderate exercise will also help; you will be given an exercise sheet at the Pre-assessment meeting, if you would like any more information please contact the Get Active Feel Good team on 07543827531.

**Skin Reaction** - Although skin reactions usually occur during the latter half of your treatment course we advise you to take care of your skin (in the area being treated) from the first day of treatment. This involves using warm water, washing, showering and bathing as normal. Gently pat dry, do not rub and scrub. Apply a moisturiser in the treatment area. There is also an increased risk of sunburn in the treatment areas and an increased sensitivity for up to 2 years. It is therefore advisable to use a high factor sun cream (at least SPF 25) or a total sunblock in the treated area. By following these steps, any skin reaction can be minimised. A full leaflet regarding skin instructions is available.

**Urinary Symptoms** - Some patients may notice an increased need to empty their bladder both during the day and at night. Along with this, you may notice a reduction in the flow of urine and sometimes a burning sensation when passing urine. To minimise these effects it is important to drink plenty of fluids to reduce the concentration of the urine. If the symptoms worsen please discuss with the radiographers who can advise on methods to reduce the discomfort.

**Bowel Symptoms** - Some patients may experience abdominal cramps or diarrhoea due to the radiotherapy. Any changes in bowel habit or pain when going to the toilet should be discussed as soon as possible with the radiographers who will be able to offer advice.

**Rectal Symptoms** - A small part of the rectum is likely to be included within the treatment area and this may result in patients experiencing a small degree of swelling called 'proctitis'. This will



give the urge to go to the toilet several times during the day even when the rectum is empty. Towards the end of the treatment course you may also notice your poo are mixed with mucus (slime) and occasionally blood. This is a perfectly usual treatment reaction, which may require pain relief or steroid medication. If you already have haemorrhoids (piles), these may worsen towards the end of treatment. The radiographers will advise you on which products are suitable to use during radiotherapy.

## Late Side Effects

These side effects may occur months or years after completing a course of radiotherapy. Less than 5- 10% of patients will experience serious late damage.

### Effects to be aware of are:

- Dryness and darkening of the skin in the treated area: this can be reduced by regularly using a moisturiser.
- In a small number of cases, you may find that you experience difficulty in passing urine, dribbling or being unable to hold urine. This may last for a longer time. There may also be narrowing of the urethra which may need to be treated surgically.
- Long term swelling of the rectum, bowel adhesions (particularly if pelvic surgery was performed before radiotherapy), frequent looseness of the bowel, abdominal pain, passing of blood with the stool (poo), long-term discomfort when opening the bowels or blockage of the bowels may occur.
- Erectile dysfunction: the risk of this can be as high as 40-50%.
- There is a very small risk of developing a fistula (small hole) between the rectum and bladder. The risk of this occurring as a result of radiotherapy alone is very low.

## Follow Up

Treatment for cancer is personalised. Your doctor will discuss with you the best way to monitor your response to the treatment. In some cases the treatment is given to reduce the chance of the cancer recurring and there may not be a specific scan or test that will be helpful directly after treatment as there is no cancer left to measure. You can speak to your clinical nurse specialist or oncologist to discuss any concerns.

This is a time when you may feel stressed, anxious or even depressed. The Hamar Help and Support Centre can offer support to you and your family or carers. The staff at the centre provide information, help and specific counselling to suit your individual needs. Please feel free to discuss any concerns with your Oncologist, Treatment Radiographer, Surgeon or Specialist Nurse.

## Frequently asked questions

### When should I use the enema?

You should always bring your micro enema with you to the hospital and use it on arrival. Please plan to arrive 1 hour prior to your appointment time in order to use the enema as soon as you arrive, please do not check in at reception for treatment until you have used your enema and emptied your bowels (poo).

### Should I have anything to eat/drink prior to my planning scan and/or treatment?

Yes. Please eat and drink normally prior to your planning scan and treatments. Fasting prior to a

scan or treatment may lead to a build-up of wind which should be avoided.

**I empty my bowels regularly in a morning do I still need to use the micro-enema?**

Yes. Even if you empty your bowels (poo) each morning you still need to use the micro-enema as we are aiming to make sure your prostate is in the same place at each visit.

**I've used the micro-enema as instructed but nothing happened. I'm worried that it hasn't worked?**

Please do not worry, the micro-enema is only a mild laxative, and you will only need to empty your rectum if the rectum is full. If the rectum is empty when you use the micro enema nothing will happen, you will not need to go to the toilet. You may find that a little bowel gas is released (passing wind). You do not need to use a second enema.

**How will I know when to fill my bladder?**

The Radiographers call you around for your planning scan or for treatment. Please empty your bladder. When you attend for treatment, you should start drinking when you have been called around to the treatment room (you will be called over the tannoy system). Please keep a note of the time you finish and record this using the paper in the waiting area so that the Radiographers can time when your treatment can start.

**What happens if I need the toilet after I've filled my bladder?**

If you need to go to the toilet please let the radiographers know that you have emptied your bladder. You will need to have 2 more cups (250mls) of water to re-fill your bladder and wait an additional 20 minutes.

## **Additional Information**

Please ensure you are well hydrated and have eaten normally before all your appointments. At the end of the planning CT appointment, you will be given an appointment card with the date and time of your first treatment appointment. Parking is available directly across from the department and patients receiving treatment here can claim free parking. All you have to do is give your details to reception on arrival.

**Further information is available from:**

- Radiotherapy Treatment Enquiries: 01743 261179.
- Hamar Help and Support Centre: 01743 261035 Ward 23, RSH 01743 261423.
- Macmillan Information & Support Service: 01743 261000 ext 1957.
- The Prostate Cancer Charity: 0845 300 8383. Website: [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)
- Macmillan: 0808 808 0000. Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)
- Urostomy Association: 01952 400971.
- Shropshire and mid Wales branch [www.uagbi.org](http://www.uagbi.org)
- Living with and Beyond Cancer Team: 01743 262424.

**We are a Dementia Friendly Department, please contact us directly on our answerphone 01743 261179 if you require additional help.**

## Notes

## Further information is available from:



### Feedback

We appreciate and encourage feedback which can be shared in a number of ways through the hospital website. Scan the QR code to give feedback.  
<https://www.sath.nhs.uk/patients-visitors/feedback/>

### Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

## Other Sources of Information

### NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

111 (free from a landline or mobile)

[www.nhs.uk](http://www.nhs.uk)

### Self Help & Support Groups

A selection of websites providing access to good quality health information, local organisations and community groups is available from the library.

[www.library.sath.nhs.uk/find/patients/](http://www.library.sath.nhs.uk/find/patients/)

### Information in Other Languages or Formats

If you require this information in a different way such as easy read, a different language, larger print, audio or braille please tell a member of staff or contact the Patient Experience Team;

[sath.patientexperience@nhs.net](mailto:sath.patientexperience@nhs.net) or 01743 261000 ext. 2503.

**Website:** [www.sath.nhs.uk](http://www.sath.nhs.uk)

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