Radiotherapy to the prostate

A guide for patients and carers
Contents

When radiotherapy is given............................................................... 2
Preparation for planning and treatment ....................................... 2
Clinical Nurse Specialist (CNS) Service........................................... 3
General information about the side effects of radiotherapy treatment............................................................... 3
Side effects during and immediately after treatment ..................... 4
Possible long term or permanent side effects of radiotherapy ...... 8
Follow-up and recovery............................................................... 10
Useful information and websites............................................... 12
Notes......................................................................................... 13
This information is for patients who are going to receive radiotherapy to the prostate.

**This leaflet will explain:**

- When radiotherapy is given
- Preparation for planning and treatment
- General information about the side effects of treatment
- Any side effects that may affect you
- Who to contact when you need advice

You may find it useful to read our booklet called ‘Radiotherapy’ which explains how radiotherapy works and what to expect when you attend.
When radiotherapy is given

- To treat cancer that has not spread outside the prostate gland (localised) as an alternative to surgery
- After surgery if the PSA levels start to rise targeting the prostate bed (the area where the prostate was)
- When the disease is, or likely to be, in other tissues in the pelvis, i.e. just outside the gland (locally advanced) or the pelvic lymph glands. (We often use the term “whole pelvis” when we treat the prostate and lymph glands)

Your doctor will explain which type of treatment is recommended for you.

Preparation for planning and treatment

When you arrive we will ask to do some simple preparation (which you will need to repeat for every treatment). Our leaflet called ‘P1 Patients receiving radiotherapy to the prostate – preparation for planning and treatment’ describes what to expect in detail. If you want a copy in advance of your planning appointment please contact our Information & Support Radiographer on 0151 482 7889 or visit our website.

Do not reduce your intake of fluid before attending as this affects the filling of your bladder. It is important for your general health to drink and eat normally.
When you start your treatment it is important that you understand and follow the instructions we have given you. The routine is required only for the time immediately before your treatment, not for the whole of the day.

**Clinical Nurse Specialist (CNS) Service**

This member of staff is available to all patients (and/or carers) who have a diagnosis of prostate cancer. They provide a link between medical, nursing, radiotherapy and other members of the multi-professional team. Their aim is to assist with the continuity of care for patients who are receiving radiotherapy as an outpatient and for those who are not already linked with a Urology Nurse. Please talk to your radiographer if you feel this service would be useful for you.

**General information about the side effects of radiotherapy treatment**

Every patient is different and you may not have the same side effects as someone else. Your doctor will talk to you about the side effects that are likely to affect you. Most are temporary but some may last for weeks or months after your treatment has finished (see later). Long term or permanent effects can occur but are fairly rare. Often these effects can be easily managed and may not have a marked effect on your life.

During your treatment, a radiographer or nurse will be able to answer any questions and deal with most of your problems. However, your doctor can also see you if necessary. As you go
through your treatment, how you feel and your ability to cope may change. It is important to let staff know how you feel so that we can give additional information, support and medicines etc.

If you are attending as an outpatient, it may be necessary to come into our hospital to help you cope with your side effects though this is rare.

**Side effects during and immediately after treatment**

The usual pattern for the development of the short-term (acute) side effects is to gradually start about 5-10 days after the first treatment. They usually persist and worsen, the effects being most troublesome about 10 days after the last radiotherapy treatment. You will be reviewed during your treatment and given medicines and advice to help you cope. It is important to let us know when your side effects start.

After this, the healing process begins. The side effects usually settle over the following 2-3 weeks but sometimes effects may persist for weeks or months.

**Your bladder**

The bladder and prostate are next to each other so it is impossible to avoid giving the bladder some radiation dose when treating your prostate. This causes some inflammation (soreness) in your bladder. You may feel the need to pass urine (wee) more often, get a burning sensation, a slowing of the stream of urine and an urgent need to pass urine.
You can help yourself by:

• Drinking more fluid; about 3 pints of fluid each day until the symptoms settle. Avoid large quantities of caffeine (tea, coffee, energy and cola-type drinks)

• If you wish you may take alcohol in moderation but stop if it causes irritation in your bladder

• Letting us know if you develop a burning sensation when you pass urine; if it is severe you may have an infection. If so we will give you antibiotics and your treatment will carry on

Unable to empty your bladder during and shortly after the course of radiotherapy?
This happens rarely. The urethra (see diagram on page one) passes through the prostate. Inflammation can cause it to be squeezed making it difficult or impossible to pass urine. If you can’t pass urine at all, get help quickly otherwise this can make you very unwell. You may need a catheter for a short time. Contact your treatment machine during working hours Monday - Friday and out of hours or weekends ring 0151 334 1155 and ask to speak to the Triage Help Line.

Your bowels
The treatment is likely to irritate your bowels. This symptom is more likely if you are having the whole pelvis treated. You may have to open your bowels more often or occasionally they become stubborn. If your bowel habits change advice on changing your diet may be appropriate as many people find this
helpful. Meanwhile carry on with your normal diet. A dietician is available for you to talk to about your diet and we will arrange an appointment if required.

You may also feel the urge to open your bowels, passing only small amounts or just mucus and wind. You may have discomfort and you may pass some blood.

**You can help yourself by:**

- Letting staff know about any symptoms so that they can give you advice and/or medicines
- Eating a good balanced diet
- Washing the area around your anus (opening of the bowel on the skin) gently and applying Aqueous Cream BP to soothe and moisturise, if necessary

**Tiredness (Fatigue)**

It is quite common to feel more tired and have less energy than usual during your course of radiotherapy and for several weeks after your treatment has finished. It may be useful to try to keep your normal routine but to reduce the amount of time that you spend on each task. It is important to rest when you feel the need to do so. If you have family and friends nearby, consider asking for, or accepting, offers of help. If you live alone, do only the tasks that are essential until you feel stronger.
Your pelvic skin and hair

Your skin may become slightly red, dry and itchy. If your skin becomes uncomfortable ask the radiographer or nurse for advice.

You can help yourself by:

• Wearing loose fitting clothes made from natural fibres, such as cotton, to allow the air to circulate around the treatment area

• Washing the area very gently in lukewarm water with a mild, unperfumed soap, e.g. baby soap. A shower is ideal, patting the area dry with a soft towel. Do not rub

• Only applying creams recommended by your radiographer, nurse or doctor

Temporary thinning or loss of pelvic hair can happen. The loss of pubic hair is most likely to be noticed.

Fertility & Contraception

Radiotherapy to the pelvic area is known to affect the reproductive organs. Retaining your fertility after completion of radiotherapy may or may not be important to you. If required, you will be referred to a local specialist centre for further advice and information. It is important to be referred before starting your radiotherapy.

It is not safe to presume that radiotherapy will make you infertile.

If you are sexually active and conception is a possibility, it is important to use contraception during and after your course of radiotherapy.
You can continue with sexual activity while you are having radiotherapy. However, the side effects of radiotherapy can cause temporary discomfort in the pelvic area. You may find that intercourse is uncomfortable or you have no desire for sex. If so, try to talk to your partner and explain how you feel.

Inflammation of the prostate may cause pain or discomfort when you ejaculate. Once treatment has finished, the inflammation and pain will settle.

**Possible long term or permanent side effects of radiotherapy**

Radiotherapy can cause long-term changes to the normal tissues in your pelvis. However many people do not develop long-term side effects. They may appear months or years after treatment and may not have a marked effect on your life. If you develop any health problems that you suspect may be related to your radiotherapy, you should discuss this possibility with your GP. If necessary, your GP can refer you to specialist services, further investigations and/or appointment with your oncology doctor.

**The following may occur:**

- The use of surgery or hormone therapy is frequently used in the treatment of prostate cancer. With these treatments impotence (inability to achieve an erection) and loss of libido (sex drive) may occur. The addition of radiotherapy can increase this risk and it usually develops slowly over time
• following hormonal treatment (if given with your radiotherapy) changes to the sexual organs can occur, i.e. some loss of length and girth in penis size and the size and volume of the testis can be smaller

• Reduced volume or lack of ejaculate fluid can develop though you should still have the sensation of ejaculation and orgasm

• There is a small long-term risk of damage to your bowels However this risk is increased if you have the whole pelvis treated. You may have looser more frequent bowel movements; pass some mucus, small amount of blood. These side effects can often be helped by adjusting your diet and the use of medicines. Very rarely these side effects need surgery

• There is a small long-term risk of scarring to your bladder, which may mean that you need to empty your bladder more often and there may be a small amount of blood in your urine. If you develop bleeding see your GP

• Rarely a narrowing (stricture) of the tube between the bladder and penis (urethra) can develop causing urinary frequency and a slow stream. This can be treated with a simple procedure

• Treatment with radiotherapy carries a small increase risk of developing a new pelvic cancer. This risk is balanced against your current health needs
Follow-up and recovery

As you complete your radiotherapy, your care needs will be assessed. If you develop any new nursing needs as a result of your radiotherapy we can make arrangements for a District Nurse to visit you.

In the first few weeks after finishing treatment your condition is likely to worsen - this is usual. A doctor from the Oncology team will see the majority of patients within a couple of months after completion of their radiotherapy. This appointment is usually at your local hospital. Meanwhile, if you have any concerns you should contact our triage help line. This service is available for two months after finishing your treatment. After this time you should contact your GP.

The diagnosis of cancer together with the impact of treatment and any side effects can have a major impact on how you feel, which then affects how you behave. Sometimes your relationship(s) including sexual intimacy are affected. If you are able, talking to staff about how you feel can be a great help. Sometimes more help is required to help you cope and overcome any negative feelings. Often, these feelings become more apparent once you have completed all your treatments and you are beginning to recover. You should discuss these issues with your GP or your Oncologist at your follow up appointments. Referrals to specialist staff, e.g. a Psychologist or Sexual health alone, or with your partner, can be beneficial.
If you are feeling low or experience mood swings it may be useful to talk about how you feel and your recent experiences. Some find it useful to have the support of others who have experience of cancer by attending a local support group. Contact the Macmillan Information & Support Centre for more details.

Alternatively if you are familiar with using the internet, the major cancer charity websites have online communities.

If you find that you have long or frequent periods of low mood you should seek help from your GP There are many ways to be helped, including, but not always, a short course of anti-depressant tablets.

The Prostate Cancer UK and Macmillan Cancer Care have lots of free information on coping and living with cancer that are available free of charge. These can be ordered by telephone or by visiting a Macmillan Information Centre (sited in the main entrances of The Clatterbridge Cancer Centre Wirral and Liverpool).

**Diet and prostate cancer**

Research is emerging which *suggests* that a balanced healthy diet may slow down the growth of prostate cancer in men who already have the disease or reduce the chance of prostate cancer returning after treatment. Please contact “Prostate Cancer UK” for more information (see contact details).
Useful information and websites

Prostate Cancer UK
www.prostatecanceruk.org
tel: 020 8222 7622

Macmillan Cancer Support
www.macmillan.org.uk
tel: 0800 808 000 or 0151 201 4150

The Clatterbridge Cancer Centre
www.clatterbridgecc.nhs.uk
0151 334 1155

Out with Prostate Cancer
Support group for gay and bisexual men with prostate cancer
www.outwithprostatecancer.org.uk

If you have any general enquiries prior to starting your treatment, please contact the Information and support radiographer at The Clatterbridge Cancer Centre, Monday to Friday during office hours (9am -5pm) on 0151 334 1155 ext 4908.

If you have any concerns during or after treatment contact the Triage help line (24 hours) on 0151 334 1155 bleep 5555.
Notes
How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 482 7722.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 482 7722.

If you have a comment, concern, compliment or complaint, please call 0151 482 7927.