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Radiotherapy to the female pelvis

Radiotherapy

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If you have any general enquiries prior to starting your treatment, please contact the Information and Support Radiographer at Clatterbridge Cancer Centre - Wirral, Monday to Friday during office hours on **0151 556 5314**.

The Clatterbridge Cancer Centre Hotline 0800 169 5555

If you are unwell during, or up to 6 weeks, following your cancer treatment, please call The Clatterbridge Cancer Centre Hotline.

Your call will be answered by a dedicated nurse advisor. This line is available 24 hours a day, 7 days a week.



This information is for patients who are going to receive radiotherapy for cancer of the cervix or cancer of the uterus (womb).

You might find it helpful to read our booklet called 'Radiotherapy' which describes what to expect when you come to the hospital.

Radiotherapy for cancer of the cervix and cancer of the uterus (womb) is similar and is usually done in two 'phases'. The first phase is external beam radiotherapy (EBRT) which is radiation delivered from outside the body, given to the whole pelvis to include the pelvic lymph node areas, followed by radiation given internally, known as Brachytherapy.



Photograph of a treatment machine used to give EBRT showing pillow, knee and ankle supports. The radiation is produced from the circular area of the gantry, shown above the bed.

When radiotherapy is used

Radiotherapy is used as a radical (curative) treatment for cervical cancer.

It is sometimes given after a hysterectomy to reduce the risk of the cancer returning (adjuvant treatment). Treatment of cancer of the cervix often includes chemotherapy; we will discuss this with you in detail if it applies to you. If you do require chemotherapy you will need to attend one of our wards weekly on one of the days you have radiotherapy. This approach is likely to cause increased side effects and so your recovery may be slower.

Radiotherapy is also used as an adjuvant treatment after a hysterectomy for treatment of cancer of the uterus.

Your oncology doctor will explain why radiotherapy is recommended for you. External beam radiotherapy is given as a course of treatment; the usual length of treatment being 4-5 weeks.

Clinical Nurse Specialist (CNS) in gynaecological cancer

This service is available to patients with a diagnosis of gynaecological cancer and their carers to ensure they receive written and verbal information on the management of their cancer and any symptoms, advice on treatment options and psychological support. Appointments into this service may be automatically booked as part of your care. If you do not receive an appointment



to see our Clinical Nurse Specialist, please discuss this with your treatment radiographers. During one of the appointments we will give you more information about Brachytherapy.

Preparation for treatment

Before you start your radiotherapy, you will have a CT scan of the pelvis which is used to design the radiotherapy. This process is called 'planning'. Before the scan, we will ask you to drink some fluid (called 'oral contrast'), used to help identify the bowel. During the scan, a dye will be injected into a vein (called IV contrast) which highlights the blood vessels in the pelvis.

At the end of the scan we will ask your permission to make a few permanent marks (tattoo's) on your pelvis, which are used in the design of the treatment. The Planning scan takes only a few minutes but you should expect to be in the hospital for a couple of hours. Mostly people will start the radiotherapy approximately 2 weeks later. See our booklet called 'Radiotherapy' for more information about planning (and treatment). The staff will explain what to expect etc. in more detail when you attend.

Treatment procedure

The treatment procedure takes about 10 minutes with the treatment machine being 'on' for only a few minutes. You will lie in the same position as the scan and not feel anything as the treatment is given. The use of contrast agents is not required for treatment. The radiographers will talk to you about what to expect when you attend.

General information about side effects of treatment

Every patient is different and you may not have the same side effects as somebody else. Most side effects are temporary. They usually start around the second week of treatment and will continue for several weeks after your radiotherapy has finished. They then start to settle, taking a few weeks to do so. Sometimes it takes a few months for the effects to settle completely.

During your treatment, a radiographer or nurse will be able to answer any questions and deal with most of your problems. However, your doctor will also see you regularly throughout your treatment. It is important to tell us how you are feeling so that we can give you medicines and advice on how to cope. Most people come from home to have their treatment, but admission to one of our wards is possible if you need additional support.

Side effects during and immediately after finishing treatment

Your bladder

Radiotherapy can irritate your bladder so you may feel the need to pass urine more often (frequency), get an urgent sensation to do so (urgency) and you may feel a burning sensation. Tell your doctor, radiographer or nurse if this sensation lasts for a few days. We may need to test your urine to rule out a urinary infection.

You can help yourself by drinking more fluid, at least 10 mugs of



fluid each day until the symptoms settle. Water is best; avoid fizzy drinks. Avoid, each day, taking large quantities of drinks which contain caffeine; e.g. strong tea or coffee, cola-type and energy drinks. You can drink alcoholic drinks in moderation if you wish but stop if you notice any irritation. Cut down on the amount you drink in the evening if you find you need to use the toilet more during the night.

Your bowels

The treatment can irritate your bowels causing cramp-like discomfort. You may have to open your bowels more often, sometimes only passing small amounts. You may also get the urge to open your bowels, but pass only wind and mucus. A few people find their bowels become stubborn reducing the frequency or ease of bowel movements. We may ask you to change your diet if these effects are troublesome. Tell us if you have any known bowel-related conditions and if your bowel habits are changing.

Feeling sickly (nausea)

This can happen and we will give you medication to help ease the symptoms. It is important to treat so that it does not affect your eating and drinking.

Tiredness and fatigue (low energy levels)

It is quite common to feel tired during treatment. Let us know if this affects you. It may persist for several weeks afterwards. It is important to rest when you feel you need to. Ask for, or accept, offers of help. If you live alone, only do the things that are necessary until you feel stronger.

Your skin

Your skin in the treatment area may become slightly red, dry and itchy, not unlike sunburn, though this is not common. The groin and skin between your buttocks are usually affected. The area around the back passage (anus) can become sore especially if your bowels become loose (due to cleansing). 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. A shower is ideal, patting the area dry with a soft towel. Do not rub
- Only using creams recommended by us

Hair loss

The loss of pubic hair is a possibility, but it should start to return soon after you have finished treatment.

Eating well

Eating as well as you can, helps you to cope with, and recover from, the treatment. Our dietitians have written a leaflet 'Eating well and coping with side effects' which is available to you. If you need further advice from a dietician, this can be arranged.



Contraception and sexual activity

If you are sexually active and pregnancy is a possibility, it is recommended that you use effective contraception, i.e. a condom from the beginning of, and for one year after, radiotherapy. You can continue to have sex during radiotherapy. Be aware that it may be uncomfortable; using additional lubrication can help.

Early menopause

Radiotherapy to the pelvis will bring on the menopause in those who are still having periods. The symptoms of the menopause (periods stopping, hot flushes, dry skin, vaginal dryness and difficulty in concentrating) often start during, or soon after, your radiotherapy. Your oncology doctor may advise the use of hormone replacement therapy (HRT), if your symptoms are troublesome.

Possible long term or permanent side effects

The majority usually develop within the 1st or 2nd year, but can start many years later.

Changes to bowel

It may take 6 months or more for the bowel to settle into a regular pattern.

There is a moderate risk of long term changes to bowel habits. This includes having an urgent sensation for a bowel movement (urgency), more frequent bowel movements, which could be loose

and contain blood. (See information later about the RADAR key scheme).

In some, looseness of the bowel is related to the type of foods eaten. The ability of the bowel to digest foods can also be affected.

There can be serious damage to the bowel that may require surgery and the possibility of a colostomy. Approximately less than 1 in 20 people go on to need a colostomy after radiotherapy for cervical/uterine cancer.

Changes to the bladder

There is a small risk of long term changes to the bladder. Your bladder function may be different after treatment and possibly not return to normal. You may:

- a)** Need to empty your bladder more frequently, especially at night.
- b)** Be unable to hold as much urine for as long, due to the loss of elasticity (ability to stretch) of the bladder wall.

Changes to your diet, bladder training and the use of medicines can often help, but occasionally these problems can be more troublesome. Referral to specialist staff can be helpful and will be discussed at your follow-up appointments.



Sexual health

The tissues of the vagina will be affected causing it to become narrow, shorter and stretch less than before treatment. To lessen these effects we ask all patients to regularly use a vaginal dilator (smooth plastic tube). Even if you are sexually active, their use is recommended so that internal examinations cause as little discomfort as possible. You will be offered more information, advice and a set of dilators during your course of radiotherapy. Vaginal dryness can occur, but the use of a water-based lubricant during intercourse can be helpful.

These changes can lead to discomfort during intercourse. The diagnosis and treatment can affect you in many ways, including sexual intimacy. If this affects you and/or your relationships, please talk to your GP or Gynaecological CNS who can refer you to a specialist service, e.g. counselling (as a couple or alone).

Macmillan Cancer Support has a number of useful information booklets, e.g. 'Pelvic radiotherapy in women – possible late effects' and 'Sexuality and Cancer, How treatment affects your sex life'. See "Useful contact details" at the end of this leaflet.

Noticing blood

Radiotherapy can affect the tissues causing slight shows of blood in the urine, bowels motion or after sex. If you notice you are passing more than this, see your GP as it needs to be investigated further.

Risk of Lymphoedema

Treatment can affect the lymph glands in the pelvis, causing permanent swelling of the legs. This is called Lymphoedema and is more likely if you have had surgery to the pelvic nodes, though the addition of pelvic radiotherapy in theory increases the risk. It is rare, but can start many months or years later.

To reduce the risk, it is important to avoid infection or inflammation of the legs and pelvis, so avoid cuts/grazes, nicks from shaving, insect bites/stings, sunburn. Do regular gentle exercise; swimming or walking. The use of a moisturising lotion on your legs is recommended.

Some early signs include persistent tightness of your shoes, the ankles being swollen or heaviness of the legs. If you develop these signs or are concerned, talk to your G.P, or oncology doctor/ gynaecological CNS at the follow-up appointments. Referral to a specialist practitioner in Lymphoedema may be appropriate. For more information about Lymphoedema see Macmillan Cancer Support in useful contacts.

Changes to bones

There is a risk of developing changes in the pelvic bones which may occur in the future. This is called a pelvic insufficiency fracture, which may cause a hair-line fracture. It may cause dull pain which can be helped by rest or may require pain killers. Insufficiency fractures generally heal slowly and may be investigated by a scan, if necessary.



Follow-up and recovery

Side effects can continue for a few weeks after finishing radiotherapy. In the meantime, continue to use any medicines we have given you. If you have any new nursing needs at the end of your radiotherapy, we will discuss this with you and can arrange for an appropriate member of staff to contact you, e.g. district or Macmillan nurse. Contact them or your GP if you are in difficulty, especially with pain or have problems that affect your eating and drinking. You can also contact staff at the radiotherapy centre for advice.

It is important to attend follow-up appointments with your oncology doctor. The first appointment is usually about 6 weeks after finishing treatment.

It may take many months before you feel that you have recovered fully. If you are feeling low or experience mood swings, talk to your GP, oncology doctor or key worker. Some people find it useful to have the support of others who have experience of cancer by attending a local support group. You can contact the local Macmillan Cancer Information & Support Centre for more details. Alternatively, if you are familiar with using the internet, the major cancer charity websites have online communities.

Macmillan booklets about coping and living with cancer and treatment side effects are available free of charge. These can be ordered by telephoning 0808 808 0000 or by visiting a Macmillan Information Centre (sited in the main entrances at Clatterbridge Cancer Centre - Wirral and Clatterbridge Cancer Centre - Aintree).

Useful contact details

The Clatterbridge Cancer Centre NHS Foundation Trust

www.clatterbridgecc.nhs.uk telephone 0151 556 5000

Gynaecological Cancer Clinical Nurse Specialist:

0151 556 5134

Brachytherapy Clinical Specialist Radiographer:

0151 556 5342

Lymphoedema Service at Clatterbridge Cancer Centre - Wirral:

0151 556 5015

The Clatterbridge Cancer Centre patient information leaflets:

- Radiotherapy booklet
- Use of vaginal dilators whilst receiving radiotherapy to the pelvis
- High Dose Rate (HDR) Brachytherapy to the vaginal vault
- High Dose Rate (HDR) Brachytherapy for cancer of the cervix
- Lymphoedema advice

Macmillan Cancer Support

www.macmillan.org.uk telephone 0808 808 0000

Macmillan Cancer Information and Support at:

Clatterbridge Cancer Centre - Wirral 0151 556 5570

Clatterbridge Cancer Centre - Aintree 0151 556 5959



Jo's cervical cancer trust

jostrust.org.uk telephone 0808 802 8000

Womb Cancer Support UK

www.wombcancersupportuk.weebly.com

The Eve Appeal

www.theeveappeal.org.uk

EVOC support group, Liverpool (Endometrial Vulval Ovarian Cervical)

Gynaecological Oncology Team at Liverpool Women's Hospital
0151 702 4186

Gynaecology Support Group at Maggie's

3rd Thursday of every month 6-8pm
0151 334 4301

Disability Rights UK; the National Key Scheme (NKS)

The Radar key gives independent access to over 9000 locked public toilets found in UK shopping centres, bus and train stations, department stores etc. Cost (July 2017) is £4.50 plus postage. Postal address is Ground Floor, CAN Mezzanine, 49-51 East Rd, London, N1 6AH or email to enquiries@disabilityrightsuk.org

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 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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