

Kent Oncology Centre

Radiotherapy for Prostate Cancer: Side Effects and Management


We hope this leaflet will help you understand radiotherapy treatment to the prostate; the side effects that may occur and ways to manage these effects. If you would like to speak to one of the radiotherapy team please feel free to contact them on the numbers given below:

Maidstone Hospital

Macmillan Urology Radiographers  01622 225094

Appointment enquiries  01622 225080

Kent & Canterbury Hospital

Macmillan Urology Radiographer  01227 766877
Ext: 722 5352

Appointment enquiries  01227 783010

What is radiotherapy?

Radiotherapy uses high energy x-rays and similar rays called electrons, to treat abnormal cells such as cancer cells. It is usually given as a series of short, daily treatments, Monday to Friday, in the radiotherapy department using a machine called a linear accelerator, also known as a 'Lin Acc'. The machine does not touch the body but you will be brought closer to it. You do not go 'into the machine' but it will move around you whilst you lie on the couch.

Treatment is individually planned for each person so even people with the same type of cancer may have different types of radiotherapy treatment.

Each treatment is called a 'fraction'. Giving the treatment in fractions ensures that normal cells are damaged less than cancer cells. The damage to normal cells is mainly temporary, but still causes radiotherapy side effects.

Radiotherapy **does not** make you radioactive so it is safe for you to be with people, including children, after each treatment. Radiotherapy is painless, although it may gradually cause some uncomfortable side effects which will be discussed later in this leaflet.

How will I feel after treatment?

Radiotherapy affects people differently; some find that they can carry on working, only needing time off for their treatment, while others find it too tiring and prefer to stay at home. If you have a family to look after you may find you need extra help.

Don't be afraid to ask for help, whether it's from your employer, family and friends, social services, or the staff in the radiotherapy department. As your treatment progresses, you'll have a better idea of how it makes you feel, so you can make any necessary changes to your daily life.

Giving your consent

Before you have radiotherapy your doctor will explain the aims of the treatment to you. You will be asked to sign a form saying that you give your permission (consent) for the hospital staff to give you the treatment; no medical treatment can be given without your consent. Before you're asked to sign the form you should have been given full information about:

- the type and extent of the treatment you are advised to have
- the advantages and disadvantages of the treatment
- any other treatments that may be available
- any significant risks or side effects of the treatment

If there is anything you don't understand let the staff know straight away so that they can explain. Some cancer treatments are complex, so it's not unusual for people to need repeated explanations. You do not have to make a decision when the treatment is first explained, you can always ask for more time to think it through.

Before you have your first treatment, staff will check again that you still give consent to have treatment and will ask whether you have any further questions. You are free to choose **not** to have the treatment, and the staff will explain what may happen as a result of that.

Planning your treatment

Careful planning ensures that the radiotherapy is as effective as possible and that the radiotherapy rays are aimed precisely at the cancer, causing the least possible damage to the surrounding healthy tissues.

The treatment is planned by your clinical oncologist, a physicist and therapy radiographers. It is usually necessary to wait at least two weeks for treatment to start because of the preparation required.

CT planning scan

A CT planning scan is the first part of the process of planning your treatment. A CT scan is a type of x-ray. You will be lying on a couch which will move through a wide ring so that many images from different angles can build up a three-dimensional picture of the area. This session usually takes about 45-60 minutes.

In order to obtain very clear images, it may be necessary to inject a dye (contrast) into a vein. The radiographers will discuss this with you and ask for your consent. A cannula will be placed into your arm so that the dye can be given when you are in the scanner. This is for the planning scan only and not for treatment.

We advise that you do not have anything to eat for two hours before this scan but we like you to have had plenty to drink. Usually we ask that you have a comfortably full bladder for the scan and for each of your treatments. The radiographers will discuss the quantity you need to drink. Please make sure that you drink well throughout each and every day. This will ensure you are well hydrated and the bladder will quickly fill when you drink.

As the prostate lies very close to the rectum it is important that the rectum is empty before the scan and before each treatment. It may be necessary for you to use a small enema before the scan and each treatment to make sure the rectum is empty. You will be given prescriptions for these enemas and advised how to use them.

Positioning

You will be taken into the scanner room and the radiographers will ensure you are lying in the correct position on a fairly hard couch. This will be identical to the one that you will lie on during treatment.

The radiographers will explain what they are doing and will make you as comfortable as possible before leaving the room to take the scan which lasts a few minutes and is painless. They will watch you from outside the room. We need you to lie very still for a few minutes so that accurate measurements can be taken and your exact position recorded. The measurements and the information from the scans are fed into a planning computer that is used to help your consultant plan your treatment precisely.

Skin markings

Finally, the radiographers will ask for your consent to make two or more permanent tattoo marks on your skin; these are the size of a pinpoint and are used each day by the treatment radiographers to ensure you are lying in the correct position. It's a little uncomfortable while the tattoo is being done, but it's a good way of making sure that treatment is directed accurately.

The tattoo marks are also useful once treatment has finished as they indicate the area where the radiotherapy was given; if further radiotherapy is required in the future the team will be able to avoid the exact same area.

Having your treatment

Before your first treatment the radiographers will explain to you what you will see and hear. It's quite normal to feel anxious about having your treatment, but as you get to know the staff and understand what is going on it should become easier. It is fine for you to have eaten just before your treatment.

The radiographers will advise you where to lie on the couch before it is raised up to a higher position. Your positioning is very important so the radiographers may take a little while to get you ready (they may call this 'setting up'). The room may be in semi-darkness while this is happening and the radiographers will be talking to each other and calling out measurements.

As soon as you are positioned correctly the staff will need to leave the room to prevent them from being exposed to any unnecessary radiation.

During treatment you will be alone for a few minutes but there will be a radiographer watching you during this time on a monitor camera. To protect your privacy, nobody else will be able to see you. If you have any problems you can raise your hand to attract the radiographer's attention and they will come in to help you. The radiographers may come into the treatment room to re-position equipment in the middle of your treatment.

Most radiotherapy machines can rotate around your body, giving treatment from several different directions. This and the sound of the machine can be unsettling at first. Some treatment rooms have CD players so that you can listen to music to help you relax while having your treatment and there may be a screen you can see which will display pictures.

The radiographers may tell you on some days that they are 'taking pictures'. Over the course of treatment you may lose a little weight or you may be slightly bloated and this regular check ensures that the treatment still matches the original plan. Occasionally small changes sometimes have to be made to your treatment plan; the radiographers will explain any changes, and their reasons, to you.

Side effects of external radiotherapy to the prostate

Some side effects may occur, usually towards the end of the course of treatment and also during the first few weeks after treatment has finished. Treatments given over several weeks give more side effects than a short course of treatment.

These side effects can be upsetting and may require you to make some adjustments to your normal life, but most are temporary and will gradually disappear after a few weeks. However, some side effects may continue for, and some may only become apparent after, months or years following treatment.

It is important to discuss these with your consultant as help may be available.

Short term side effects

You will be monitored throughout your treatment by the radiotherapy team and a Macmillan radiographer. Please let them know if you experience any of the following problems:

Tiredness

You may find that you become more tired as your treatment continues. This is very common with radiotherapy and you may need more rest than usual, especially if you have to travel a long way for treatment every day. It is good to try to get some exercise each day, however gentle.

Bowel effects

Radiotherapy to the prostate can irritate the lower bowel causing looser, more frequent and more urgent bowel movements.

Drinking plenty of fluids and altering your diet may help. The bowels usually start to settle down about two to three weeks after radiotherapy treatment ends.

Inflammation of the back passage (proctitis)

Proctitis can cause a feeling of wanting to strain whether or not you actually need to pass a bowel movement, and bleeding from your back passage (rectum). Bleeding is usually only slight. You may also have a slimy mucous discharge from your rectum.

Bladder irritation

Radiotherapy to the prostate often irritates the bladder. You may feel as if you have cystitis (a bladder infection), notice a reduced flow and hesitancy, and want to pass urine all the time but when you go you pass very little. You may feel a burning pain when you do pass urine. Try to drink plenty of fluids. A urine sample may help us to check that you do not have an infection. A simple

painkiller such as paracetamol may help. It is advisable to avoid caffeinated drinks as this can increase the irritation. If you are unable to pass any urine you need to go to your nearest Emergency Care Centre or A&E.

Sexual function (impotence)

Radiotherapy to the prostate can damage the nerves that control an erection, making it more difficult to achieve and maintain an erection. The risk is increased for those who are also having hormone treatment. There are various treatments that can help. If you would like more information please discuss this with your Macmillan Radiographer who can arrange for you to attend a Wellman Clinic.

Skin changes

Skin reactions in the treatment area should be very mild. There could be slight redness and itching. Tips for helping your skin include:

- Wash the skin gently using soap or aqueous cream and gently pat dry.
- Wear loose fitting natural fibre clothing next to the skin.
- Avoid heating and cooling pads/ice.
- Avoid hair removal products.
- Avoid adhesive tape.

After finishing treatment you may be aware of a skin reaction developing for up to another two weeks. Continue with the suggested skin care tips, returning gradually to your usual skin care regime when your skin has returned to normal.

Hair loss

This only occurs in the area being treated.

Still smoking?

Smoking during treatment could reduce the success of your treatment and cause some side effects to be worse.

Please ask for help if this is a problem for you.

Long term side effects

These side effects may be permanent and can include:

- Frequent bowel movements and diarrhoea, which may require an alteration to your diet, medication or, very rarely, a referral to a specialist
- Bladder shrinkage causing you to pass urine more often
- Small amounts of blood in your urine and stools
- Difficulty getting an erection. If this is a problem your Macmillan radiographer can arrange for you to attend a Wellman Clinic.
- Loss of fertility – this will be permanent; if this is an issue for you please discuss sperm banking with your consultant before having your radiotherapy treatment

If you have concerns about any continuing side effects please inform your consultant.

Please use this space to write any notes or questions you may have.

Further information and advice can be obtained from:

Kent Oncology Macmillan Cancer Information Centre, Maidstone Hospital

Offers support and information to anyone who has concerns about cancer (patients, relatives, friends or carers).

☎ 01622 227064

Macmillan Cancer Support

Provide practical, medical and financial information

☎ 0808 808 0000 (free phone)

Website: www.macmillan.org.uk

Cancer Research

This charity provides information about cancer, treatment and clinical trials.

☎ 0808 800 4040

Website: www.cancerresearchuk.org

Patient Experience Teams (PALS) for East Kent patients

Kent and Canterbury Hospital

Desk at the outpatient's entrance of the hospital

Queen Elizabeth the Queen Mother Hospital

Office at the main entrance of the hospital (Ramsgate Road)

William Harvey Hospital

Desk at the main entrance of the hospital

☎ 01227 783145 or 01227 864314

Email: ekh-tr.patientexperienceteam@nhs.net

You can view a short film showing prostate radiotherapy: search www.youtube.com for 'Kent Oncology'.

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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