



RADIATION THERAPY

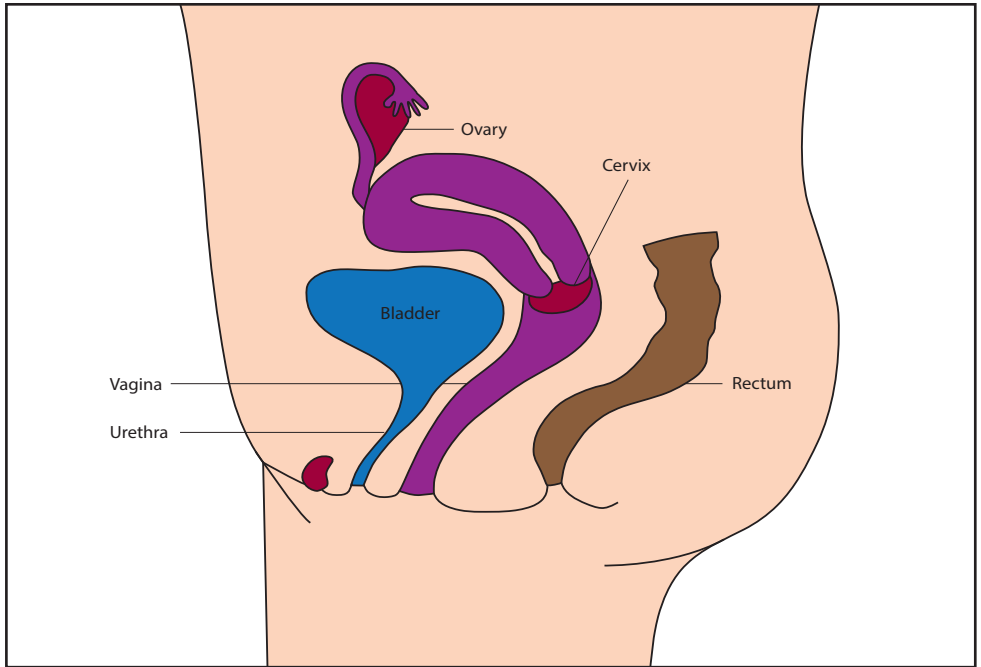
Female Pelvis

Regional Cancer Treatment Service (RCTS)
Radiation Oncology Department



RADIATION THERAPY TO THE PELVIS

A course of radiation to the pelvis can be up to from 2-6 1/2 weeks (up to 33 treatments).



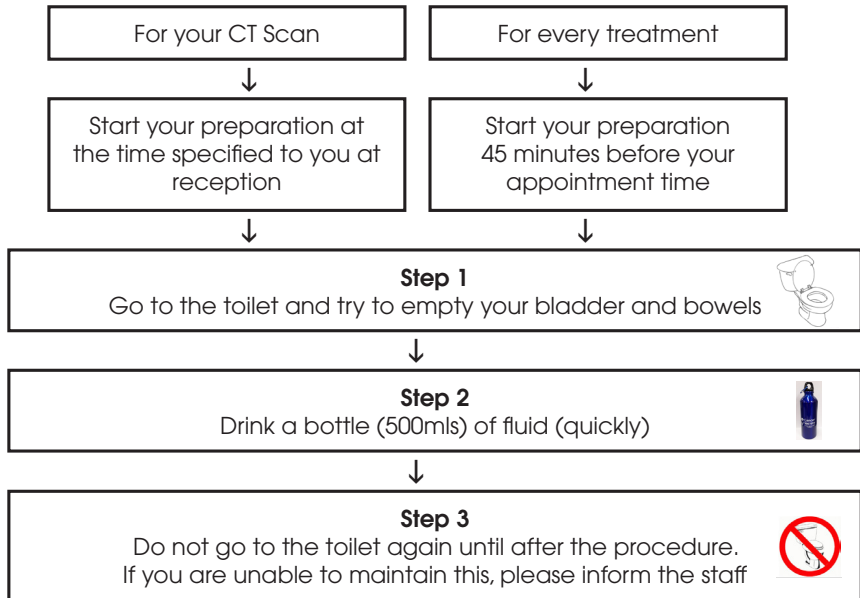
Continue to take your usual medications.

DIETARY ADVICE

It is recommended that you drink plenty of fluids. It is often OK to continue eating a normal diet; however, we would advise you to not eat heavily-spiced food or a high-fibre diet as these foods could increase your bowel frequency. We have a dietitian service available if you need advice.

IMPORTANT

PLEASE FOLLOW THESE INSTRUCTIONS



Filling your bladder & emptying your bowel helps position them for treatment and minimise side effects, therefore it is vital that these instructions have been followed.

It may be necessary to rebook the CT scan if these steps have not been followed.

PLEASE NOTE:

- If you are travelling daily for your treatment, you will need to plan the best way to achieve the above preparation (e.g. empty your bladder and bowel prior to leaving home and take a bottle of water with you to drink at the specified time).
- Water is available in the waiting room if you are in the department 45 minutes before your treatment time. Staff do not administer this.
- Please let your treatment team know if you have a catheter.
- If you have a stoma bag, you will need to empty this before your CT scan and every treatment. Please bring a spare bag with you.
- You may eat before your appointment.

If you have any questions, please call (06) 350 8096.

SIDE EFFECTS

Radiation therapy can result in side effects that develop during treatment and continue for a few weeks after treatment finishes. These are known as acute side effects. You can also develop side effects many months to years after treatment; these are known as late side effects.

The side effects and their severity will vary for each person. You will not necessarily experience all of the side effects mentioned.

ACUTE SIDE EFFECTS

These commonly start in the 2nd - 3rd week of your treatment and continue for a few weeks after your treatment finishes.

SIDE EFFECTS	CARE
FATIGUE: It is common to feel tired and have a reduction in energy levels because of the treatment. This may start a few days into treatment and it can vary in its severity. It is a very individual response.	<ul style="list-style-type: none">• Pace yourself. Get plenty of rest/ sleep when possible. You may find light exercise helpful to increase your energy levels. However, understand that you may not be up to doing as much as usual.
BLADDER: You may feel the need to urinate more often. Your bladder is more prone to infection during radiation to your pelvis. You may notice burning or stinging when you pass urine.	<ul style="list-style-type: none">• The need to urinate more often should resolve a few weeks after your treatment finishes.• If burning or stinging occurs, please inform your treatment team. Medication may be prescribed if an infection has occurred.• Drink plenty of fluids. Avoid drinks that can irritate the bladder, such as alcohol and caffeinated drinks.
BOWEL: When opening your bowels, you may be aware of increased frequency (although you may pass only small bowel motions each time), diarrhoea, pain or passing mucus.	<ul style="list-style-type: none">• If you develop any of these side effects, please let your treatment team know. Medications may be prescribed to help these symptoms.

SIDE EFFECTS	CARE
<p>SKIN: The skin around your anus, buttocks, and vagina may become tender during treatment, due to a local skin reaction caused by the radiation. This may cause you pain when opening your bowels and when sitting. If you are aware that your skin in the treated area is feeling very itchy, or you have other concerns during treatment, please advise the nurses and/or doctor.</p>	<ul style="list-style-type: none"> • Bathe or shower as you normally would, but be gentle with your skin in the treatment area. • Before applying anything to the treatment area, check with your radiation therapist or doctor. • Do not use any harsh products such as exfoliants or loofahs in the treatment area. • When drying the skin in the treated area, do not rub your skin but gently pat it dry with a towel. • Do not wear any tight fitting clothes around the treatment area as this can chafe your skin.
<p>HAIR LOSS: During treatment, hair in your pubic region may fall out if this is in the radiation field.</p>	<ul style="list-style-type: none"> • Hair should start to grow back a few weeks after treatment finishes. There is a chance it may be permanent. Your radiation oncologist will inform you whether this hair loss is likely to be permanent or not.
<p>VAGINAL BLEEDING OR DISCHARGE: This will settle once the radiation therapy has finished. However, if your discharge smells offensive or is becoming heavier, let your nurse or radiation oncologist know.</p>	<ul style="list-style-type: none"> • You may need to wear sanitary pads or liners until the bleeding or discharge subsides.

LATE SIDE EFFECTS

These can take many months to years to develop, and you may never develop these side effects. The benefit of receiving radiation therapy, as part of your cancer management, is felt to outweigh the potential long-term risks of the treatment. If you have any concerns in relation to these side effects, please discuss them with your radiation oncologist.

POTENTIAL LATE SIDE EFFECTS INCLUDE
<p>BLADDER: Radiation therapy to your bladder can result in it shrinking and holding less urine. This will therefore result in you needing to pass urine more frequently than prior to your treatment. Rarely, it may result in urinary incontinence or narrowing (stricture) of your urethra (outlet of your bladder). If you develop serious bladder side effects, you will be referred to an urologist for management of this problem.</p>

POTENTIAL LATE SIDE EFFECTS INCLUDE

BOWEL:

Radiation to your bowel can result in a permanent change in your bowel habit after treatment. Your bowel frequency may increase following treatment, and you may need to take medication to help control your bowel function. Rarely, you may develop more severe bowel symptoms. This means you could be prone to faecal incontinence or severe rectal bleeding. In this situation, you may need an operation to the bowel due to the damage caused by radiation.

SKIN:

The skin around the anus and groin can change after radiation if included in the radiation field. Your skin may feel firmer and you may be aware that it is darker. Tiny blood vessels (telangiectasia) can become apparent on your skin surface.

HAIR LOSS:

If your pubic hair is lost during your radiation therapy, it is possible that this hair will not grow back in the future.

PELVIC BONES:

Occasionally, after radiation therapy to the pelvis, the bones in the pelvic region can become weaker. This means there could be an increased risk of developing an insufficiency fracture which can cause pain. Treatment for these fractures is pain relief and your radiation oncologist will advise you if any other investigation or intervention is needed.

EARLY MENOPAUSE:

If you are pre-menopausal at the time of radiation therapy to your pelvis, you will experience an early menopause. This is because your ovaries will be affected by the radiation and stop producing hormones. It can take a few months after your treatment finishes for your hormone levels to drop. You will notice your periods become less frequent and will then stop, and symptoms of the menopause will occur. In some cases, it is possible for the ovaries to be moved outside of the radiation field so that hormone production does not stop. Your radiation oncologist will be able to tell you if this is possible in your case.

VAGINAL SHRINKAGE:

Your vagina can shrink and narrow after radiation therapy. This will make sexual intercourse and gynecological examinations more difficult for you. Following the advice of the specialist radiation therapist during and after your radiation therapy will help reduce the risk.

FERTILITY:

Radiation therapy to your pelvis will potentially make you infertile (unable to have children). This is because egg production in your ovaries often stops after radiation therapy to your pelvis. Even if you were able to become pregnant, it can still be difficult to carry a pregnancy to full term, due to the effect radiation has on your womb. Your radiation oncologist will be able to discuss this further with you. Emotionally, this can be a very difficult adjustment to come to terms with for you and your partner, and there are services we can refer you to if you need additional support.

FURTHER INFORMATION

FEMALE PELVIS CARE

During your radiation therapy, you will be offered an appointment with a specialist radiation therapist regarding pelvis care. She will discuss with you how to try to prevent vaginal shrinkage and adhesions following your radiation therapy. This will make sexual intercourse easier for you following radiation therapy. It also means gynecological examinations will be easier to perform.

SEXUAL INTERCOURSE

You can continue to have sexual intercourse during your course of radiation treatment if it is comfortable for you.

CONTRACEPTION

During radiation therapy, we strongly advise that you use contraception if you have not gone through menopause. Your production of eggs can take up to three months to stop after your radiation therapy finishes, so it is possible you could become pregnant during your radiation therapy if you do not use contraception. Radiation therapy is very damaging to the unborn child, and therefore we would advise all women not to become pregnant during treatment.

TRY TO STOP SMOKING

Smoking during radiation therapy may increase the severity of your radiation reaction. We strongly advise all patients to stop smoking. If you need help giving up smoking, we can put you in touch with support services.

AFTER TREATMENT IS FINISHED

At the end of your radiation therapy course, you will be advised regarding follow-up. If you have any concerns about side effects following treatment, please phone the contact number on your discharge form. If you do not have a contact number, phone the radiation therapy nurses on (06) 350 8438

QUESTIONS AND CONCERNS

The radiation oncology team are here to help you through your cancer therapy journey. If you have any questions or concerns, please feel free to approach any one of our team members. You will see the radiation therapists at each of your treatment appointments, and nurses may be seen when necessary. Routinely during your treatment, you will see the radiation oncologist or registrar who will check how you are managing with treatment and its side effects.

CONTACT US

Radiation Oncology Reception (06) 350 8430

FEEDBACK

- If you have any concerns please talk to a member of staff providing your care. They will do their best to address your concerns.
- If you are still not satisfied, you can contact our Customer Relations Co-ordinator, phone (06) 350 8980 or (06) 350 8974 or email customer@midcentraldhb.govt.nz
- You can also provide feedback to us by completing a "Tell Us What You Think" form located in most services, or using our online feedback form via our website www.midcentraldhb.govt.nz