



RADIATION THERAPY

Prostate

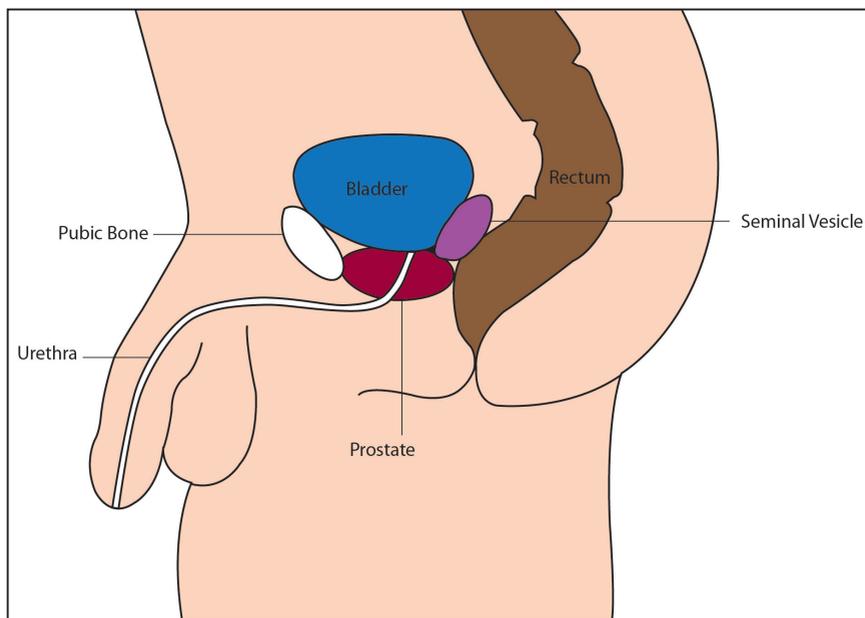
Regional Cancer Treatment Service (RCTS)
Radiation Oncology Department



RADIATION THERAPY TO THE PROSTATE

You may be advised that as part of your prostate cancer treatment you will be commenced on hormone injections before the radiation therapy starts. The hormone injections start approximately 3–6 months before the beginning of radiation therapy, and are usually given either once a month or every three months.

A course of radiation therapy to the prostate is usually 7–7 1/2 weeks (35–39 treatments). If you are receiving treatment for advanced prostate cancer to help with symptom control, your treatment course will be shorter at approximately three weeks.



Continue to take your usual medications.

IMPORTANT

PLEASE FOLLOW THESE INSTRUCTIONS

For your CT Scan

For every treatment

Start your preparation at the time specified to you at reception

Start your preparation 45 minutes before your appointment time

Step 1

Go to the toilet and try to empty your bladder and bowels



Step 2

Drink a bottle (500mls) of fluid (quickly)



Step 3

Do not go to the toilet again until after the procedure.
If you are unable to maintain this, please inform the staff



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.
- You may eat before your appointment.

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

DIETARY ADVICE

It is recommended that you drink plenty of fluids. It is often OK to continue eating a normal diet, however your Radiation Oncologist may recommend a change in diet to maintain a stable bowel habit and avoid excessive gas.

Diet and excessive "air swallowing" have an effect on bowel habit. Alterations in bowel habit can have an effect on your radiation planning and treatment.

GENERAL ADVICE

- Ensure you drink plenty of fluid daily (1.5 - 2 litres).
- Do not skip meals.
- Try to keep physically active.
- Try to avoid more than 4 cups of coffee per day.
- Avoid chewing gum and smoking.
- Drink and eat slowly and chew food well
- Do not eat heavily spiced food or a high-fibre diet as these foods could increase your bowel frequency

GAS REDUCTION DIET

It is only necessary to follow this diet if specified to do so.

	GAS REDUCTION DIET	TRY TO AVOID
Bread and cereal	Porridge, weefbix, white or fine wholemeal bread	Breads that contain grains and seeds, fruit breads and buns, cereals that contain nuts, seeds or dried fruit
Cakes and biscuits	Plain sponge or madeira cake, crackers without seeds, plain biscuits and shortbread	Fruit cake, cakes or biscuits containing dried fruit, coconut, nuts or spices, rich cakes with icing, muesli bars
Desserts	Plain cereal desserts such as sago, tapioca, rice pudding, jam, honey, jelly, plain yoghurt, stewed fruits	Desserts containing seeds, pips, fruit skins, coconut, nuts, dried fruit and rich pastries
Fruit	Pureed, stewed or tinned fruits, melon, bananas, peeled fruits	Fruit with seeds, pips and skins eg kiwifruit and grapes, citrus fruits and dried fruit
Eggs	Boiled, poached, scrambled or baked omelette	Fried eggs
Vegetables	Soft vegetables such as asparagus tips, kumara, pumpkin, carrots, silverbeet, spinach, broccoli tips, mushrooms, parsnip, courgettes	Corn, peas, onions, baked beans, cabbage, cucumber, garlic, leeks, tomatoes, capsicum and coarse stalks such as celery
Potatoes/pasta/rice	Boiled, mashed or whole potatoes without skins, macaroni, noodles, white rice, plain or wholemeal pasta	Fried or roast potatoes, chips, rich or creamy pasta sauces and brown rice
Meat/fish/poultry	Tender lean red meat, fish or chicken, meat or fish paste, lean bacon or ham, offal meats	Tough, gristly meats. Any fried meats, fatty meats, highly seasoned meats eg salami and dried meats
Dairy	Milk, cheddar cheese, cottage cheese, yoghurt	Strong cheeses, cheeses with seeds or nuts, yoghurt with seeds, nuts or pips
Beverages	Weak tea or coffee. Diluted fruit juice, vegetable juice, cordials	Alcohol, fizzy drinks and rich milkshakes

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">• 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.
BOWEL: Your bowel lies just behind your prostate gland and it will receive some radiation during your prostate radiation therapy. 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 mucous.	<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.
BLADDER: As your prostate gland is located next to your bladder, any radiation delivered to your prostate will also result in some radiation being delivered to your 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 one of the staff members involved in your care so that they can test for the presence of infection, and arrange for appropriate antibiotics or other medication to be prescribed.• Drink plenty of fluids.

SIDE EFFECTS	CARE
<p>SKIN: Very rarely, the skin around your anus, and buttocks 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.</p>	<ul style="list-style-type: none"> • This side effect is very uncommon in prostate radiation therapy. • If you are aware that your skin in the treated area is feeling very itchy, or you have other concerns during treatment, please advise your treatment team.

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>BOWEL: Up to half of all men who receive radiation to the prostate will be left with mild bowel side effects in the long term 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 that faecal incontinence is possible, although extremely uncommon. Approximately one third of the patients will have some degree of rectal bleeding in the long term. It usually shows as a drop of blood on the toilet paper, but in rare cases could be more severe and may require an intervention. Normally your doctor will investigate any rectal bleeding after radiotherapy in order to exclude more sinister reasons for bleeding.</p>
<p>POTENCY: Up to half of all men who receive radiation to the prostate will become impotent after treatment, which will not be reversible. However, medications have now been developed that may help you if you suffer this side effect. Your radiation oncologist can discuss this with you further.</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. Approximately one third of men who receive radiation to the prostate will be left with mild symptoms of increased urine frequency after 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.

FERTILITY:

Radiation therapy to your prostate is likely to make you infertile (unable to father children). If you wish to maintain the ability to father children after radiation therapy, a sperm banking service is available to you. Your radiation oncologist will discuss this with you.

FURTHER INFORMATION

CONTRACEPTION

Radiation therapy to your pelvis may result in damage to sperm produced during and after your treatment but does not always result in infertility. We would therefore recommend you use contraception during sexual intercourse for approximately 12 months after your radiation therapy if your partner could become pregnant. This is because damaged sperm can cause abnormalities in a baby conceived soon after radiation therapy.

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

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FEEDBACK

We encourage feedback and assurance is given that comments will not adversely affect your current or future care.

You can do this:

- through discussion with MidCentral Health staff providing your care
- by completing "Tell us what you think..." pamphlets available from all services
- by contacting our Customer Relations Co-ordinator, PO Box 2056, Palmerston North 4440, or phone (06) 350 8980
- by contacting a Health and Disability Commissioner Advocate, phone 0800 112 233.