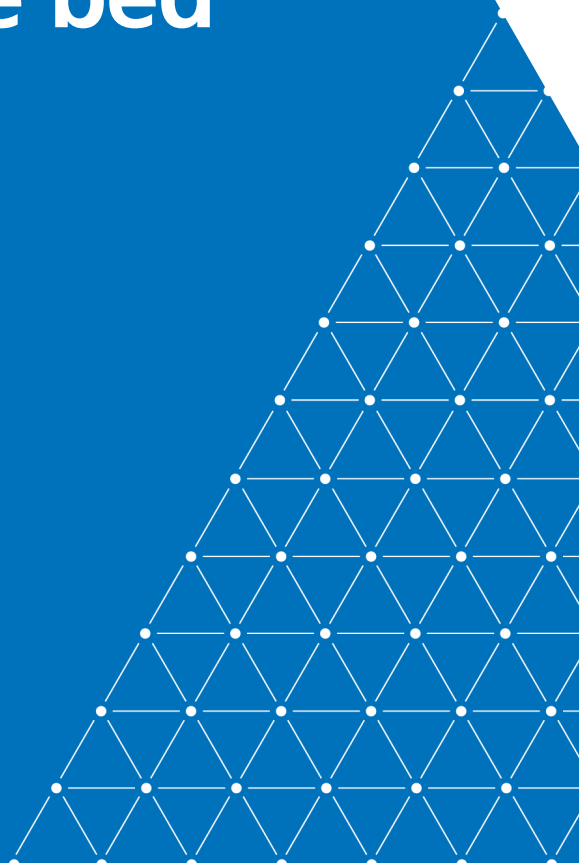
NHS
University Hospitals Sussex
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Having radiotherapy to your prostate or prostate bed

Sussex Cancer Centre



Patient information

Why have I been given this information?

Your oncologist has recommended radiotherapy as part of your treatment. Radiotherapy can be given on its own or together with other treatments, such as hormone therapy.

This leaflet explains what radiotherapy involves, the possible side effects and support available.

What is radiotherapy?

Radiotherapy is a type of radiation treatment which uses high energy x-rays to kill cancer cells. It is given using a machine called Linear accelerator or Tomotherapy.

How does radiotherapy work?

Radiotherapy works by damaging the DNA inside cancer cells. This stops them from growing and dividing, and over time they die. The treatment does not cause any pain.

Planning your radiotherapy treatment

What pre-treatment preparation do I need to do?

You will be given an appointment for a planning CT scan in the coming months. Using this scan we will plan your radiotherapy. You will need a full bladder and empty bowels for this scan. **(please see bowel/bladder preparation leaflet provided.)** This is to ensure the prostate or prostate bed is always in the same place and to minimise the radiation dose to the surrounding organs.

You will need to lie on your back for this scan.

After the CT scan the radiographers will place some small permanent tattoo dots on your skin. These 'dots' will be used to make sure you are in the same position each day for your upcoming radiotherapy treatment.

How long will the CT scan take?

The CT scan will usually take about 30 minutes. However, you will be in the department for up to 2 hours.

When will I start my treatment?

Your radiotherapy treatment will start within 6 weeks of your planning CT scan. We will give you these dates after your appointment.

Your treatment start date will be the earliest time that we can safely get the treatment ready.

How often will I receive radiotherapy treatment?

Your consultant will tell you how many radiotherapy treatments you will need. The number of treatments varies from patient to patient and is usually either 5 treatments or 20 treatments.

We make every effort to ensure your radiotherapy treatment continues as planned. However, on occasion, the radiotherapy machines may require essential maintenance or unexpected repairs. If this happens during your course of treatment, we may need to cancel your appointment for that day. If this is necessary, we will arrange an additional treatment session at the end of your planned treatment schedule to ensure you receive the full course of radiotherapy.

What happens when I arrive at the department to start my radiotherapy treatment?

For each treatment session, you will need to arrive with a comfortably full bladder and an empty bowel, as you did for your planning CT scan.

At each radiotherapy appointment you will need to check in at the radiotherapy desk and a member of the team will book you in.

At each treatment visit, your radiographers will take you into the treatment room and help you get into the same position that was used during your planning CT scan. The radiographers will explain what they need to do and may ask you to make small movements so that the marks that were put on your skin during the planning stage line up with laser lights in the treatment room. When they are happy with the position, the staff will leave the room to deliver the treatment.

You will be alone in the room for 5-10 minutes while the radiotherapy machine is switched on. The radiographers can always see you when you are in the treatment room. If you have any problems, they will advise you to raise your hand for attention and they will come in to help you. The machine will make mechanical noises when on, but it will not touch you or cause any pain.

Who will support me during my treatment?

The radiographers who you see each day can give you advice if you have any problems. They can also contact someone from the radiotherapy team for specialist advice. It is common to experience a range of emotions during and after cancer treatment. You may feel worried, low in mood, or more emotional than usual. If these feelings become difficult to manage or you would like additional support, please speak to a member of your healthcare team.

What are the side effects of radiotherapy?

Not everyone will experience the same side effects, or the same intensity. If you notice any changes, please tell the radiographers and they will give you appropriate advice.

Early side effects start during radiotherapy or shortly after completing radiotherapy and usually resolve within two to six months of finishing radiotherapy

- **Bladder symptoms** - You may find you are emptying your bladder more often than usual, a sudden urge to pass urine or slower urinary flow compared to normal. This may be accompanied by a burning sensation (cystitis) or pain. Drinking the recommended amount of fluid each day will help, however if you notice you are getting up more frequently at night then avoid drinking too much during the evening. Rarely you may have trouble passing urine/few dribbles with discomfort in the lower abdomen, this may mean you have urinary retention. This will require urgent attention so do inform the radiographers or visit your local hospital if this happens in the weekend or evening.
- **Diarrhoea** - Radiotherapy to the pelvis can irritate the bowel and cause diarrhoea, wind, pain or passing more mucous then normal. If this occurs during treatment, please tell the radiographers who will give you appropriate advice and may ask you to stop using your enemas. Increasing the amount of fluid, you drink will ensure you do not become dehydrated.
- **Piles/haemorrhoids** - Patients who have a history of piles may experience a flare up. If this becomes painful, please inform the radiographers.
- **Tiredness (fatigue) is common.** The tiredness will slowly improve after your treatment has finished. Research shows that gentle exercise is beneficial to help relieve fatigue but take care and rest when you feel you need to. Speak to the radiographers if this is becoming a problem.
- **Skin reaction** - Your skin in the treatment area may become pink or, if you have more pigmented skin, it may become darker. You may develop dry and itchy skin. If a skin crease is included in the treatment, the skin may become very sore. You can use a sodium lauryl sulphate (SLS) free moisturiser on the skin in the treatment area such as Epaderm, Aveeno, or one you have used before.

- **Pubic hair loss** - Hair loss in the treatment area can occur about two to three weeks into treatment. This loss may be temporary or permanent. Your doctor will advise you if the lost hair is likely to re-grow or not.

Long Term Side effects happen many months or years after radiotherapy and may be permanent

- **Bladder symptoms** - The prostate gland is located close to the bladder, so the bladder receives some radiation dose. This can cause the blood vessels in the bladder to become more fragile causing blood in your urine, passing more urine often and/or a sudden urge to pass urine or pain when passing urine. In rare cases, radiotherapy can affect bladder control and lead to urinary incontinence (leaking urine).
- **Bowel symptoms** - You may experience more frequent bowel movement, looser stools, pain/discomfort when opening bowels, a sudden urge to open your bowels or pass more mucous or wind compared to your usual.
- **Impotence** - Radiotherapy may affect your sexual function. You may find it more difficult to get or maintain an erection after treatment. You may also notice changes to the length or appearance of your penis, or changes to your ejaculate, such as a reduced amount or a different consistency. If you experience these changes, please speak to your cancer nurse specialist, your clinical oncologist or GP. They can discuss your concerns with you and offer advice and treatments where appropriate.
- **Infertility** - Radiotherapy is likely to cause infertility. However, it is advisable to use contraception when resuming sexual activity in case you remain fertile.

- **Pelvic fracture** - In rare cases radiotherapy to the pelvis can affect the density of the bones in the treatment area. It can cause fine, hairline fractures in the pelvic bones. These fractures would normally heal up on their own without any specific medication. A diet rich in calcium and vitamin D can be helpful.
- **Lymph node irradiation** – In rare cases radiotherapy given to the lymph nodes in your pelvis, can cause swelling of the legs (lymphoedema) and potentially your scrotum, problems with nutrient absorption and damage to nerves which can cause pain, numbness or weakness in your legs.
- **Second malignancy** - Radiotherapy can increase the risk of a different cancer in the treatment area.

For more detailed information about the possible side effects and risks of your treatment, including how likely they are to occur, please refer to your consent form. If you have any questions or concerns, please speak to a member of your healthcare team.

Useful contact numbers:

Preston Park Radiotherapy Centre:	**01273 665190**
Sussex Cancer Centre Radiotherapy reception:	**01273 664901**
Eastbourne Radiotherapy Unit:	**01273 938900**

Brighton	**uhsussex.urologymacnurses@nhs.net**
Eastbourne	**esht.esh-tr.urooncologynursesedgh@nhs.net**
Worthing	**uhsussex.wor-macurology@nhs.net**

For emergencies out of hours contact your GP or call NHS 111

Other useful information sources

Macmillan Cancer Support
Call **0808 8080000** or visit **www.macmillan.org**

Cancer Research UK
Call 0808 8004040 or visit www.cancerresearch.org

Prostate Cancer UK
0800 0748383 **www.prostatecanceruk.org**

Prostate cancer South Support charity organisation
www.pcaso.org

Macmillan Horizon Centre Brighton
01273 468770
www.macmillan.org.uk/cancer-information-and-support

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