

Pelvic Radiotherapy for Women

Your treatment explained

Patient Information

Introduction

This booklet has been written to help answer some of the questions you or those who care for you may have about pelvic radiotherapy. You will usually have been offered this treatment because you have cervical cancer, which affects the neck of the uterus (womb), or endometrial cancer, which affects the lining of the womb. However pelvic radiotherapy is sometimes also given to women with cancer of the bowel, vulva, vagina or ovaries. This booklet does not replace the discussion between you and your surgeon but helps you to understand more about what is discussed.

This booklet does not go into details about other treatments that might be recommended for gynaecological cancers. You should have the chance to talk to your specialist about these treatments. Feel free to ask any questions you have about your cancer and its treatment. Nurses and other specialist staff, such as therapeutic radiographers (who give you radiotherapy), will also be able to give helpful information.

For general information on gynaecological cancers, please contact one of the information centres listed at the back of this booklet. They have booklets on radiotherapy and on gynaecological cancers, covering different treatments, what they involve, advice on how to cope with treatment and what to expect afterwards.

What is radiotherapy?

Radiotherapy is an important and effective treatment for many types of cancer, including cervical cancer and endometrial cancer. It is an X-ray treatment that uses high energy rays to damage or kill cancer cells. Like all treatments for any disease, radiotherapy for cancer can also cause unwanted effects which are called side effects. Research is taking place all the time to make the treatment as effective as possible.

How are decisions on treatment made?

Doctors weigh up the likely benefits of each possible treatment against the side effects it may have. The most effective treatments for you will depend on many things, including the exact type of cancer you have, how far it has spread (the stage), and your general health and personal circumstances. Because the treatment is planned for you individually, the assessment of what is appropriate may involve examination of the front passage (vagina) or back passage (rectum).

Why do side effects happen?

Side effects happen because, as well as destroying cancer cells, radiotherapy can also damage healthy cells nearby. The bladder and bowel are very close to the area being treated, so they too can be affected by the radiotherapy.

When planning your treatment, doctors choose the dose that will give the best chance of destroying the cancer cells and reducing the symptoms of the disease, while having the smallest possible effects on healthy tissue.

The dose needed will depend on the exact type of cancer you have and how far it has spread, so you may find that you are receiving a different number and type of treatment from other women you meet at the hospital. If you are having less treatment it does not mean the dose you receive will be too small.

It seems that some patients are more sensitive to radiation than others and are more likely to experience the side effects. This is something a person has no control over and, at the moment, it is not possible to identify these patients before they are treated.

What does radiotherapy involve?

Radiotherapy for cervical and endometrial cancer can be given externally or internally – many patients have both types of treatment.

External radiotherapy

This involves beams of radiation being directed at the cancer from outside your body. While having external radiotherapy, you will be asked to visit the radiotherapy department every weekday, usually for between 4 and 6 weeks. This is normally done as an outpatient, meaning that you go home every day following the treatment. Each treatment takes several minutes and is painless. More details of treatment are given in Macmillan booklets 'Understanding Cancer of the Cervix' and 'Pelvic Radiotherapy in Women: possible late effect'. If you are concerned about the financial costs of travelling and attending clinic every day then speak to your clinical nurse specialist (CNS) or the Information Centre in the Hospital. They will be able to advise you if any support is available.

Internal radiotherapy

You may hear this referred to as selectron or a brachytherapy procedure. These are the terms professionals use when talking about internal radiotherapy. The selectron unit is a machine used to insert radioactive material into your body for a short time. Usually applicators are inserted into the vagina under sedation or local anaesthetic. A general anaesthetic may or may not be needed. You may or may not be fitted with a catheter at the same time. If you have a catheter, your urine will be passed through a tube and collected into a bag so you don't need to worry during treatment about going to the toilet.

Sometimes the treatment is planned to last several hours, although it can take longer. The applicators will be held in place by gauze packing which will be removed at the end of treatment. Very occasionally a general anaesthetic is needed while these applicators are removed but mostly pain relief suffices. Many women are concerned about this part of their treatment. If your cancer specialist recommends internal radiotherapy for you, you will meet one of the radiographers who will talk through the treatment to explain what will happen and show you the equipment beforehand.

During the treatment you will need to remain lying fairly still and flat. You will not be able to have visitors during the treatment.

What are the short term side effects of radiotherapy?

Radiotherapy for gynaecological cancers can cause two types of side effects. The first and most common happen during or soon after treatment. These are usually transient (short term). While you are having radiotherapy, you may:

- Feel tired.
- Feel nauseous (rare).
- Have diarrhoea.
- Have a burning sensation when passing urine.
- Experience a discharge from the front passage (vagina) which might have some blood in it.
- Find that the skin in your pelvic area becomes sore, like sunburn.

What can be done about the short term side effects?

Tell the specialist staff in the radiotherapy unit about any side effects that you experience throughout treatment. They will be able to suggest ways of dealing with them, which might include changing your diet to reduce the severity of diarrhoea, and prescribing medicines to treat diarrhoea or pain when urinating. The side effects should wear off within a few weeks after the treatment ends although diarrhoea may continue for a little longer (duration will vary from person to person).

What are the long term side effects of radiotherapy?

There are also long term effects (called late side effects) which may start months or even years after treatment. They can include:

- Dryness, narrowing and shortening of the vagina which may make sexual intercourse uncomfortable or difficult. You may be recommended to use a vaginal dilator and lubricants which may help prevent this happening. You should not feel embarrassed to ask a doctor or nurse about this. As a patient at the Queen Elizabeth Hospital, you will be asked to attend the Winfield Clinic where a specialist nurse will discuss with you the use of dilators and will answer any questions you may have. This clinic is within the radiotherapy department and will be booked for you when you start radiotherapy.
- Long term effects on the bladder and bowel. These effects are usually mild and might include loose bowel motions after eating some types of fruit or tomatoes, or needing to empty the bladder more often. Some women leak a small amount of urine when they cough or sneeze, or find they have to rush to the toilet to empty their bowels. Some women also experience some rectal bleeding.
- In a small number of women, one or both legs can become permanently swollen (lymphoedema). This is more likely to happen in women, who have had both surgery and radiotherapy and your cancer specialist should be able to give you information about this and also how it may be treated.
- Radiotherapy can very rarely cause effects on the pelvic bones leading to spontaneous fractures and associated pain.

One in ten women who have pelvic radiotherapy go on to have some long

term problems, which usually develop between 6 months and 2 years after the treatment. Medicines and advice on diet can help many with these symptoms. For less than 1 in 10 women, the long term side effects on the bladder and bowel can be severe, and the woman may need to follow a special diet or have surgery which could lead to a colostomy, ileostomy or urinary diversion.

Your risk will depend on the dose of radiotherapy you need to receive and your consultant will discuss it with you. Treatments are being improved all the time, and these effects are becoming less likely.

You may find it helpful to have as much information as possible about your cancer, the different treatments and the side effects you may experience before you start treatment. As well as helping with decisions about treatment, it may help you plan in advance for practical arrangements such as child care and time off work. It may also give you the chance to discuss possible changes in your sex life with your partner.

How else can radiotherapy affect me?

Pelvic radiotherapy also affects the ovaries. This means that, if you are still having periods, the treatment will make you go through the menopause (the 'change'). Your periods will stop and you will become infertile. If this concerns you make sure that you discuss this with your doctor before you start radiotherapy. It is important to note that whilst you are undergoing radiotherapy, you will need to continue using oral contraceptives so as to prevent pregnancy. Radiotherapy will bring about the menopause but it will not happen as soon as the treatment starts.

You may also have symptoms such as hot flushes and dry skin. Your doctor may suggest you take hormone replacement therapy (HRT) or other treatments to reduce these symptoms.

The loss of fertility may have a huge impact if you have not started or completed your family and you have treatment that takes that choice away. You may want to make sure you have explored all your options.

It is important to have the opportunity to discuss this and how you feel about it with the gynaecological clinical nurse specialist (CNS) before your operation, who will continue to offer you support during your recovery. Advice is also available from the specialist fertility team at the Birmingham Women's Hospital.

Are there any alternatives to radiotherapy?

If your cancer is at an early stage, you may be offered a surgical operation as an alternative to radiotherapy. If radiotherapy is used in the pelvic area it will almost certainly affect your ovaries and bring on the menopause in a woman who is still having periods. Removing the cancer surgically may have the possible advantage that the ovaries can be left in place in some patients. However if you require radiotherapy to the pelvis at a later stage of your treatment, it will almost certainly lead to menopause and infertility.

The cancer specialist may recommend that you have radiotherapy as well as surgery as there is sometimes a risk of cancer cells being left behind after the operation. Sometimes it is not possible to remove the cancer by a surgical operation, and radiotherapy will be recommended as the most effective treatment.

If you are being offered radiotherapy for cervical cancer then you may be given chemotherapy alongside your radiotherapy. There are other booklets available which will explain the side effects of chemotherapy.

You should have the chance to ask any questions about the different treatments you could have, and discuss possible side effects. The final choice on treatment is then a joint decision between you and your doctor. You can be as involved as you want to be in making this decision.

Questions you might want to ask about your treatment:

- What type and extent (stage) of disease do I have?
- Why are you recommending radiotherapy for me?
- What might the benefits and side effects be?
- Is there any alternative treatment and if not, why is this?
- Is there any treatment that will mean I can still have children?
- What are the success rates for the different treatments?
- What will the radiotherapy involve and how many times will I have to visit the hospital?
- How do you decide the dose of radiotherapy?
- Will the treatment affect my sex life?
- Is there anyone who can advise my partner?
- What does internal radiotherapy involve?
- Will the treatment mean I am in isolation and if so, for how long?
- Is the procedure painful and will I be given pain relief?

- When will I be able to eat, drink, go to the toilet, sit up, move in bed, and wash?
- What problems may occur during or after treatment?

How can I find out more about the treatments being recommended to me?

Before starting treatment, you will have a chance to ask your cancer specialist any questions you have about the treatments being considered. Your cancer and its treatment may have a major impact on your life. Do not be afraid to ask the specialist to explain things more than once if there is anything you do not understand however insignificant it may seem. There is a lot of information to take in and it can be difficult to absorb it all at once.

It often helps to take your partner or a relative or friend with you so that you can talk afterwards about what the doctor said. You could also consider taking a tape recorder and asking the doctor if you can record your conversation so that you can listen to the answers again. Some people find playing the tape to friends and relatives helps them explain about their cancer and its treatment. It may be helpful if you involve your partner as much as possible at this stage. It is also a good idea to write down any questions you have before you see the doctor, so that you do not forget anything.

As well as answering your questions, your cancer specialist will be able to give you general leaflets for women having the same types of treatment as you. But if you have any more questions, you can ask to see the doctor again, or to talk to a specialist nurse. Your doctors can refer you to another doctor for a second opinion or to talk about other treatments if you want to do this.

After you and your doctor have reached a decision about treatment you will be asked to sign a consent form to say you have agreed to have the treatment. This is another opportunity to ask any questions you may have.

If you need more information, please contact your clinical nurse specialist.

What should I do if I think I may have unwanted side effects after my treatment is finished?

If you develop new symptoms after your treatment is over, or you are concerned that the immediate side effects are not clearing up, you can contact the staff at the hospital where you were treated.

There is often a simple explanation for these symptoms and they do not necessarily mean you will develop long term effects. Help is also available for any psychological problems, such as depression.

If you have any other questions, or want more detailed information, you can contact the organisations listed at the end of this booklet.

Summary

- Radiotherapy is an important and effective treatment for many types of cancer, including cervical and endometrial cancer. Often it can help to cure the disease completely.
- All medical treatments have unwanted effects (side effects) as well as the intended effects of treating the disease.
- In deciding which treatments are best for you, the doctors are considering radiotherapy because they believe the benefits will outweigh the side effects.
- It is important that you understand the possible side effects as well as the benefits of this radiotherapy.
- The doctors, nurses and radiographers will explain what the treatment involves. Often this information is difficult to take in because it is complicated and it can be frightening. You must feel free to ask questions at all stages, until you are sure you understand and accept what is being suggested for you. You should be as involved in the decisions as you wish to be.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatients appointments.

Glossary of medical terms used in this information:

Cervix: the narrow outer end of the uterus or womb, also called the neck of the womb.

Catheter: A narrow and long plastic tube inserted into the bladder through

the opening for water works.

Chemotherapy: the treatment of cancer with drugs.

Colostomy: the end of the colon brought to the surface and stitched to the skin through a small cut in the abdomen.

Endometrium: is the lining of the womb.

Ileostomy: the ileum (the lowest part of the small intestine) brought to the surface and stitched to the skin through a small cut in the abdomen.

Lymphoedema: swelling caused by a blockage in the lymphatic system, which carries lymph fluid around the body. This can be caused by surgery or radiotherapy and would affect the legs and vulva following gynaecological surgery.

Menopause: the time at which menstruation ceases and your fertility ends. Also known as 'the change'.

Radiographers: a professional trained to operate equipment concerned with the production and detection of radiation. Radiographers work with Radiologists to aid diagnosis and treatment.

Radiotherapy: X-ray treatment that uses high energy rays to damage or kill cancer cells.

Uterus: Also called womb, a hollow muscular organ in the female pelvis, in which a fertilised egg develops into an embryo.

Local sources of further information

You can visit any of the health/cancer information centres listed below:

Birmingham Women's NHS Foundation Trust
Health Information Centre
Birmingham Women's Healthcare NHS Foundation Trust
Metchley Park Road
Edgbaston
Birmingham B15 2TG
Telephone: 0121 627 2608

Heart of England NHS Foundation Trust

Health Information Centre
Birmingham Heartlands Hospital
Bordesley Green
Birmingham B9 5SS
Telephone: 0121 424 2280

Cancer Information and Support Centre

Good Hope Hospital
Rectory Road
Sutton Coldfield B75 7RR
Telephone: 0121 424 9486

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
Queen Elizabeth Hospital
Edgbaston
Birmingham B15 2TH
Telephone: 0121 697 8417

Walsall Primary Care Trust

Cancer Information & Support Services
Challenge Building
Hatherton Street
Walsall WS1 1YB
Freephone: 0800 783 9050

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice

at the time of publication. We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website:

<http://www.birminghamcancer.nhs.uk>.

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, Patients and Carers from the following Trusts:

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