

Radiotherapy

Female Pelvic Treatment



Health

Illawarra Shoalhaven
Local Health District

Illawarra & Shoalhaven Cancer Care Centres

The Illawarra and Shoalhaven Cancer Care Centres acknowledge the Traditional Owners of country throughout Australia and their connections to land, sea and community.

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General information



This booklet will help you with your journey through radiation treatment. The information is general and may not always apply to you. Please talk with your treating team if you have any questions.

This document is a guide only and cannot cover every situation.

You will need to contact your doctor, clinical nurse consultant if you have:

- Severe pain in the treatment area
- If you are unable or having difficulty passing urine
- A temperature of 38 degrees or higher.



IMPORTANT PHONE NUMBERS

Illawarra
Cancer Care
Ph: 4222 5200

Shoalhaven
Cancer Care
Ph: 4428 7400

**Out of hours go to your
nearest emergency department**

Need an interpreter?

Professional interpreters are available if you need help to communicate in English, or if you are deaf. Our staff can also ask for an interpreter. The staff will book an interpreter for you. Interpreter Services are free and confidential. You can bring a family member or friend with you to the appointment. If you need help to communicate it should be through a professional interpreter.

You can also call the Translating and Interpreting Service on **1800 24 72 72** if you need to speak to us before an appointment.



Support services

There are a number of services available to help support both you and your family. Please ask staff for more information or a referral.

- ☐ **Counselling support for patients and carers affected by cancer**
 - Access to social worker and/or psychologist.
- ☐ **Local community support for Aboriginal & Torres Strait Islander people**
 - Support services and criteria vary across the local communities. Some services are Grand Pacific Health, Aboriginal Medical Services, and Waminda.
- ☐ **Legal and financial assistance**
 - Cancer Council - 13 11 20 www.cancercouncil.com.au
 - **Can Assist** - www.canassist.org.au
 - Centrelink - apply online for payments such as JobSeeker, Disability Support Pension, Carer Payment or Carer Allowance.
 - Advance Care Directive - www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx
- ☐ **Practical help in the home**
 - My Aged Care 1800 200 422
 - Carer Gateway 1800 422 737
- ☐ **Transport / Travel**
 - There is community transport for those that have difficulty, at a small fee.
 - Travel & accommodation subsidy (IPTAAS). If travelling more than 200km per week: www.iptaas.health.nsw.gov.au
- ☐ **Accommodation**
 - For those who have difficulty getting to the cancer centre, we have on-site accommodation available at both centres.
- ☐ **Support for children**
 - Camp Quality - support for children 0-15 years www.campquality.org.au
 - CANTEEN - support for young people 12-24 years www.canteen.org.au

Each cancer centre may have extra information for you.

My radiotherapy care team



Radiation oncologist

Contact: _____

What they do:

A doctor who prescribes radiotherapy and organises your treatment.

Radiation oncology registrar

Contact: _____

What they do:

A doctor who is training to be a radiation oncologist. They are always supervised by your radiation oncologist.

Clinical nurse consultant

Contact: _____

What they do:

A nurse with specialised knowledge of pelvic cancer who will help coordinate your care, provide information, referrals and support.

Stomal therapy clinical nurse consultant

Contact: _____

What they do:

A nurse with specialised knowledge of stomas who helps you manage and care for your stoma.

Radiation therapist

Contact: _____

What they do:

Specially trained to plan and deliver your treatment. They will also help support you through treatment.

Radiotherapy nurse

Contact: _____

What they do:

Specialise in caring for people having radiation therapy. They manage your side effects, and will help support you through treatment.

Psychologist

Contact: _____

What they do:

A specialist who provides psychological assessment and interventions for cancer patients, and where required, to families or carers.

Social worker

Contact: _____

What they do:

Provides counselling, support and information for you and your family. They can help with important conversations in planning for your future.

Dietitian

Contact: _____

What they do:

Advise and support you to maintain weight and nourishment.

Pelvic Health physiotherapist

Contact: _____

What they do:

Trained in managing long-term side effects from treatment. Provide advice on how to manage your pelvic health.

Lymphoedema therapist

Contact: _____

What they do:

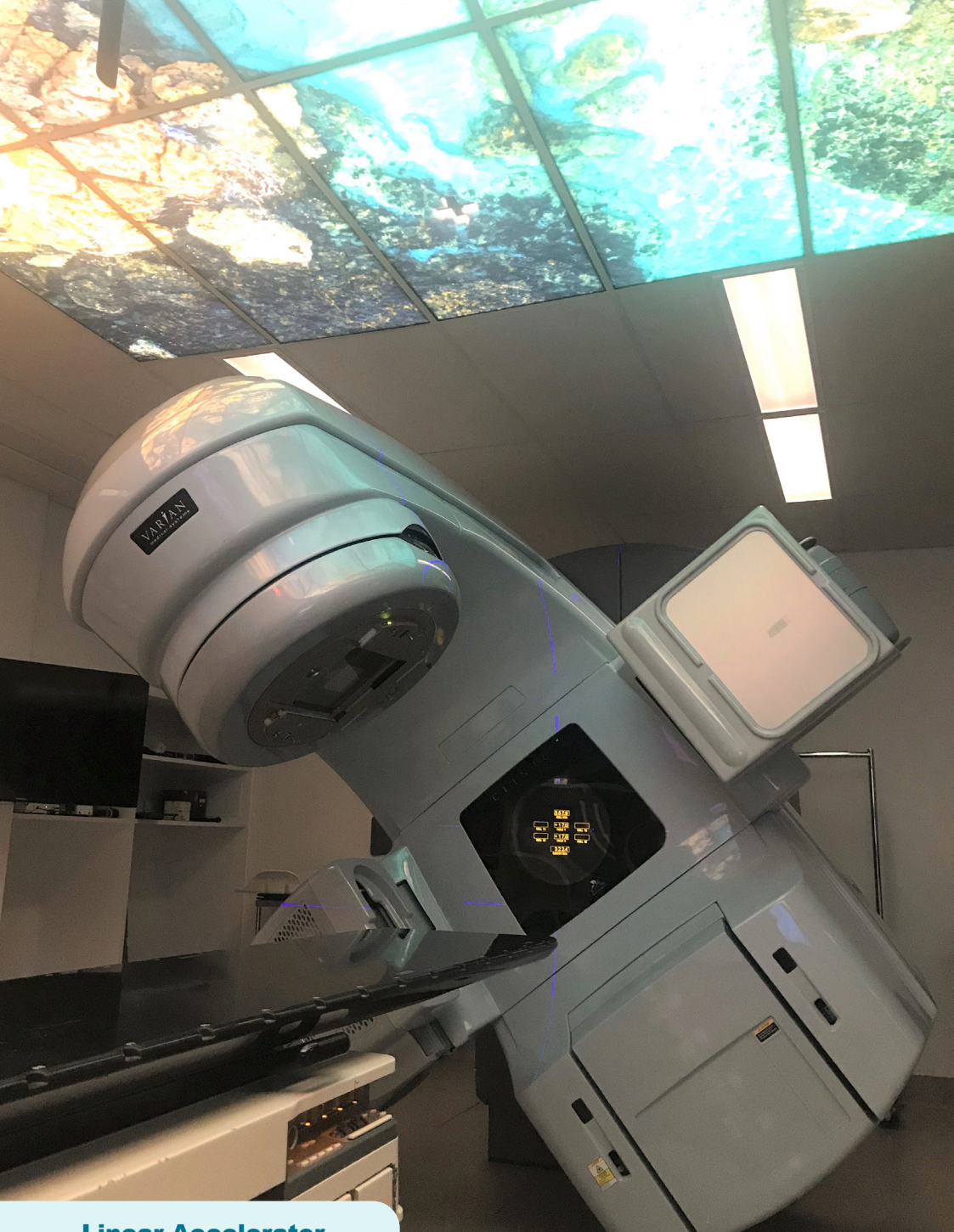
Provides education and monitoring to assist in the prevention of lymphoedema.

Radiation oncology medical physicist

Contact: _____

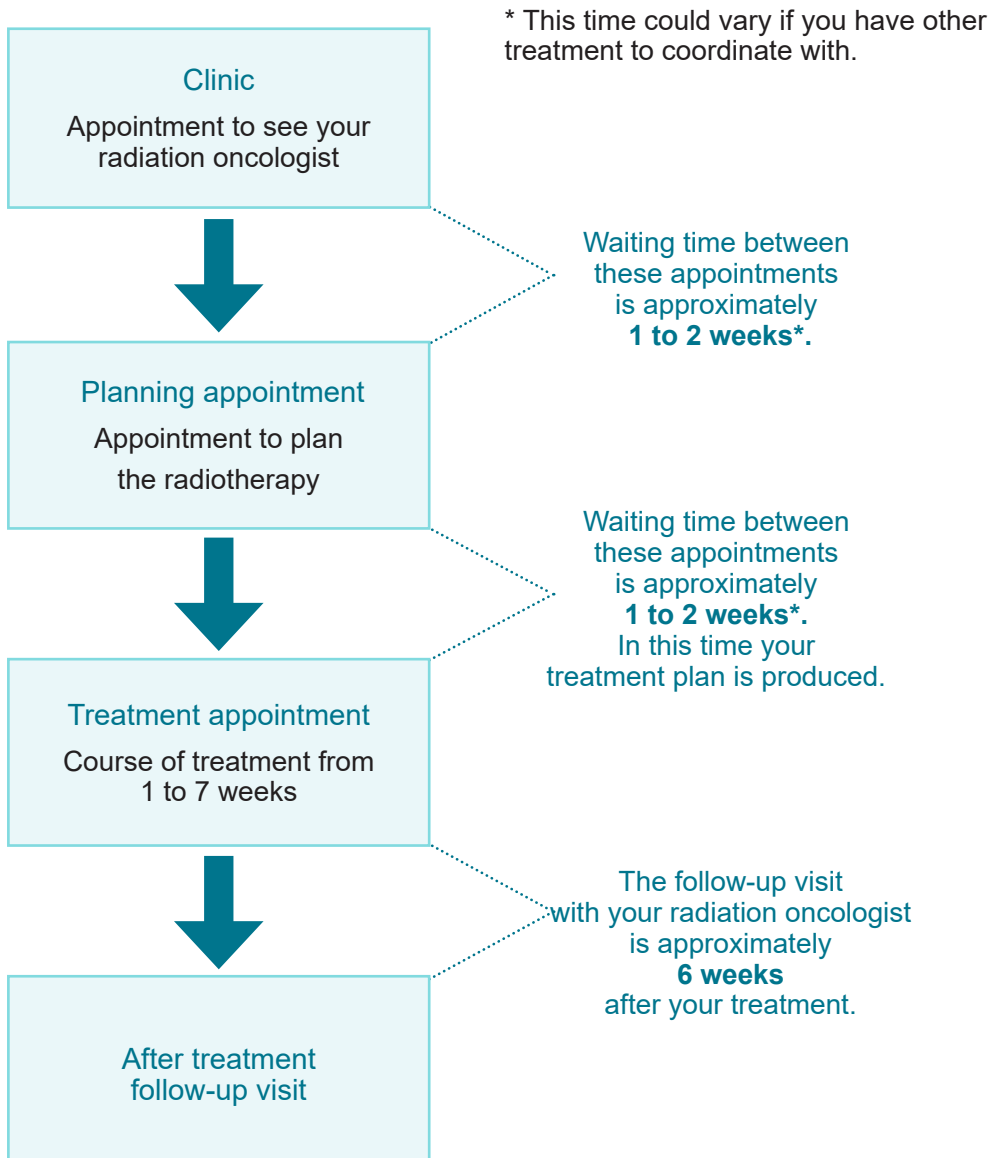
What they do:

Ensures that your treatment is delivered accurately and safely. You may see them at your planning appointment or during your treatment.



Linear Accelerator

Your pathway



What is radiotherapy?



Radiotherapy uses x-ray beams to kill cancer cells.

A **linear accelerator** is a machine that delivers radiation to your body. It only gives radiation to the specific area that is being treated.

Your **radiation oncologist** will decide how much radiation you will receive and how many times you will receive it.

When deciding this, they will take into account:

- Your age
- Your overall health, including any other medical conditions you may have; and
- Details about your specific cancer obtained from scans and/or surgery i.e. pathology of your cancer.

As part of your cancer treatment, radiotherapy can be given either:

- Before surgery (e.g. rectal cancer)
- After surgery, or
- Instead of surgery (e.g. bladder or anal cancers).

Sometimes, chemotherapy may also be recommended during radiotherapy. In this case, you will be seen by a medical oncologist to see if chemotherapy is an appropriate treatment for you.

Brachytherapy

You may also have brachytherapy (internal radiation treatment in the cervix or vagina) at the end of pelvic radiotherapy.

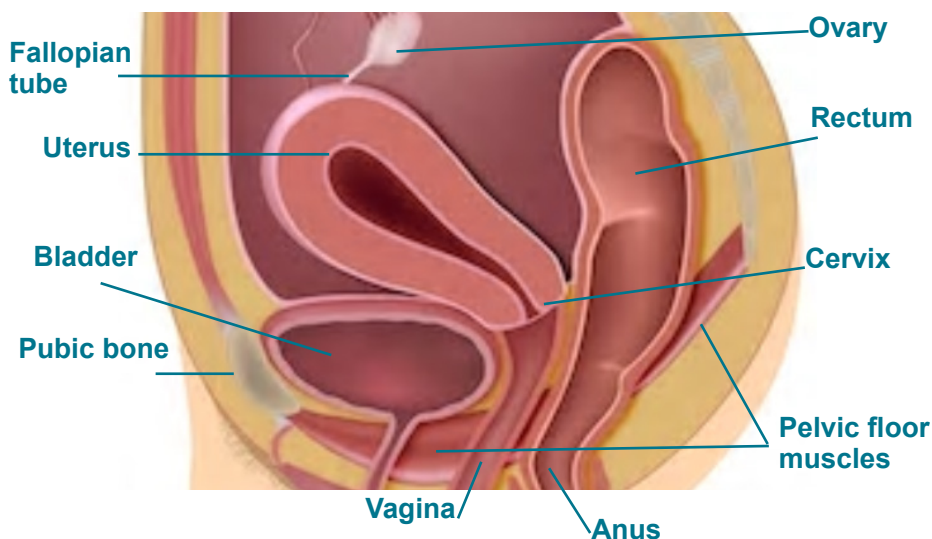
Brachytherapy is not available in the Illawarra or Shoalhaven area, so you will be referred to see a radiation oncologist in Sydney (usually at Prince of Wales Hospital in Randwick or Westmead Hospital) to discuss this.

The number of treatments usually varies from two to four visits, depending on the diagnosis and what your doctor recommends.

Your radiation treatment will be delivered to the pelvic area which is the lower part of the tummy (abdomen) between the hips.

In a female, this includes:

- The lower end of the large bowel (colon, rectum and anus) and part of the small bowel
- Sexual and reproductive organs (ovaries, fallopian tubes, womb [uterus], cervix and vagina)
- Lymph nodes
- Pelvic bone.

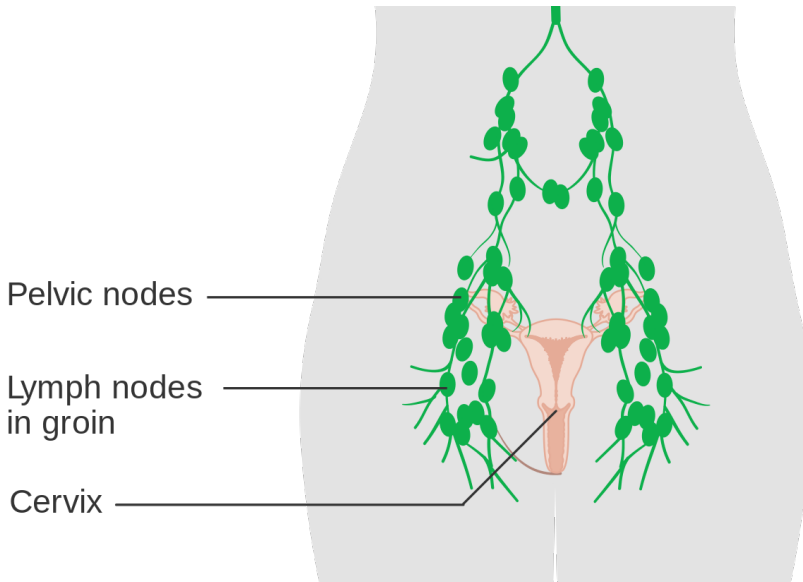


Radiotherapy to the pelvis will make you infertile and you will not be able to conceive naturally.

If relevant to you, your radiation oncologist will discuss fertility preservation options.

Sometimes, your radiation oncologist may recommend treating:

- Lymph nodes in your groin (inguinal nodes), or at the back of your abdomen (para-aortic nodes)
- Areas outside the pelvis, or
- The external genitalia (vulva) - if that was the origin of your cancer.



Radiation will only affect the areas within the radiation field.

If relevant to you (childbearing age), the radiation oncologist will ask you if you are pregnant when you consent to treatment.

It is important to not get pregnant during treatment. If there is a chance you get pregnant, you will be asked to take a pregnancy test before the planning appointment and your treatment appointments.

What side effects can the treatment cause?

Radiotherapy can cause both short- and long-term side effects. Short-term side effects occur 10 to 14 days into your radiotherapy treatment. Long-term side effects can occur months to years after your treatment has finished.

Everybody reacts differently to the treatment and may not experience all side effects.

It is important that you stop smoking during radiotherapy. Smoking can increase the chance of side effects of the treatment as well as reduce the chances of being cured from your cancer. If you would like more information please talk to a member of your health care team.

Common short-term side effects

Bowel changes, you may:

- Feel the need to pass a bowel motion quickly
- Want to strain, whether or not you actually need to pass a bowel motion
- Have loose bowel motions
- Have a small amount of mucus or blood in your motion, or if you have stoma you may pass mucous or blood from your rectum
- Have a sore or irritated back passage
- Notice that you pass a lot of wind.

Bladder changes, you may:

- Have some discomfort/burning when you pass urine
- Notice the flow of your urine might seem weaker
- Need to pass urine more often either during the day or at night
- Not have full control when passing urine (less common)
- Have blood in your urine (less common).

In rare cases, you may not be able to pass water at all - **this requires urgent medical treatment.**



Skin

Radiotherapy does not 'burn' the skin. The radiation disrupts the normal skin renewal process and it may look similar to a sunburn.

Pelvis treatment will usually affect the skin between your legs and around your back passage. For anal cancer treatments, the skin in your groin area will also be affected.

The skin in the treated area may:

- Become pink or red
- Feel warm
- Be dry and/or itchy
- Feel more sensitive than usual
- Blister and weep
- Be painful or look swollen.

Reduced appetite, nausea and vomiting

You may feel sick (nausea) or be sick (vomit) from the radiotherapy. The chances of this is higher if you have chemotherapy at the same time.

Female sexual function

The vagina and vulva may become dry and sore.

You can still have intercourse during treatment. This could increase any soreness you may be having. Lubricants may be helpful.

There may be spotting of blood after intercourse. This is quite normal. Discuss with your doctor or clinical nurse consultant if this occurs. If appropriate, you and your partner should also use contraception during treatment to avoid pregnancy.

Radiation is harmful to an unborn baby and may cause severe abnormalities and/or miscarriage. Please speak to your doctor for more advice.

Hair loss

You will lose hair in the treated area only. Hair should start to grow back in 8-12 weeks after radiotherapy has finished. Sometimes hair loss can be permanent.

Fatigue/tiredness

The amount of tiredness varies for each person. It usually builds up over the course of your treatment. Many people are still able to continue working and carry out their usual activities during radiotherapy.

Potential long-term side effects

Bowel changes

For some people, after treatment, it is possible that your bowels will not return to normal. You may have:

- An urgent need to open your bowels
- Pain when opening your bowels
- A small amount of bleeding or discharge
- Diarrhoea
- Constipation
- Leakage or less control over your bowel motions (incontinence).

Bladder changes

Radiotherapy can cause changes to the lining of your bladder in the long-term. You may have:

- Discomfort and burning when you urinate
- An urgent need or pass urine more often
- Leakage or less control over your bladder (incontinence)
- Bleeding.

Sexual function

Some people will continue to have vaginal dryness. Lubricants may help during sexual intercourse. Other creams may be helpful, check with your radiation oncologist first.

Tissues of the vagina can become stiff and not stretch as well as before. The vagina will feel smaller and tighter. This may cause discomfort during intercourse or when having pelvic (internal) examinations by your doctor.

Your clinical nurse consultant will discuss the use of vaginal dilators (after treatment) to manage this issue.

- You may be referred to a Pelvic Floor Physiotherapist for ongoing support and management of vaginal dilators.

If you still have your ovaries, radiotherapy will stop them from working. As a result, your periods will stop at some time afterwards and you will become menopausal.

Radiotherapy to the pelvis will make you infertile and you will not be able to conceive naturally. If this is a concern, please speak to your radiation oncologist and nurse consultant to discuss fertility preservation options.

Pelvic fracture

Radiotherapy can make the bones brittle in the area of treatment (pelvis and hips). You may fracture your pelvis or hips months (or years) after radiotherapy. This is more likely if you have osteoporosis, but the risk is usually low.

Swelling (lymphoedema)

Radiotherapy may cause permanent swelling of your legs. This is more likely if you have had surgery as well.

To reduce the risk of this occurring you will need to:

- Try to avoid infection or inflammation of the legs and pelvis from:
 - Cuts and grazes
 - Nicks from shaving
 - Insect bites and stings
 - Sunburn.
- Do regular gentle exercise such as swimming or walking.
- Use moisturising lotion on your legs.

Rare side effects

Second cancer

The risk of the radiotherapy causing a second cancer is extremely rare. If it does cause a second cancer, it will be in the treated area. It may not happen until at least 10 years after treatment.

The chances of your cancer recurring without radiotherapy are higher than the risk of developing a cancer from radiotherapy.

Bowel changes

The tissue surrounding the bowel can stick together (adhesions), causing a blockage (bowel obstruction), but this is rare. Even more rarely, a hole (perforation) could develop in the bowel. These problems often need hospitalisation and surgery. The risk of bowel obstruction or perforation is higher if you have surgery as well as radiotherapy and chemotherapy.

Notes

How to prepare for my planning appointment and treatment

This generally involves bowel and bladder preparation.

It is important to follow these instructions to reduce the side effects before your planning appointment and every day of your treatment.

Occasionally, this preparation is not necessary and your doctor will explain to you if this is the case.

One of things to prepare for your treatment is your bowels.

- We need your **bowels empty** and as little gas as possible for your planning appointment and every day of your treatment
- We will ask you some questions about your bowel habits to help us book your planning and treatment appointment times.
- We may also suggest an over-the-counter medicine to help pass bowel motions.

If you have a stoma, make sure your stoma bag is empty prior to your planning appointment.

Follow these tips daily to help reduce gas

You will need to do this:

- 5 days before your planning appointment
- 5 days before your first treatment appointment and throughout the rest of your treatment.

Eat regular meals/snacks

- Do not skip meals
- Avoid long gaps between meals/snacks.

Eat slowly

- Chew well with your mouth closed
- Do not talk while you are chewing/eating.

If your bowels are full at the Radiotherapy Planning appointment or Treatment, you may be delayed, or rebooked for a different day.

Drink fluid slowly

- Sip rather than gulp
- Try not to eat and drink at the same time.

Drink plenty of water throughout the day before your planning and during your treatment. The recommended amount is 2-3 litres per day.

Do some regular gentle activity such as a daily walk.

Avoid the following

- Smoking
- Chewing gum
- Foods or drinks that make you burp a lot
- Avoid fizzy / carbonated drinks (e.g. soft drink, beer, sparkling water)
- Foods that make you feel windy or bloated after you eat them.

Some good tips to help pass wind - try for about one minute

- Sit on the toilet and lean forward so that your knees push onto your chest or use a footstool to elevate the feet whilst sitting.
- Squat down (hold onto something to keep yourself steady) so your knees are against your belly or bring your knees to your chest while lying down.
- Your bowels should open every day with easy-to-pass motions, and leave you feeling the bowels have emptied. If not, please discuss with your doctor or nurse consultant before your Radiotherapy Planning appointment, as you may need fibre supplements, laxatives or suppositories.

Bladder preparation

We will give you instructions on how to prepare your bladder when you arrive for your planning appointment.

Radiotherapy planning appointment

On this day we will give you information about the radiotherapy process. It is important to understand what is going to happen.

We will make equipment to keep you still, take a scan and mark the treatment area.

Please allow 1 to 2 hours for this appointment.

This appointment starts the planning process of your treatment.

Please feel free to ask questions.

Before or during this appointment you will be given a Patient Reported Measures survey. It will take 5 to 10 minutes to complete. The survey will ask you questions about your health and wellbeing. (More information on the next page).

An appointment card will be given to you. This will have your start date and treatment appointment times.

At the planning appointment

Tell the planning radiation therapist when you arrive if:

- You have not emptied your bowels within 2 to 3 hours of your appointment or,
- Your bowel habits have changed since you saw your radiation oncologist.

If you have a stoma, make sure your stoma bag is empty prior to your planning appointment.

If this does not apply to you, this would have discussed with your radiation oncologist at your first appointment.

Patient Reported Measures Survey

What are Patient Reported Measures (PRMs)?

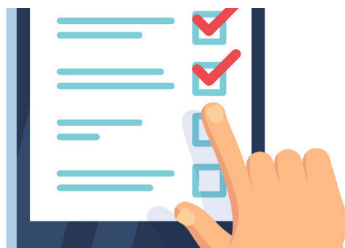
- PRMs are a way for you to tell your healthcare team about your general wellbeing and provide feedback about your care.
- As part of our standard practice, you will be asked to complete a survey with questions to help us identify any issues that may be causing you worry and distress.
- It is important to complete this survey as it will help your health care providers understand more about how you are feeling, and how your health and treatment might be impacting different parts of your life.
- Our aim is to deliver the best health care for you.

Do I have to complete a survey?

- No, surveys are not compulsory.
- If you don't complete a survey, you will still receive the best care available. However, completing a survey gives your healthcare team more information about what is important to you.

When will I be asked to do the survey?

- You will be asked to do the survey before or during your planning appointment and again during treatment.



Identity check

Before we can start, you will be asked to tell us:

- Your name
- Your date of birth
- What area on your body will be treated with radiotherapy.

This is a NSW Health requirement and helps us to identify you. It confirms we are treating the right person and part of your body. We will ask you this every day when you attend your radiotherapy treatment.

During the planning appointment

You will be asked to remove your shoes. You will be given hospital socks to put on over your own socks at the beginning of the appointment.

Once you are on the CT scanner bed, you will be provided with a small sheet and asked to lower your pants and underwear so the radiation therapist can position you.

Please note that during the scan, part of your skin will be bare (naked). You may want to keep this in mind when choosing clothes and also who you bring as a support person. If you have concerns about this, please discuss with staff so we can arrange extra support.

Your radiation oncologist may want to give you an injection, this is called contrast. This will help them see the area to be treated on the CT scan, we will talk to you about this on the day of your planning appointment.

There are 3 steps to the planning appointment:

1. Make equipment for your treatment
2. Take a CT scan of the treatment area
3. Create tattoos and photos.

1. Equipment

We will use equipment that helps you to be stable and still for your treatment.

You will lie on the CT scanner bed on your back, with your legs and feet on a piece of equipment (called a footfix).

We may also use a jelly like or pink material that will lie on your skin where you are being treated (called bolus). We use this when we need the radiation dose close to your skin. This is not used for everyone.

CT Scanner with footfix



Example of bolus

2. CT (computed tomography) Scan

Texta and sticky markers will be placed on your skin before the CT scan. These help us to map out the treatment area and can be seen on the scan.

A CT scan will be taken of your pelvis area.

You will need to lie still and breathe normally during this scan.

The staff will leave the room while the scan is being performed.

This scan is used to plan your treatment.

When we take the CT scan we will check the size of your bowel and bladder. We may need to ask you to come back another day for the scan if the size of your bowels and bladder are not ideal. This will not happen for everybody.

3. Tattoos and photos

We will give you small permanent tattoos at the end of the planning appointment. They help us put you in the same position on the treatment bed each day.




This is the approximate size of the tattoo.

We will take photos of how you have been set up and the equipment that has been made for your treatment. These also help treatment staff set you up in the same position each day.

At the end of the appointment, we will give you a fridge magnet to remind you of how to prepare for your radiotherapy treatment.


It is very important that you follow these instructions every day of your treatment.


Daily Bowel and Bladder Preparation for Radiation Treatment



1 hour before your appointment time go to the toilet; empty your bladder and if you haven't already try and empty your bowels.


_____ **Minutes** before your appointment time, start drinking your _____ mls of water.





Finish drinking your water within 5 minutes.

Do not go to the bathroom until after your treatment. If you are having difficulties holding please inform staff.



Example of fridge magnet with your preparation instructions

Radiotherapy planning



Your radiation team will create a plan for you between your planning appointment and the start of your treatment.

The CT scan that was taken at your planning appointment is used to create the plan. It is designed specifically for you. This can take up to 2 weeks depending on how difficult the individual plan is.

Sometimes the start of treatment can be delayed due to the difficulty of the plan.

Many checks are completed to make sure we are going to be delivering the right treatment for you.



Radiotherapy team

Radiotherapy treatment



You will receive radiotherapy daily. You will be set up in the same position as your planning appointment. It will take 20 to 30 minutes for your treatment.

At the planning appointment you would have been given instructions and a fridge magnet on how to prepare for your treatment.

It is very important that you follow these instructions **every** day of your treatment.

If you are unsure about what to do, arrive 1 hour before your appointment and staff can assist you with these instructions.

When you arrive for your appointment you need to have:

- Filled your bladder
- Emptied your bowels.

Please tell staff when you arrive if:

- You have not been able to empty your bowels before your appointment
- Your bowel habits have changed.

If you have a stoma, make sure your stoma bag is empty prior to your treatment appointment.

Treatment times

Your treatment time will be booked around your bowel motions, so we can make sure you have empty bowels.

Treatment is usually 5 days a week, Monday to Friday.

You will be given a weekly list of appointment times, which you should check as they may change.

Treatment machines may need to be closed for maintenance. If you need treatment on those days, the staff will inform you.

Due to other patients receiving treatment, please inform the radiation therapists as soon as possible if you need to change an appointment or are running late.

Your first treatment appointment

On your first day please arrive 15 minutes before your appointment time and see the nurses at the nurse's desk before you sit down.

A radiation therapist will explain what will happen and answer any questions you may have.

Your first treatment is usually longer than your other appointments as we need to check measurements from your planning appointment.

Please allow an hour on your first day. This will allow us to give you all the information you need and deliver your treatment.

Arriving in radiotherapy

Please check yourself in for your treatment. You can do this by scanning the barcode on your appointment card at the nurse's desk. If it is not your first treatment, once you have checked in you can take a seat in the waiting room.

A radiation therapist will come and get you when they are ready for you to have your treatment.

How long will my treatment take?

The time needed to deliver your treatment can be between 20 to 30 minutes.

The time in the treatment room includes:

- Getting you into the correct position
- Delivering your treatment
- Helping you in and out of the room.

In the treatment room

The radiation therapists will ask your name, date of birth and treatment area every day.

The same as at your planning appointment, you will be given hospital socks to put on over your socks.

The radiation therapists will put you into the same position using the same equipment from the planning appointment.

Once you are on the linear accelerator, you will be given a small sheet and asked to lower your pants and underwear so the radiation therapist can see your skin and position you. Your skin will be bare (naked) during the treatment.



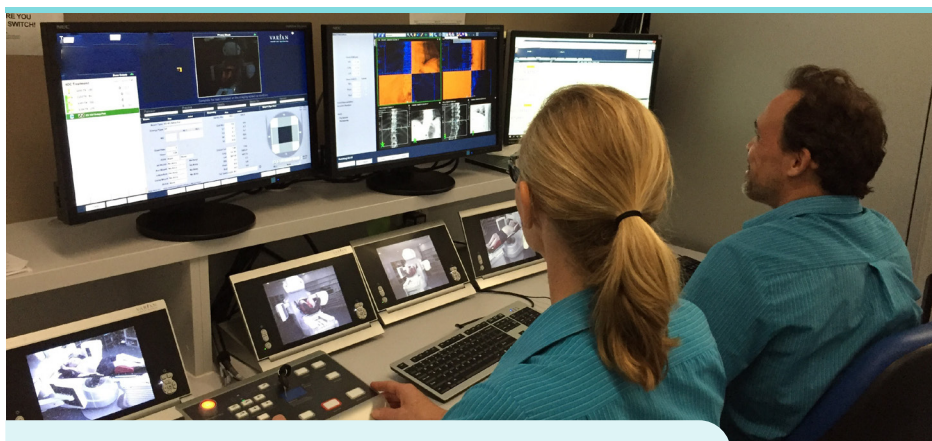
Pelvis patient on the linear accelerator

Once you are in the correct position, the radiation therapists will leave the room to start the treatment. We can see and hear you during the treatment (the room has television monitors and an intercom).

During your treatment you are able to listen to music. We can make a playlist for you, or you can bring in your own music if you like.

When the radiation therapist leaves the treatment room:

- Once you are in the correct position, the radiation therapists will leave the room to start the treatment
- We can see and hear you during the treatment (the room has television monitors and an intercom)
- You will be in the room by yourself for 5 to 10 minutes
- It is important to lie still during the treatment and breathe normally
- Parts of the machine will move into position to take x-rays. These x-rays are taken before we give you your treatment to make sure everything lines up and we are treating the correct area.
- The treatment machine moves around you to give you your treatment, but it does not touch you
- You can alert us at any time by talking or raising your hand
- You will not be able to see or feel anything during the treatment, however you will hear a noise when the machine turns on.



Staff outside treatment room checking your position

During your course of radiation treatment

All instructions given to you by the radiation staff need to be followed for every treatment.

Tell the radiation staff as soon as possible if you are not able to follow these instructions.

You will have x-rays taken throughout your treatment. This is to check the position of the treatment area. The x-rays are not used to check how treatment is working.

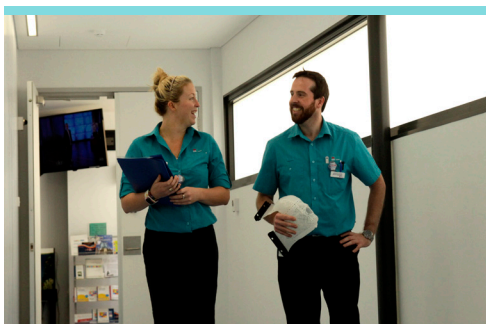
Other measurements are also taken during your treatment. This is to check for any changes in your body shape.

It is important to try and maintain your weight during treatment. Any major changes in the shape and size of your body may change our calculations, which may require a new CT scan.

Every day during your treatment, the radiation team will check on your wellbeing. They will watch for side effects and any problems you may be having. You will be formally reviewed once a week.

If you need more help, staff can arrange for you to see other members of your radiotherapy care team.

You will not feel any effects from the treatment directly after the appointment.



Please tell the radiotherapy team about side-effects or any other problems that you may be having. It is important that we know this information.

Managing side effects during treatment



Side effects generally start 2 to 3 weeks into your treatment.

In most cases, these symptoms will settle 2 to 4 weeks after completing radiotherapy.

Please let staff know if you notice any changes in the treatment area. They will be able to help you manage these symptoms.

Please talk to radiation staff before you take any medications for your side effects.

Contact your radiation oncologist, clinical nurse consultant, local general practitioner or the local emergency department right away if you:

- Are unable or have difficulty passing urine
- Have a temperature
- Have uncontrolled diarrhoea
- Feel dizzy and/or lightheaded
- Generally feel unwell.

Bladder changes

Please tell staff if you notice burning, passing urine more often, less control or pain when passing urine, or blood in urine.

To help with burning when passing urine:

- Drink plenty of fluids (daily recommendation is 2-3 litres); unless you have been on fluid restriction
- You can start taking Ural if the burning becomes uncomfortable (available from a supermarket or chemist without prescription). Start taking sachets two times a day and increase this to four times a day if needed. Please let your treatment staff know if you are using Ural
- Cranberry juice may also help with discomfort when passing urine
- Avoid large amounts of tea, coffee, alcohol and citrus fruit juices.



Bowel changes

Please tell staff if you notice any changes in your bowel habits.

Diarrhoea:

- Avoid or reduce your intake of spicy foods, dairy products, alcohol, fatty foods, high-fibre foods and coffee
- Drink 2 to 3 litres of fluid each day
- Try the BRAT diet: bananas, rice, apple sauce, toast.

It is important to be careful with anti-diarrhoea medicines. Your bowels should be as empty as possible during treatment. Please talk to the radiation staff or call your clinical nurse consultant **before** taking anything.

Stoma

You should follow the information about reducing bowel gas and managing diarrhoea.

If you notice a change in your bowel habit, talk to your radiation team. They can give advice on how to manage this.

Some people with a stoma experience mucous discharge or a mucous plug from your back passage during treatment. If you are concerned please notify staff or your clinical nurse consultant.

Swelling (lymphoedema)

You may need a referral to a lymphoedema therapist to provide extra support and advice.

**If the area is red, hot or swelling please seek medical attention.
During office hours see your general practitioner.**

Out of hours go to Emergency.

Reduced appetite, nausea and vomiting

Please talk to a member of your health care team if you are experiencing this. Medication can be given to relieve these symptoms.

Fatigue/tiredness

To help manage your tiredness during your treatment:

- Try some light exercise when you are feeling least tired during the day
- Keep a diary to see what time of the day you are most tired
- Listen to music/read books
- Meditate or use relaxation exercises
- Spread out and prioritise what you need to get done over the day
- Ask others for help
- During the day, rest when you need to, but not for longer than 45 minutes.

Physical activity

Many studies have shown that exercise during radiation treatment can ease side effects, including fatigue and sleeping problems.

- Exercise can be walking, running, group classes or gym workouts
- If you currently exercise, try maintain your current exercise habits
- If you do not currently exercise and want to start, please discuss with your general practitioner. If you are starting exercise it is important to do it in a supervised environment, like a group class.

Sexual function

During radiotherapy, the vagina and vulva may become dry and sore. You can still have intercourse during treatment but this could increase this soreness. Using lubricants may be useful. There may be some spotting of blood after intercourse and this is quite normal. However, mention it to your doctor or clinical nurse consultant when you see them.

If relevant, you and your partner should also use contraception during radiation treatment to avoid pregnancy. Please speak to your doctor for more advice.

Skin

You will receive sorbolene cream on the first day of your treatment. You can apply this as often as you like to the treatment area. Do not apply within 2 hours of treatment.

Check with your doctor or the radiation staff before using any other products on your skin in the treatment area. Other products may make any reaction worse.

Please inform staff if you notice any pain or discomfort of the skin in the treatment area.

SITZ Bath

Some people find having a SITZ bath can help with the burning, itching and irritation of the skin. It also helps to keep the area clean.

A SITZ bath is a warm, shallow salt bath that cleans the area around your back passage. Use 1 cup of table salt in the shallow bath, making sure the water is not too hot so the skin will not scald.

It is important to keep the area clean and follow the **general skin care guidelines** during your radiation treatment.

General skin care during your treatment



Wear loose clothing during treatment



Have a SITZ bath as often as you like. Use warm water, rather than hot



Wash gently with mild soap (such as Dove Sensitive Skin Unscented®, Aveeno Moisturising Bar®, Goat Milk or other unscented soap) and rinse well



Gently pat dry the treatment area with a clean towel



Use sorbolene on the skin in the treatment area. You can place sorbolene creams in the fridge to help soothe the area.



Do not apply any soap, oils, perfumes, lotions or talcum powders to the treatment area



Do not shave the pelvic area. This can cause tiny breaks in the skin and make the area more prone to infection



Avoid wearing tight fitting underwear and pants



Do not rub the area or scratch if your skin is itchy



Avoid hot tubs / saunas



Do not swim if skin is broken.

Notes

After Radiotherapy

On your last day of treatment a follow-up appointment will be booked with your radiation oncologist in 6 weeks.

Any side effects that you have had during your treatment will start to improve around 2 weeks after your treatment has finished.

Last treatment

On completing your last treatment we will:

- Ensure you have enough supplies of any dressings you have been using
- Make sure any side effects you are having are being managed
- Tell you who to contact if you have any treatment related problems
- Book the community health nurse if you require help with dressings
- Make a follow-up appointment for you with your radiation oncologist in 6 weeks after your radiotherapy.

Other appointments

For those who require surgery, you will need to see your surgeon following completion of your treatment. If you do not have this appointment please contact your clinical nurse consultant.

The pelvic floor physiotherapist will contact you with an appointment.

Side effects

Any side effects you were experiencing at the end of your radiotherapy treatment may continue for weeks to months after.

Please refer to the potential long term side effects section at the beginning of this booklet.

Continue with any medications, baths, creams or dressings you have been using to manage your bladder, bowel and skin reactions.

If any side effects worsen from 2 weeks following your last treatment please contact your radiation oncologist or your clinical nurse consultant.

Dilators

Once you finish your radiation treatment, the tissue in your vagina may be inflamed and you could develop some scar tissue (vaginal stenosis).

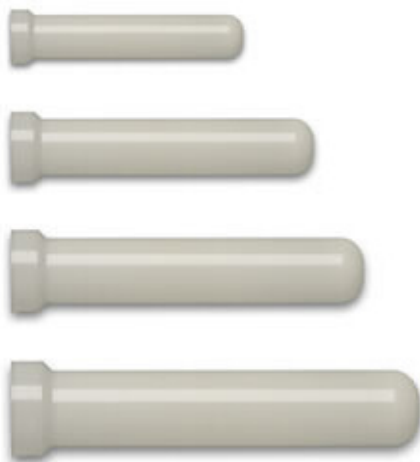
The scar tissue could make your vagina:

- Shorter
- More narrow
- Less likely to stretch
- Dry
- Feel uncomfortable.

This can make it hard to have sexual intercourse and pelvic exams more painful and difficult.

You can manage this by using vaginal dilators. Regular sexual intercourse can also help.

Vaginal dilators are hollow, smooth plastic tubes that come in a range of sizes:



Dilators work by stretching the tissue and muscles around the vagina to stop scar tissue forming.

Your clinical nurse consultant will give you these at the end of your treatment and will discuss:

- How to use them
- Common experiences people have with using them
- Any questions you may have.

Please discuss any concerns with your doctor, clinical nurse consultant or physiotherapist.

Using the dilator

- Start using 6 weeks after finishing your radiotherapy or when soreness has improved
- Use 3 times a week for 5 to 10 min following the instructions given by your clinical nurse consultant
- You will need to continue to use dilators for up to 5 years following your radiotherapy treatment unless otherwise instructed
- Start with the smallest dilator
- Wash your hands and dilator in warm soapy water and rinse well in running water
- Use a water based lubricant to help with inserting the dilator
- After 5 to 10 minutes of use, remove the dilator and wash it in warm soapy water. Rinse under running water and dry with a clean towel
- Store the dilator in the case or sturdy container to protect it from damage.

Follow up appointment

Your first follow-up appointment with your radiation oncologist will be 4 to 6 weeks after you have finished your treatment. This will have been booked on your last day of treatment.

You will be able to discuss concerns and ask any questions.

During this appointment side effects that you may have had during your treatment will be discussed to ensure they are improving and being managed. Your skin should be healed. You should also have more energy.

After this appointment you will need to attend regular follow up reviews. They will be every few months for several years. These appointments are important to make sure everything is going well and to answer any questions you may have.

Ongoing follow up care

After treatment, follow-up care is important for your long-term health.

Your follow-up care will depend on the type, stage of cancer and the treatment you had.

Follow-up care should be agreed between your radiation oncologists, general practitioner, any other health professionals involved in your care, and takes into consideration your preference.

In some cases, people will need ongoing hospital care for several years. In other cases, an arrangement with your general practitioner may be suitable.

Frequently asked questions



Will radiation therapy be painful?

While treatment is being delivered, you will not see or feel anything. The delivery of radiation is like having an X-ray or CT scan. You will hear the machine making a buzzing sound.

Will I be 'radioactive'?

No, receiving radiotherapy will not leave you radioactive at any time. It is safe to be with family, children, friends and pregnant women.

Should I take medications and/or vitamins while receiving treatment?

It is important to tell your radiation oncologist all the medicines, supplements and vitamins you are currently taking. Continue to take your prescribed medicines as normal. Some vitamins or supplements could impact on the treatment.

Will I lose my hair?

Radiotherapy only effects the area being treated. You may have hair loss around the pelvis area. You will not lose the hair on your head.

Can I have a Covid-19, flu or tetanus vaccination?

Yes, it is safe to receive these while you are having your treatment.

Where can I park during treatment?

Free parking is available **while you are having your treatment**. (Not for consultations)

Illawarra Cancer Care Centre: You can park in front of the centre, access by New Dapto Road. You will be provided with an access code to open the boomgate.

Shoalhaven Cancer Care Centre: You can park at the rear of the centre. Go to the boom gate, take a ticket and have it validated at the reception desk.



How long will treatment take?

The length (or course) of radiation is based on the specific plan designed for you by your doctor. Generally, you will be in and out of the centre within 30 minutes. Delays may occur on some days.

How much does my treatment cost?

Medicare covers all costs (for those eligible for Medicare).

Is it a problem if I miss a scheduled treatment?

Radiation treatment is designed to be delivered as small daily treatments to get the best outcome. Once treatment has started it is important that the rest are not delayed or missed. Sometimes medical reasons can cause a treatment to be delayed or missed, your Radiation Oncologist will discuss this with you.

What should I wear to treatment?

Wear loose fitting cotton clothes. Don't wear clothes that are tight or that may rub the area.

Can I get the treatment area wet or go swimming during treatment?

Showering / swimming in salt water is fine. Swimming in chlorinated pools is not recommended. Pat the skin dry, do not rub it.

What happens if I lose/gain weight while I'm having my radiotherapy?

The Radiation Therapists will monitor any changes in your body shape during your treatment. They will take measurements each day. If your body changes too much a new plan may be needed.

Other resources



Online resources for additional information about your radiotherapy:

Targeting Cancer – www.targetingcancer.com.au

Cancer Council – www.cancer.org.au/about-cancer/treatment/radiotherapy.html

eviQ Cancer Treatments Online - www.eviq.org.au/eviQNavigationPatientsandCarers.aspx

Continence Foundation - <https://www.continence.org.au>

Australasian Lymphology Association - www.lymphoedema.org.au

National Public Toilet Map - <https://toiletmap.gov.au>

Bowel Cancer Australia - <https://www.bowelcanceraustralia.org>

Beyond Blue - <https://www.beyondblue.org.au>

Cancer Australia - <https://canceraustralia.gov.au>

Australian Council of Stoma Associates - <https://www.nps.org.au/.../australian-council-of-stoma-associations>

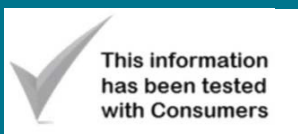
Ask your clinical nurse consultant for more recommended information and resources

Cancer Council information

Cancer Council information centers are located on Level 2 at the Illawarra Cancer Care Centre and the main foyer at the Shoalhaven Cancer Care Centre

There is a range of information and volunteers available to assist at both centres.

Notes



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If you would like to provide feedback on this booklet, please email ISLHD-ISCAHN@health.nsw.gov.au