

Radiotherapy to the abdomen and/or pelvis

Patient Information Series PI 12

Contacts

Radiotherapy clinic nurses: 020 3826 2186
Monday - Friday, 9am - 5pm

Radiotherapy clinic radiographers: 020 3826 2612
Monday - Friday, 9am - 5pm

Planning radiographers: 020 3826 2621

Dietitian: 020 3826 2125
Monday - Friday, 9am - 5pm

Specialist nurse:

Lynda Jackson Macmillan Centre: 020 3826 2555
(see back cover for more details)

24 hour Acute Oncology Service
Mount Vernon Cancer Centre: 07825 028855



Radiotherapy to the abdomen and/or pelvis

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Introduction

This booklet provides a general guide for patients having radiotherapy to the abdomen and pelvis at Mount Vernon Cancer Centre.

It will provide answers to a number of commonly asked questions. If anything in this leaflet is unclear or you have any questions, please ask a member of the team caring for you.

Radiotherapy is a type of treatment you may be offered in the management of abdominal or pelvic cancer.

The choice of treatment is decided by a number of factors. It is important that you have a chance to discuss your specific treatment with your consultant oncologist¹. As there are many different forms of abdominal and pelvic cancer, the length of treatment and ways in which radiotherapy is given can vary.

The type of radiotherapy used most often to treat cancer of the abdomen and pelvis is external beam radiotherapy. This means that a programmed course of radiation therapy is given at regular intervals to your pelvis using external radiation beams.

This radiotherapy does not make you radioactive. It is safe for you to be with people, including children.

You could be seen by both male and/or female radiographers when you have your radiotherapy planning and treatment.

¹ Throughout this leaflet the term 'oncologist' will refer both to your cancer specialist and any doctors working within his/her team

What happens during planning?

If you are **diabetic** and taking Metformin please call 020 3826 2622 as soon as possible. We may need to arrange for you to have a blood test before your planning appointment.

Before you begin your radiotherapy you will be asked to visit the Radiotherapy Department to have your treatment planned. This may take some time and waiting times at this stage may vary. You may be in the department for several hours. The planning session will take place in a CT Simulator (CT machine).

A radiographer will explain the procedure and discuss the need for you to have an empty bowel. If you experience constipation, please let the radiographer know.

You will need to remove your clothing from below your waist, so you may find it easier to wear separates. We realise this may make you feel uncomfortable but we will maintain your dignity as much as we are able. You will be asked to lie in the position in which you will have your treatment. This position needs to be comfortable for around 30 minutes. Please say if this position is uncomfortable.

The radiographers will draw some marks on your abdomen or lower back to show where the treatment is needed. These are made with felt tip pens and will wash away. When all the measurements have been recorded, a CT scan will be done. This takes about five minutes. Some special markers may be placed on your skin for this scan. You may have an injection of a special dye during this scan. This will be explained to you if it is needed.

With your permission, the radiographers will make a few tiny permanent marks on the skin (tattoos). These are very small and are done by pinpricking the skin with a special dye.

The permanent marks are important as they enable accurate positioning and treatment delivery each day.

Details of your treatment appointments will be given to you at your planning appointment.

If you have any queries about your radiotherapy appointments please telephone: 020 3826 2446.

Your bowel needs to be as empty as possible for both the planning and treatment. This is so that it is as accurate as possible so it helps to reduce any side effects. If the radiographers have noticed that your bowel is too full when you have your scan, they will ask you to use a micro-enema (see **Using micro-enemas** on page 7).

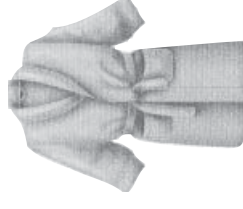
What happens during treatment?

A member of the team will talk to you before you go in the treatment room. They will explain clearly what will happen and you will have a chance to ask questions.

Please bring a dressing gown with you if possible. This will enable you to change in the changing room before going into the treatment room. If you do not have a gown we can provide you with a disposable gown to use each time you attend.

You will be asked to undress below the waist and lie on the treatment couch in the same position as you did when you had your planning. The room lights will be dimmed, and the radiographers will position the machine to line up with the permanent marks on your skin that you were given at your planning appointment.

When all the adjustments have been made and you are in the correct position, the radiographers will make sure you are comfortable before leaving the room to deliver your treatment. You will be asked to breathe normally during treatment.



The treatment will last up to 10 minutes, but you may be in the room longer as there may be some imaging or further checks that are needed before the treatment is started.

You will be alone in the room during this time. However the radiographers will be able to see you at all times through a closed circuit television. They will also be able to talk to you via an intercom.

The radiographers will explain in advance how to alert them if you have a problem. It is possible to switch off the machine and interrupt your treatment at any time if necessary.

Radiotherapy is completely painless. It is similar to having an x-ray picture taken, except instead of taking a picture, the machine delivers x-ray treatment.

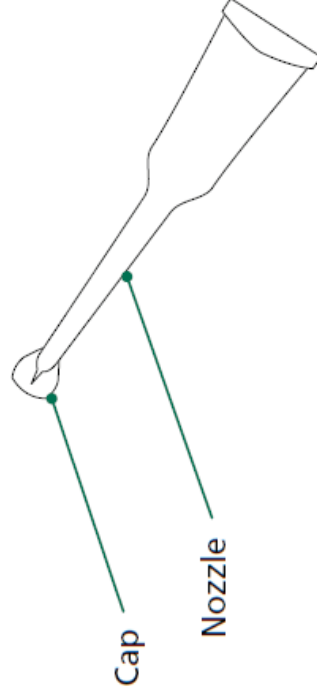
If the radiographers have noticed that your bowel is too full on the treatment imaging, they will ask you to use a micro enema. Please inform the radiographers if you have any allergies or bowel problems.

Using micro-enemas

Only use the micro-enemas on the days of your radiotherapy. Arrive one hour before your appointment. When you arrive use your micro-enema. (Do not use your micro-enema more than two hours before your planning scan or treatment as your bowel can refill and you may have to use another one.)

The micro-enema needs to be inserted into your anus (back passage). To do this easily and safely please follow these steps:

1. wash hands thoroughly using soap and water
2. you may find it easiest to apply the enema while sitting on the toilet. Position yourself comfortably and when ready twist the cap and pull it off the end of the nozzle of the enema
3. squeeze the nozzle gently so a small bead of enema comes out of the top. With your finger, use this to lubricate the end of the nozzle. This will make it easier to insert into your back passage
4. insert the nozzle as far as comfortable into your anus (back passage)
5. squeeze out the contents fully by squeezing the body of the micro-enema
6. keeping the micro-enema squeezed tightly, withdraw the nozzle fully
7. the micro-enema can then be wrapped in tissue and disposed of in a bin (please do not flush it down the toilet)
8. wash your hands thoroughly with soap and water
9. the micro-enema usually takes about 10-15 minutes to take effect. You don't have to wait on the toilet during this time. After 10-15 minutes or sooner if you feel the urge, try and empty your bowels without straining
10. don't worry if you can't pass anything or only pass wind. Just tell the radiographers about this
11. if you had to use a micro-enema at your planning scan you will be given micro-enemas for your first 10 radiotherapy treatments. The radiographers will tell you if you need to continue with micro-enemas after this point



12. you may experience mild irritation and slight abdominal cramps but these usually resolve very quickly after emptying your bowels. If they persist speak to one of the radiographers

If micro-enemas aren't suitable for you, you may be given glycerol suppositories to use.

Using glycerol suppositories

Only use the suppositories on the days of your radiotherapy. Arrive one hour before your appointment. When you arrive use your suppository. (Do not use your suppository more than two hours before your planning scan or treatment as your bowel can refill and you may have to use another one.)

Please inform the radiographers if you have any hypersensitivity to glycerin.

- before you start using the suppositories, read the manufacturer's printed information leaflet from inside your pack
- use one suppository as indicated. It will take about 20 minutes to work

How to use a suppository:

1. wash your hands thoroughly
2. you may find it easiest to insert the suppository while sitting on the toilet. Remove the suppository from the wrapping
3. most people find it helps to insert the suppository if it is moistened with a little tap water first
4. using a finger, gently push the suppository into your anus (back passage) as far as possible, pointed end first
5. remain still for a little while to help hold the suppository in place. It will start to work in about 20 minutes or so. You don't need to wait on the toilet for all this time

6. wash your hands
7. after 15-20 minutes, or sooner if you feel the urge, try and empty your bowels without straining
8. don't worry if you can't pass anything or only pass wind. Just tell the radiographers about this
9. if you had to use a suppository at your planning scan you will be given suppositories for your first 10 radiotherapy treatments. The radiographers will tell you if you need to continue with the suppositories after this point

What special care should I take during my treatment?

Eating and drinking

It is important to continue to eat as normal during your treatment.

We suggest that you try to drink up to two litres of fluid a day. Fluids can include water, decaffeinated tea or coffee, squash and juices (these should be without pulp).

Skin care

We recommend that you take special care of your skin both during and for two to four weeks after your radiotherapy has finished (depending on your skin reaction).

- you may bath or shower, but try to avoid having the water very hot or cold. If you have a bath you should not soak in it or add bubble bath, salts, oils or any other substance to the water
- we recommend you use your normal soap. It is important that you apply the soap gently using your hand (rather than a sponge or flannel), and that you rinse the area well with warm water

- when drying use a very soft towel to 'pat dry'. Try not to rub the skin. Pay extra care to skin folds such as those between the buttocks and in the groin area
- some people find using a moisturiser on their skin can be soothing if they start to experience a skin reaction. It is not necessary to wash it off prior to treatment, as the cream will soak into the skin
- whilst having treatment, try wearing loose, comfortable clothing containing natural fibres such as cotton
- if the crease between your buttocks or the skin folds in your groin are included in the treated area, you may find these parts become very sore. For this reason, you may find it more comfortable to wear loose underwear, which will not rub these sensitive parts of your body
- if your skin becomes sore, please tell the radiographers treating you. They will arrange for you to see a clinic radiographer or nurse for skin care advice and/or dressings

Further advice

Any problems or medical conditions you have had in the past, (eg, irritable bowel syndrome or haemorrhoids) may be made worse by having radiotherapy. If this happens, please talk to the radiographers treating you. They can arrange for you to see your oncologist or a clinic radiographer.

What are the side-effects of radiotherapy?

Nausea and loss of appetite

Some patients may feel sick or nauseous and lose their appetite at any stage during their treatment. If this happens to you ask the radiographers or nurse for the 'Helpful Hints' factsheets on:

- Nausea (managing feeling sick)
- Appetite, loss of

There is medication available for nausea, so please ask the radiographers, your oncologist or clinic radiographer.

Urinary frequency (cystitis)

Cystitis is an inflammation of the bladder and can be a reaction to your radiotherapy or could be caused by an infection. You may find that you need to urinate more often and/or have pain or burning when you urinate. If you have any of these symptoms, tell the team treating you. They will test your urine for an infection and treat it if necessary.

To help prevent cystitis, try to drink two litres of fluid each day, and reducing caffeine and alcohol intake. Some people find drinking cranberry juice can help as it fights the bacteria that cause bladder infections and cystitis. (If you are on Warfarin you should not drink cranberry juice.)

Bowel frequency

The treatment is likely to increase the number of times that you open your bowels each day. If you are passing loose stools more than four times each day please tell the radiographers so they can refer you to your oncologist or a clinic radiographer.

Your oncologist/clinic radiographer can prescribe some drugs while you have symptoms. Please speak to the radiographers before taking Imodium or any over the counter medications for diarrhoea.

We suggest that during this time it is important for you to:

- have plenty of light snacks rather than large meals
- drink 8-10 cups of liquid each day to replace lost fluids (avoid caffeine)
- avoid highly spiced foods
- stop taking laxatives (unless advised otherwise)
- avoid high fibre foods

Tiredness (fatigue)

Tiredness (fatigue) is experienced by many patients during and after their treatment. This may continue for many weeks after your treatment has finished.

You can get advice to help you cope with tiredness from the Lynda Jackson Macmillan Centre (LJMC) or ask your nurse/health care professional.

Sexual activity

Some patients may have sexual difficulties as a result of radiotherapy. This will vary from patient to patient. It depends on the exact treatment area and dose. Please talk to your oncologist or clinic radiographer about any sexual issues you may have.

Side-effects after treatment

There is a 30-40% risk of minor bowel and bladder problems continuing after a course of radiotherapy. Severe effects are rare, but may include bowel and bladder changes and thinning of, or minor cracks, in the pelvic bones. This is more likely for patients prone to osteoporosis.

The risk of these happening to you will have been explained to you by your oncologist before starting radiotherapy.

If you have any concerns please ask for advice.

What special care should I take after my treatment?

Skin care

After your treatment has finished, you should continue with the skin care advice you have been given for two to four weeks, depending on your skin reaction. Any skin reaction will gradually improve.

Bowels

If you have made changes to your diet during your treatment, you are advised to continue these for another week or two. Then gradually return to your normal foods.

Some people may have a reduced tolerance to high fibre foods for several months after radiotherapy. If you have to open your bowels too often try reducing your intake of fibre slightly.

During the weeks after your treatment has finished your bowels should start to return to normal. If you have any questions please speak to the clinic radiographers (see contacts on page 2).

If you have previously had surgery to your bowel or bladder, you should talk to your specialist nurse and/or dietitian to discuss your particular dietary needs. This can be arranged by the radiographers, nurses or the health professionals working in the Lynda Jackson Macmillan Centre (LJMC).

Swimming

If you normally go swimming you may find that the chlorinated water starts to irritate your skin in the area that has been treated. If this happens we would advise you to stop swimming until your skin reaction has settled down.

Sunbathing when treatment is finished

It is unwise to become sunburnt on any part of your body. We advise you not to expose the treated area to the sun if possible. If you cannot avoid this it is necessary to use a high protection sun cream for the first year after your treatment.

Follow-up care

You will be seen regularly during your treatment by a doctor (from your oncologist's team), clinic radiographer or a nurse. When your treatment is over, you will have regular follow-up appointments.

These follow-up appointments may be with your Mount Vernon oncologist or a doctor within his/her team. They may be at the Cancer Centre or at the District General Hospital nearer your home. Some patients will be followed-up by clinic radiographers via telephone. In some cases your own family doctor (GP) will take on the routine monitoring of your condition.

If you are worried by any skin changes, lumps or any pains that you cannot explain and you are in between follow up appointments, then make a special appointment to see either your own GP or oncologist. The team will do their best to help deal with the problems, or put your mind at rest.

Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

People who have cancer often say that during their illness they experience a range of emotions. Many find it to be a stressful, anxious and confusing time. Please feel free to drop in before, during and after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

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Consent

It is a legal requirement to have a signed consent form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet every time you attend.

Pregnancy/fathering a child

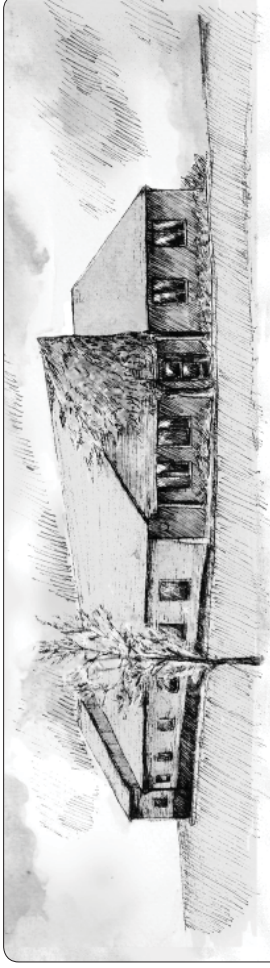
Female patients must not be pregnant or become pregnant and male patients must not father a child during a course of radiotherapy or for some months afterwards. **Please discuss this with your cancer specialist.**

If you think there is a chance, however small, of you or your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

Female patients will be asked to confirm their pregnancy status prior to radiotherapy. This applies to all women between the ages of 12 - 55 years. This is a legal requirement.

If you normally pay for NHS prescriptions

People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate. To get an exemption certificate, ask your GP for an application form.



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies*
- ① Counselling*
- ① Benefits advice*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Mon-Fri: 9.30am-4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN

Telephone Helpline: **020 3826 2555**

Website: **www.ljmc.org**

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre

This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the LJMC on 020 3826 2555.

Lynda Jackson
Macmillan Centre



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