



## What does this leaflet cover?

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**Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.**

[www.royalsurrey.nhs.uk/st-lukes-centre](http://www.royalsurrey.nhs.uk/st-lukes-centre)

You should receive a **Patient Information DVD, 'Radiotherapy to the Prostate'** together with this patient information leaflet. If you do not receive the DVD please ask for a copy when you next attend clinic or the radiotherapy department.

The film is also available to watch at  
[www.royalsurrey.nhs.uk/your-treatment](http://www.royalsurrey.nhs.uk/your-treatment)

## **Patient Pathway 1 – Prostate with Fiducial Markers**

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**Patient consents to radiotherapy at outpatient clinic.  
Radiotherapy information leaflet is given**



**Radiotherapy appointments booked and sent to patient**



**Patient attends for fiducial marker insertion  
1 week prior to CT scan**



**Patient attends for CT scan**



**CT scan used to plan treatment –  
can take approximately 2 weeks**



**Patient attends for first treatment and then daily  
(not Sat or Sun) for prescribed number of treatments.  
Appointments take approximately 10 minutes**



**Images taken to confirm accuracy of treatment delivery**



**Patient attends radiographer review clinic  
during course of treatment**



**Patient completes treatment.  
Treatment finish information given**

## Patient Pathway 2 – Prostate Pre Brachytherapy Boost

Patient consents to radiotherapy at outpatient clinic.  
Radiotherapy information leaflet is given

Radiotherapy appointments booked and sent to patient

Patient attends for fiducial marker insertion 1 week prior to CT scan

Patient attends for CT scan

CT scan used to plan treatment – can take  
approximately 2 weeks

Patient attends for first treatment and then daily  
(not Sat or Sun) for prescribed number of treatments.  
Appointments take approximately 10 minutes

Images taken to confirm accuracy of treatment delivery

Patient attends radiographer review clinic  
during course of treatment

Patient completes treatment.  
Treatment finish information given

Patient receives brachytherapy appointment and information

Patient brachytherapy boost appointment  
2 weeks post radiotherapy finish

## Patient Pathway 3 – Prostate and Nodes

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Patient consents to radiotherapy at outpatient clinic.  
Radiotherapy information leaflet is given



Radiotherapy appointments booked and sent to patient



Patient attends for fiducial maker  
insertion 1 week prior to CT scan



Patient to have blood test (FBC and U+Es)  
1 week prior to CT scan



CT scan used to plan treatment – can take  
approximately 2 weeks



Patient attends for first treatment and then daily  
(not Sat or Sun) for prescribed number of treatments.  
Appointments take approximately 10 minutes



Images taken to confirm accuracy of treatment delivery



Patient attends radiographer review clinic  
during course of treatment



Patient completes treatment.  
Treatment finish information given

## St Luke's Cancer Centre

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Please be aware that St Luke's Cancer Centre has two Radiotherapy Departments. One is located at the Royal Surrey County Hospital in Guildford and the other at East Surrey Hospital in Redhill. Please refer to your appointment letters for the location of all your appointments. All information contained in this leaflet is relevant to both radiotherapy departments.

## Introduction

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Your clinical oncologist has decided that a course of radiotherapy would be the most appropriate way of treating your cancer. When recommending radiotherapy, your doctor takes into account the risk of the cancer returning or growing if no radiotherapy is given. While the treatment may have some side-effects, it is felt that the advantages for you would outweigh the disadvantages.

At this stage your clinical oncologist will probably have discussed with you the risks and benefits of undergoing a course of radiotherapy and you may have been presented with a consent form to sign agreeing to have the treatment.

The short- and long-term risks of receiving radiotherapy to your pelvis are outlined towards the end of this leaflet.

You may decide that you do not want to have radiotherapy; this is an option you can choose. Talk again with your doctor if you wish and let him/her know what you have decided.

You may request a second opinion on your diagnosis or treatment at any time during your consultation or treatment process. Please speak to your clinical oncologist or GP.

## Is there any alternative treatment to radiotherapy?

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There is no direct alternative treatment available other than not to have radiotherapy treatment.

## Who is this leaflet for?

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This leaflet is specifically for male patients having radiotherapy to the prostate. Along with this leaflet you should also have received a copy of a patient information DVD entitled 'Radiotherapy to the Prostate'.

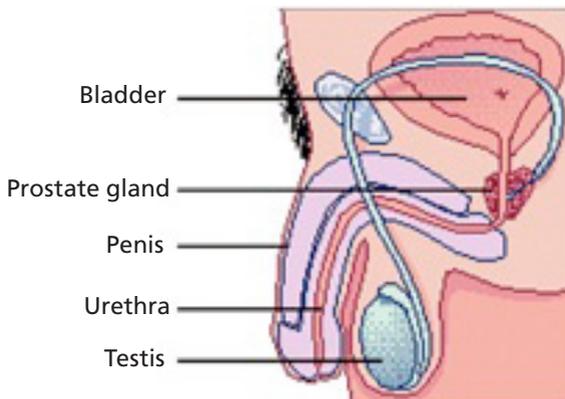


Figure 1  
(courtesy of Cancer Research UK)

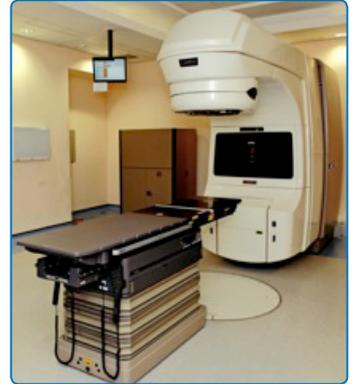
Please be aware that your treatment will be tailor-made for your specific needs. It may differ slightly from what is described in this leaflet, and also from what another patient with a similar diagnosis may be having.

You will have an opportunity to talk with a radiographer before the planning of your radiotherapy, and again before you start your first treatment. You may also request to see your doctor or clinical nurse specialist if you wish.

## What is radiotherapy and how does it work?

Radiotherapy is the use of high energy x-rays or electrons (ionising radiation) to treat cancer. It is delivered from a machine called a Linear Accelerator or Linac for short (LA). (See photograph 1).

Most commonly it is given externally with you lying on a treatment couch. Carefully calculated doses of this radiation are directed to a specific part of your body. Accurate planning of your radiotherapy means that the treatment is very localised and targeted, avoiding as much normal tissue as possible. However, some normal tissue will be affected and may cause side-effects. Most side-effects are temporary as normal tissue is able to repair itself. External beam radiotherapy is a very quick and usually painless treatment.



Photograph 1

## Fiducial marker insertion

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Fiducial markers (also known as gold markers) are permanently implanted into the prostate 1 to 2 weeks before the planning CT scan. They are approximately 1mm x 5mm.

The markers are used during radiotherapy to accurately locate the prostate.

### The procedure

Insertion of fiducial markers is a process very similar to your prostate biopsy. The procedure takes approximately 10 minutes. Your prostate will be looked at using a technique called Transrectal Ultrasound. This involves passing a special probe, just larger than a finger, into your back passage (rectum). It feels similar to having your prostate examined by the doctor.

This ultrasound probe gives images of the prostate on a screen and these can be copied onto paper. Once the probe is in place, a fine needle will be used to insert three markers. This needle may cause a short stinging sensation and a local anaesthetic is given.

You may eat and drink normally on the day of your fiducials. You will receive prophylactic antibiotic tablets. These reduce the small possibility of developing an infection due to the procedure. We will also need to check that you do not have a urine infection. You will be able to go straight home afterwards.

After the procedure you may notice some or all of the following changes –

- blood from your back passage, usually when opening your bowels
- blood present in your urine
- blood staining of the semen after ejaculation

These changes can persist for up to two weeks and are nothing to worry about. If they continue after that please contact your doctor.

However, if you do develop any of the following problems you should go to your nearest Emergency Department –

- a fever and generally feeling unwell
- shivering or flu-like muscle and joint aches

If you have any questions about this procedure please do not hesitate to contact the Urology Specialist Radiographer on **01483 571122 ext 2605** or ask switchboard to contact the Urology Doctor on-call.

### **What are the possible side-effects of fiducial marker insertion?**

The markers do not interfere with your treatment. The fiducial markers are small and cause no problems once they are in position.

If you are taking any steroids or anti-coagulants (blood thinners e.g. Warfarin or Clopidogrel/Plavix), please contact us as soon as possible before you attend for your appointment.

## Information for patients on all 3 pathways – What happens before Radiotherapy starts?

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Following your initial outpatient appointment with the doctor you will be sent a letter asking you to attend the radiotherapy department for a pre-treatment appointment. This appointment will be for the **Oncology C.T. Scanner**. Please check your appointment letter for the exact location of this appointment.

It is helpful to bring your appointment letter and a dressing gown with you.

A member of the pre-treatment radiotherapy team will explain what is going to happen and give you a further opportunity to discuss your treatment and side-effects before proceeding with the treatment preparation. However, if you feel you have questions that you would like to address to the doctor, a radiographer can organise a meeting for you.

During this discussion you will be asked to confirm your name, address and date of birth. **You will be asked for this information before every procedure/treatment undertaken in the department.**

The following issues will also be addressed:

- **Confirmation of consent:** you will probably have already signed a consent form with your clinical oncologist. That consent will be re-confirmed with a radiographer prior to your first planning session, to ensure that you still agree to proceed with the proposed treatment
- **Pacemakers:** If you have a pacemaker and you did NOT discuss this with your clinical oncologist when you signed the radiotherapy consent form please phone the CT scanner to let them know. The number is at the end of this information leaflet. It is safe to give radiotherapy to patients who have a pacemaker but there are a few precautions we may need to take. The radiotherapy department will send you an information sheet entitled 'Pacemakers and Radiotherapy' for you to read and keep with your other patient information leaflets. This leaflet will explain why extra precautions may be needed and what those precautions may be. It will also highlight any extra appointments you may need to attend the

hospital for. Please bring your pacemaker ID card to your CT appointment.

## Preparing for your CT scan

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Patients following **patient pathway 3** should have a blood test (full blood count, urea and electrolytes) done at their local GP surgery a few days prior to the CT scan.

It is very important to keep hydrated by drinking more fluid than you would normally do (approximately 2.5 litres) each day. This can be plain water, flavoured water, fruit squashes, fruit juices or caffeine free drinks. You may eat and drink normally on the day of your scan and throughout your treatment appointments.

In most cases the oncologist may request to plan and deliver your radiotherapy treatment with your bladder full. This is to try and reduce some of the side-effects. If this applies to you, you will receive a letter containing instructions on how to prepare for your scan. The radiographers will also perform a bladder ultrasound prior to you having your CT scan. This is to monitor how much fluid you have in your bladder.

It is also important that your rectum is not too full. Patients having fiducials are asked to perform daily enemas to help clear out the rectum. If this is necessary for you, it will be explained in full at the fiducial appointment.

## Oncology CT scan

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A CT (computerised tomography) scanner is a special x-ray machine that produces a series of detailed pictures showing the organs in your pelvis (See photograph 2). The scan cannot be used for diagnostic purposes or for assessing whether the tumour has spread, the scan is purely for radiotherapy planning. These are sent to a computer and used to reconstruct a 3-D image of your pelvic organs. The radiotherapy team will then use this image to accurately target your radiotherapy.



Photograph 2

- The radiographers will go in and out of the room several times during the procedure and you will hear them talking over you during the setting up process
- They are able to hear and see you at all times so if you need to communicate with them call out or raise your arm.
- At the end of the scan the radiographers will, with your permission, place three or four permanent ink dots under the skin around your pelvis. These marks will not come off your skin but they do fade over time. Radiographers on the treatment units will use these permanent marks to make sure that you are correctly positioned on the couch on each visit and to ensure an accurate treatment. They are also a useful reference should you ever require treatment in the future.
- Very occasionally, in order to show clearly how you are positioned on the couch, the radiographers may take a digital photograph of you. They will get your permission for this beforehand and the image will only be accessible by the radiographers.
- The scan is completely painless and the whole appointment takes about 30 minutes

## Why doesn't my treatment start away?

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After your planning scan, the images are sent to a specialised computer system. Your oncologist will define the exact area to be treated. The rest of the planning is carried out by planning radiographers. They will determine the best field arrangement and create shaped beams to direct the radiation on the area to be treated, while avoiding as much healthy tissue as possible. Figure 2 shows a pelvis plan.

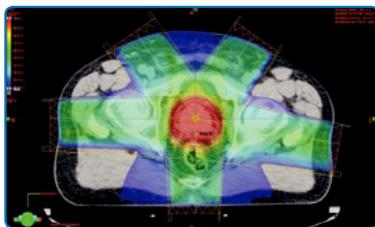


Figure 2

The plan will then go through an extensive checking procedure. This includes being checked and signed by your clinical oncologist. This planning process can take up to two weeks.

The next step will be your treatment.

## First day of treatment

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Please check your appointment letter carefully for the location of your treatment appointment. It is helpful to bring your appointment letter and a dressing gown with you.

One of the treatment team will greet you and discuss your treatment with you. This discussion provides a good opportunity to ask questions that may have arisen since your last appointment. There is space at the end of this leaflet to write down anything you may want to ask.

You will be given a list of all your appointment times, including review clinics.

## Preparing for the treatment

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- Prior to your treatment the radiographer will ask you to go into a changing room and remove your clothing below the waist and put on a gown. You do not have to remove pants, socks or shoes. You may bring your own gown if you wish. After your first visit you may get changed straight after booking in at reception.
- You will need to have a reasonably full bladder for your treatment each day. At your CT scan appointment you will be given instructions on how much water to drink and the timings of when you should start drinking. You will need to follow these instructions for each of your radiotherapy appointments. Any delays on the treatment unit will be made known to you so that you may time your drinking appropriately. The radiographer will check that you have followed the procedure before taking you into the treatment room.

## The treatment

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The radiographer will call you into the treatment room, introduce you to all the team members present and ask you to lie on the treatment couch. The radiographers will then begin to get you into the correct position. (See photograph 3).



Photograph 3

- The radiographers will go in and out of the room several times during the treatment and you will hear them talking over you during the setting up process.
- They will be able to see you at all times so if you need to communicate with them raise your arm.
- When you are positioned correctly the treatment couch will be quite high up (about 4.5 ft). Therefore it is very important you do not move or attempt to get off the couch. The radiographer will tell you when it is safe to sit up and get off the couch.
- The whole procedure will take approximately 10-20 minutes.
- All treatment rooms have a CD player so feel free to bring your own music along if you wish.

## What sort of side-effects might I have, and for how long?

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Although modern planning and treatment methods have helped us to reduce side-effects, most people still experience some effects of radiotherapy. The severity of side effects varies from person to person.

You are most likely to be aware of side-effects towards the end of your treatment course. Most of these are not severe and medication can often be of help. It is unusual to have to stop or postpone radiotherapy due to the severity of the side-effects.

Short- and long-term radiotherapy side-effects are closely related to the exact area of your body where you are treated. As you are to receive treatment to your pelvic region, most side-effects you have will be limited to this area of your body.

## Short term risks

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- **Bladder discomfort:** you may find that you have to pass urine more frequently and more urgently than usual. You may need to get up several times in the night. You may also notice small amounts of blood in your urine. If you experience pain or burning when you pass urine, let the radiographers know. This is usually as a direct result of the treatment, but we may ask you to provide us with a urine sample to test for infection. If infection is found the doctor will prescribe some antibiotics. To try and minimise these effects we recommend you drink about 2.5 litres of fluid each day. Please avoid large quantities of tea, coffee, alcohol and citrus fruit juices as these can irritate your bladder and increase your bladder side-effects. Your doctor may prescribe some medication, other than antibiotics, to try and help with these problems. Your bladder should start to improve a few weeks after treatment is completed.
- **Bladder retention:** rarely some men find it gradually becomes more difficult to pass urine as the treatment goes on. This is because the urethra (tube taking urine from the bladder) can become narrower due to the enlargement of the prostate. If you begin to notice this please let the radiographers know so that appropriate medication and advice can be given. Drinking the recommended amount of fluid can help to maintain an adequate flow of urine. However, if you have been unable to urinate for several hours, but feel the need to, it is very important that you let someone know immediately. If it is within department hours please telephone the unit you are being treated on and talk to a radiographer. Alternatively you can contact your clinical nurse specialist: the number is at the end of this leaflet. If it is outside of department hours or at the weekend please go to your nearest A&E department. This sounds very alarming but the solution to bladder retention is very simple. It usually involves being temporarily catheterised to relieve the blockage and allow the bladder to drain. Most men will have the catheter removed once the bladder has been successfully emptied. You may also be prescribed some medication which will help you to maintain a better urine flow.

- **Changes in bowel habits:** some patients experience the need to have bowel movements more frequently and with a greater urgency than usual. You may find that you have some diarrhoea, stomach cramps and wind. It may become uncomfortable to open your bowels and you may also notice some blood. You may experience some leaking of a clear, jelly-like mucus from your back passage. If necessary you will be offered medication that can help with both the diarrhoea and the discomfort. It is also very important to drink plenty in order to replace the fluids you have lost. You can continue to eat normally. Your bowel habit should begin to return to normal a few weeks after treatment is completed.
- **Skin soreness:** the skin in the area being treated may gradually become, dry and itchy. The skin around your scrotum and anus are particularly sensitive to the radiotherapy. We recommend you use plain water to wash those areas. Using a moisturiser can help to soothe the skin and a suitable moisturiser will be recommended to you by the radiographers on your first day. Please do not use any other products in the treatment area without checking with your doctor or radiographer first, as they may make any reaction worse. Please do not soak in a hot bath. Wearing loose, cotton or silk boxer shorts, rather than y-fronts, allows the air to circulate around the sore areas which can help to minimise the skin reaction. The radiographers treating you will give you additional skin care advice or medications if it becomes necessary.
- **Appetite:** you may find that during treatment you lose your appetite. This should return once your treatment is finished. Meanwhile eat small portions of what you like when you feel like it.
- **Sun exposure:** please be aware that the area being treated may be more sensitive to the sun, both during treatment and for sometime afterwards. While you are still on treatment and while any skin reaction is present it is advisable to keep the area covered up. After this time, you can use a maximum factor sun cream.
- **Hair loss:** you may lose any hair that is within the treatment field. The hair on your head will not be affected in any way. Any hair you do lose may or may not regrow after treatment, depending on the radiation dose the area has received.

- **Tiredness:** it is quite common to feel more tired than usual while having radiotherapy. As the treatment can make you dehydrated, increasing your fluid intake can help with this. Rest if you need to, but if you feel OK carry on with all your normal daily activities.
- **Using contraception:** it is important that while you are receiving radiotherapy to your pelvis you use contraception during sexual intercourse. You will need to carry on using contraception for about six months after your radiotherapy has finished. The treatment can cause damage to your sperm which could result in abnormalities arising in any child conceived during this period of time. Please feel free to discuss this with your clinical oncologist.

As your treatment progresses the radiographers will be talking to you each day to find out how you are feeling. This is so they may offer help and support if the treatment gives you any problems. Please feel free to discuss all issues that may be concerning you. You will have weekly appointments with a specialist radiographer or your clinician.

## Long term risks

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Long term side effects can occur several months or years after the radiotherapy has finished. Once your radiotherapy has ended you will have regular follow-up appointments with your consultant and you will be carefully monitored for any signs of these long-term effects. It may be useful to keep a note of your side-effects during and after your radiotherapy so they can be more easily monitored.

Please remember that late effects of treatment only happen in a small number of patients who have received radiotherapy.

- **Infertility:** rarely, radiotherapy to the pelvis permanently affects the testicles (organs where sperm are produced). This unfortunately means that after your treatment you may not be able to father any children. This may be very distressing for you if you have not yet had children or have yet to complete your family. You may wish to speak to your doctor before you come for your pre-treatment planning appointment to discuss this very important issue. You may choose to have semen cryopreservation (sperm banking) if you are considering a family in the future. This must be performed before any radiotherapy is started. Support services and contact numbers can be found at the end of this leaflet.

- **Bowel toxicity:** some patients find that loose bowel movements or diarrhoea persists even though radiotherapy has been finished.
- It may continue to be uncomfortable to open your bowels. There may also be some blood evident on opening your bowels. Usually no treatment is needed. However, if necessary these problems can be treated with medication or other interventions.
- **Bladder problems:** following radiotherapy the bladder loses some of its elasticity and the capacity can be reduced. Very occasionally a few patients find that urinary frequency persists even though radiotherapy has been finished for some time. It may be painful to pass urine. There may also be blood evident on passing urine. Very rarely some men also find that it becomes more difficult to control their bladder. There are many things that can be done to help minimise these problems. Do speak to your clinical oncologist about this. There are also two excellent support groups who offer information on this topic: Cancer Backup and Continence Foundation. Details of these two sites are listed at the end of this leaflet.
- **Sexual effects:** after having treatment to your pelvis you may find it more difficult to have or maintain an erection. You may also find that your interest in sex becomes reduced. In some men the body produces less seminal fluid than it did before and in some cases it is not produced at all. These effects can be very distressing for some people. But there are a number of ways to manage these issues, such as taking tablets. Please discuss it with your specialist radiographer or clinical oncologist at any time. There are some useful support groups listed at the end of this leaflet.
- **Second malignancy:** treatment with radiotherapy can give rise to a second primary cancer. This would normally occur in the area of the body that had received the radiation. This is a **very** rare late effect.

## What happens when treatment ends?

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- On the last day of your treatment a radiographer will explain that the treatment will carry on working for another 2-3 weeks. Any short-term side-effects will even get somewhat more marked during this time. After that they should gradually subside.

- The radiographer will make sure you have a follow-up appointment with your clinical oncologist. This may be at a hospital nearer to your home.
- You will be given a leaflet and two copies of your radiotherapy discharge summary. One copy is for your records and the other for you to give to your GP. In due course a letter summarising your treatment in more detail will be sent through the post to your GP.
- Please remember that you are free to contact the department at anytime after your treatment has finished should you have any concerns or questions. Contact numbers are at the end of this leaflet.

Please do not book a holiday too close to the end of your treatment in case the treatment does not finish on the date originally listed on your appointment schedule. This also allows you time to recover from any side effects experienced.

## Where can I get further support?

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Further support can be given by the various Support Centres at locations in Guildford, Crawley and Purley. These centres provide information, complementary therapies, support groups and one to one support. To find out more contact the individual centres or ask radiotherapy department staff for a leaflet.

- **The Fountain Centre** is located in St Luke's Cancer Centre in Guildford.  
Telephone: 01483 406618  
Website: [www.fountaincancersupport.com](http://www.fountaincancersupport.com)
- **The Olive Tree** is located in Crawley Hospital, Crawley.  
Telephone: 01293 534466  
Website: [www.olivetrecancersupport.org.uk](http://www.olivetrecancersupport.org.uk)
- **South East Cancer Help Centre** is located in Purley, Surrey.  
Telephone: 020 86680974  
Website: [www.sechc.org.uk](http://www.sechc.org.uk)
- **East Surrey Macmillan Cancer Support**  
Telephone: 01737 304176  
Email: [Informationcentre.sash@nhs.net](mailto:Informationcentre.sash@nhs.net)

**Please also see the department's website for additional information at**

■ [www.royalsurrey.nhs.uk/st-lukes-centre](http://www.royalsurrey.nhs.uk/st-lukes-centre)

## **Other support websites and groups**

### **Human Fertilisation and Embryology Authority**

[www.hfea.gov.uk](http://www.hfea.gov.uk) 0207 291 8200

### **Continence Foundation**

[www.continence-foundation.org.uk](http://www.continence-foundation.org.uk) 0845 345 0165

[www.incontact.org](http://www.incontact.org) 0845 345 0165

### **The Prostate Project**

[www.prostate-project.org](http://www.prostate-project.org) 01483 419501

### **Cancer Research UK**

[www.cancerresearchuk.org](http://www.cancerresearchuk.org) 0808 800 4040

### **Macmillan Cancer Support**

[www.macmillan.org.uk](http://www.macmillan.org.uk) 0808 808 0000

### **Smoking Cessation Service**

Visit [www.quit51.co.uk](http://www.quit51.co.uk) for information on free clinics.

Call Quit 51 on 0800 622 6968

Text smokefree to 66777

### **Prostate Cancer uk**

[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

## **Useful SLCC numbers**

Telephone numbers common across both sites

### **Guildford/Redhill**

**Treatment Appointment** 01483 571122 ext 6632

**Urology Specialist Radiographer** 01483 571122 ext 2605

**Onslow Ward** (out-of-hours) 01483 571122 ext 6858

**For urgent enquiries** (out-of-hours) call hospital switchboard on 01483 571122 and ask operator to bleep **on-call oncology SHO**.

## **Guildford numbers**

Radiotherapy Reception	01483 406600
Oncology CT Scanner	01483 406630
Patient Support Office	01483 571122 ext 2066

## **Redhill numbers**

Radiotherapy Reception	01737 277311
Oncology CT Scanner	01737 768511 ext 1202
Patient Support Office	01737 277315

## **Additional information**

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- In order to improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. The notes will have all identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you please let your consultant know so your wishes can be respected.
- Clinical trials are undertaken within the department. If appropriate your doctor will discuss this with you.
- If you require this information in a different format or language please let a member of staff know as soon as possible.
- Staff at St Luke's Cancer Centre cannot take responsibility for patient belongings brought into the hospital. Please keep all your personal belongings with you at all times. Please leave valuables at home.

- If you wish to make a comment or complaint about any aspect of the treatment or services provided by St. Luke's Cancer Centre and its staff please speak to a member of St. Luke's. Alternatively you can visit, email, phone or write to the **Patient Advice and Liaison Service (PALS)**. Their contact details are:

**PALS office** in the main hospital reception area

Telephone: 01483 402757

Write to: PALS Manager, Royal Surrey County Hospital NHS Trust,  
Egerton Road, Guildford, GU2 7XX

Email: [pals@roysurrey.nhs.uk](mailto:pals@roysurrey.nhs.uk)

Website: [www.roysurrey.nhs.uk](http://www.roysurrey.nhs.uk)

**You may also write to the Chief Executive of the Trust at:**  
Royal Surrey County Hospital NHS Trust, Egerton Road, Guildford.  
GU2 7XX

## Reference sources

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- Radiotherapy Clinical Protocol – Prostate Cancer  
Royal Surrey County Hospital NHS Foundation Trust 2016
- Treating Prostate Cancer  
Cancer Research UK 2014
- National Institute for Health and Clinical Excellence Intensity modulated radiotherapy for treatment of prostate cancer: Final Scope. 2008.



## Radiotherapy contact details

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### Radiotherapy reception

**Telephone:** 01483 406 600

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: May 2017

Future review date: May 2020

Author: Harriet Newton

Review author: Clare Williamson

**PIN170525–1244**

