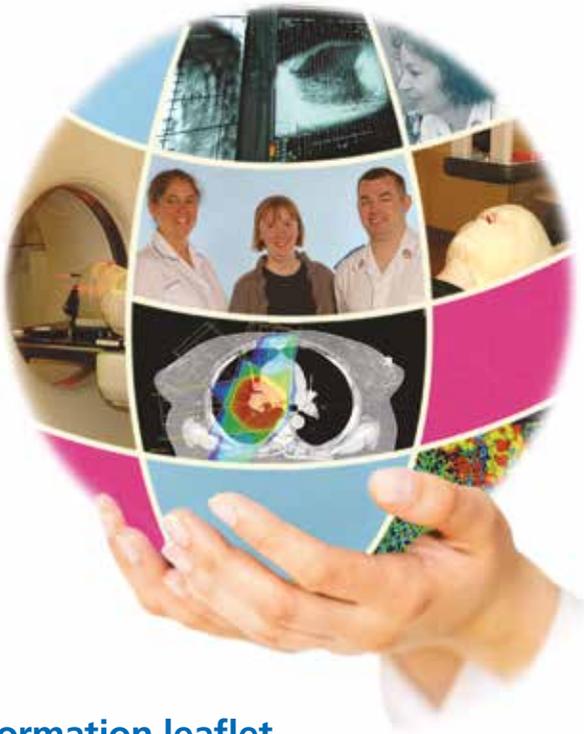


Radiotherapy to the rectum and anus (female patients)

Radiotherapy Department



Patient information leaflet

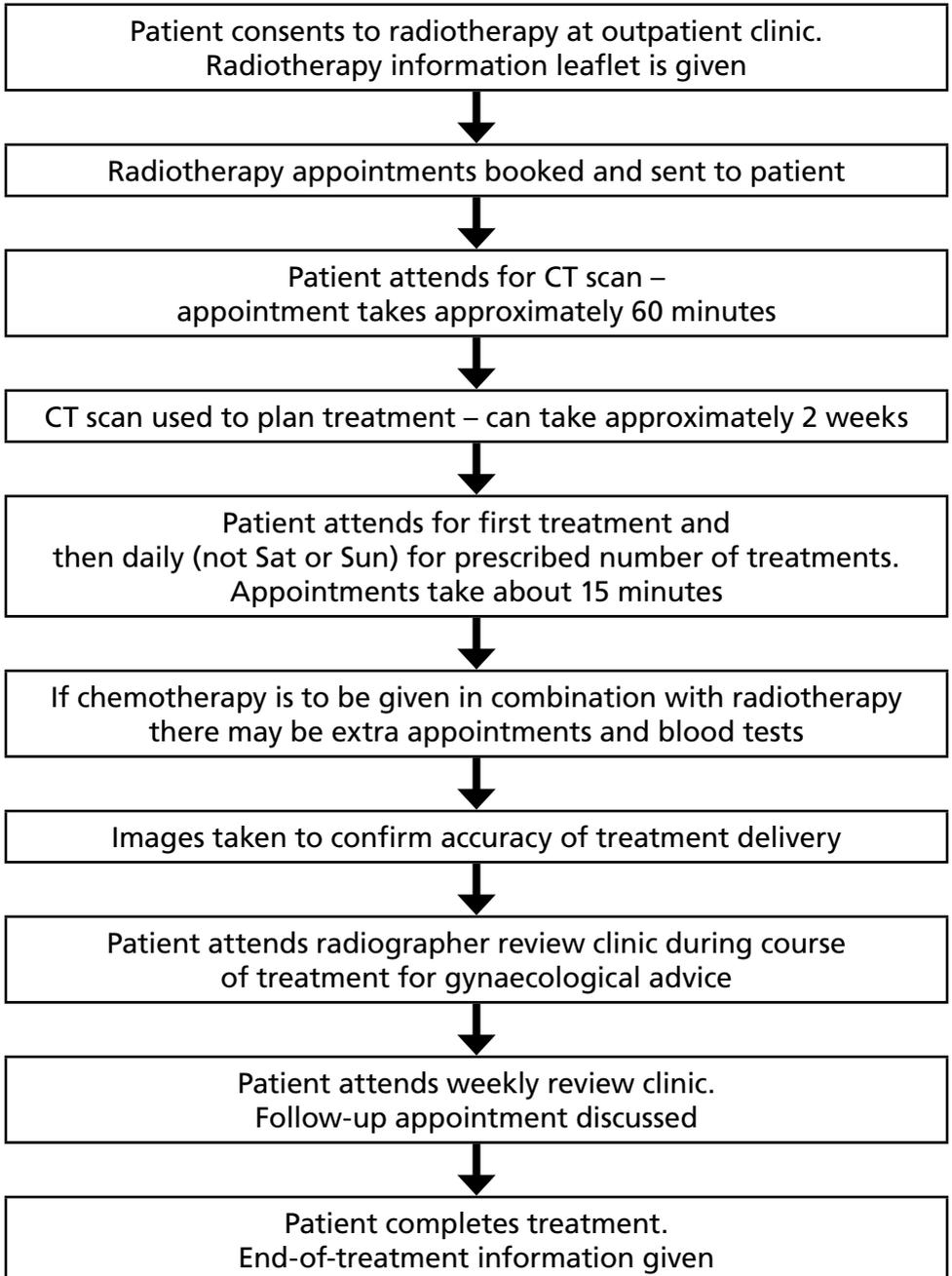
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Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.

www.royalsurrey.nhs.uk/st-lukes

Female Patient Pathway - Rectum/Anus



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 sites.

Introduction

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 will 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.

Who is this leaflet for?

This leaflet is specifically for female patients having radiotherapy to the **rectum or anus**.

Figure 1 shows the anatomy of the area.

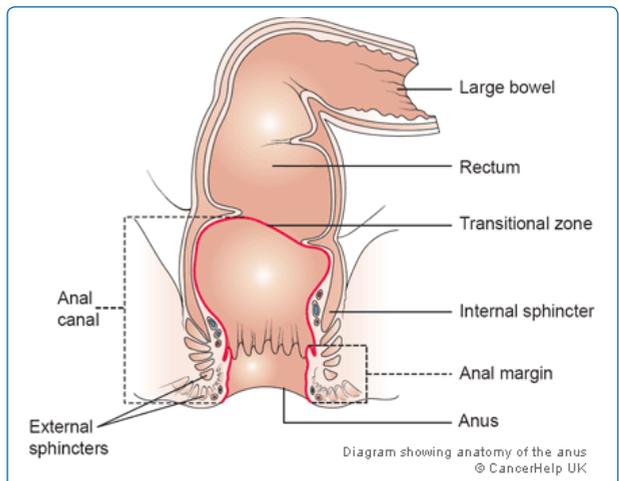


Figure 1 (courtesy of Cancer Research UK)

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 your radiotherapy is planned 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). 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

What are the alternatives?

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.

What happens before radiotherapy starts?

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. Some patients may be required to attend a mould room appointment before their CT scan. If this applies to you, details will be included in the appointment letter.

Please check your appointment letter for the exact location of your appointment. It is helpful to bring your appointment letter and a dressing gown with you. Please arrive 20 minutes before your appointment time.

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 or 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 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 are. 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.

- **Pregnancy:** All female patients under the age of 55 will be asked to confirm their pregnancy status before the first planning session starts. It is very important that you are not and do not become pregnant while undergoing radiotherapy planning and treatment. If you think you may be pregnant at any time during your course of treatment please tell your clinical oncologist or radiographer immediately. If necessary please speak to your doctor about contraception methods suitable for use during radiotherapy. It is important to carry on using contraception for one year after your treatment has finished. This applies even if you have been told you will be unable to become pregnant following this radiotherapy. The treatment can cause damage to your eggs which could result in abnormalities arising in any child conceived. Please feel free to discuss this with your clinical oncologist.

Preparing for your CT scan

It is very important that you keep hydrated by drinking more fluid than you normally would do (approximately 2.5 litres) each day. This can be just plain water or combined with tea or fruit juices but does not include caffeinated or fizzy drinks or alcohol. You may eat and drink normally on the day of your scan and throughout your treatment appointments. In most cases the oncologist will 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.

Oncology CT scan

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

- Your oncologist may request that a contrast agent (a fluid that shows up on X-ray images) be used during your scan. This allows certain areas in your pelvis to show up more clearly on the images. This contrast agent is given through a needle in your arm. A small number of people find that the contrast can cause side effects. You will be given a questionnaire to fill in, which will help highlight if you may be one of the people more prone to side effects. The radiographer will then decide whether to go ahead with the contrast agent. If you do not have the contrast agent it does not mean that the planning of your treatment will be any less accurate.
- For the scan you will need to remove all your clothing from the waist down and put on a gown. You will be asked to lie on the couch and the radiographers will move you to the position that you will be in for your radiotherapy treatment. It is important that you are comfortable and are able to lie still in this position. Please tell the radiographers if you do not think that this will be possible.
- The couch will move slowly through the scanner. You won't feel anything and nothing will touch you. The scan should only take a few minutes.
- 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 small 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.
- 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 ask your permission for this beforehand and the image will only be accessible to the radiographers.
- Your CT scan appointment will take about 60 minutes.

Why doesn't my treatment start straight away?

After your planning scan, the detailed images are sent to a specialised computer. Your oncologist will then define the exact area to be treated. The rest of the planning is carried out by planning radiographers and physicists. They will decide the best field arrangement and create shaped beams to focus the radiation on the area to be treated while avoiding as much healthy tissue as possible.

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

Please check your appointment letter for the exact location of your appointment. It is helpful to bring your appointment letter and a dressing gown with you. Please arrive 20 minutes early on your first day.

When you arrive for your appointment please book in at reception and you will be directed to the treatment waiting area. 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 treatment appointment times, the dates of your radiographer and doctor review clinics and any blood tests that you may need.

Chemotherapy with radiotherapy

In some circumstances your clinical oncologist may advise you to have treatment using both chemotherapy and radiotherapy, to be delivered at the same time (sometimes called combined or concurrent). If you are to have chemotherapy alongside your radiotherapy your appointments will have been arranged appropriately. The nursing staff in charge of your chemotherapy will explain this side of your treatment to you. The

radiographers will liaise with the nursing staff on the days when you are to have both treatments to ensure the day runs smoothly. You will have weekly reviews with the doctor or review team and regular blood tests. Any radiotherapy side effects experienced may be more acute when having radiotherapy and chemotherapy together.

Preparing for the treatment

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 until you are in the treatment room but you will have to remove tights and slippers. You may bring your own gown if you wish. After your first visit you may get changed straight after booking in at reception.

- If you need to have a full bladder for your treatment the radiographer will check that you have followed the drinking instructions given to you at your pre-treatment appointment.

The treatment

The radiographer will call you into the treatment room, introduce you to 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.

The radiographers may come in and out of the room several times during the treatment and you will hear them talking over you during the setting up process.

- Imaging will be done frequently and small adjustments can be made to treatments as a result of this. The treatment couch may move slightly during the imaging process.
- The radiographers are able to hear and see you at all times so if you need to communicate with them call out or 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 and is painless.
- 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?

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

Short term side effects usually start to develop about two weeks after the start of the treatment. They gradually get more marked as the treatment progresses and for about two weeks after treatment has finished. After that they should begin to slowly improve. The list below may look very daunting but you will be given lots of support and advice from all staff members involved in your care to help you manage these side effects. It is also helpful to remember that many are temporary and will improve given time.

- **Appetite:** you may find that during treatment you lose your appetite. This will return once your treatment is finished. Meanwhile eat small portions of what you like when you feel like it.
- **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 a small amount of blood in your urine. If you experience pain or burning when you

pass urine, let the radiographers know. This is usually a direct result of the treatment, but you may be asked to provide a urine sample to test for possible infection. To try and minimise these effects we recommend that 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 bladder should start to improve a few weeks after treatment is completed.

- **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. 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 red, dry and itchy. 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. The skin around your vagina and anus is particularly sensitive to the radiotherapy. We recommend you use plain water to wash those areas and a moisturiser afterwards. It is a good idea to have a separate tub of moisturiser for each area to prevent cross infection between the anus and vagina.

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 clothing allows the air to circulate around the sore areas which can help to minimise the skin reaction. We advise that you do not wear tights or close fitting trousers while having your radiotherapy. The radiographers will give you additional skin care advice or medications if it becomes necessary. Please do not use a razor or hair removal creams or waxes in the area you are having treated. This can add to skin soreness.

In a few specific patients (e.g. those with low rectal or anal tumours) the skin will become extremely sore. You will be given special creams or ointments to apply to your skin. You will also be given appropriate levels of pain relief as the treatment progresses. Your medical team will monitor you closely to ensure that your discomfort or pain is adequately controlled and your skin properly cared for. These severe skin changes improve 4-6 weeks after finishing your radiotherapy.

- **Vaginal symptoms:** during treatment you may experience some discomfort in the vagina due to inflammation (vaginitis). You may develop a vaginal discharge or thickening of vaginal secretions. This is to be expected, but if the discharge is itchy or unpleasant smelling inform the radiographers or your doctor in case you need further treatment for an infection or thrush (candida). You can continue to have sexual intercourse during treatment if you wish to.

This is obviously a personal decision to be made only if you feel comfortable doing so. If you do have sexual intercourse during your treatment it is important to use a water-based lubricant such as KY Jelly.

- **Sun exposure:** please be aware that the area being treated will be more sensitive to the sun both during treatment and for some time 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 will find that you 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. Your doctor will inform you if any hair loss is likely if you are also having chemotherapy.
- **Tiredness:** it is quite common to feel more tired than usual while having radiotherapy. As the treatment can make you dehydrated, drinking the recommended amount of fluid per day can help with this. Rest if you need to, but if you feel OK you can carry on with all your normal daily activities.

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 also be seen regularly by the review radiographers and your medical team.

Long term risks

Careful treatment planning and monitoring of the doses received by healthy structures help limit the occurrence of long term effects. If they do arise it can be several months or even years after the treatment 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. There is space at the end of this leaflet for any notes you wish to make.

- **Infertility:** radiotherapy to the pelvis permanently affects the ovaries. This unfortunately means that after your treatment you will not be able to have any children which 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. Support services and contact numbers can be found at the end of this leaflet.
- **Bowel toxicity:** very occasionally, a few patients find that loose bowel movements or diarrhoea persists even though radiotherapy has been finished for some time. This can usually be treated with medication, but may require other interventions, such as an operation in a very small number of cases. Some women also find that it becomes more difficult to control their bowels after radiotherapy and some leakage can occur, but this is rare. There are a number of 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: Macmillan Cancer Support and the Continence Foundation. Details of these two sites are listed at the end of this leaflet.

In a small number of women serious side effects can occur at some stage, often years after treatment. These include: ulceration and perforation (formation of a hole) of the bowel wall; bleeding from the bottom; blockage of the bowel. Sometimes an operation is needed to sort out these problems, and although rare, the formation of a stoma may be required. You will be carefully monitored for any sign of these problems, so swift and appropriate action can be taken. If you have any concerns regarding these late effects please speak to your clinical oncologist at any time.

- **Bladder problems:** very occasionally a few patients find that frequency of urination 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. These problems can usually be treated with medication, but may require other interventions.
- **Gynaecological problems:** the formation of scar tissue after radiotherapy can cause a narrowing or shortening of the vagina. Vaginal dryness may also occur. This can make sexual intercourse and future medical examinations uncomfortable.

The problem can be managed with the use of lubrication and dilators. Please try not to be nervous about this as it is a very easy and comfortable procedure that you will be able to do for yourself at home. It is only necessary to start using dilators once the radiotherapy has finished. You will be seen by a radiographer or clinical nurse specialist to discuss this further. Vaginal narrowing or shortening can also be reduced by continuing to have sexual intercourse following radiotherapy. It is important to use the dilators whether you are sexually active or not. Their use will help make future medical examinations much more comfortable.

- **Menopause:** pelvic radiotherapy can sometimes lead to an early menopause. This is different to a natural menopause because hormone levels change more quickly. Any symptoms may occur a few months after treatment. These may include hot flushes, feeling low, tiredness, anxiety, irritability, night sweats, vaginal dryness and loss of libido. There are a variety of treatments available to help minimise the effects of the menopause. You will have the opportunity to discuss this with your clinical oncologist at all stages of your treatment. There are also many useful websites and support groups, some of which are listed at the end of this leaflet.

- **Secondary 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?

- On the last day of your treatment a radiographer will explain that the treatment will carry on working for another two to three weeks. Any short term side effects may even get slightly more marked during this time. After that they should slowly improve.
- 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 is 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 you are free to contact the radiographers at any time 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?

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 at Guildford.
Telephone: 01483 406618
Website: www.fountaincentre.org

- **The East Surrey Macmillan Cancer Support Centre** is located at East Surrey Hospital.
Telephone: 01737 304176
Email: informationcentre.sash@nhs.net
- **The Olive Tree** is located in Crawley Hospital, Crawley.
Telephone: 01293 534466
Website: www.olivetreecancersupport.org.uk
- **South East Cancer Help Centre** is located in Purley, Surrey.
Telephone: 020 86680974
Website: www.sechc.org.uk

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

- www.royalsurrey.nhs.uk/st-lukes

Other support websites and groups

- **Cancer Research UK**
Website: www.cancerresearchuk.org
Telephone: 0808 800 4040
- **Macmillan Cancer Support**
Website: www.macmillan.org.uk
Telephone: 0808 808 0000
- **Bowel Cancer Support Group**
Website: www.bowelcancersupport.org.uk
Telephone: 0208 8668 0974
- **Beating Bowel Cancer**
Website: www.beatingbowelcancer.org
Telephone: 08450 719 301
- **British Association of Sexual & Relationship Therapy**
Telephone: 0208 543 2707
Website: www.bastr.org.uk
- **Continence Foundation**
Website: www.continence-foundation.org.uk
Telephone: 0845 345 0165

- Women's Health Concern
Website: www.womens-health-concern.org
Telephone: 0845 123 2319
- Surrey Primary Care Trust – Stop Smoking Service
Telephone: 0845 602 3608

Useful telephone numbers

Telephone numbers across both sites (Guildford/Redhill)

| | |
|----------------------------|-----------------------|
| Treatment Appointments | 01483 571122 ext 6632 |
| 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 |
| Patient Support Office | 01483 571122 ext 2066 |
| Clinical Nurse Specialist | 01483 571122 ext 4363 |
| Oncology CT Scanner | 01483 406630 |

Redhill numbers

| | |
|---------------------------|-----------------------|
| Radiotherapy Reception | 01737 277311 |
| Oncology CT Scanner | 01737 768511 ext 1202 |
| Patient Support Office | 01737 277315 |
| Clinical Nurse Specialist | 01737 768511 ext 1728 |

Additional information

- 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 and 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: rsc-tr.pals@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

- Radiotherapy Clinical Protocol – Anal Canal – Royal Surrey County Hospital NHS Foundation Trust 2016
- Radiotherapy Clinical Protocol – Rectum – Royal Surrey County Hospital NHS Foundation Trust 2014
- Treating Anal Cancer – Cancer Research UK 2016
- Treating Colorectal Cancer – Cancer Research UK 2016
- Colorectal Cancer: The diagnosis and management of colorectal cancer – NICE Guidelines 2016

Radiotherapy contact details

Radiotherapy reception

Telephone: 01483 406 600

Leaflet produced by E West in conjunction with the consultant clinical oncologists and healthcare professionals of St. Luke's Cancer Centre.

PALS and Advocacy contact details

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

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.

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Future review date: May 2020

Author: Elizabeth West

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