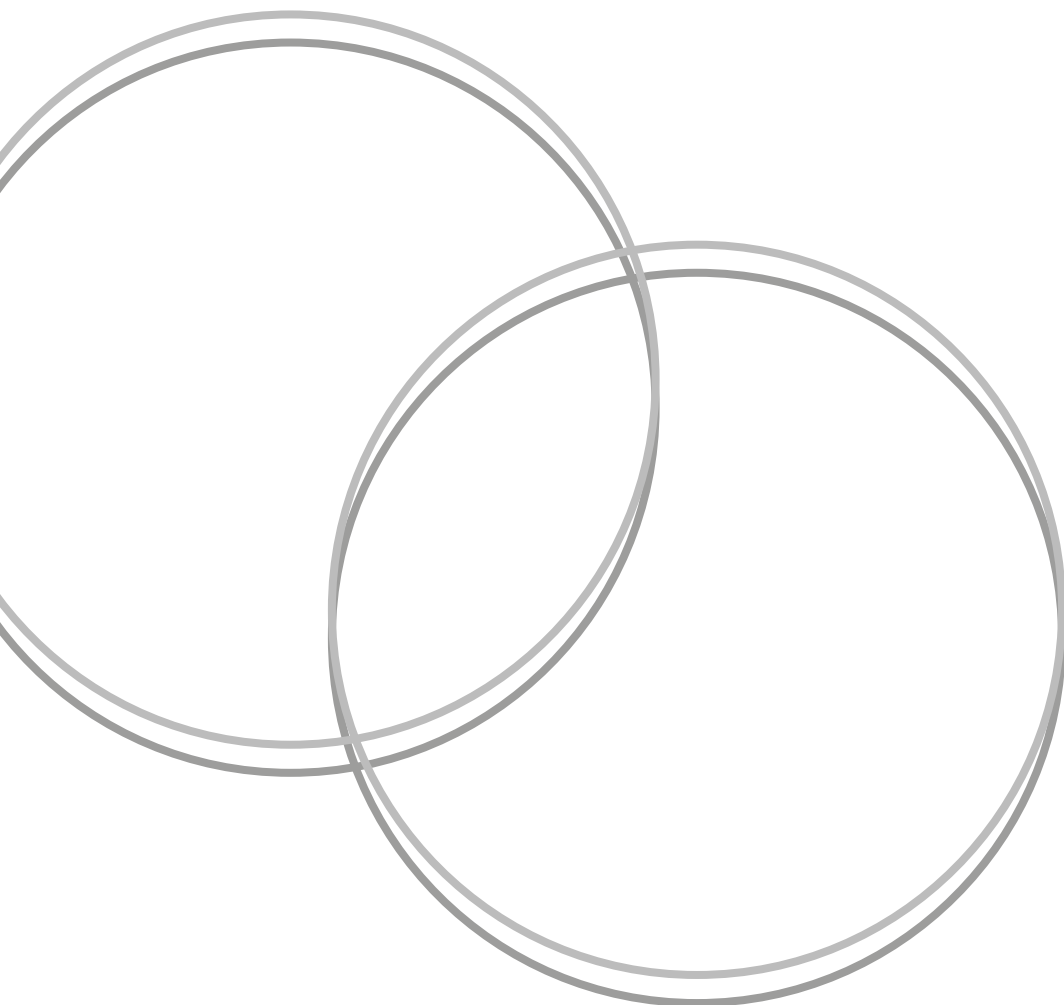




Oxford University Hospitals  
NHS Foundation Trust

# Radiotherapy for a Sarcoma

**Information for patients**



You have been given this leaflet as you have been recommended radiotherapy to treat a sarcoma. A sarcoma can occur in bone or soft tissues in the body such as the chest, abdomen and pelvis. There is a separate leaflet for patients having treatment for a sarcoma in a limb, **Radiotherapy to a Limb**.

This leaflet will provide more detail, specific to the type of treatment planned for you and how you can help yourself during and after treatment. It is intended as a guide because the timing and effects of treatment may vary from one person to another. This leaflet will highlight the key points of the discussions you will have had with your Oncologist and treatment team. Family members and friends may also find it helpful.

The **general radiotherapy** leaflet will explain what having the treatment involves, common side effects and some general information about the department.

## Radiotherapy

Radiotherapy can be given before or after an operation or it can also be given as the only treatment for a sarcoma. The number of radiotherapy treatments will depend on individual circumstances.

Radiotherapy is planned to avoid the normal tissue surrounding the tumour as much as possible to reduce these side effects. The likelihood of developing these side effects will depend on what area was treated with radiotherapy.

## Radiotherapy for advanced sarcomas

If your cancer has spread or come back after it was first treated, it may not be possible to get rid of it completely. It may be possible to control the growth of the cancer for a while with radiotherapy and sometimes chemotherapy.

A growing cancer can cause symptoms by pressing on nerves and other body tissues. Radiotherapy can help by shrinking the tumour, reducing the pressure. This is called **palliative radiotherapy** and you may have just a few treatments.

## Treatment planning

To make sure the radiotherapy is as effective as possible it has to be carefully planned. Planning helps to make sure the radiotherapy X-rays are aimed precisely at the cancer and cause the least possible damage to the surrounding healthy tissues. At your planning appointment you will have a CT scan (computerised tomography) taken of the area to be treated. The therapeutic radiographers will take measurements, which are needed for treatment planning. This session will usually take about 60 minutes.

Usually, very small tattoo marks are made on the skin. These marks are permanent and will only be done with your permission. It is a little uncomfortable while the tattoo is being made, but it is a very good way of making sure that treatment is directed accurately.

## Early side effects

Radiotherapy treatment is painless. There are some side effects associated with radiotherapy and you may notice one or more of them gradually developing over the course of treatment. If anything is worrying you, however small, during your treatment, please tell your therapeutic radiographer or radiotherapy specialist nurse, either at your visit or by phoning the department.

### **Tiredness**

You may feel tired, especially toward the end of the course of treatment. Listen to your body and if necessary allow yourself extra time to rest or sleep. Increasing your fluid intake (e.g. drinking water) may help. The tiredness should wear off over a few weeks, once the treatment ends.

**Please note that other side effects that occur will be determined by what area of your body is treated, the size of the area and the treatment schedule.**

### **Skin reaction**

Most people develop a skin reaction in the area being treated. The skin may become red, dry, sensitive or itchy. You will be given guidance on how to care for the skin in this area. It is usual for the skin reaction to begin two to three weeks after the beginning of a radiotherapy course. It will last for a small number of weeks after radiotherapy is complete.

### **Hair Loss**

This only occurs in the area being treated. The hair may grow back. If it does, it can take up to a year and may be patchy.

## Other side effects

### **If you are having your chest treated:**

Nausea and vomiting may occur if a large area of the lower chest is treated. Please report these symptoms to your therapeutic radiographer or advanced nurse practitioner if they occur. They usually resolve when treatment is complete.

Treatment to the chest can cause soreness when swallowing. It is important to continue to eat and drink: please tell your therapeutic radiographer or radiotherapy specialist nurse who will be able to provide advice on your diet and what medication you can take. It can be managed with painkillers and choosing soft and bite-sized foods (soft, tender and moist) and will gradually get better.

Chest radiotherapy may also cause a cough and mucus in the throat and chest. Please tell your treatment team if you have these symptoms.

### **If you are having your abdomen treated:**

Nausea and vomiting are more common if you are having a large area of the upper abdomen treated.

Diarrhoea (frequent and very loose stools) may also occur if you are having your abdomen treated.

Please tell your therapeutic radiographer or radiotherapy specialist nurse if you are having either of these symptoms. They will advise you on what medication you can take and whether to alter your diet. It is important to continue to eat and drink: try eating small meals frequently. You may need to take anti-sickness medication before each treatment. The symptoms usually resolve soon after treatment is finished.

Treatment to the upper abdomen can cause indigestion type pain. It is important to continue to eat and drink: please tell your therapeutic radiographer or radiotherapy specialist nurse who will be able to provide advice on your diet and what medication you can take. You may be given medicines prior to starting radiotherapy to

help with this. You may be advised to continue to take these for a few weeks after treatment has finished.

Your spleen may receive some radiation if you are having your upper abdomen treated. This may effect the function of your spleen making you more vulnerable to infection. Your doctor will discuss this with you and may advise on vaccinations to be given prior to starting radiotherapy. Some patients may require long term antibiotics.

### **If you are having your pelvis treated:**

Radiotherapy can irritate the bladder causing you to need to empty your bladder more frequently and urgently. You may also notice some discomfort when passing urine. You should aim to drink plenty of fluids during treatment. The leaflet, **Managing bladder problems during radiotherapy**, provides tips for coping with these symptoms. They should improve a few weeks after treatment has finished.

Diarrhoea or constipation can be caused by radiotherapy to the pelvis. Inflammation of the rectum may cause pain or itching and sometimes bleeding or spasms. Usually these symptoms improve after treatment is complete but sometimes they continue. Please tell your Oncologist if this happens.

### **Sexual effects:**

Radiotherapy to the pelvis can cause physical changes that may affect your sex life. It is normal to lose interest in the physical aspects of your relationship for some time. It is possible to continue with a physical sexual relationship during treatment but it is essential to use effective contraception. Radiotherapy can cause miscarriage or cause a child to be born with abnormalities.

In women, physical changes may include vaginal irritation and dryness. You should not use tampons during treatment as this may make symptoms worse.

## **Possible Long-term side effects**

Long-term side effects can occur many months to years after radiotherapy has finished. These side effects are hard to predict and unfortunately if they do occur, can be permanent. You should always report them to your hospital team or GP for assessment and referral for specialist advice and treatment.

### **If you had your chest treated:**

Lung changes such as inflammation of the lung are more likely to occur if you had a large part of one lung or both lungs treated. Symptoms include a cough and shortness of breath causing difficulty doing physical activity.

### **If you had your abdomen treated:**

You may experience some long-term changes in bowel function. This may include bloating and discomfort. Indigestion and sometimes a stomach ulcer may also occur, which may require treatment.

### **If you had your pelvis treated:**

Bladder problems such as frequency, urgency or incontinence can continue or develop many months or years after radiotherapy. Changes in bowel function such as diarrhoea, needing to open your bowels urgently or constipation can also occur some months or years after treatment. Please tell your Oncologist or GP if these symptoms are causing you problems.

Sexual changes after treatment to the pelvis include infertility. If you wish to have children in the future it is important for you to tell your oncologist before treatment begins who will arrange an appointment with the Fertility unit.

For women, physical changes might include the onset of the menopause and its associated symptoms such as hot flushes and vaginal dryness. In men, radiotherapy to the pelvis can cause difficulties in achieving an erection and ejaculating. You may find the Macmillan Cancer Support booklets 'Cancer and your sex life – information for women / men' useful.

If you would like support and advice related to sexual concerns after treatment you can contact the sexual care after radiotherapy clinic by email: **orh-tr.sexualcareafterrt@nhs.net** or telephone **01865 227 213** (8am - 1pm Monday to Friday)

## Swelling

Radiotherapy damages the small tubes (lymphatic vessels) and lymph nodes that circulate fluid (lymphatic fluid) around the body. Fluid builds up behind a blockage and causes swelling in the tissues close to where the radiotherapy was given – known as Lymphoedema. For example this may happen in a leg if the lymph nodes in the pelvis were treated. Lymphoedema can't be cured, but the earlier it is diagnosed, the easier it is to control. If you do get any swelling, tell your Oncologist. You may be referred to your local Lymphoedema service.



## **Second malignancy**

Rarely, radiotherapy can cause a second cancer to develop but the benefit of having treatment is much greater than the very small risk of this happening. Please discuss any concerns you may have with your oncologist.

## **After treatment**

After your treatment has finished you will be asked to return to the outpatient clinic to be reviewed by your Oncologist or their team. Radiotherapy takes time to work, so it is at this appointment that your doctor will assess and discuss your progress and any continuing side effects. They will plan any further appointments needed.

## How to contact us

If you have any queries during your radiotherapy please speak to a therapeutic radiographer treating you or a radiotherapy specialist nurse. You can phone the **radiotherapy review team** during normal working hours: **01865 235 472**.

After your treatment you can contact the **Macmillan musculoskeletal cancer nurse practitioners**:

Tel: **01865 738 282** or  
**01865 737 861**, bleep 173/221.

## Helpful websites

[www.ouh.nhs.uk/oxfordsarcomaservice/](http://www.ouh.nhs.uk/oxfordsarcomaservice/)

[www.sarcoma.org.uk](http://www.sarcoma.org.uk)

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

[www.maggiescentres.org/our-centres/maggies-oxford/](http://www.maggiescentres.org/our-centres/maggies-oxford/)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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