

The Radiotherapy Department
**Radiotherapy for
rectal tumours**
Information for patients



You have been given this leaflet as you have been recommended treatment with radiotherapy for a rectal tumour.

The **general Radiotherapy leaflet** will explain what having the treatment involves, common side effects and some general information about the department. This leaflet '**Radiotherapy for rectal tumours**' will provide more specific detail about the type of treatment planned for you and how you can help yourself during and after treatment.

Each treatment is planned individually. Your doctor will explain how long the treatment course is likely to last, as well as the benefits and risks associated with the treatment.

This leaflet is intended as a guide, because the timing and effects of treatment may vary from one person to another. It will highlight the key points of the discussions you will have had with your doctor and treatment team. By giving you some idea of what to expect, we hope to ease some of the worries you may have. Family members and friends may also find it helpful.

Treatment planning appointment

You will need to come to a planning appointment before your radiotherapy starts. This will involve a visit to the radiotherapy department, where your therapeutic radiographer will fully explain the process with you and complete any paperwork needed. As part of the planning appointment you will also have a CT (computerised tomography) scan.

How do I prepare for the planning appointment?

For a week before your CT planning appointment, aim to increase the amount of water that you drink about 2 litres a day (3 and a half pints), to make sure that you are well hydrated.

When you come for your planning CT scan and your treatment you will need to have a full bladder. This helps to make sure you are in the right position during the radiotherapy. The radiographer will ask you to drink 2-4 glasses of water and wait 30 minutes before your scan. Please do not empty your bladder during this time.

Pregnancy test

If you are female and aged between 12 to 55 years old, and have not had a hysterectomy or been sterilised, you will be asked to take a urine pregnancy test.

It is important that you do not become pregnant at any time during your treatment, as radiotherapy can cause a miscarriage or cause a child to be born with abnormalities. If you think you may be pregnant at any time during your treatment it is extremely important that you tell a member of staff immediately.

Types of radiotherapy

Radiotherapy before surgery with chemotherapy

Radiotherapy is used to shrink the tumour before surgery. You will usually have 25 daily treatments (fractions) over five weeks.

Chemotherapy is given with the radiotherapy if possible, to improve its effectiveness. On the first day of your radiotherapy you will have an appointment with the nurse practitioner, to explain how to take your chemotherapy tablet (capecitabine).

During your treatment you will be seen each week by the nurse practitioner and by your oncologist, if needed. You will need to have a blood test every week during treatment.

It is important that you don't miss any of your radiotherapy treatments. If you have any problems attending, please contact the department using the number at the end of this leaflet.

Short course radiotherapy before surgery

Your doctors may suggest you have a short course of 5 daily radiotherapy treatments, the week before your surgery.

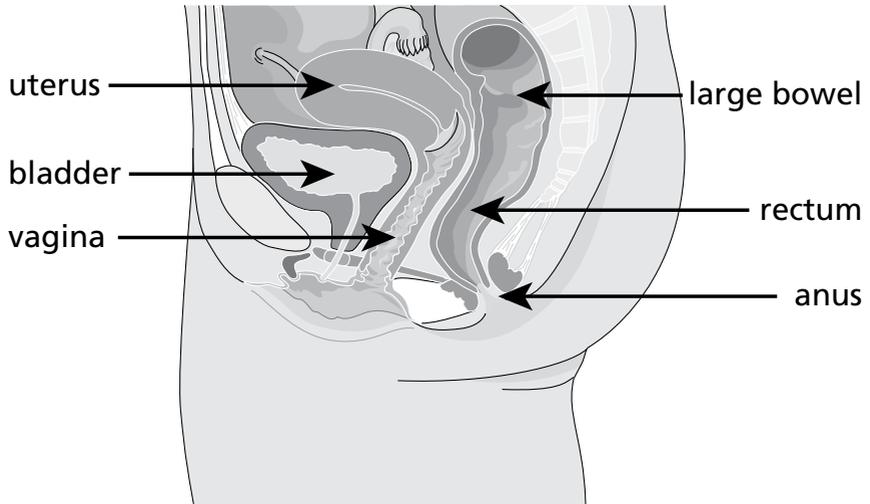
Radiotherapy after surgery with chemotherapy

Radiotherapy is used after surgery to kill any tumour cells that may have been left behind. This is called **adjuvant** treatment.

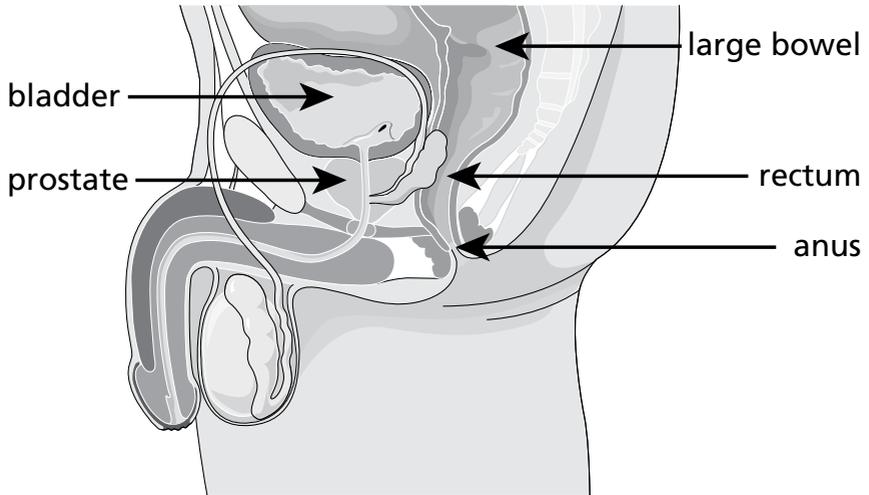
Radiotherapy to help symptoms

Radiotherapy can also be given to treat symptoms that are causing you problems. These are caused when the growth of the tumour presses on other parts of the body. The treatment relieves this pressure by shrinking the tumour. This type of radiotherapy is called **palliative** treatment and you may have 5 or 10 daily treatments, without chemotherapy.

Female pelvic anatomy



Male pelvic anatomy



Early side effects

Radiotherapy treatment is painless. However, it will cause some side effects and you will notice one or more of them gradually developing over the course of treatment. If you are having chemotherapy you may also experience further side effects; your treatment team will tell you more about these.

Often the side effects you will experience become worse for a short while after your radiotherapy finishes and then slowly settle over a few weeks. Please do not worry as this is quite normal.

During this time you should continue to follow the advice you have been given during your treatment and take any prescribed medication for the side effects, until they settle down.

Please note that it is rare to experience all of these side effects.

If anything is worrying you during your treatment, however small, please tell your therapeutic radiographer or radiotherapy nurse practitioner, either at your visit or by phoning the department.

Bowel habit

Diarrhoea usually starts after treatment begins and lasts for several weeks after treatment ends. You may also pass mucus (a clear, jelly-like fluid which may contain blood) in addition to the diarrhoea.

You may experience an urgent need to open your bowels, increased 'wind' (flatulence) or occasional abdominal cramps. You may also feel bloated.

It is important to keep eating and drinking as normally as possible. The radiotherapy nurse practitioner can give you advice about whether to adapt your diet, or may prescribe you medication to help.

It is important to drink plenty (up to 2 litres or 3 and a half pints a day), to replace lost fluid.

Nutrition is important as it provides your body with energy, protein and the vitamins and minerals needed for your body to function well. It helps your body to cope better during radiotherapy and may improve your rate of healing and recovery after treatment.

If you have lost weight before or during treatment, please ask to be seen by the Dietitian.

Bladder

Your bladder will be irritated by the radiotherapy. This can cause an increased feeling of wanting to pass urine, straining to pass urine or a burning feeling as you are passing urine. It will help to drink plenty of fluids – at least double your normal intake. It is best to avoid drinking lots of tea, coffee and alcohol, as this can make the symptoms worse. Most people feel back to normal around six weeks after treatment.

Skin reaction

The skin in the treatment area may become red, dry, sensitive or itchy. It is important to keep these areas clean and dry.

It is likely that the skin in the area between your legs and groin will become broken and produce a discharge. It is normal for this to be coloured or bloody. It is common for the skin reaction to peak at about 10 to 14 days after your radiotherapy course has been completed.

The radiotherapy nurse practitioners will assess your skin each week. They will advise you on the different lotions and dressings, which can ease the discomfort and help heal your skin.

Please refer to the general Radiotherapy leaflet, which will tell you how to care for the skin in this area.

Hair loss

Radiotherapy only affects the hair in the area treated. This means you may lose your pubic hair, but it should grow back.

Very occasionally, chemotherapy may cause you to lose some of the hair on your head. This will regrow after treatment.

Tiredness

This will occur, especially toward the end of a course of treatment. The tiredness wears off over a few weeks or months, once the treatment ends. You should rest and sleep as much as you need to, although a small amount of gentle exercise is helpful.

Sexual effects

Radiotherapy can sometimes cause physical changes that may affect your sex life. It is normal to lose interest in the physical aspect of your relationship for some months.

However, it is possible to continue with sexual intercourse during your treatment. If you are having problems it may help to talk these over with your partner and your treatment team.

Contraception – important

It is **essential** to use effective contraception throughout your radiotherapy treatment and afterwards. Radiotherapy could cause a miscarriage or cause a child to be born with abnormalities.

Women: Your vagina may become irritated, which can cause discomfort, soreness and narrowing. You may notice an increase in vaginal discharge; please let the treatment team know if this is very heavy and/or has an offensive odour.

During your weekly reviews, the treatment team will be able to offer specific advice about this. They may give you vaginal dilators to use after your radiotherapy has finished. These are a device to help prevent the vagina narrowing.

You should not use tampons, female deodorisers, douches or talc during treatment, as these can cause irritation and possibly infection.

Long term side effects

Long term side effects can occur many months or years after radiotherapy has finished. These side effects are hard to predict and unfortunately, if they do occur, they can be permanent. You should always report them to your GP or hospital team for assessment, advice and treatment or possible referral for specialist advice or treatment. We carefully plan the treatment to avoid the surrounding areas around the tumour as much as possible, to reduce these side effects.

You may find the Macmillan Cancer Support booklet 'Managing the late effects of pelvic radiotherapy' useful. Please ask your treatment team for a copy.

Bowel

You may continue to feel the urge to go more often or that you need to open your bowels urgently. This should gradually improve, but there is a chance you may need to wear pads. Your treatment team can discuss some helpful changes to lifestyle or medication.

In some cases, a permanent stoma may be required (an opening from your bowel to a pouch on the outside of your abdomen). We will discuss this with you, if it is required.

Bladder

You may feel the urge to go more often or the need to pass urine urgently. You may feel more confident wearing pads. There is a small risk that you may need surgery to your bladder, if this continues.

Bone changes

Very rarely the radiotherapy can lead to hair-line cracks in the pelvic bones. These are called pelvic insufficiency fractures. You might experience pain, like a dull constant ache or difficulty moving around. This should not be severe enough to keep you awake and often disappears overnight with rest. In rare cases the bone can be weak enough to break.

We will discuss this with you, if required.

Skin

You may notice dilated capillaries (tiny blood vessels) under your skin where you have had the treatment. These are called telangiectasia. They can look unpleasant, but won't cause problems.

Fertility

Radiotherapy to the pelvic area will cause permanent infertility in women and will permanently affect sperm produced by men. For this reason it is very important to continue to use birth control.

It is important that you tell your doctor if you want to have children, as they will arrange an urgent appointment with a fertility doctor before your treatment starts.

Ovaries (for pre-menopausal women)

The radiotherapy will affect your ovaries and cause them to stop working. This is a permanent effect, which means you will become infertile (unable to become pregnant) and your body will go into the menopause. If you are still having periods, you may find they stop during your course of treatment or shortly after.

Before your treatment begins, you will be asked if you would like to have some of your eggs stored for future use.

Menopausal symptoms vary from woman to woman. Symptoms include hot flushes, vaginal dryness, irritability and night sweats. These symptoms can be treated with hormone replacement

therapy (HRT). You can discuss these symptoms with your doctor, who can refer you to a menopause specialist after the treatment has finished.

Sperm

If you are male, before your treatment begins, you will be asked if you wish to store a sample of sperm for future use. The sperm can be saved for several years in a frozen form.

Sexual effects

Low sex drive and impotence

The treatment you are having can cause low sex drive. For men, there is a reduction in testosterone levels. Difficulties achieving an erection following a course of radiotherapy are more common in men over the age of 50 and may be permanent. Treatment is available in the form of medication from your family doctor.

For women, the nerves in the pelvis area may be affected, which may cause a low sex drive. Help is available and it is recommended that you read Macmillan's booklet on 'Sexuality and Cancer – information for women'.

Please let your doctor or nurse know if you experience any of these symptoms as they can refer you to specialists who can help.

You may find the Macmillan Cancer Support booklet 'Sexuality and Cancer' useful. Please ask a member of your treatment team for a copy.

After treatment

After your treatment has finished you will be asked to return to the Outpatients Clinic to be reviewed by your oncology team.

Radiotherapy takes time to work and so it is at this appointment when your oncologist will assess and discuss your progress with you and what further appointments are needed in the future.

How to contact us

If you have any queries during your radiotherapy, or before your follow-up appointment, please speak to the therapeutic radiographer treating you or a radiotherapy nurse practitioner.

Radiotherapy nurse practitioners

Tel: **01865 235 472**

(during normal working hours)

Alternatively, outside of these hours, please contact:

Oxford triage assessment team

Tel: **01865 572 192**

After your treatment has finished you can contact the Colorectal nursing team.

Tel: **01865 221 454**

(Monday to Friday, normal office hours)

Useful website

Macmillan Cancer Support is a UK charity supporting people with cancer and their families with specialist information, treatment and care.

Website: www.macmillan.org.uk

Your notes

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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