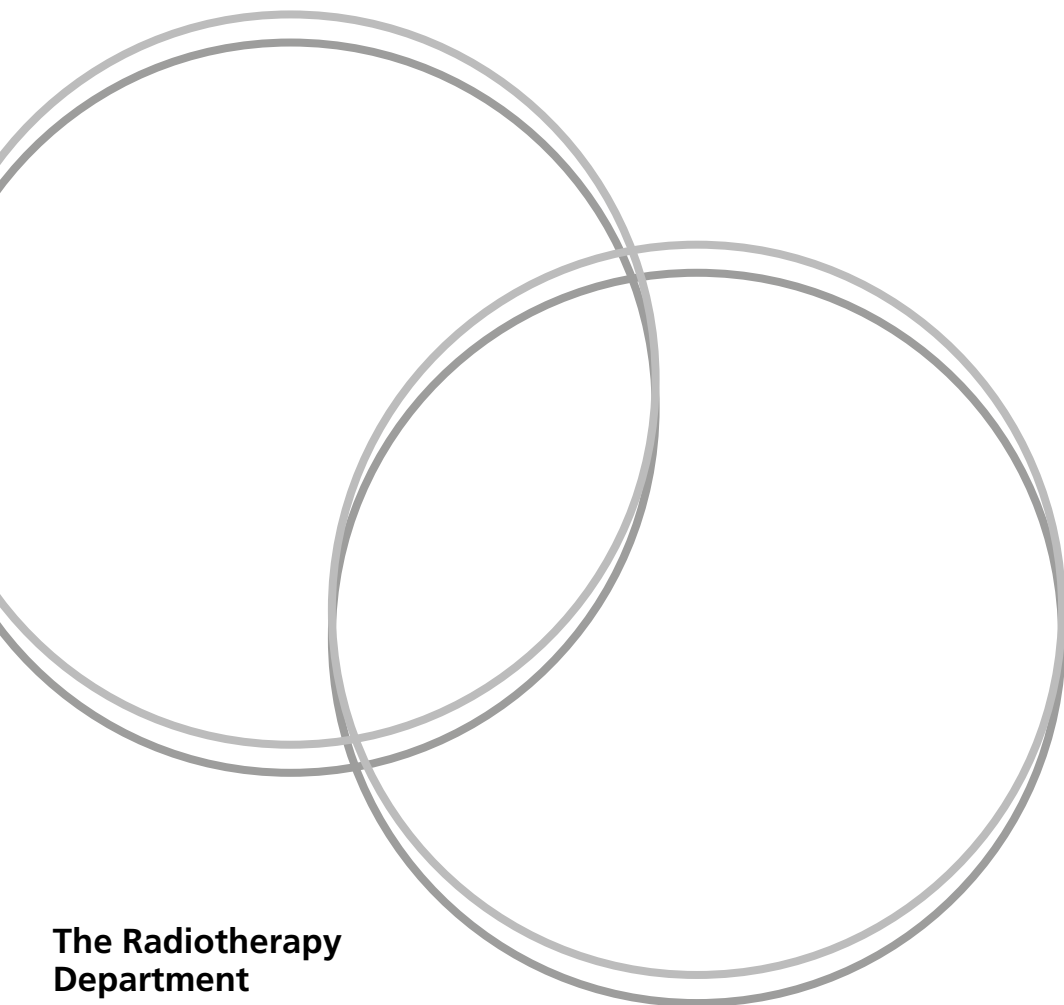




Oxford University Hospitals  
NHS Foundation Trust

# Radiotherapy to the bladder

**Information for Patients**



**The Radiotherapy  
Department**

## **Introduction**

This leaflet is for people who have been recommended treatment with radiotherapy to the bladder.

The General Radiotherapy Leaflet will explain what having the treatment involves, common side effects and some general information about the department. The leaflet – Radiotherapy to the bladder will provide more detail, about the type of treatment planned for you and how you can help yourself during and following treatment.

It is intended, only, 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 doctor and treatment team. Family members and friends may also find it helpful.

## Treatment plan

The timing of the radiotherapy in your treatment plan may depend on your individual situation. If you are having chemotherapy before the main treatment of radiotherapy (neo adjuvant chemotherapy) it would usually be 4 weeks after Day 1 of the last cycle of chemotherapy.

## Radiotherapy

Radiotherapy can be given to control the growth of the tumour and even lead to a cure. You may have chemotherapy before starting the radiotherapy course. Radiotherapy is as effective

as surgical removal of the bladder (cystectomy). This type of radiotherapy is called radical treatment

The course of radiotherapy is given daily (Monday to Friday) over four to seven weeks. Your doctor will discuss the treatment, its duration and possible side effects with you.

You will need to have a cystoscopy and CT Scan about three months or so after your radiotherapy has finished to check that the cancer has not come back. You will need to have cystoscopies at regular intervals, usually every three to six months after that. If the cancer does come back, you may need to have your bladder removed.

## Palliative radiotherapy

This type of radiotherapy is used when it will not be possible to remove the cancer fully. If you are having symptoms from your bladder, such as pain, bleeding or recurrent infections, radiotherapy can be used to relieve them by shrinking the tumour. **Palliative** treatment may be a single treatment or a number of treatments, perhaps daily, on alternate days or weekly. The details will be discussed with you by your doctor.

## Side effects

Radiotherapy treatment is painless. However, there are some side effects which are associated with radiotherapy and you may notice one or more of them gradually developing over the course of treatment.

**Please note that it is rare for one patient to experience all of these side effects.**

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

### Bladder

The bladder can be irritated by the radiotherapy causing increased feeling of wanting to pass urine, straining to pass urine or a burning feeling as you pass urine. This may feel like cystitis (a bladder infection). It will help to drink plenty of fluids – at least double your normal intake. It is best to avoid drinking lots of tea, coffee or alcohol. Some people find a glass of cranberry juice a day helpful, although you should not drink cranberry juice if

you are taking anti-coagulants. These symptoms usually progress through the course of radiotherapy. Most people feel back to normal six weeks after treatment.

## **Bowel habits**

Diarrhoea can start after about two weeks of treatment and last for several weeks after treatment ends. Some patients pass mucus (clear jelly like fluid) in addition to the diarrhoea. You may also experience an urgent need to open your bowels, increased “wind” or intermittent abdominal cramps. You may feel bloated. It is important to keep eating and drinking as normally as possible although it maybe necessary to adapt your diet to avoid high fibre foods. Please see the **information sheet for diarrhoea** which can provide some helpful advice. Your treatment team can advise regarding medications which might relieve these problems.

## **Skin reaction**

The skin in the area treated with radiotherapy can become red, drier or more sensitive. This reaction is generally mild. Please refer to the General Radiotherapy Leaflet, which will tell you how to care for the skin in this area and what things to avoid to reduce skin irritation. It is common for the skin reaction to peak at about 10 to 14 days after radiotherapy.

## **Tiredness**

You may feel tired especially toward the end of a course of treatment. Listen to your body and if necessary allow yourself extra time to rest. The tiredness usually wears off over a few weeks once the treatment ends, but in some individuals may take longer. It may help to remain as active as you can but be aware of your limitations.

## **Loss of hair in genital area**

During radiotherapy you may lose some of your pubic hair. When you have finished the course of treatment, the hair will usually grow back but may be thinner than it was.

## **Sexual effects**

Radiotherapy can sometimes cause physical changes that may affect your sex life and it is normal to lose interest in the physical aspect of your relationship for some months. It is possible to continue with sexual intercourse. If you are having problems it may help to talk

these over with your partner and your treatment team. Although it can be embarrassing to talk to your team about such intimate things remember they are used to dealing with these issues and can give helpful advice.

**Women** The vagina may become irritated causing 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 reviews, the radiotherapy nurse practitioner will be able to offer specific advice.

Usually, the side effects you have experienced may become worse for a short while and 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. Continue to take any prescribed medication for the side effects until they settle down.

## **Possible long term side effects**

Long term side effects can occur many months to years after radiotherapy has finished. These late side effects are hard to predict and unfortunately if they do occur can be permanent. We plan the treatment to avoid the surrounding areas around the tumour as much as possible to reduce these side effects.

### **Bowel**

Long-term bowel damage is uncommon. If it occurs, you may continue to feel the urge to go more often or that you need to open your bowels urgently. Your stools may be looser. Rarely, people may need to wear pads and very rarely it may be felt that a stoma will help your condition. Your treatment team can discuss some helpful changes to lifestyle or medication.

The blood vessels in the bowel can become more fragile, resulting in blood in the stool. If you notice any blood it's important to let your doctor know so that tests can be done and the appropriate treatment given.

### **Bladder**

In rare cases the bladder may shrink after radiotherapy. You may feel the urge to go more often or the need to pass urine urgently. A small proportion of patients may feel more confident wearing pads. There is a small risk that you may need surgery to the bladder.

The blood vessels in the bladder can become more fragile, resulting in blood in the urine. If you notice any blood it's important to let your doctor know so that tests can be done and the appropriate treatment given.

### **Fertility**

Radiotherapy to the pelvic area causes permanent infertility. If that is important to you, your treatment team will discuss this with you before treatment begins and advise you regarding the possible options.

## **Altered hormone levels**

**Men** – a reduction in testosterone levels in men can cause low sex drive and in some cases impotence. Difficulties achieving an erection, following a course of radiotherapy, is 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

**Women** – many women, still having regular periods, will become permanently menopausal in the three to four months after treatment has finished. Your treatment team can discuss this with you before treatment begins and advise you

## **After treatment**

After your treatment has finished you will be asked to return to the Outpatient Clinic to be reviewed by your oncology consultant or his/her team. Radiotherapy takes time to work and so it is

at this appointment your doctor will assess and discuss your progress and any continuing side effects with you and plan future appointments. This will include a check cystoscopy and CT Scan about three months or so after your radiotherapy has finished to check that the cancer has not come back. You will need to have cystoscopies at regular intervals, usually every three to six months after that.



## How to contact us

If you have any queries **during** your radiotherapy please do not hesitate to ask a radiotherapy radiographer treating you or the radiotherapy nurse practitioners on **01865 235472** during normal working hours or Oxford triage assessment team on **01865 572192** out of hours.

### Following treatment you can contact

#### The Urology cancer nurse practitioner team:

Tel: **01865 228321**

(Monday - Friday normal office hours)

or contact

#### main switch board:

Tel: **01865 741841** and ask for **bleep 5114**

## Useful websites

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

[www.nhs.uk/ips](http://www.nhs.uk/ips)





## 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.

Author: G Andrade, Consultant  
December 2021  
Review: December 2024  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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