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020 3447 3711 (Direct line)
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We will try our best to meet your needs.
Contents
Introduction 5
What is radiotherapy? 5
Preparation for treatment 6
Planning your treatment 6
Radiotherapy treatment 7
Side effects during treatment 8
Late side effects of radiotherapy 11
Support 13
After your radiotherapy has finished 13
Useful contact numbers 14
Space for notes and questions 18
**Introduction**

This booklet has been written for patients who are receiving radiotherapy to the prostate. The booklet describes:

- What is radiotherapy.
- How your treatment is planned and delivered.
- The side effects you may experience during and after treatment, and how best to cope with them.

We understand that this is an anxious time for patients. You may feel that you have been given lots of information about what needs to be done in a short period of time. We hope this booklet answers some of your questions. If you still have any questions or concerns, please let your doctor, nurse or radiographer know. We are here for you.

**What is radiotherapy?**

Radiotherapy is treatment using high energy X-rays, aimed specifically at the site of the cancer. It is a quick and painless procedure. Radiotherapy has clear benefits since it is a localised treatment which destroys any microscopic malignant cells and reduces the risk of recurrence of the disease. However, no treatment is completely risk free.

In recommending your treatment, your radiotherapy doctor (Clinical Oncologist) has weighed up the risks and benefits. Please do discuss these issues with your doctor or a member of the radiotherapy team if you are worried.

Radiotherapy is planned to treat as little of the normal body tissue as possible and treatments are usually extended over a period of weeks. This allows normal cells to recover from the effects of the radiation. Common treatment prescriptions vary between five to seven weeks, treating daily, excluding weekends.

The exact schedule will be decided by your doctor and confirmed on your first visit to the radiotherapy department.
Preparation for treatment
Before starting radiotherapy planning and treatment you will need to follow special instructions on preparing your bladder and bowels. Bowel preparation on a daily basis during your treatment is important because:

• It will improve the accuracy of your treatment.
• It will reduce the risk of any long-term bowel side effects.

You will be given a booklet called “Having radiotherapy to the prostate: preparation for treatment”. The booklet contains special advice on bladder and bowel preparation.

It is important that you understand and follow the instructions for treatment preparation given to you.

If you have any difficulty following the instructions please discuss this with a member of the team. We are here for you.

Planning your treatment
Before beginning radiotherapy your treatment must be carefully planned. To plan your radiotherapy treatment we carry out a radiotherapy planning CT scan of your pelvis. This scan locates the exact site of the prostate gland in relation to surrounding normal tissues.

At your CT scan appointment:

• You will be asked to bring your suppositories. The planning radiographers will ask you to empty your bladder and then insert a suppository and wait to empty your bowels.
• You will be asked to drink three cups of water, after you have emptied your bowels. This is available in the waiting area.
• You will be asked to wait for thirty minutes, to allow for your bladder to fill (comfortably), before you have your radiotherapy planning scan. If you do not feel your bladder is full after thirty minutes please tell the radiographers. You may have to drink more water.
Once the scan is complete the radiographers will mark three or four specific points on your pelvis. These are the co ordinates for your treatment and ensure treatment accuracy on a daily basis. The points are permanent and are done by placing ink on your skin and then gently scratching the surface of the skin with a fine needle.

You will then be free to leave and before you go will be given an appointment card with the date and time for your next visit, which will be for radiotherapy treatment.

**Radiotherapy treatment**

The radiotherapy treatment is daily, Monday to Friday. Your radiotherapy doctor will have already told you how many treatments you will be having. Please arrive at least 45 minutes before your radiotherapy treatment appointment. At each appointment you will need to:

- Empty your bladder.
- Insert a suppository and wait to empty your bowels. You may have already done this process at home.
- After emptying your bowels, drink the prescribed amount of water that you drank at your planning CT scan. This is available in the waiting area.
- Wait for 30 minutes, to allow for your bladder to fill (comfortably), before you have your radiotherapy treatment. If you do not feel your bladder is full after thirty minutes please tell the radiographers.

**For each radiotherapy appointment, you should allow up to two hours. You should aim to arrive at least 45 minutes before your given treatment appointment time, to allow for the above process.**
During each treatment session you will be lying on your back, and the radiographers will again ensure that you are in the correct treatment position by aligning the permanent marks on your skin using laser lights. The radiographers will move the treatment machine and couch into position using your personal treatment plan. When final verbal checks have been made, the radiographers leave the room. Each treatment session lasts about 10 minutes. You will not feel anything and you do not have to hold your breath. All we ask is that you keep still. The radiographers will be watching you at all times on a closed circuit television. Please check with your radiographers if you have any questions or problems.

Side effects during treatment
There will be some side effects which will gradually appear during your course of radiotherapy. These effects can vary from patient to patient. There are side effects occurring during treatment, some happening soon after treatment, and some appearing months or years after radiotherapy. The risk and severity of side effects occurring will depend on the dose of radiotherapy given and the exact area which receives the radiotherapy. The main side effects that occur during treatment are:

Skin changes
The skin in the treated area may become pink and dry. You may notice the skin between your legs and around your back passage becoming red, sore and moist towards the end of treatment. Some people may develop an irritation or itch around their back passage.

During treatment we recommend that you wash your pelvis by showering or gentle hand washing. It is not advisable to sit and soak in a hot bath. Use a non-perfumed soap when washing your pelvis. When drying, avoid vigorously rubbing your skin with a towel. Gently press the towel around your pelvic area. If your skin between your legs becomes sore it may be advisable to wear loose cotton boxer shorts rather than briefs.

Aqueous cream may be applied to the treated skin. This is a simple, unperfumed moisturising cream available over the counter from a local
pharmacy. The cream can be used from the start of treatment. It helps prevent your skin from becoming too dry. Smooth a little cream very gently on to your skin in the treatment area two to three times per day. If your skin becomes too tender and sore do not use aqueous cream. You may be prescribed alternative creams by the doctor or referred to the nurses for advice. Please ask for our leaflet on “General skin care”.

**Do not use any other talcs, creams or lotions in the area being treated unless advised by a member of staff.**

**Bowel changes**
About three to four weeks into treatment you may experience some discomfort and pain on opening your bowels. This is called **proctitis**. Very occasionally this may be associated with a feeling of wanting to strain (whether or not you actually need to pass a bowel movement). This is called **tenesmus**. There may be some blood and mucus (slime) in your stools. Inform the radiographers or nurses if you experience such a problem as medication can be given. You may also experience abdominal pains or colicky or wind pains.

Your stools may become loose as you progress through treatment. In some cases this may lead to **diarrhoea**. We advise that you continue to eat a normal diet and try and drink plenty of fluids (at least eight glasses or one to two litres per day). If the diarrhoea becomes persistent please inform a member of staff as soon as possible as medication can be prescribed, and low fibre dietary advice may also be given.

If you have piles (haemorrhoids) or have had these treated in the past, they may get worse during treatment. Please inform a member of staff as your doctor can prescribe medication to help.

**Bladder**
You may find that you have to pass urine more often both day and night. There may be slowing of the stream and you may have a burning sensation when you do pass urine. This is called **radiation cystitis** and is caused by the radiotherapy inflaming a small area of
your bladder. If you experience a burning sensation please inform the radiographers or nurses. They will get you to produce a urine sample to check that it is radiation cystitis and not an infection. It may help if you drink plenty of fluids. Drinks such as cranberry juice have been found to help, whilst drinks such as tea and coffee can make the bladder worse. Experiment for yourself and see what works for you.

**Fatigue**
Fatigue is a very common side effect of radiotherapy treatment. Towards the end of treatment you may feel more tired than usual. The fatigue may even continue for several weeks after your radiotherapy has finished. Do not worry, this is a normal reaction. It is usually a combination of travelling to and from hospital, the side effects of the treatment, coping with a diagnosis of cancer, and continuing with normal life. We advise that you do as much as you feel you can, but don’t feel that you must do everything that you normally do. Rest when you are feeling weary, but try to maintain a normal sleeping routine. For people in good general health, it may beneficial to do some gentle exercise such as walking. Please ask for the booklet “Coping with fatigue and tiredness”.

**Diet**
It is important that you eat a nourishing, healthy diet throughout your treatment. This should include a variety of sources of protein, carbohydrate and five portions of fruit and vegetables a day. If you try to drink plenty of fluids during your radiotherapy treatment. We recommend trying to drink between eight and ten glasses of fluid a day. This can include water, squash or hot drinks.

**Hair loss**
There will be a loss of hair in the treated area only. This is usually temporary and hair should start to grow back eight to twelve weeks after radiotherapy has finished.
Late side effects of radiotherapy
Late side effects incurred during treatment can appear to develop months or years after radiotherapy has finished. They are the hardest to accurately predict and, unfortunately, when they do occur they are usually permanent. Your doctor will not be able to tell you before you are treated whether any of the long-term side effects will happen to you. The effects may include:

Bowel changes
Around 20 per cent of people notice permanent changes in their bowel habits. This is often looser or more frequent motions than they were before treatment. Sometimes medication may be needed to regulate your bowel on a longer-term basis. It is quite common to experience a straining feeling (proctitis).

Very rarely scar tissue may develop which can affect the bowel and add to the problems of diarrhoea. Very occasionally, however, after surgery and radiotherapy the tissue surrounding the bowel can stick together (adhesions) causing a blockage, and this can sometimes require further surgery to correct. This is a very rare problem, but please do speak to your doctor if you are worried.

Bleeding
About a year after the treatment is complete small blood vessels can occasionally form within the rectum and bladder. These vessels are more delicate than normal and can break down producing minor bleeding in the bowel motion, or urine. This is not usually serious. However, if you notice any bleeding it is important to let your GP, specialist nurse or specialist doctor know as they may wish to arrange further tests.
Male sexual function
Radiotherapy can damage the nerves that control getting an erection, and it can take up to two years after your radiotherapy treatment for the damage to appear. About four out of ten men treated with radiotherapy find that their potency (sexual function) declines after treatment.

This risk increases further still if you had any potency difficulties prior to treatment or if you are receiving hormone therapy, otherwise it is hard to predict. This side effect of treatment can be very difficult to deal with and can affect your relationship with your partner and your sex life.

You may find it difficult and embarrassing to talk about impotency and sexual issues. Please remember that your doctor has treated many other men with the same problem. It is possible to offer help if this occurs, and to refer you to an appropriate specialist to discuss the treatment options. Please do not hesitate to ask for help.

Difficulty passing urine
Some patients find that they have to pass urine more frequently than before radiotherapy. Very rarely some experience difficulty passing urine. This is because the treatment causes a narrowing of the tube from the bladder to the penis (the urethra). This is called a stricture. In extreme cases you may not be able to pass urine at all. This can be treated by stretching the stricture under an anaesthetic. It is important to inform your doctor if you experience difficulty passing urine.

Very rarely some patients may experience leakage of urine (urinary incontinence) after radiotherapy, and in the majority of cases this improves over time. If you are worried about this please discuss it with your doctor. They will be able to refer you to a continence advisor at the hospital or in the community.

Second malignancy
The use of radiotherapy does carry a small risk of inducing a new different cancer in the treated area. This is something that may happen many years later, but it is a very small risk for most patients.
**Support**

This booklet deals with the physical aspects of your treatment, but your emotional well-being is just as important. Having treatment can be distressing for some patients. Within the radiotherapy department there will be access and support from the Macmillan information and support radiographer, the radiotherapy nurses and the treatment radiographers. However, if you require further medical or emotional support you can be referred to a variety of health professionals specialising in patients needs.

All the staff are here to make sure your treatment goes as smoothly as possible, and to support you through this difficult period. We will try to help you with any questions or problems you may have.

**After your radiotherapy has finished**

Once your radiotherapy treatment has finished, you will be given a follow-up appointment to see the radiotherapy doctors in four weeks time. This will either be at University College London Hospital or your referring hospital.

The side effects you will have experienced will continue after radiotherapy treatment has finished. It is common to experience a worsening of the skin reactions for about 10 to 14 days after radiotherapy. Please feel free to contact the department, your specialist nurse, the nursing staff or the Macmillan information and support radiographer if you are worried. You could also contact your GP or call the outpatients to request an earlier follow-up appointment. However, most of the side effects should resolve after you have finished treatment. Before you complete your course of treatment please ask for the leaflet “Finishing treatment”. 
Useful contact numbers

Local

Macmillan Information and Support Radiographer
Mark Williams
Direct telephone:  020 3447 3711
Main switchboard:  0845 155 5000
ext 73711
bleep 1458
Alternative switchboard: 020 3456 7890
ext 73711
bleep 1458
Email:     mark.williams@uclh.nhs.uk

Radiotherapy Care Team
Direct telephone: 020 3447 3729
Main switchboard: 0845 155 5000
ext 73729
bleep 2222, 5825 or 2075
Alternative switchboard: 020 3456 7890
ext 73729
bleep 2222, 5825 or 2075

Dr Payne’s Secretary
Direct telephone: 020 3447 9105

Dr Mitra’s Secretary
Direct telephone: 020 3447 9090
National
Prostate Cancer Support Association
Helpline: 0845 601 0766
Email: helpline@prostatecancersupport.info
Website: www.prostatecancersupport.co.uk

The Prostate Cancer Charity
Freephone Helpline: 0800 074 8383
Email: info@prostate-cancer.org.uk
Website: www.prostate-cancer.org.uk

Prostate Action
Telephone: 020 8788 7720
Email: info@prostateaction.org.uk
Website: www.prostateaction.org.uk

Prostate Cancer Research Centre
Telephone: 020 7679 9366
Email: info@prostate-cancer-research.org.uk
Website: www.prostate-cancer-research.org.uk

Prostate Cancer Federation
National Helpline: 0845 601 0766
Email: info@prostatecancerfederation.org.uk
Website: www.prostatecancerfederation.org.uk

Continence Foundation
Telephone: 0845 345 0165
Monday to Friday, 09:30 to 12:30
E-mail: continence-help@dial.pipex.com
Website: www.continence-foundation.org.uk
The Impotence Association
Telephone: 020 8767 7791
Email: info@impotence.org.uk
Website: www.impotence.org.uk

Macmillan Cancer Support
Cancer Line freephone: 0808 808 0000
Monday to Friday, 09:00 to 21:00
Textphone: 0808 808 0121
Monday to Friday, 09:00 to 18:00
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

CancerHelp UK
Freephone Helpline: 0808 800 4040
Monday to Friday, 9:00 to 17:00
Website: www.cancerhelp.org.uk

Cancer Research UK
Website: www.cancerresearchuk.org

Carers UK
Freephone: 0808 808 7777
Wednesday to Thursday
Email: adviceline@carersuk.org
Website: www.carersuk.org

Health Talk Online
Website: www.healthtalkonline.org

National Library for Health
Covers all aspects of health, illness and treatments
Website: www.library.nhs.uk
NHS Direct
Telephone: 0845 4647
Available 24 hours
Website: www.nhsdirect.nhs.uk

NHS 24
Telephone: 08454 242424
Website: www.nhs24.com

NHS Choices
Website: www.nhs.uk

Patient UK
Comprehensive, free, up-to-date health information
Website: www.patient.co.uk
Space for notes and questions