The Beatson
West of Scotland Cancer Centre
1053 Great Western Road, Glasgow, G12 OYN

Patient Information Sheet

Radiotherapy to the Prostate
This leaflet is for patients receiving radiotherapy to the prostate. It describes the radiotherapy planning and treatment. It also explains the effects that you may experience during and after treatment, and how best to cope with them. We treat each patient as an individual and the effects of treatment may vary from one patient to another. Your doctor, radiographer and clinical nurse specialist will explain specific aspects of your treatment.

If you are in doubt about anything or have any questions or problems, please let us know as soon as possible.

**Location of Prostate Gland**

![Prostate Gland Diagram](image)

**Preparation for Treatment**

Before your course of radiotherapy can begin we need to plan your treatment carefully to allow us to produce an individual treatment plan for you. This makes sure that all the area needing treatment is included and that other organs are avoided as much as possible.

For most treatments we want you to have an empty bowel and a full bladder. We will ask you to drink some water half an hour before your planning scan and your daily treatment.
We will tell you how much water to drink at your first appointment. Please remember the following:

- You will need to be in the department at least half an hour before your appointment time
- If you require hospital transport we will arrange it to bring you half an hour before your appointment
- When you report to the treatment machine the radiographers will tell you when to start drinking
- You should not empty your bladder once you have drunk the water until after you have had your treatment.

We may ask you to use a small enema to empty your bowel. Your radiographer will tell you if you need to do this and give you full instructions. *(see appendix A for full instructions)*

When you are in the planning or treatment rooms you will be asked to remove your trousers because it is easier to lie in the correct position and is more comfortable. You will also be asked to slip your underwear down to uncover the area that is being treated but your radiographer will ensure your dignity is maintained by covering you whenever possible.

**Planning by CT Simulator**

You will visit the CT simulator (scanner) to have your treatment planned. This is a special x-ray scan taken with you lying on a couch in the position necessary for your treatment. Usually this is lying flat on your back. A special rest is placed under your legs. This helps to keep them in the correct position. This will allow us to plan your treatment accurately. It is important that you stay as still as you can at this time. The scan takes 10-15 minutes.

Following your CT scan we will put 3 tiny permanent marks on your skin. They are barely visible but help the staff to position you correctly each time you are treated.

If your doctor has recommended a short course of treatment the preparation is simpler and usually involves a shorter visit to the CT Simulator before treatment starts. The radiographers will explain if this applies to you and tell you how many treatments you will have.
**Treatment**

You will have treatment on a linear accelerator, which is a special type of x-ray machine that gives an exact measured dose of radiotherapy. The staff who operate these machines are called therapy radiographers. Your radiographers will explain everything before treatment starts and check you know what to expect and how many treatments you will have. This can vary, but in general your treatment will last between 4 and 8 weeks. Your radiotherapy will be given in small daily doses, Monday to Friday but not at the weekend.

When you start treatment your radiographers will position you just as you were in the CT simulator. The lights in the room will dim for a few minutes while the radiographers position you. They have to leave the room while the machine is on but the whole procedure takes no more than 15 minutes. After each part of your treatment the machine is moved into the correct position for the next part. You are also closely monitored on closed circuit TV while your treatment is being given. The treatment is painless and you will feel no differently afterwards. Please check with the radiographers if you have any questions or problems.

**General advice during treatment**

There is no reason to change your lifestyle during treatment but it may help to:

- Try to get plenty of rest, especially if you feel tired. However it is important that you try to continue your normal daily activities and interests. A sensible balance between rest and activity is best.
- Please speak to your radiographers or doctor if you have any problems.
Early effects of radiotherapy treatment

Each patient is individual and may experience differing degrees of the effects.

During radiotherapy the area being treated will gradually respond in a way similar to an ‘inflammation’. This area will include the prostate, part or all of the bladder, part of the back passage (rectum/anus) and the skin, particularly between the buttocks above the back passage. This usually starts a few weeks into treatment and settles 3-4 weeks after treatment ends.

All patients are different and the following is a general guide to some of the effects you may experience.

- **Tiredness:** You will begin to feel quite tired during treatment. It tends to start 2-3 weeks into your course of treatment and will last a number of weeks afterward. Accept offers of help from family and friends if you need help around the house.

- **Bladder:** After about two weeks of treatment, the inside of the bladder becomes inflamed like cystitis. You may need to pass water more often than usual, and have a burning sensation when passing urine. Drinking plenty of water will help. Let your doctors or radiographers know if it is a problem.

- **Prostate:** During treatment your prostate may be inflamed and swollen. This causes pressure on the urethra, the tube through which the urine passes. You may find your urine flow becomes slower, is slow to start or you may notice a slight dribble at the end of urination. You may feel your bladder doesn’t completely empty or have a desire to go again soon after urinating.

- **Bowel:** You may notice a change in your bowel movements. This usually happens after 3-4 weeks of treatment. You may need to move your bowels more frequently and the stools you pass may be softer. This may be accompanied by colicky or wind pains. Your doctor can prescribe medication to help this. A few patients may develop diarrhoea. This is more often not ‘true diarrhoea’ but mucus or “slime” and there might be a little blood. You should drink plenty of fluids to replace water lost because of this. Try to avoid foods you are sure make your symptoms worse.
• **Rectum (back passage):** The wall of your back passage may become inflamed and you may feel the urge to go to the toilet more often during the day and perhaps at night.

• **If you have piles (haemorrhoids)** or have had these treated in the past, they may get a little worse during treatment. Let us know, and your doctor can prescribe something to help.

• **Sexual Activity** - Your treatment may cause a general inflammation in the prostate gland itself that can make you feel some heaviness or discomfort in the lower part of the body. As this can cause discomfort or pain during sexual intercourse, we generally advise you to avoid this until the effects of your radiotherapy have settled down, some 3-4 weeks after the end of treatment.

• **Skin** - The skin in the treated area will be more sensitive and may become pink or red. Again this tends to be a couple of weeks into treatment. Some people develop an irritation of the skin or itch between the buttocks, above the back passage (anus) especially towards the end of treatment. This can be treated with creams, however, it is very important that you use only those given to you by Beatson staff. Please tell us if you have these problems.

• **Hair** - There will be a loss of hair only in the treated area. This is usually temporary, although in some patients it may not regrow.

During your treatment a radiographer, nurse or doctor will see you each week. They will assess and treat any side effects, give advice and answer any questions you may have

**Diet**

When you are having radiotherapy it is important to eat well and choose from a wide variety of foods to help you feel stronger and more able to cope with your treatment. Keep to a normal diet at the start of your treatment, although it is best to avoid foods that you are sure make your bowels move unduly, for example prunes, rhubarb, hot spicy foods etc.
Skin Care During Treatment

Radiotherapy only affects the skin that is within the area being treated and instructions on what to avoid using apply to the treated area.

- You may bath or shower during treatment, provided the water is not too hot (lukewarm). You may use a mild baby soap and pat your skin dry with a soft towel. Avoid adding anything to the bath water, for example oils, dettol, savlon, etc.
- Avoid using perfumed soaps, creams, deodorants, lotions, etc. on the treated area as these may irritate your skin.
- You will find that you may be more comfortable if you wear loose fitting clothes, preferably with cotton next to your skin.

Late effects of treatment

We believe that the benefit of your radiotherapy treatment outweigh any longer term risks involved. However you should be aware of these potential long-term effects which may affect a small number of people. It is important to point out again that effects can vary from person to person and your doctor will explain specific individual issues to you personally. The following effects are a general guide:

- Occasionally the diarrhoea or the slight discharge of mucus that can occur during treatment does not settle and long term medication may be needed to control it. Some people may notice an urge to move their bowels more often, particularly in the morning.

- About a year after treatment is finished, small blood vessels can form in the lining of the bowel and bladder. These vessels are more delicate than normal and may break down causing bleeding from the back passage or in the urine. It may seem very frightening at first but is not usually serious. You should let your GP or specialist know as they may wish to arrange some special tests. In very rare occasions, if the bleeding from the back passage is persistent, bowel surgery may be required. A very small number of patients may develop uncontrolled leakage of urine (urinary incontinence) after treatment.
• After radiotherapy to the prostate there is a small risk of a narrowing of the tube that takes urine from the bladder. If this develops, the flow of urine will be reduced and there may be dribbling or spraying. A small operation may be needed to correct it.

• Following treatment, there is a significant risk of loss of sexual function. In particular you might find it difficult to get and keep an erection due to damage to some of the pelvic nerves. Even patients who can get and maintain an erection will usually find that they produce little or no semen on ejaculation “climax”. If you develop problems, you can be referred to a specialist who may be able to offer help and advice, so please let your doctor know if this becomes a problem if we do not ask specifically.

• Sometimes patients notice firmness in the area treated by radiation. This is called fibrosis and is like scar tissue. This can cause narrowing of the bowel which usually causes few problems, but occasionally an operation is needed to correct it.

• A very rare but potential effect is that radiation can cause tumours. Although this is a serious possible consequence of your radiotherapy, it is important to bear in mind that the effect is very rare. If it does happen it is likely to arise years after treatment.

Remember, any of these risks should be considered against the problems of not treating the tumour with radiotherapy.

**After treatment ends**

Any symptoms that have developed during treatment will wear off a few weeks after it ends; however the tiredness will take a little longer. You may begin washing normally once your skin no longer looks red or feels itchy.

Your oncology doctor will arrange to see you 6-8 weeks after treatment ends either at the Beatson or at the hospital where you first met him/her.

You will be seen regularly thereafter. It may be helpful to ask your GP practice to check your PSA blood test the week prior to this appointment.
Appendix A - Instructions for using the enema

If you have been instructed by your doctor or Radiographer to use an enema please follow these instructions.

Patients requiring an enema only before CT scanning

Before having your CT scan you may be asked to use a small enema. Please read the following instructions.

Patient requiring enemas before CT scanning & treatment

Before your first visit to the radiotherapy department your doctor will arrange for you to be given a prescription for 10 small enemas. Before having your CT scan and before your first 9 treatments you may be asked to use one.

Instructions for using the enema

• Pull or twist cap off the tube
• If you want to lubricate the nozzle before inserting it, squeeze a drop of liquid out into the nozzle.
• Insert the full length of the nozzle into your back passage.
• Gently squeeze the tube until it is empty
• Keep squeezing the tube as you pull the nozzle out of your back passage. This is to stop the medicine from being drawn back into the tube
• Wait for the laxative to work (5-15 minutes)

Remember to tell your radiographer that you have done this. You will then be told to empty your bladder, **drink 2 glasses of water and wait 30 minutes** before having your treatment.

Please ask your treatment Radiographers or Nursing staff if you have any questions or concerns.
Where Can I Get Help?

Information and Support

All our staff are here to make sure your treatment goes as smoothly as possible and will try to help with any questions or problems you may have. Further specialist help is available from:

- Urology Nurse Specialist Tel: 0141 301 7614
- Macmillan Information Radiographer Tel: 0141 301 7423
- Information and Support Radiographer Tel: 0141 301 7427

The Beatson Cancer Centre has a Radiotherapy Advice Line available for patients who have completed treatment. This is an answer phone service, which is run by experienced radiographers available Monday - Friday. You should leave your name and telephone number and a radiographer will call you back as soon as possible Tel: 0141 301 7432

Counselling and Clinical Psychology

This leaflet deals with the physical aspects of your treatment, but your emotional well being is just as important to us. Being diagnosed with cancer can be a deeply distressing time for you and those closest to you. Within the department we have a counselling and clinical psychology service that can help with worries and difficulties you might be having. There is also a service for children and young people who are having difficulty coping with their relative’s illness. If you think this may be helpful to you, please ask staff to put you in touch.

There are also voluntary organisations providing information and support. These include;

Glasgow Area Prostate Support (GAPS) Tel: 0141 586 9936, 0141 942 5208 01436 676503. Emotional and practical support provided on an individual basis.

Forth Valley Prostate Cancer Group Tel: 01324 629003, 01382 713386. Emotional support and information.

The Prostate Cancer Charity Network: Helpline: 0845 300 8383 (Mon-Fri 10am-4pm)
**CancerBackup:** Tel: 0808 800 1234 offers telephone information and advice and provides free information booklets about particular concerns.

**Macmillan Cancer Support** Tel: 0808 808 2020 Develops services to provide specialist care at every stage of illness. Provides an information line and financial help through grants.

**Tak-Tent** 0141-211-0122 provides information and support.

**Maggies Centre** 0141 330 3311

*Leaflet originally devised by Lorraine Webster*

*Reviewed by L. Brown April 2007*

*Review March 2009*