



# Information for patients receiving Chemo Radiation for Anal Cancer



# **Information for patients receiving Chemo Radiation for Anal Cancer**

This leaflet is for patients receiving radiotherapy and chemotherapy treatment for anal cancer.

It describes:

- What is radiotherapy?
- The radiotherapy planning and treatment.
- The effects you may experience during and after treatment, and how best to cope with them.

## **What is Radiotherapy?**

Radiotherapy is the use of carefully measured doses of radiation to treat cancer. It damages the cells and stops them dividing and growing. Most patients having radiotherapy are treated using a high energy beam of x-rays. The x-rays are delivered to a precise area by a machine called a linear accelerator. It is used to treat the tumour and a small surrounding area.

Radiotherapy is often given in several small doses over a specified period of days or weeks.

Therapy radiographers operate the radiotherapy planning and treatment machines and will be able to answer any questions or concerns that you may have.

You will have a pre-assessment appointment with your clinical nurse specialist before your treatment starts. They will talk you through your planned treatment and potential side effects. If you have any questions or concerns, they will be happy to answer them.

## **Preparation for Treatment**

Before your course of radiotherapy can begin, the treatment must be carefully planned.

It is important you have a full bladder before your planning scan and treatment. This will:

- Limit the amount of bladder in the treatment area. This may help reduce any side-effects you may experience.
- Ensure treatment accuracy each day.

Your radiographers will ask you to empty your bladder and then drink 500ml of water. You will then need to wait 30 minutes before having your scan or treatment. Your radiographer will explain this to you.

**As it is important that these instructions are followed, please remember the following:**

- You will need to be well hydrated before coming to these appointments. Try to drink at least 2 litres of fluid every day.
- Avoid caffeinated drinks- tea, coffee, energy drinks and some fizzy juices. Try decaffeinated options.
- Limit your alcohol intake.
- You will need to be in the department at least half an hour before your appointment time.
- If you are coming to the department by hospital transport please arrange to be brought in half an hour before your appointment.
- When you arrive in the department, your radiographers will tell you when to start drinking. Please do not drink your water until you are asked to.
- Once you drink the water you should not empty your bladder until after you have had your scan or treatment.

# Your CT scan appointment

Your first appointment will be at the CT scanner. This is a scan taken with you lying on a special couch in the position necessary for your treatment. The x-ray pictures from this CT scan will help us plan your radiotherapy.



CT scanner

Your radiographer will show you into a changing room where they will ask you to undress from the waist down. You can keep your underwear on. They will give you a gown to wear and will ensure your dignity is maintained by covering you whenever possible.

They will then show you into the scanning room. They will ask you to lie on the CT couch on your back. The couch is quite hard but your radiographers will make you as comfortable as possible.

At the time of your scan, marks will be put on your skin with a felt tip pen. Your radiographers will then place small plastic markers on top of these marks. It is important that you stay as still as you can during the scan. It will only take a few minutes.

Once the scan is finished, your radiographers will remove the stickers and replace the pen marks with little permanent marks (tattoos) which look like tiny freckles. These marks will be used to position you each day you come for treatment. This appointment will last 15 - 20 minutes.

## **Additional Information**

Sometimes your doctor may wish to place a piece of wax in the treatment area. This will be decided at your CT appointment.

Your doctor or radiographer will explain this to you.

Your doctor may also request for a small marker to be inserted into your anus. This will show up on your CT scan and helps your doctor to plan your treatment. Your doctor or radiographer will explain this to you.

## **Contrast injection**

It may be necessary to give you an injection of contrast (dye) to help your doctor to plan your treatment. Your doctor or radiographer will put a small needle (cannula) into a vein, usually on the back of your hand or arm. The needle will be removed and will leave a small tube of plastic in your vein.

It will be taped in place and will stay in during the CT scan.

We will then inject the contrast (dye). It may feel a little cold but you should not feel any discomfort.

Some people can have an allergic reaction to the contrast. This is rare but we will ask you some questions to ensure it is unlikely to happen to you. Your radiographers will keep a close check on you during the injection and scan. If you feel anything unusual please let us know.

The dye is only needed for the planning scan; you will not need to get it for your daily treatment.

# Radiotherapy Treatment

Your radiographers will explain everything before treatment starts. They will check you know what to expect and how many treatments you will have. As a guide this can often be between 5 and 6 weeks. Your radiotherapy will be given in small daily doses, Monday to Friday but not at the weekend. It is important that you attend every day for treatment. Please let your radiographers know if you have any problems.

When you arrive for treatment, check in at the reception and then sit in the waiting area for your treatment room. Your radiographers will ask you to empty your bladder and then drink 500ml of water. You will then wait 30 minutes before having your treatment.

Please arrive 30 minutes before your appointment time but do not drink your water until your radiographers ask you to.

Each day you come for treatment your radiographers will position you just as you were in the CT scanner. Your radiographers leave the room while the machine is on but they are monitoring you closely on closed circuit TV. There is nothing to feel during treatment or immediately afterwards. Your treatment usually takes around 10-15 minutes. It is important that you stay as still as you can during treatment and breathe normally. Please speak to your radiographers if you have any questions or problems.



Linear accelerator

## **Chemotherapy and Radiotherapy**

It is common for chemotherapy to be given alongside radiotherapy for anal cancer. The chemotherapy makes the cancer cells more sensitive to the radiotherapy. There are different kinds of chemotherapy drugs used to treat anal cancer. Sometimes they may be given as part of a clinical study (trial). Your doctor will talk to you about the drugs and trials and will answer any questions you might have.

We will give you more specific information about your chemotherapy once you and your doctor have decided which treatment you will have.

## **General Advice During Treatment**

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

- Try to get enough rest and sleep, especially when the treatment begins to make you feel tired. It is also important that you try to continue with some of your normal daily activities. A sensible balance between rest and activity may be most beneficial. Research has shown that gentle exercise is also beneficial for people who have had a cancer diagnosis both in the short and longer term. There are programmes available that can help with this. Please let us know if you are interested in finding out more.
- The specialist colo-rectal nurse or radiographer will see you every Thursday at the review clinic while you are having treatment as an out-patient. They will help you with any problems you may experience during treatment.

## Early Effects of Radiotherapy Treatment

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.

**Skin:** Your skin within the treated area will become pink or red and increasingly sensitive. This may become painful. This tends to happen a few weeks into treatment. It is likely your skin around the back passage, the genitals, the groin and the tops of the legs will be affected. If this happens, it will need to be closely monitored by the specialist nursing or radiography staff. We can recommend or prescribe creams that will help soothe the skin reaction. Please only use these recommended creams, as others may interact with your treatment and cause your skin to become worse.

### Caring for Your Skin

- You may bath or shower, but don't have the water too hot (lukewarm). Pat your skin dry with a soft towel.
- Please only use recommended creams or lotions on the treated area. If you are unsure, please ask your radiographers or nurses.
- You will find that you may be more comfortable if you wear loose fitting clothes and underwear, preferably with cotton next to your skin. You should try to do this during treatment and for 3-4 weeks after radiotherapy.
- Please remember that after your treatment has finished your skin will not heal immediately. It may even become worse over the following 2 weeks. Your specialist colo-rectal nurse or radiographer will ensure that you have suitable supportive care available before you finish treatment. If they feel it is appropriate, they will arrange a visit from your district nurse after your treatment ends.

**Pain:** Please tell staff if you experience pain as painkillers and dressings can be provided to give relief.

**Opening your bowels frequently:** You may develop the urge to go to the toilet more frequently. You may have this sensation at the start of your treatment as a consequence of the tumour. However as the treatment progresses, the back passage becomes inflamed and opening your bowels can become painful. It is also likely that you will develop loose stools during treatment. This may be accompanied by colicky or wind pains. Your doctor or nurse specialist can prescribe medication to help this. You should also drink plenty of fluids to replace water lost due to diarrhoea. You may notice a discharge of mucus from the back passage and a little blood during this time. This is a common side effect of treatment and can be discussed at review.

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

**Passing water:** Your bladder can also become irritated and you may feel that you need to pass water more often and more urgently than usual. You may also experience a burning sensation, a bit like cystitis, when passing urine. It may be necessary to insert a catheter to relieve this. Drinking plenty of water will help, but let us know so that we can check there is no infection present.

**Nausea:** Please let us know if it is troublesome and we can prescribe medication to help.

**Diet:** When you are having radiotherapy it is important to eat well and choose from a wide variety of foods. Keep to a normal diet at the start of treatment, although it is best to avoid foods that you know make your bowels move unduly, for example prunes, rhubarb, hot spicy foods etc. If you start to have diarrhoea, it is also best to cut down on large amounts of fruit juice, fruit and vegetables.

## **Genitals:**

- The tissues of the vagina (front passage) will be irritated by the treatment. The vagina becomes inflamed during treatment which may make it sore.
- The tissues around and underneath the scrotum may be particularly affected by the radiotherapy. Your radiographers and nurse specialist will give you further advice about this.

**Sexual intercourse:** If you are sexually active, you may continue to have sex while you are having radiotherapy. However, the side effects of radiotherapy can cause temporary discomfort in the pelvic area. You may prefer to wait until any inflammation or discomfort has settled. This is usually 3-4 weeks after treatment ends. If appropriate you will need to take adequate contraceptive precautions.

Vaginal intercourse may be uncomfortable as you may be a little drier than before. You may find it useful to use a lubricant. There are several brands available in the chemist such as KY jelly or Replens, and it is a matter of finding the one that suits you best. Help and advice is available, please speak to your nurse specialist, doctor or radiographer.

**Contraception:** Infertility is a late effect of treatment therefore you will need to take contraceptive precautions from the start of treatment to avoid pregnancy.

It is very important that you don't become pregnant during your treatment.

**Hair :** The chemotherapy used in anal cancer treatment does not generally cause visible loss of hair from the head. However, radiotherapy can cause hair loss in the treatment area. This is usually temporary, although in some patients it may not fully re-grow.

## Late Effects of Treatment

We believe the benefits of your treatment outweigh any longer-term risks involved. However, you need to be aware that in addition to the side-effects which occur whilst you are receiving treatment, other potential longer-term side-effects can occasionally occur. It is important to emphasise the likelihood of these effects is small and varies from one person to the next. Your doctor will explain specific individual issues to you; therefore the following is a general guide.

- If you have an operation after your radiotherapy, the treatment may slow down the healing of any surgical wound in the treatment area.
- It is possible your bowel habits may not return to normal after treatment. Your bowels may get looser or you may have more frequent motions. Occasionally medication may be needed to regulate your bowel on a longer-term basis.
- About a year after the treatment is complete small blood vessels can occasionally form within the bladder or the rectum. These vessels are more delicate than normal and may occasionally break down producing blood in the urine or the bowel motion. It may seem frightening at first but is not usually serious. You should let your GP or specialist know as they may wish to arrange further tests. Serious problems are very rare. Scar tissue may develop in several areas.
- Occasionally scar tissue can affect the wall of the bladder and very rarely this can cause shrinkage of the bladder. This can cause irritation on passing water and occasionally make it difficult for patients to “hold on”, requiring them to get to a toilet urgently.

- If such scar tissue affects the bowel it can add to the problems of diarrhoea. Very occasionally the scar tissue may lead to narrowing or even a blockage in the bowel and an operation may be required to remove this narrowed area. This is a very rare problem, but please speak to your doctor if you are worried.
- 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 it is extremely rare. If it does happen it is likely to be many years after treatment has ended.

## **Relationships and Sexual Function**

It is important to remember that your emotions and worries can play a part in difficulties in your intimate relationships, particularly at this time. There are staff available in the department who can help you talk through any issues, so please let us know if you would like to see someone.

Following your treatment there is a possibility of loss of sexual function.

You may find it difficult to get or keep an erection due to damage to some of the pelvic nerves. It is important to be aware of this. Help and advice is available so please let your doctor know if this becomes an issue.

It is highly likely you will become infertile as a result of the radiotherapy and if this is a concern we can arrange discussions with specialists to store sperm before treatment starts.

If you are still having periods before radiotherapy, you are very likely to go through the menopause due to the effect the radiotherapy has on the ovaries. This means you will become infertile and develop menopausal symptoms. As discussed earlier, you may initially notice some vaginal dryness. If this continues to be a long-term problem you should discuss this with your doctor, as help and advice is available. Possible scarring in the tissues of

the vagina may contribute to some discomfort during intercourse. We will give you advice about vaginal dilators which can be used to help keep the vagina supple. Please ask if you have any questions or concerns.

With all of these effects above, we must stress that these are potential effects. This does not mean that you will experience all of them. Please remember any of these small risks should be considered against not treating the tumour with radiotherapy.

## **After Treatment Ends**

Any symptoms that have developed during treatment should wear off a few weeks after it ends. However the tiredness will probably take a bit longer.

You may begin washing normally once your skin no longer looks red or feels itchy. Your district nurse may see you regularly after treatment and will be able to advise you as to when you may return to your normal washing routine.

Your oncologist will arrange to see you 4-6 weeks after your treatment has ended. This will either be at the Beatson West of Scotland Cancer Centre or the hospital you first met him / her. In certain instances your doctor may want to give you some further treatment but this will be discussed fully with you if it is required.

# 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 and information is available from:

- Colorectal Nurse Specialist Tel: **0141 301 7691/ 7693**
- Information and Support Radiographer Tel: **0141 301 7427**  
If you want to discuss any aspect of your radiotherapy treatment before you attend the Centre or would like some support throughout your treatment please get in touch.
- Macmillan Information Radiographer and Counsellor  
Tel: **0141 301 7423**

**The Macmillan Information & Support Centre** is on Level 1 at the main entrance of the Beatson. They offer emotional support, information and signposting to services within and near to The Beatson and in your own local area. Open Monday to Friday 8.15am to 4.15pm.

Please visit or phone on **0141 301 7390**.

The Cancer Centre has a **Radiotherapy Advice Line** available for patients who have completed treatment and have a **non-urgent** query. This is an answer phone service, available from Monday-Friday. Please leave your name and contact number and we will call you back as soon as possible.

Tel: **0141 301 7432**

The Cancer Centre also has a **Cancer Treatment Helpline** for **urgent calls**. This is for patients on or within 6 weeks of treatment who have urgent or severe symptoms such as -

- **Shivering or flu-like symptoms.**
- **Temperature greater than 37.5 C.**
- **Gum/nose bleeds or unusual bruising.**
- **Worsening or sudden breathlessness.**
- **Leg weakness/difficulty walking.**
- **Severe nausea/vomiting/diarrhoea/constipation.**
- **Sudden increases or uncontrolled pain.**
- **Other concerning symptoms associated with your cancer treatment.**

The line is available 24 hours for emergencies, although it would be helpful if you called early in the day if this is at all possible.

**For Urgent Calls:**

Beatson 8am-8pm Tel: **0141 301 7990**

National 8pm-8am Tel: **0800 917 7711**

## 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. 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:

- Macmillan Cancer Support, Tel: **0808 808 0000**  
**[www.macmillan.org.uk](http://www.macmillan.org.uk)**  
Provides practical, medical, emotional and financial advice for those affected by cancer.
- Maggie's Gartnavel, Tel: **0141 357 2269**
- Maggie's Lanarkshire, Monklands Hospital, Tel: **01236 771199**
- Maggie's Forth Valley, Tel: **01324 868069**  
Maggie's Centre provides a comprehensive cancer support programme for people and their families affected by cancer.
- Cancer Support Scotland –The Calman Centre, Gartnavel Complex. Freephone: **0800 652 4531**  
Provides emotional and practical support on a one-to-one basis and through community based groups.  
Complementary therapies available.
- Beatson Cancer Charity, Tel: **0141 301 7667**  
Provides support for patients and families within the Beatson Cancer Centre. Services available for in-patients.  
Open every day, 9am -9pm.

- Macmillan Benefits Team (within the Beatson)  
Tel: **0141 301 7374**  
Provides free and confidential advice for people affected by cancer and their carers.
- The Colostomy Association provides practical help, support and reassurance to people living with a colostomy.  
24hr helpline, Tel: **0800 328 4257**  
**[www.colostomyuk.org](http://www.colostomyuk.org)**
- Bowel Cancer UK in Scotland, Tel: **0131 281 7351**  
Bowel cancer advisory service Mon-Fri 10am-4pm.  
Free leaflets and booklets available for download and to order. **[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)**
- If you are interested in finding out about becoming more active, please visit: **[www.nhsggc.org.uk/getactive](http://www.nhsggc.org.uk/getactive)**
- The Beatson West of Scotland Cancer Centre – if you want to find out more about our Centre please visit:  
**[www.beatson.scot.nhs.uk](http://www.beatson.scot.nhs.uk)**
- **NHS 24 111**





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