

given during your treatment. Continue to use any prescribed medication for the side effects until they settle down.

What are the 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, they can be permanent. The doctor will discuss the possibility of these late effects with you at the time you sign your consent for treatment.

Bowel and bladder

1 in 5 women report some symptoms of late effects. The majority of these are minimal, with little or no impact on their lives. The effects of most of these symptoms may be controlled by a change in diet and/or regulating fluid intake.

1 in 20 women report side effects that may affect the quality of their life. These may include diarrhoea, cramping and bleeding.

Please report any bowel or bladder changes to your team, so that you can be assessed and referred for specialist advice if needed.

Vagina

When the vaginal tissues heal themselves after radiotherapy, small scars and adhesions (areas of tissue that become connected) can form. The muscles supporting the vagina can also become hardened, causing them to lose their flexibility. This may result in your vagina becoming 'tighter' and shorter. This can make vaginal examinations in follow-up clinics and sexual intercourse more difficult and uncomfortable. You will be given vaginal dilators during your treatment, to help prevent the scars and adhesions forming and to keep your vagina as supple as possible.

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.

Bones

Radiotherapy can affect the density of your bones. They can cause fine, hair-like cracks in the bone called 'pelvic insufficiency fractures'. This may occur a few weeks to a few years after the radiotherapy treatment and can cause a dull, constant ache in the pelvis. The cracks can be treated with drugs, exercise and a diet rich in calcium.

Rarely, the pain may be severe and may require regular medication.

Let your doctor know if you experience any pain in your pelvis, as they will need to do further investigations.

Secondary cancer

Radiotherapy is associated with a small risk of causing another cancer many years later. For this reason, it is important that you come for your regular follow-up appointments and alert your doctor to any unexplained symptoms.

Chemotherapy

If you are having chemotherapy as well as radiotherapy you will usually have 5 doses (cycles). This will be given once a week, alongside your course of your radiotherapy. You will be reviewed by your treatment team before each cycle and you will also need to have weekly blood tests. This is to check that you are well enough to continue with next cycle of chemotherapy.

The doctor explains your treatment plan with you. Please read this carefully.

Follow-up arrangements

Hospital appointments

You will also have follow-up appointments at the hospital with your oncologist. The first of these will usually be four to six weeks after your last treatment.

It is at this appointment that your doctor will assess and discuss your progress, ask you about any continuing side effects and plan further appointments.

You will then be seen at regular intervals for the next five years. At these appointments the doctor will ask you questions about your general well being and specifically about your bowel and bladder functions. They will feel your abdomen and do an internal examination. They will also discuss any future decisions about your care.

If you have any questions, remember to write them down and bring them to the appointment.

Cervix Endometrial Cancer



Revenue from these services is spent on the treatment of poor cancer patients.

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Information for Patients

Cervix/Endometrial Cancer Patient Information

There are a number of treatments that your doctor may use to treat your cervical cancer. These include radiotherapy, chemotherapy, brachy therapy and surgery. Occasionally, just one of these maybe used, but more often a combination of them will be given.

Each treatment is planned individually and the doctor will explain which treatment(s) are recommended. They will explain how long the treatment course is likely to last, the benefits and risks associated with the treatment.

You have been given this leaflet as you have been recommended treatment with radiotherapy for cervical cancer/Uterus cancer. 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.

What is radiotherapy?

Radiotherapy is treatment using high energy X-rays. It is given by machines called linear accelerators (Linacs). The radiotherapy treatment is given in small daily doses called 'fractions'. Everyone's treatment is different and planned individually.

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 a therapy radiographer/Doctor 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?

We need to make sure that your internal organs are in the same position for each treatment. In order to do this, we will need you to carry out some preparation before

the planning scan. The preparation will also need to be done before each of your treatments.

Bladder preparation

You will need to have a full bladder for the CT scan. The radiographer will ask you to drink 2-4 cups of water and wait 30 minutes before the scan. Please do not empty your bladder during this time.

Bowel preparation

You will need to have an empty back passage (rectum) for the scan. Try to empty your bowels on the morning of your scan, before you come for your appointment. You might be given an enema at your planning appointment to use to empty your rectum. The radiographer will instruct you on how to use this. You will also need to do this daily before each radiotherapy treatment, even if you manage to empty your bowels before you come for the appointment.

Pregnancy test

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.

Treatment appointments

How many treatments will I have?

The doctor will explain how many treatments (fractions). Your treatment is usually given as a series of daily appointments, from Monday to Friday. The Radiation reception will give you the treatment appointments at your planning appointment.

It is important that you come for every appointment. If you have any problems attending you must contact the department (please see contact details section at the end of the leaflet).

Do I need to prepare for the treatments?

You will need to follow the same bowel and bladder preparation as you did when you came for the treatment planning appointment.

Are there any side effects?

You will not feel anything during the radiotherapy treatment; however it is quite usual for side effects to develop during your course of treatment.

Bowels

When radiotherapy affects your bowels it can cause:

- An increase in wind
- Gripping pains/cramping
- Urgency to get to the toilet
- Diarrhoea.

It is important to drink plenty of fluids and continue to eat your normal diet. When you develop changes in your bowels the doctor will advise you on what medication you can take or whether to alter your diet.

Bladder

Radiotherapy can irritate your bladder, which can cause:

- An increase in the number of times you need to go to the toilet
- Urgency to empty your bladder
- A burning sensation similar to cystitis

We recommend that you drink plenty of fluid and speak to a member of your treatment team if you experience any of these symptoms.

Vagina

Your vagina may become irritated, which can cause discomfort, such as inflammation, 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. Do not use tampons, feminine deodorisers, douches or talc, as they could cause discomfort and irritation and possibly encourage infection.

If you wish to, it is ok to continue with sexual intercourse.

Tiredness

You could feel quite tired or have less energy than usual, both during and after this treatment. This is completely

normal. This is because your body is repairing the damage to your normal cells. Listen to your body and try to rest when you need to.

Sickness/nausea

Radiotherapy to the pelvis may make you feel sick (nauseous). If you feel sick, please tell a member of your team, so we can prescribe you medication to help relieve this.

Treating the abdomen and para-aortic nodes will cause you to feel sick (nausea). If you are having treatment to these areas you will be prescribed anti-sickness medication to take daily before treatment.

Skin care

Radiotherapy may irritate your skin in the area we are treating. It can become red, dry and more sensitive, but it is only the skin around your pelvis (between your waist and the top of your legs) that you need to be slightly careful with. The rest of your body does not need special care.

It is usual for the skin reaction to begin two to three weeks after the beginning of radiotherapy treatment. It can last for a number of weeks after radiotherapy is complete.

Who can I discuss my side effects with?

At your first treatment appointment, the doctor will go through the possible side effects with you. You will also be seen in a weekly review clinic by a member of the treatment team. It is important to tell your treatment team if you are experiencing any side effects.

How long will the side effects last?

Usually the side effects will carry on or become worse for a short while after you have finished treatment, however they will settle down within 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