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Patient information leaflets

Advices for cancer patients having radiotherapy treatment

Your doctor has suggested you receive radiotherapy treatment for cancer. This leaflet is written to help answer some of the questions you may have about treatment.

Radiotherapy treatment can be given

- To cure the disease (Curative radiotherapy)
- To help control symptoms (Palliative radiotherapy)

This treatment may also be given alongside with other treatments like chemotherapy or hormone therapy. You will be told if this applies to you.

Your doctor will provide you with the information you need to help you decide if this is the right treatment for you. This information will include the benefits and any risks involved.

Radical Radiotherapy; what is involved and what are the risks?

Radiotherapy uses radiation to destroy cancer cells. Several different types of radiotherapy are used, known as external-beam radiotherapy, brachytherapy and conformal radiotherapy. Sometimes you may need to commence chemotherapy or hormone treatment before you can commence your radiotherapy treatment.

External-beam radiotherapy

With this type of radiotherapy, radiation is targeted on the prostate and surrounding tissues to destroy cancer cells. This is done as an out-patient procedure and usually takes 20 – 30 minutes, 5 days a week for a total of 4-6 weeks. It is a painless procedure.

Brachytherapy

This involves implanting radioactive needles/ seeds into the cancer. This is done using needles that are inserted into your body through the skin. These radioactive sources will remain in the cancer for a prefixed time interval or as permanent implants. They are inserted under a general or spinal anaesthetic and require a short hospital stay. This is a way of pin-pointing the cancer more accurately. Not all patients are suitable to undergo brachytherapy.

Conformal radiotherapy

This is a relatively new type of radiotherapy which is a modification of external-beam radiotherapy but is a more targeted approach. The result is that there is less chance that surrounding healthy tissue will be affected, so it reduces the side effects from the treatment.

Am I suitable for radical radiotherapy?

Radical radiotherapy is given to patients who are thought to have early or localised cancer, a cancer which is believed not to have spread outside the organ. This treatment is intended to cure cancer.

Radical radiotherapy is recommended if the life expectancy is 10 years or more. It is a good option for patients whose cancer is at a stage where it can be treated radically but who are not fit to have a major operation. It also provides a radical option for patients who do not want to undergo surgery.

Radiotherapy doesn't have the risks associated with surgery, such as blood loss, blood clots or infection but it does carry its own risks and side-effects which you must consider before starting treatment.

Sometimes radiotherapy can be the best treatment for you even if your cancer is a little more advanced and it is unlikely that we will be able to cure it. This will be discussed with you in detail and you will probably require additional hormonal therapy/chemotherapy treatment.

What are the potential side-effects of radiotherapy?

The side effects are largely dependent on the area where you get radiotherapy.

- These effects are usually mild and will settle after treatment has finished. It is important however to remember that all patients are individuals and you will not know to what degree you will be affected until you undergo your treatment
- You may feel tired so you may need to take things easy during your treatment. You will be able to return to work approximately 2 weeks after treatment.

What should I bring with me when I come for treatment?

It is important to bring a list with you for your first visit, of the medicines that you take including the dosage.

Treatment planning

Before treatment can be given it is important to determine the exact area to be treated.

Most patients will be required to have a CT scan for radiotherapy planning and reference marks will be applied to the area pictured. This normally takes about 5 minutes.

Your course of treatment should begin a few days later.

What happens during treatment?

The radiographers will position you as you were during treatment planning, using your skin marks and lights. Once positioned it is important that you lie still. Do not hold your breath during treatment. Sometimes you may be asked to ensure that your bladder is 'comfortably full' for your treatment. This helps to reduce the side-effects on the bladder

and rectum. Most treatments take approximately 10 minutes. However on the first visit a radiographer will discuss the treatment with you, and the setting up may take longer as the radiographers check all your planning films. The radiographer will not stay in the treatment room whilst your radiation is given. The treatment is completely painless and it is quite safe for you to carry on with your normal activities. You will not be radioactive.

Care of the skin during radiotherapy

The treatment may make the skin in the treated area more sensitive. We advise you to wash/bath/shower using warm water (not hot), and simple soap only. Do not rub the skin. Dry using a clean soft towel and wear cotton underwear and nightclothes. Do not apply any creams or lotions to your skin until a radiographer has confirmed that they are safe to use. You should be able to resume your normal washing routine 2-3 weeks after treatment finishes.

What can I do to help any side effects of cystitis?

If you are getting radiotherapy to pelvis e.g. in cervical cancer or prostate cancer, as it progresses you will probably feel the need to pass urine more often and you may feel the urgency to get to the toilet quicker. This is caused by the radiotherapy making the lining of the bladder more sensitive. In rare cases a tube called a catheter may need to be passed into the bladder in order for you to pass water. Sitting down on the toilet may help you to relax the pelvic muscles and therefore make it easier to pass urine. You should drink plenty of fluids about 2 litres a day. Water based fluids are best, i.e. squash rather than soda or pure fruit juice. This helps to dilute your urine and reduce any bladder discomfort.

What can I do to reduce any diarrhoea?

Radiotherapy treatment to the pelvis will affect the rectum (back passage) and the bowels and may cause diarrhoea as your treatment progresses. About halfway through treatment mild diarrhoea occurs and is sometimes accompanied by griping pains in the bowel and rectum. There may be a small amount of blood passed from the rectum which is caused by the effects of the radiotherapy on the blood vessels in this area. The radiographers can supply anti-diarrhoea tablets if needed, but most patients cope by simply following a low fibre diet, which reduces the diarrhoea.

Avoid food with lots of fibre such as:

- Wholemeal or granary bread, Bran flakes, porridge, muesli-type biscuits and those containing fruit and oats.
- Fruit and nuts, particularly dried fruit.
- Vegetables with thick skins – beans, peas, sweet corn, tomato skins, green vegetables, salads, pulses.

Instead eat:

- All white cereals, white bread, pasta, rice, cream crackers, cream or chocolate biscuits.
- Root vegetables, potatoes without skins, carrots.

Again it is important to drink plenty of fluids as this will help to rehydrate you if you suffer from diarrhoea.

If you do not drink plenty of fluids you may feel sick. You must inform the staff if this happens. Alcohol in small quantities is normally safe; 1 glass of wine or a pint of beer is fine. Always check your medication for warning about alcohol.

What happens after the radiotherapy treatment has finished?

In the first few months after treatment you may still suffer from some side effects but this should settle. Please discuss with your oncologist about the long term side effects of radiotherapy.

Your oncologist who has given you the radiotherapy will want to see you in clinic for check ups initially after 3 months and then usually every 6 months. Ask for a detailed clinical summary of your treatment and get your follow up schedule.