

# Radiotherapy for anal tumours



**One + all | we care**

## **About this leaflet**

You have been given this leaflet because you have been recommended a course of treatment for your anal cancer. This leaflet is intended as a guide only, as timing and effects may vary from one person to another. It aims to highlight the key points of the discussions you will have had with your doctor and treatment team. 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 treats cancer by using high energy X-rays. These X-rays destroy cancer cells while doing as little harm as possible to normal cells. Radiotherapy can be given to treat cancer instead of surgery. This can be given with chemotherapy. Radiotherapy is completely painless and treatment takes between 10-20 minutes.

## **How often will I need treatment?**

Radiotherapy is usually given as a course of treatment. It is usually given from Monday to Friday for several weeks, with a break at the weekends. Your radiotherapy consultant (clinical oncologist) will decide how many treatments you need.

## **What is a planning scan?**

Before you begin radiotherapy we need to plan your treatment carefully to ensure you receive maximum benefit. This will involve having a CT scan, usually with contrast. It is done in the oncology department and the appointment usually takes around an hour. It is important to come to this appointment well hydrated. At the appointment you will be given some water to drink so that you have a full bladder for your scan.

Some pen marks will be placed on your skin and you will need at least three small permanent skin tattoos, to enable the radiographers to treat you accurately each day. This will be done with your permission but is very important.

## **What happens on my first day of treatment?**

1. One of the radiographers will collect you from the waiting room and explain what will happen during the treatment.
2. In the treatment room you will be asked to lie in the same position as you were in the scanner.
3. You will be asked to undress to expose your pelvis and allow the radiographers to see the tattoo marks. As soon as you have been positioned correctly the radiographers will cover you with a paper sheet.
4. The radiographers leave the room before the treatment begins but are watching you throughout on a TV monitor. They can also hear you and can talk to you if you wish.

Each treatment session lasts about 10 minutes and during this time you will not feel any pain or other sensations.

A CT scan will be taken on the treatment machine for the first 4 days of your treatment, then weekly to check positioning and your bladder and bowel status. It may be necessary to do a scan daily before treatment to check your bowel and bladder status.

## **What can I do to prepare for my radiotherapy?**

Please read the leaflet 'Preparing for colorectal radiotherapy.' This will give you all the information that you need to know before this appointment.

## **Pregnancy test**

If you are female and aged between 12 to 55 years old, and have not had a hysterectomy or been sterilised, you will be asked to take a urine pregnancy test.

It is important that you do not become pregnant at any time during your treatment, as radiotherapy can cause a miscarriage or cause a child to be born with abnormalities. If you think that you may be pregnant at any time during your treatment it is extremely important that you tell a member of staff immediately.

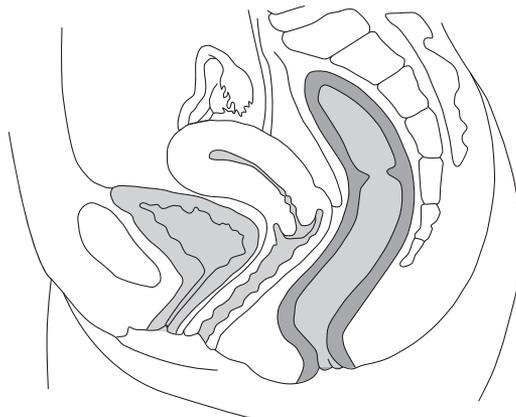
## Your treatment plan

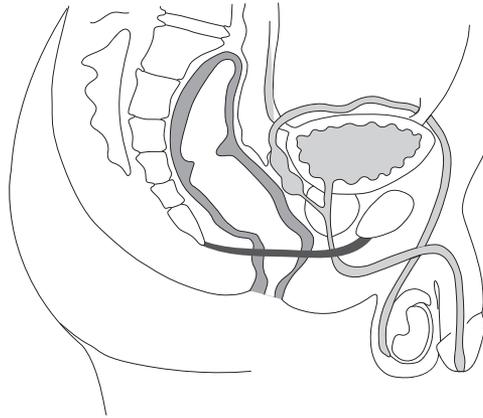
To treat anal cancers, radiotherapy is usually given with chemotherapy. Radiotherapy is given in 28 treatments (fractions) over five and a half weeks with chemotherapy if used, in the first and fifth week. Before the treatment starts a PICC line will be placed in your upper arm. This is a narrow hollow tube which is put into a vein, usually above the elbow. This will remain in place for the whole of the treatment. On the first day of your radiotherapy you may be given an infusion of a chemotherapy drug called Mitomycin into this line. You will then go home with your infuser connected to your line. This will deliver a drug called 5 Fluorouracil (5FU) into the line continuously over the next 96 hours. This is done in the first and 5th week of your radiotherapy.

Alternatively you may have the Mitomycin through a cannula (a short, plastic tube put into a vein in the back of your hand or arm) and the 5FU given by tablet form called Capecitabine which you take at home and have Monday to Friday on the days of your radiotherapy. You will be given separate written information about these drugs which explains the side effects that you may experience.

During your treatment you will be seen each week by the support radiographer and your oncologist. You will need to have a blood test every week during treatment.

It is important that you don't miss any of your radiotherapy treatments. If you have problems attending, please contact the department using the number at the end of the leaflet.





## What side effects can I expect?

### Early side effects

Radiotherapy treatment is painless. However, there are side effects and you will notice one or more gradually developing over the course of the treatment. You may also experience side effects from the chemotherapy; your treatment team will tell you more about these.

Often side-effects you will experience become worse for a short while after radiotherapy finishes and slowly settle over a few weeks. Please don't worry about this because it is normal.

During this time you should continue to follow the advice you have been given during your treatment and take any prescribed medication for the side effects, until they settle down. If anything is worrying you during the treatment, however small, please tell your review radiographer, either during your visit or by phoning the department (contact numbers at the end of the leaflet).

**Bowel habit** – diarrhoea can start at any time after the treatment begins and may last for several weeks after the end of the treatment. You may also pass mucus (a clear jelly-like fluid which may contain blood), in addition to diarrhoea.

You may experience an urgent need to open your bowels, increased 'wind' (flatulence) or occasional abdominal cramps. You may also feel 'bloated'. It is important to keep eating and drinking as normally as possible.

The therapeutic radiographer or colorectal nurse can advise you about whether to adapt your diet, or may prescribe some medication to help. It is important to drink plenty of fluids (1.5 to 2 litres or approximately 3 pints a day), to replace lost fluid. Eating a balanced diet is important to provide your body with energy, protein, vitamins and minerals needed for your body to function well. It helps your body to cope better during radiotherapy and may improve your rate of healing and recovery after treatment.

If you have lost weight before or during treatment or are struggling to eat, please ask to see a dietician.

**Bladder** – your bladder will be irritated by the radiotherapy. This can cause an increased feeling of wanting to pass urine, straining to pass urine or a burning feeling when you pass urine. It will help to drink plenty of fluids – at least double your normal intake. It is best to avoid drinking lots of tea, coffee and alcohol as this can make the symptoms worse. Some people find drinking cranberry juice or barley water helpful. An infection can make these feelings worse, but is easily treated with antibiotics. Most people feel largely back to normal six weeks or so after treatment.

**Tiredness** – radiotherapy often makes people feel tired so try to get as much rest and sleep as you can, especially if you have a long way to travel for treatment each day. This will gradually disappear in the weeks following your treatment, but can take some time. A small amount of gentle exercise is recommended.

**Effects on your blood count** – radiotherapy and chemotherapy can have an effect on your full blood count by causing you to be more prone to bruising and bleeding. It is important that your haemoglobin level is normal or nearly normal in order for the treatment to be effective. If you have a possible infection then the white cells in your blood will be raised and will prompt early treatment with antibiotics. It is possible we may need to give you an iron infusion before treatment to correct anaemia, or a blood transfusion if needed.

Your electrolytes (salts) and kidney function are important particularly for you to get rid of the waste products of the chemotherapy. These can also be affected if you have diarrhoea. For these reasons we will be checking your bloods before starting the treatment and at least weekly during treatment.

**Skin reaction** – the skin in the treatment area will become red, dry, sensitive or itchy. It may then become moist, sore and break down. It is important to keep these areas clean and dry.

It is likely that the skin in the area between your leg and groin will become broken and produce a discharge. It is normal for this to be coloured or bloody. It is common for the skin reaction to peak at about 10 to 14 days after your radiotherapy course has been completed.

Take care of your skin by washing using a mild, unscented soap, not having the water too hot, not soaking too long in water and patting the area dry gently using a soft towel. Showering is preferable to bathing. If your skin does become sore, bathing with salted water (saline) may help. It is advisable to use a moisturiser daily until your skin becomes sore. When this happens the radiographers will advise and provide any additional creams.

**Stomatitis or sore mouth** – you could develop a sore mouth or mouth ulcers as a side effect of the chemotherapy. This can make you more likely to get an infection in your mouth. Gently clean your teeth with a soft tooth brush in the morning, after each meal and before bed time. You may need to use a mouthwash to prevent or help treat the mouth ulcers / infection which will be prescribed for you. Keep up your fluid intake and if you have any concerns please speak to the radiographer or oncologist.

**Nausea** – this is rarely experienced with this treatment. If you do experience nausea it can be settled easily with anti-sickness drugs (anti-emetics), and will settle quickly once the radiotherapy has finished.

**Pain** – the area around your anus, scrotum, vagina, labia (lips) and groins can become very painful particularly when the skin breaks down, cracks and becomes moist. Your oncologist may prescribe some stronger pain killers such as co-codamol or morphine to help with this and you will need to take them regularly until the skin recovers. Once the pain eases you can take simpler pain killers like paracetamol or ibuprofen.

**Hair loss** – radiotherapy only affects the hair in the area treated. This means that you may lose your pubic hair, although it may grow back. Very occasionally the chemotherapy may cause the hair on your head to thin and fall out but this will regrow after treatment.

**Sexual effects** – radiotherapy can sometimes cause physical changes that may affect your sex life. It is normal to lose interest in the physical aspect of your relationship for some months.

However, it is possible to continue with sexual intercourse during your treatment. If you are having problems, it may help to talk these over with your partner and your treatment team.

**Contraception** – it is essential to use effective contraception throughout your radiotherapy treatment and afterwards. Radiotherapy could cause a miscarriage or cause a child to be born with abnormalities.

## **Women**

Your vagina may become irritated, which can cause discomfort, soreness and narrowing. Following the treatment you may find sex difficult or painful. This is caused by narrowing of the vagina. 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.

During your weekly reviews, the treatment team will be able to offer specific advice about this. They may give you vaginal dilators to use after your radiotherapy has finished. These are a device to help prevent the vagina narrowing, although regular intercourse is the most natural way to achieve this. Your vagina may also feel dry and this can be helped by using lubrication gels such as Replens or hormone creams if appropriate.

## **What are vaginal dilators?**

Dilators are plastic and are shaped to resemble a penis. The dilator needs to be inserted gently into your vagina to stretch it gradually and help prevent narrowing. A review Radiographer will give you a set of dilators at the

beginning of your treatment and explain how to use them. You are advised not to use them until six weeks after your radiotherapy has finished as your vagina may feel sore after the treatment.

Do not use tampons, female deodorisers, douches, cleansing wipes or talcum powder during treatment, as these can cause irritation and possibly infection.

### **Are there any long term side effects?**

Long term side effects can occur many months to years after radiotherapy has finished. These late effects are hard to predict and unfortunately, if they occur, they can be permanent. You should always report them to your GP or hospital team for assessment and referral for specialist advice or treatment. We carefully plan the treatment to avoid as much as possible, to reduce these side effects. You may find the Macmillan Cancer Support booklet 'Managing the late effects of pelvic radiotherapy' useful. Please ask your treatment team for a copy.

**Bowel** – you may continue to feel the urge to go more often or that you need to open your bowels urgently. You may have difficulty distinguishing the difference between passing wind or solid motions. This should gradually improve, but there is a chance you may need to wear pads. Your treatment team can discuss some helpful changes to lifestyle or medication.

You may experience rectal pain or bleeding which is caused by irritation of the lining of the rectum. Blood may appear in the stools or in the urine because the radiotherapy can make the blood vessels in the lining of the bowel and bladder more fragile. You may also experience difficulty opening your bowels because of a narrowing of the rectum or colon called a stricture which may result in a bowel obstruction. Occasionally the radiotherapy can cause a fistula or hole in the bowel that requires surgery.

In some cases, a permanent stoma may be required (an opening from your bowel to a pouch on the outside of your abdomen). We will discuss this with you, if it is required.

**Bladder** – you may feel the urge to go more often or the need to pass urine urgently. This is caused by the bladder muscle fibrosis or shrinkage after treatment. You may feel more confident wearing pads.

There is a small risk that you may need surgery to your bladder, if this continues.

**Bone** – very rarely the radiotherapy can lead to hair-line cracks in the pelvic bones. These are called pelvic insufficiency fractures. You might experience pain, like a dull constant ache or difficulty moving around. This should not be severe enough to keep you awake and often disappears overnight with rest. In rare cases the bone can weaken enough to break. This will be discussed in more detail with you if needed.

**Skin** – you may notice dilated capillaries (tiny blood vessels) under your skin where you have had treatment. These are called telangiectasia. It can look unpleasant, but doesn't cause problems.

**Lymphoedema** – this is a swelling of the legs due to lymph accumulating in the tissues, which is caused by the effects of radiotherapy on the lymph glands in the groin. If you think that you may have lymphoedema please tell your oncologist or nurse.

**Fertility** – radiotherapy to the pelvic area will cause permanent infertility in women and will permanently affect sperm produced by men. For this reason it is very important to continue to use birth control.

**Ovaries (for pre-menopausal women)** – the radiotherapy will affect your ovaries and cause them to stop working. This is a permanent effect, which means that 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 afterwards.

Menopausal symptoms vary. Symptoms include hot flushes, vaginal dryness, irritability and night sweats. You can discuss these symptoms with your doctor, who can refer you to a menopause specialist after the treatment finishes.

**Sperm (for men)** – before your treatment begins, you will be asked if you wish to store a sample of sperm for future use. The sperm can be saved for several years in a frozen form.

It is important that you tell your doctor if you want to have children, as they will arrange an urgent appointment with a fertility doctor before your treatment starts.

## **Will treatment affect my sex life?**

**Low sex drive and impotence** – the treatment you are having can cause a reduction in testosterone levels. This can cause low sex drive and in some cases impotence. Difficulties achieving an erection following a course of radiotherapy are more common in men over the age of 50 and may be permanent. Treatment is available in the form of medication from your family doctor (see leaflet on regaining sexual function after bowel surgery).

**Menopause** – if you are still having regular periods, you may become permanently menopausal in the three to four months after treatment has finished. Normal signs of the menopause, such as hot flushes, dry skin and vaginal dryness develop gradually over a period of a few months. These symptoms can be treated with hormone replacement therapy. Please let your doctor know if you experience any of these symptoms as they can refer you to specialists who can help.

You may find the MacMillan Cancer Support 'Sexuality and Cancer' booklet helpful or regaining sexual function after bowel surgery for women. Please ask a member of your treatment team for a copy.

## **What happens when the treatment is complete?**

After your treatment has finished you will be asked to return to the Outpatients Clinic to be reviewed by your oncology team.

Radiotherapy takes time to work and so it is at this appointment when your oncologist will assess and discuss your progress and what further appointments are needed in the future.

## **General advice**

Everyone having radiotherapy is different. Your treatment is specific to you and so is the way you will react to treatment. If you are worried about anything at all, however trivial it may seem, please speak to the radiographers, as we may be able to help.

## Data protection

All personal details and photographs taken during the planning and delivery of radiotherapy will be used in accordance with this Trust's policy on the protection and use of patient information.

## Contact us

If you have any queries during your radiotherapy or before your follow up appointment, please speak to the therapeutic radiographer treating you.  
Review Team – Linda Thorpe and Liz Telling on 01872 258340 (During normal working hours)  
01872 258341

Alternatively out of hours on the chemotherapy advice line on 07833057447  
After your treatment has finished you can contact the Colorectal Nurses –  
Clare Ferris and Candy Coombe on 01872 252693  
Or the main hospital switchboard on 01872 252000

## Useful other leaflets

Radiotherapy to the pelvis (bladder,prostate,rectum)  
Preparing for Colorectal Radiotherapy  
Beating Bowel Cancer – Anal Cancer  
Keep high, stay dry – Pelvic floor exercises for women / men  
Regaining sexual activity after sexual activity major bowel surgery – advice for women / men  
Macmillan Cancer Support booklets:  
Pelvic radiotherapy in women / men – managing the side effects during treatment  
Managing the late effects of pelvic radiotherapy for women / men  
Pelvic Radiation Disease  
Sexuality and Cancer

If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 252793

