

Radiotherapy to the cervix or uterus



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 is often given following surgery to reduce the risk of the cancer coming back, or it may be given instead of surgery if the cancer can't be removed surgically.

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 given daily during the week with a break at weekends. The course may last from 5 days to 6 weeks. Your oncologist (cancer specialist) will decide how much treatment you need and will explain why you need that number of treatments.

What is a planning scan?

Before you start radiotherapy it is essential that we plan very carefully the area to be treated. The most accurate way of doing this is by means of a CT scan. This will be in addition to any diagnostic scans you may have already had.

You may need a contrast agent during the scan. This is given via a cannula (fine tube) which is inserted into a vein in your arm or hand. The contrast enhances the CT images to enable your oncologist to plan your treatment more accurately.

At the end of the CT scan you will be asked if we can make some permanent marks (tattoos) on your skin. These will be small dots that will act as reference points and are used to ensure that you are lying in the same position each time you are treated.

What happens on my first day of treatment?

One of the radiographers will collect you from the waiting room and explain exactly how your treatment will be given. In the treatment room you will be asked to lie on the couch in the same position as you were in the scanner. If you were asked to have a full bladder you may have an ultrasound scan to check your bladder is full enough.

You will be asked to pull your clothes down 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 sheet.

The radiographers leave the room before the treatment begins but are watching you throughout on TV monitors. They can also hear you and can talk to you during the treatment if you wish.

Before the treatment starts a short CT scan (CBCT) will be performed to check you are in the correct position. This may be done each day.

You will have the option to see a Review Radiographer each week to discuss any side effects you may be experiencing. You may need routine blood tests during your course of treatment.

What is brachytherapy?

This is internal radiotherapy and is often given following the external radiotherapy you are about to have. Your oncologist will discuss this with you if he feels you would benefit from this additional treatment. As brachytherapy is not available at this hospital, you would need to go to Exeter or Plymouth for a few days following completion of your radiotherapy.

What side effects can I expect?

Short term side effects

These are likely to occur during and immediately after radiotherapy and usually settle quite quickly.

- **Diarrhoea** – as X-rays pass through your bowels, they may cause irritation that leads to diarrhoea. This may be mild or more severe depending on how much radiotherapy you are having.
It is usually controlled with medication, which your oncologist or review radiographer will give you. You may also be advised to cut down on the amount of roughage (fibre) and fruit in your diet and increase the amount of fluid you drink.
- **Cystitis** – this causes a burning sensation when you pass water and may make you want to pass water more frequently. This happens when the X-rays irritate your bladder.

Drinking plenty of fluid will help make this less uncomfortable. Some people find drinking cranberry juice or lemon barley water helpful.

- **Tiredness** – radiotherapy often makes people feel tired, especially if you have a long way to travel each day for treatment. This will gradually disappear once you have finished your treatment but it may take some weeks.
- **Skin reaction** – the skin in the treatment area may become pink, dry and itchy. This can be a particular problem around the anus and creases in the groin. Take care of your skin by using a mild non-perfumed soap when you wash. It is better to take a warm shower rather than a hot bath. Use a mild non-perfumed lotion on your skin to help with dryness. Let the radiographers know if your skin blisters or breaks, and we will give you a liquid gel dressing to apply.
- **Nausea** – this is rare during radiotherapy to the pelvis, but if you do feel sick please let the radiographers know and we will give you a course of anti-sickness tablets.
- **Bleeding** – it is common to have slight bleeding or discharge during or after the radiotherapy. If it continues for some time or becomes heavier, it is important to let the review radiographer know (or your GP if you are no longer having treatment).
- **Painful intercourse** – you may find sex difficult or painful following your course of radiotherapy, as the treatment causes your vagina to narrow. Vaginal dilators can be used to help keep the vagina supple, although regular sexual intercourse is the most natural way to achieve this. Your vagina may also feel dry. This can be helped by using lubrication gels such as Replens or hormone creams if appropriate.

What are vaginal dilators?

Dilators are made of plastic and are shaped to resemble the penis. The dilator needs to be gently inserted into your vagina to stretch it gradually and help prevent narrowing. The review radiographer or nurse specialist will explain how to use them effectively. You will be given a set at the end of your treatment, although you are advised not to use them until six weeks after radiotherapy has finished.

Are there any long term side effects?

Radiotherapy can lead to side effects which may occur months or years after treatment has finished.

- **Diarrhoea** – increased bowel motions and diarrhoea caused by irritation of the bowel lining during radiotherapy.
- **Blood in stools or urine** – this is caused by blood vessels in your bowels and bladder becoming more fragile following radiotherapy.
- **Fistulas** – these are ‘holes’ in the bowels connecting to the bladder or vagina.
- **Fibrosis** – this is thickening of the muscles in the bladder, causing the bladder to shrink and leading to urinary frequency.
- **Strictures** – this is a narrowing of the bowels which may lead to a blockage or obstruction.
- **Abdominal pain** – this may be caused by a stricture. If affected, consult your GP or oncologist as soon as possible.
- **Lymphodema** – this is swelling of the legs caused by the effects of radiotherapy on the lymph glands and lymph drainage to the pelvis.
- **Onset of menopause** – radiotherapy causes the ovaries to stop working, so inducing the onset of your menopause.
- **Induced malignancy** – there is a small risk that the radiotherapy you receive may cause a second unrelated cancer within the pelvis.

If you are worried about anything following your radiotherapy please contact the review radiographer, your GP or nurse specialist.

General advice

Everyone having radiotherapy is different. Your treatment is specific to you and so is the way you react to the treatment. If you are worried about anything, however trivial it may seem, please speak to the radiographers or your oncologist.

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