

Radiotherapy for Bowel Cancer

This factsheet has been written to help you understand why, when and how radiotherapy is given. If you have any questions or concerns about any aspect of bowel cancer, please call our **Bowel Cancer Advisory Service** on freephone **0800 8 40 35 40**

What is Radiotherapy?

Radiotherapy is the use of high energy rays, normally x-rays, to kill cancer cells. It is a localised treatment which means it kills cells only in the area of the body it is pointed at. The treatment will be planned specifically for you to make sure that the cancer cells are destroyed with the least amount of damage to normal cells. It takes a few minutes and is painless. Patients treated by x-rays do not become radioactive. The radiation does not stay in the body after treatment so it is perfectly safe for you to mix with other people, including children, throughout your treatment.

Why is Radiotherapy given for Bowel Cancer?

Radiotherapy is often given with other cancer treatments such as surgery and chemotherapy, when it is called chemoradiotherapy. (See also our Chemotherapy for Bowel Cancer factsheet). It is normally used to treat cancers that are lower down in the bowel such as rectal cancers. Radiotherapy may be given prior to surgery (neo-adjuvant treatment) in order to reduce the size of the tumour to help make the operation easier and to improve the chances of complete tumour removal. Radiotherapy can also be given after surgery (adjuvant treatment) if the cancer was difficult to remove and there are concerns that some cancer cells remain within the surrounding area.

Radiotherapy may also be given for advanced bowel cancers, to slow down the progress of the disease and to relieve pain and other symptoms. Normally, this will be a lower dose and will be given over a shorter period than when given with the aim of curing a patient.

Treatment Planning

To ensure your treatment is as effective as possible, your first appointment in the radiotherapy department will be a planning session. You will be asked to lie still under a large machine, called a simulator, which takes x-rays and scans of the area to be treated. A CT scanner will sometimes be used for the same purpose. You may be given more than one appointment for the treatment planning, each of which can last up to an hour. The radiographers and physicists calculate, often with the help of computers, the dose of radiation that will be given within the treatment field. Once the treatment area has been finalised, ink markings, not usually permanent, are made on your skin to pinpoint the exact place where the radiation is to be directed. The radiographers will explain how to keep the treated area clean and will tell you when you can wash the marks off.

How is Radiotherapy given?

Radiotherapy is given using a large machine which looks like an x-ray machine. The machine does not touch you and you will not feel any pain during the treatment. A radiographer will help position you on the

treatment couch before the machine is directed exactly at the area to be treated. Once the medical team is satisfied the energy beam is directed accurately, they will leave the room and activate the machine. Although you will be in the room alone, the treatment takes only a few minutes.

Your radiotherapy treatment will usually be planned by a radiotherapist - a doctor specialising in treating cancer (a consultant clinical oncologist). When deciding your course of treatment, the radiotherapist takes into account the position and type of the cancer, together with any previous, current or planned treatment and your general health and fitness. Radiotherapy is prescribed by the radiotherapist and given by a team of radiographers and is usually given at a hospital outpatient clinic or cancer centre. Many patients have their treatment daily - from Monday to Friday - with a rest at the weekend. Treatment is normally given as a series of short sessions, known as fractions. The course may last for one fraction or a few weeks. Your doctor will explain your treatment, how it may affect you and any possible side effects.

Your Treatment

It is quite normal to feel anxious about your treatment but as you get to know the staff and the procedure it should become easier. You may be asked to change into a gown before the radiographers position you on the treatment couch. Using the ink markings put on your skin during treatment planning, they will line up the radiotherapy machine. When satisfied that you and the treatment machine are both in the correct position, they will leave the room and switch on the radiation beam. It is important to keep very still during the treatment phase. The radiographers will watch you using closed circuit television or through a window. Sometimes there is an intercom system so you can speak to them and hear them. Don't be afraid to express fears or worries to the staff. They are there to help and the more relaxed you are, the easier it is to give you the best treatment.

Side Effects of Radiotherapy

Your doctor will discuss any possible temporary or permanent side effects with you before the start of your treatment and before you sign your consent form. If there is a possibility you may be pregnant, please inform your doctor as there may be a risk to your unborn child. Your treatment centre should provide general guidelines and information sheets to help you understand the potential side effects and any side effects directly related to radiotherapy should improve once the treatment finishes. These depend on the area being treated and on the number of treatments you are having. During your treatment, a nurse or radiographer should be able to answer any questions you might have and help with any problems you encounter. Every patient is different. Most side effects are temporary and some people find they have no problems at all. However, some may persist for weeks or months after treatment has been completed. Occasionally it may be necessary for you to become an inpatient to help you cope with your side effects.

Side effects you may experience during and after radiotherapy include the following:

- **Bladder problems**

Your bladder can become sensitive if it is in the target area. You may feel the need to pass urine urgently and more often. You may also feel a burning sensation when you pass urine.

Always discuss symptoms with the radiographers or nurses before they become problematic.

How you can help:

- Drink at least 8 to 10 glasses of water each day and cut down on caffeine drinks such as tea and coffee as well as alcohol as they make you pass more water
- Let the radiographer or nurses know if the burning sensation lasts for a few days as you may need some antibiotics

For further information contact the Bowel Cancer
Advisory Service on: (Freephone) 0800 8 40 35 40

Email: advisory@bowelcanceruk.org.uk

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Tel: 020 7381 9711

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20 Queen Street

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Tel: 0131 225 5333

Fax: 0131 225 2206

- **Bowel changes**

Radiotherapy can irritate your bowel and this may affect the consistency and regularity of the stools you pass. It may be painful to open your bowels and you may pass some blood.

How you can help:

- Drink plenty of water
- It may be necessary to change your diet. Eat small, frequent and regular meals and avoid high fibre food
- Report any symptoms as soon as possible to the radiographer or nurses as they can arrange for you to see a hospital or community dietician or have helpful medication prescribed

- **Tiredness**

You may feel more tired and feel you have less energy, particularly towards the end of a long course of treatment.

How you can help:

- Take the time to rest and relax and ask family and friends for help if you find everyday tasks too much
- Plan your journey to and from the hospital, ask friends or relations to bring you and take you home

- **Skin reaction**

This can feel a little like sunburn in the treatment area and look red, dry and itchy. The skin around the back passage (anus) may also become sore, especially if you pass frequent, loose stools. If you have a stoma and need to change the bag more frequently, the surrounding skin can become sore and irritated. If your skin is irritated, ask the radiographer or nurse for advice.

How you can help:

- Wear loose clothing made from natural fibres. This will allow the air to circulate around the treatment area
- Wash the area very gently using lukewarm water and unperfumed soaps. A shower is ideal. Don't rub the treatment area just pat it dry with a soft towel
- Only apply creams recommended by your doctor, radiographer or nurse

- **Possible side effects for women**

Radiotherapy to the pelvis may result in vaginal changes such as dryness and changes in sensitivity. Sexual intercourse can be continued if it is not too sore or uncomfortable. Contraception would be needed. You may experience an early menopause due to the ovaries being affected. This results in the absence of monthly periods, hot flushes and infertility. If you are planning a family, talk to your consultant or nurse before your treatment begins.

- **Possible side effects for men**

You may experience a loss of libido or impotence during or following radiotherapy which may be temporary or permanent. Infertility may also be a consequence of radiotherapy or surgery. These issues should be discussed with your consultant or nurse prior to starting your treatment if they are of concern to you. You will, if necessary, need to use contraception during and for some time after treatment.

Don't be embarrassed to discuss your worries with the radiotherapy staff they are used to dealing with these issues.

- **Possible long term side effects**

There is a small, long term risk of damage to the bowel or bladder which may mean their function does not return to normal. Increased bowel motions and diarrhoea may continue, or you may need to pass urine more frequently than before. Although it can take many months or years before these side effects develop, they can usually be managed by medicines and or by changes to your diet (see our factsheet Eating After Surgery). Very occasionally, surgery will be needed to repair the damage.

After your treatment, your oncologist will arrange a follow up appointment to check how you are recovering from any side effects and what your response has been to the radiotherapy.

Useful numbers and contacts

Bowel Cancer Advisory Service (freephone) 0800 8 40 35 40

advisory@bowelcanceruk.org.uk

www.bowelcanceruk.org.uk

Macmillan Cancer Support

Provides specialist information and support for people with cancer at every stage of their illness. They also provide financial help through patient grants (applications for grants through nurses, social workers and other health care professionals)

Nurse Information helpline (09.00-22.00, Mon-Fri) 0808 808 1234

Benefits helpline (09.00-22.00, Mon-Fri) 0800 500 800

cancerline@macmillan.org.uk

www.macmillan.org.uk

Recommended Reading:

Supportive Care in Radiotherapy (2003) Sara Faithful & Mary Wells, Churchill Livingstone

Practical advice on the assessment and clinical management of acute and late side effects

You may find the following additional factsheets helpful:

- Treatment Options for Bowel Cancer
- Chemotherapy for Bowel Cancer

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