

External beam radiotherapy information for patients undergoing treatment for gynaecological cancer

Cancer Services

Leaflet number: 2032 Version: 1.1

Information for Patients

Produced: Apr 2025 Review: Apr 2028

Introduction

In the clinic today, you and your doctor have discussed your ongoing treatment, which includes radiotherapy. This leaflet explains what you can expect before, during and after your treatment.

What is radiotherapy?

Radiotherapy uses high-energy radiation to kill cancer cells in the treatment area. Radiotherapy can also damage normal cells in the treatment area, which can cause some side effects.

We carefully plan radiotherapy to protect as much healthy tissue as possible and lessen treatment side-effects. The tissues usually heal, and side effects and symptoms get better over time.

There are 2 types of radiotherapy used to treat gynaecological cancers:

- **External beam radiotherapy** – this is given on the outside of your body using a machine called a linear accelerator (Linac)
- **Brachytherapy** - this is given inside using a machine called a gamma med unit

This leaflet describes external beam radiotherapy.

There is a separate leaflet describing brachytherapy if your doctor decided that you need this type of treatment after your external beam radiotherapy.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Chemotherapy

You may be prescribed chemotherapy alongside your radiotherapy, this will be given weekly and you will need to have weekly blood tests. If you need this treatment your doctor will tell you and give you further information.

Treatment planning

This is to plan your radiotherapy treatment, and it consists of 2 appointments:

- **Pre-plan appointment** – this is done within the radiotherapy department and will take around 30 mins. A radiographer will discuss with you what is needed before each treatment and what the planning means.
- **CT scan** - this is also done within the radiotherapy department. You may need contrast for the scan but will be told if this is needed by the radiographers. When you have had your scan the radiographers will need to give you some small tattoos in the pelvic area that will be used for treatment.

Treatment

You will come for treatment every day from Monday to Friday and will be in the department for up to an hour.

Before your first treatment, a radiographer will either phone you or speak to you when you arrive to go through the treatment and answer any questions that you may have.

Please go to the main reception when you arrive in the department and when it is your turn you will be asked to enter the treatment room. The radiographers will ask for your name, address and date of birth so that they can know they have the correct patient.

You will be asked to lie down on the treatment couch in the same way as you were for your planning scan and the treatment radiographers will use your planning tattoos to ensure you are in the correct position, they will ask you to keep as still as possible. The radiographers will leave the room while you have your treatment, but there is CCTV in the room so they can see and hear you if you need them. The treatment machine will move around you but will not touch you, firstly it is carrying out a CT scan that the radiographers will look at and move the treatment couch if necessary. You do not need to do anything. The treatment will then be given; you will not see or feel anything. The radiographers will come back into the room when the treatment is finished and will help you off the treatment couch.

Radiotherapy does not make you radioactive and it is perfectly safe for you to be with other people, including children, after your treatment.

Early side effects

You may get side-effects during your treatment. These usually get better over a few weeks or months after treatment finishes. Sometimes you may notice the side effects get a little worse for a short time after finishing treatment, before they slowly start to get better.

Tiredness

Radiotherapy can make people feel tired. Tiredness may get worse as treatment goes on. If you are having radiotherapy alongside other treatments, such as chemotherapy, you may feel more tired. But there are things you can do to help, such as:

- Rest when you feel tired
- Slowly increase the exercise you take and jobs you do
- Take care and have short rests when you are busy
- Vary your activities so you remain interested
- Use your energy to do things that you enjoy
- Return to work when you feel ready

Bowel changes

Radiotherapy to the pelvis may irritate the bowel. This can make you want to open your bowels (poo) more often and it may result in diarrhoea and soreness around the back passage.

If you have bowel side-effects, your doctor can prescribe medicine to help. Make sure you drink plenty of fluids (1.5-2 litres a day) if you have diarrhoea, to replace fluids lost by frequent bowel motions.

If diarrhoea is not stopping you can get dehydrated and become unwell, please call the helpline number for advice anytime of the day or night if this happens,

Bladder changes

Radiotherapy can irritate the bladder. This can make you want to pass urine (pee) more often and causes a burning feeling when you pass urine. If this happens you may be asked to give a urine sample to make sure you don't have a urine infection. Your doctor can give you medicines to help. Drinking at least 1.5-2 litres of fluid a day will also help.

Skin reactions

The skin in the area that is treated may:

- redden
- darken
- feel sore or itchy.

Your radiographer or specialist nurse will give you advice on taking care of your skin. If your skin becomes sore or itchy or changes colour, tell them straight away.

Late side effects

These may happen many months or years after radiotherapy and may be permanent.

There may be some permanent changes in the tissues in the treated area. For most patients these do not cause major problems.

These may include:

Vaginal dryness and narrowing

Radiotherapy can cause narrowing and shortening of the vagina. You will be asked to use a vaginal dilator 2 or 3 times a week for up to a year or longer after treatment. This will help to keep the opening of the vagina, which can make future clinical examinations and intercourse more comfortable for you. How to use a dilator will be explained to you whilst on treatment.

Radiotherapy may also cause some vaginal dryness, a lubricating gel may be recommended for future intercourse.

Swollen legs

In some people, one or both legs can become swollen (lymphoedema). This is more likely to happen in women who have had both surgery and radiotherapy to the lymph nodes.

Bladder changes

This can include frequency (peeing often), reduced bladder capacity, leakage, and blood in the urine.

Bowel changes

This can include loose bowel motions, going to the toilet more often, narrowing of the bowel and bleeding from the rectum.

Menopausal symptoms

Having pelvic radiotherapy can stop the ovaries from working. This can cause menopause in women who have not already gone through it. Hormone replacement therapy may be recommended for some patients.

Pelvic insufficiency fractures

There is a small risk of radiotherapy affecting the bones of the pelvis. This causes them to become weak, and pelvic insufficiency fractures can happen. These are fine hair-line cracks in the bones of the pelvis.



Emotions

You may experience many different feelings whilst trying to come to terms with your diagnosis, this is very normal.

If you are struggling with any of the long term side effects please contact your Gynae Cancer Nurse Specialist (CNS) nurse, who can help you or arrange to see you.

Reviews and follow-ups

Whilst on treatment you will see your doctor in their clinic. You will be able to ask any questions you may have. There are also Gynae Advanced practitioner (AP) radiographers within the department that you can ask to see or phone during your treatment if you have any concerns or worries.

After you have had treatment you will routinely see the doctor within the outpatient department, they will discuss this with you whilst you are on treatment.

Useful numbers

Gynae AP radiographers	0116 258 3627
Gynae CNS Key workers	0116 258 4840
Out of hours 24hr support	0808 178 2212
(During and up to 6 weeks post treatment)	
Macmillan cancer support	0808 808 0000 or www.macmillan.org.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net