



Radiotherapy for gynaecological cancers

A guide for patients and their carers

We care, we discover, we teach



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Introduction

This booklet is written for women who are having radiotherapy to the pelvis for gynaecological cancers such as cancer of the womb, cervix or vagina. It describes all possible treatments, and some may not apply to you. The doctor or nurse clinician will discuss your treatment with you and explain anything you do not understand. Please share this booklet with your family and friends. They can have a role in helping you. It's important that they feel well-informed and understand what is happening. If you would like more detailed information about your own treatment, please ask the staff. There are also DVDs on radiotherapy which you can take home to watch. Please ask your doctor, nurse or radiographer.



Please note:

Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.

What treatments are available?

a course of external beam radiotherapy treatment (XRT)

or

internal treatment called brachytherapy where radioactive sources are placed in the womb and/or vagina. We will nurse you in bed until this treatment is finished. Sometimes it is necessary to repeat this type of treatment

or

a combination of both types of treatment

Some women with gynaecological cancers may also benefit from having chemotherapy. With cancer of the cervix or vagina this may be weekly chemotherapy (with a drug called cisplatin) along with the external beam radiotherapy. For cancer of the womb this may be chemotherapy every three weeks (with drugs carboplatin and paclitaxel) before having radiotherapy. The doctor or nurse clinician will discuss this with you what is recommended for your situation. We advise you to read the information on these treatments in the booklet '**Chemotherapy, a guide**' and the leaflet on **cisplatin** and **carboplatin/paclitaxel**, which are available from the nurses or doctors treating you.

When is radiotherapy offered and what are the benefits?

Each woman has her treatment planned individually, and your doctor at The Christie will discuss with you the type and length of treatment that is recommended for your condition. The doctor will use the chart overleaf to explain the reasons for your treatment and the benefits of treatment you are being offered.

Chart to show your type of cancer and treatment choices

My treatment is being offered for:



When is radiotherapy offered?	Cervix or vaginal cancer when surgery is not possible.	Womb/uterus cancer after a hysterectomy where there is a risk of cancer cells being left behind.
What type of radiotherapy?	25 treatments of radiotherapy from the outside followed by brachytherapy (internal) treatment or a further 10 external treatments (boost).	25 treatments of radiotherapy from the outside and/or brachytherapy (internal) treatment.
Will I need chemotherapy?	Cisplatin chemotherapy with radiotherapy may be offered. Patients need to be generally fit and well and have a good kidney function.	For certain types of cancer a course of carboplatin/paclitaxel chemotherapy may be recommended before you start radiotherapy.
What is the aim of treatment?	To reduce the tumour, prevent it spreading, or with the aim of getting rid of it altogether.	Treatment is offered as a follow-up (adjuvant) treatment with the aim of reducing the chance of your cancer coming back.
Are there any alternative treatments?	Normally there are not because surgery has already been ruled out. Ask the treating team and they will explain if this is an option.	No, not normally
What will happen if I decline treatment	Your tumour will continue to grow. It may spread to other areas of your body and cause you increasing symptoms.	You should be offered regular follow-up appointments with your gynaecologist who can refer you back for radiotherapy in the future if you require it.



Cervix cancer after a hysterectomy where cancer was found in lymph glands or tissues beside the cervix.

25 treatments of radiotherapy from the outside. Sometimes followed by brachytherapy (internal) treatment.

Cisplatin chemotherapy with radiotherapy may be offered. Patients need to be generally fit and well and have a good kidney function.

Treatment is being offered as there is a risk that some cancer cells may not have been removed. With this treatment the risk is reduced.

No, not normally.

You should be offered regular follow-up appointments with your gynaecologist who can refer you back for radiotherapy in the future if you require it.

Womb/uterus cancer where surgery is considered too high a risk because of medical conditions e.g. heart disease or obesity.

Treatment is tailored to each patient and can involve 5 to 25 treatments of radiotherapy from the outside or both brachytherapy (internal) and external.

Not normally.

To control the tumour and in some instances to get rid of it altogether.

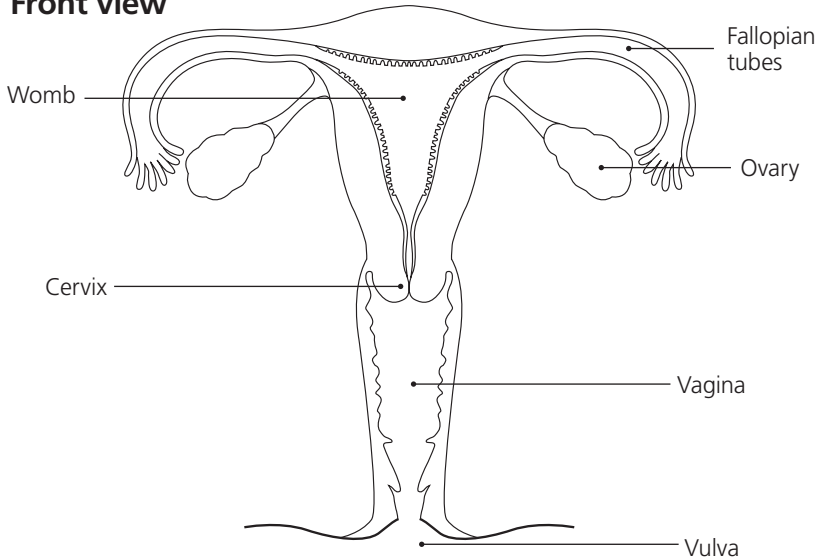
Surgery has normally already been ruled out. Hormone and chemotherapy treatments can be useful in controlling some cancers but they do not get rid of the cancer.

Your tumour will continue to grow. It may spread to other areas of your body and cause you increasing symptoms.

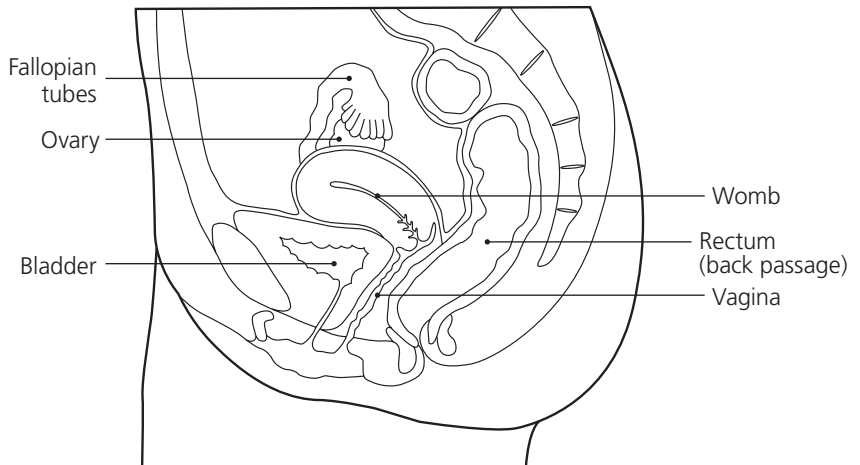
The areas being treated

These diagrams may be useful to help you understand where your cancer is and the area to be treated with radiotherapy. Your doctor may draw on them to help explain your treatment.

Front view



Side view



Agreeing to treatment

Consent to treatment

The doctors, clinic nurses and radiographers will normally give you some written information to support what they have said about your treatment. At the time your treatment is being planned, you will have the opportunity to discuss anything you do not understand, or any worries or concerns you may have.

We will ask you to sign a consent form (see page 44) agreeing to accept the treatment that you are being offered. The key messages in the consent form for radiotherapy are included in this booklet for you to read and consider. It is important that you understand what the planned treatment involves and that you have been given the opportunity to discuss any concerns before you sign the consent form.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period, or suspect that you might be pregnant before you are exposed to any radiation.

Stopping smoking

Many of the effects of radiotherapy can be made worse by a lack of oxygen getting to the parts of the body treated by radiotherapy. Stopping smoking is the best way for you to increase the oxygen getting to your tissues. This may help to lessen side effects. Most people who smoke are much more likely to stop smoking if they have support.

You can be referred or refer yourself to the smoking cessation service at The Christie, phone 0161 446 8236. This is explained in the leaflet 'Smoking cessation and alcohol advice services' or by discussing it with any of your treating team. Alternatively, your GP or local pharmacy should be able to direct you to your local stop smoking service.

External Beam

What is radiotherapy?

Radiotherapy uses exact, carefully measured doses of radiation to treat diseases. It is often given in small doses over a specified period of days or weeks. Most patients having radiotherapy are treated using a high energy beam of x-rays delivered to the precise area by a machine called a linear accelerator. The rays are used only to treat the tumour and a small surrounding area.

The radiographers treating you are highly-trained professional men and women. They will be able to answer any questions or concerns you may have. The dose given will depend on the exact type of cancer you have so you may find that you are having a different number of treatments from other women you meet at the hospital.

How does radiotherapy work?

Our bodies are made up of cells and all cells are able to divide. If radiation hits a cell that is dividing it will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed.

When will radiotherapy begin?

The specialist doctor who is in charge of your treatment is a clinical oncologist. He or she will examine you and may arrange for tests such as x-rays, scans and blood tests. These are to check your general health, and to help decide on the details of your treatment.

You will be cared for by a team of doctors including consultants, registrars, foundation year 2 doctors (FY2), radiographers and nurses. The team also has a nurse clinician who specialises in caring for women with gynaecological cancers.

In choosing your treatment, your clinical oncologist at The Christie has carefully considered the nature of your illness, and your particular needs with regard to your treatment plan. During your initial radiotherapy planning appointment, the radiographers will be able to tell you exactly when you will start your treatment. As everybody's treatment varies, the amount of time needed to plan the treatment varies. You may have between five and 30 treatments.

Planning the treatment

Treatment preparation may be done on a RTP (Radiotherapy Planning) scanner which is a type of CT scanner. The scanner provides the doctors with images from which your treatment is planned. You may be asked have an injection of a special contrast before your scan which helps to get clearer pictures and improves the planning of your treatment. When you are sent your appointment letter for your scan a leaflet will

also be enclosed which will explain in more detail what will happen. During this planning session the radiographers will draw some marks on your pelvis with a skin pen. These marks do wash off and so some permanent marks, like tiny black freckles, will need to be made. These will help the radiographers set you up in the correct position for treatment every day.

During the scan you will need to lie flat on your back and stay still for a short time. Unfortunately, the bed is very firm for technical reasons and is similar to the bed you will lie on when you have your radiotherapy treatment each day. If you



CT Scanner

find it uncomfortable to lie on your back or sit/lie on a hard surface, you may want to take some extra painkillers 30 to 60 minutes before your scan. It is always a good idea to bring any painkillers you might need with you. Please discuss any particular concerns you have with your doctor or specialist nurse.

At your scan appointment you will be seen by one of the doctors or the nurse clinician who will explain the treatment, the reason it is being offered and potential short and long-term side effects.

The scan pictures are then loaded on to a specialist computer and your consultant will then plan your treatment with the support of the technical team.

This is a complex process that usually takes 1 to 2 weeks to complete and is done individually for each patient.

What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a male or female radiotherapy care assistant may collect you from your ward and escort you to the department.

On the treatment unit you will meet a radiotherapy support worker. They help patients plan their appointments for the treatment. The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen. The Christie is a training centre, so you may meet male and female students in the radiotherapy department who may be involved in the delivery of your treatment. If you have any objections please let the radiographers know.

The radiographers will discuss the treatment with you and how to minimise side effects. They will also check whether you are still happy to go ahead with your treatment. This is the ideal opportunity to ask

any questions you may have. The radiographers will take you into the treatment room and ask you to loosen your clothing around your pelvis so that they can see the marks made during treatment planning. They will help you onto the treatment bed. The radiographers will then adjust the bed and your position so that you are in the correct position for the treatment.

They will try to make you as comfortable as possible as you will be asked to keep still for the duration of the treatment.



Being positioned by radiographer before treatment begins

The radiotherapy machines are quite large and you may find them a little frightening to begin with, but there is no need to worry – the treatment is painless. Each session may take about 15 minutes but the actual treatment only lasts a few minutes. The radiographers operate the machines from outside the room. When all the adjustments have been made and you are in exactly the right position, the radiographers will make sure you are all right and then leave the room to switch the machine on. There is nothing to feel and nothing to see. The machines make a buzzing noise when they are giving treatment.

If you feel particularly anxious or you are having difficulties with having radiotherapy, please speak to the radiographers. There may be things that they can suggest that might help such as referring you for support to the CALMS team who provide complementary therapies.

During your treatment the radiographers will need to take images of the area you are having treated. This will be done at the same time as your treatment and you probably will not notice that the images have been taken. Some machines have the ability to complete a scan of the treatment area. All of these images are purely to check that you are in the correct position and not to check how the tumour is responding to treatment. If you are having treatment for cervical or vaginal cancer, you may have an MRI scan during the fourth week of radiotherapy. The main reason for this is to assess whether brachytherapy is possible and whether this would be the best treatment for you.

A closed circuit television on the control desk gives the radiographers a clear view of you and they will be watching you all the time, so please do not feel abandoned. If you feel you need to cough or sneeze the radiographers will tell you beforehand how to let them know this. They will switch off the machine and come in immediately.

Once your treatment has finished they will help you off the bed and arrange your next visit. You are then able to return home or to your ward. It is very important that you do not miss treatment days as this may make your treatment less effective. If you feel you are unable to attend for any reason please telephone the staff on your treatment machine and discuss the problem with a radiographer. If, whilst you are at home, the side effects become severe such as uncontrollable diarrhoea, heavy bleeding, difficulty in passing urine, fever, severe tiredness or pain, it is important to contact **The Christie Hotline 0161 446 3658** which is open 24 hours a day, 7 days a week for advice.

Some questions about radiotherapy

Is radiotherapy safe?

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to include all tissues that could possibly contain cancer cells whilst minimising the dose to the normal tissue.

Will I be radioactive?

No. Patients treated by x-rays do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women and to have visitors if you are on the wards, apart from when you are actually having brachytherapy (internal) treatment.

I already have problems with my health. Will radiotherapy treatment make them worse?

Not usually. The treatment may make you feel more tired than normal. Please tell your treatment team about any existing medical conditions and continue with any medication that you may be taking unless your doctor or nurse tell you

otherwise. Ask your Christie doctor if you are worried about any other health problems.

Can I come for treatment at any time of the day?

If you are having treatment as an outpatient, the radiographers will give you an appointment time for the first treatment when you attend for your planning session. After that you can arrange with your treating team the time that suits you and the machine. Please try and be as flexible as possible and give priority to your treatment sessions over general appointments. The time you prefer may not be available at the start of your treatment because of the large number of patients on the treatment unit. If you need a specific time with valid reasons, please give the radiographers at least 48 hours notice. The time we give you may vary half an hour either way each day due to emergencies and so on. Each day, we will give you an appointment time for the following day.

Once a week, you will meet your consultant or one of their team. If you are having radiotherapy alone then you do not need an appointment for this. We will take you to the clinic before or after your radiotherapy. If you are having chemotherapy, you will usually have a pre-booked appointment in the chemotherapy clinic.

If you are coming by ambulance transport we will give you a morning or afternoon appointment to fit in with your consultant's clinic.

If you are an inpatient, the treating suite will send a care assistant for you when they have a free slot and you will be seen regularly on the ward by your medical team.

Will I be treated as an outpatient or an inpatient?

You will usually have your treatment as an outpatient. Some people continue to work during part of their treatment. However, after daily travel and treatment, you may feel tired and need to rest.

Your doctor or nurse clinician will have discussed with you about travelling daily for your treatment as an outpatient. However, if you do become unwell during your treatment we will usually admit you as an inpatient to support you through your radiotherapy. You will not have to stay in bed, so bring suitable day wear, so that you can get dressed if you feel well enough.

What happens if I need transport for radiotherapy treatment?

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a radiotherapy support worker or radiographer on your first visit to the radiotherapy department. Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport. There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not.

Hospital transport is provided by North West Ambulance Service and Arriva; however, you can contact the transport liaison office at The Christie or directly on 0161 446 8114 or 8143 for advice about transport.

Prescriptions

Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy and benefits advisers at The Christie and from your GP.

Questions you may want to ask your doctor

- What type and extent (stage) of disease do I have?
- Why are you recommending radiotherapy for me?
- What might be the benefits and side effects?
- Is there any alternative treatment, and, if not, why is this?
- Is there any treatment that will mean I can still have children?
- What will the radiotherapy involve and how many times will I have to visit the hospital?
- Will there be any lasting effects from treatment?

Brachytherapy (internal) treatment

What is brachytherapy treatment?

Your doctor will explain if you need this type of treatment when your radiotherapy treatment is first planned. Most internal treatments are carried out soon after patients finish their course of radiotherapy but this may depend on side effects.

Brachytherapy (internal) treatment

The doctor will place applicators or tubes into your vagina or cervix under a general anaesthetic in the radiotherapy theatre. Some patients who are having treatment just to the top of the vagina may have the applicators placed into the vagina on the BMRU (Brachytherapy and Molecular Radiotherapy Unit) Department 16. The applicators are then connected to the treatment machine. The PDR (Pulse Dose Rate) machine puts radioactive sources into the applicators which treat the tumour. You will not feel this but the machine may make some noises as it is doing this. You will have this treatment as an inpatient and you can normally expect to be in hospital for about 24 hours. The following information will help you understand what you can expect while you are in hospital.

Depending on why you are having treatment will determine whether you need one or two brachytherapy treatments. Treatments are normally 7 to 10 days apart. If you have not had a hysterectomy, you will probably need to have a general anaesthetic each time you have this treatment. In other situations, a general anaesthetic may not be necessary. Some patients may need a general anaesthetic for their first treatment but the second one may be able to be done on the ward and may be carried out by an advanced practice

radiographer. Your treating team will discuss this with you at the start of your treatment during the consent process.

Gynae Advice Nurse-Led Clinic

During the time you will be coming to the hospital for radiotherapy, we will give you an outpatient appointment for the gynae advice clinic to see one of the specialist nurses. They will address any particular concerns or questions that you may have about the treatment, vaginal dilators, sex, fertility and menopause. If you would find it helpful to visit the brachytherapy treatment room before coming in to hospital, then this can usually be arranged at this appointment. Some patients find it helpful to bring their husband or partner to this appointment. It is also an opportunity to assess whether you may benefit from some additional support.

Pre-clerking clinic

You will be admitted at 8am on the day of your brachytherapy (internal treatment). **It is essential** that you attend a pre-clerking clinic appointment before admission to hospital. At the clinic you will see an advanced nurse practitioner who will take down details of your medical history, examine your heart and lungs, arrange basic blood tests and an ECG (electro-cardiogram) of your heart to ensure you are fit for an anaesthetic. You will also be seen by one of the ward nurses who will do a nursing assessment and will be able to answer any questions you may have about your planned stay in hospital.

Smoking: While you are having brachytherapy, you will not be able to smoke. If you are a regular smoker, please discuss this with the staff at any of your appointments before this treatment begins as we can offer you support.

Alcohol: It is important to let the staff know if you drink alcohol most days because they can then advise you how to manage this when you come into hospital.

Preparation for brachytherapy

Prepare a bag to take with you containing things you may need while having treatment, such as dentures, a watch, nightie, soap bag and items such as magazines, puzzle books or mobile phone. On the day of your brachytherapy, you are normally asked to come to the BMRU, Department 16. As this is a radiotherapy treatment area, we ask that relatives and friends drop off the patients and leave. However, please speak to the staff if you have any concerns about this. It is important to tell the staff if you are having any bowel problems because, if these are severe, your treatment may need to be delayed.

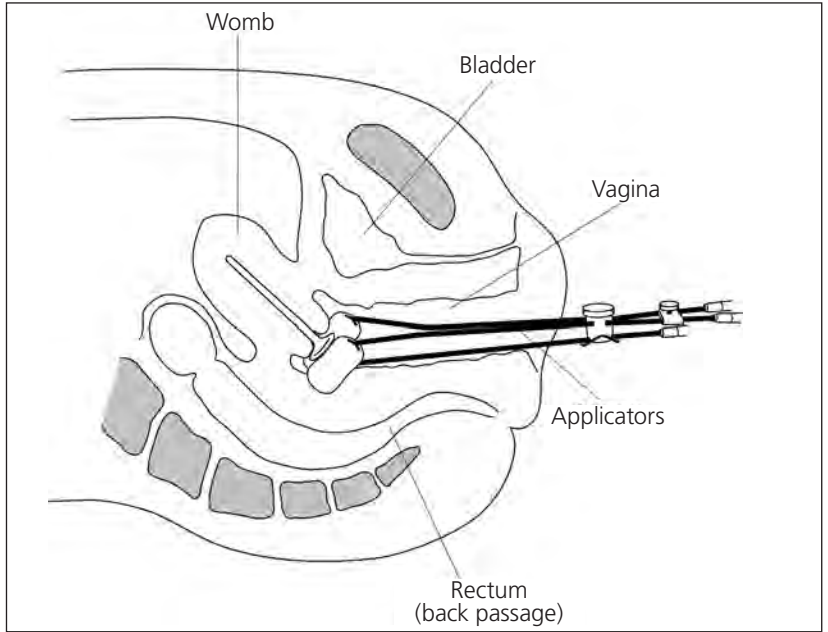
Brachytherapy on the ward

If you have had a hysterectomy then your treatment may be done on the ward. You will not need an anaesthetic and you will not need to go to theatre. Your medical team will make this clear to you when your treatment is explained and you sign the consent form. If you are not having an anaesthetic you can have a light breakfast before you come into hospital.

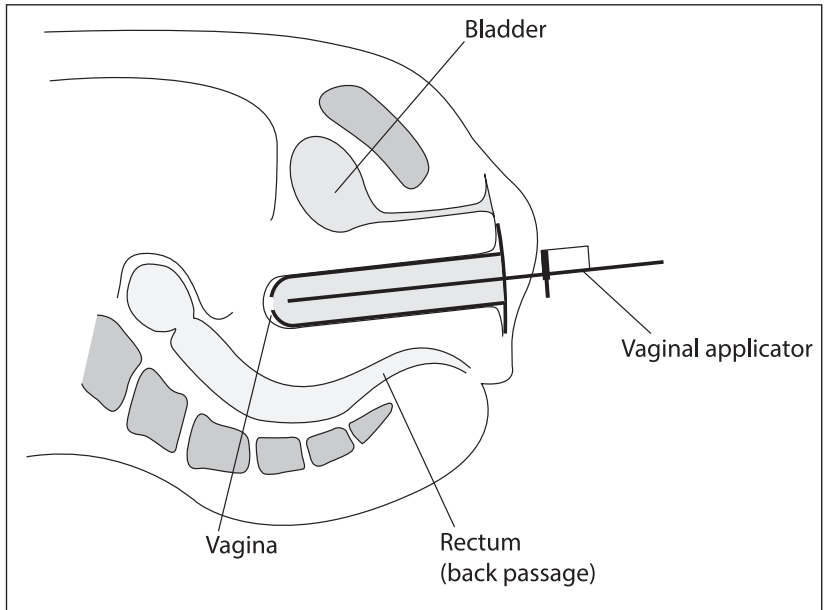
Preparation for theatre...

If you are going to have an anaesthetic, you should receive a leaflet called 'You and your anaesthetic', or you can ask any member of staff for a copy of this. As your procedure will take place in the morning of the day of your admission, it is important that you do not eat anything after midnight before admission. This includes sweets and chewing gum. You can continue to drink clear fluids until 6am (water, dilute squash, black tea or coffee but not fizzy drinks). Routine tablets should be taken as normal with a sip of water. An anaesthetist may visit you on the morning of theatre to discuss your anaesthetic and types of pain control.

Side views of applicators in place



Patient with womb (uterus)



Patient after hysterectomy

It is a good idea to have a bath or shower on the day of your treatment and when you arrive you will be asked to put on a gown. This is a good time to go to the toilet. The theatre is very close to the BMRU and most patients choose to walk the short distance, but a trolley can be provided for patients with mobility problems.

While you are asleep, in the radiotherapy theatre, the doctor will place the applicator/s, and insert a catheter to empty your bladder while you are having treatment. Some types of applicators need securing with bandages. You may also have a short MRI scan to ensure that the applicators are correctly placed and this is then used to plan your treatment.

A nurse will collect you from the theatre and take you back to the treatment room on the BMRU where she will make you comfortable. A staff member will then come and connect the tubes or applicators inserted into your vagina to the treatment machine. You will normally be on the machine for between 12 and 24 hours.

Please remember to tell your relatives not to visit you on the brachytherapy day, but they can ring the ward to find out how you are (0161 918 2030).

While you are having internal treatment ...

It is normal to have a feeling of pressure in the pelvis whilst having this treatment. This may be because of the applicator and the gauze packing which holds the applicators in position. Or it may be that the catheter in your bladder makes you feel as if you urgently need to pass water. If you try to relax and let go, the catheter will drain the urine into a drainage bag. While the catheter is in, it is important to drink as much as you can (2 to 3 litres of fluid). This helps with drainage and prevents any urine infection. If you find the catheter

“The main thing was the boredom.”

uncomfortable, the nurses will give you medication to relieve this feeling. We can also give you something for nausea and to help you to sleep, if needed.

The nurses will come in to see you at regular intervals when the PDR machine is not giving treatment. They will check whether you would like to change position, also if they can get you anything to make you feel more comfortable. With the help of the nurses you should be able to sit up sufficiently to read, drink, eat and watch TV. Alternatively, you may want the nurses to help you to turn on to your side especially if you find this more comfortable for sleeping. At these regular checks, the nurses will offer you hot drinks and sandwiches or toast or a light meal. **Please tell the staff about any discomfort so they can help you change position or give you painkillers.** If you need the nurse for something that cannot wait until the next visit, use your call bell and the nurse will come promptly. Do tell the nurses if the painkillers you are taking are not helping. They will be able to get you something stronger.

Once the applicators are connected to the machine, treatment will not start until the radiographer or nurse has left the room, closing the door behind them. Treatment is then started by pushing the start button on the control panel outside the room. The treatment machine is switched on and off from the outside control panel. You may hear 'whirring' noises when the machine turns on and off.

To help pass the time...

To help pass the time, it is a good idea to bring books or magazines in to read. If you have favourite music, bring this with you and a CD/MP3 player. There is a TV in the room for you to watch. You may want to bring a mobile phone with you or a device to use the WiFi.

Exercises/Preventing clots

We encourage you to do exercises whilst you are having internal treatment. The nurses will explain these to you. It is important that you do not move your pelvis in a way that could change the position of the treatment applicators. It is also important that your joints do not get too stiff or that you develop complications from staying in one position for a long time.

It is a good idea to practise these exercises before your treatment and try to do them every hour while you are having treatment.

Quad sets:

Tighten the muscles along the front of the thigh by pushing the back of the knee down onto the bed – hold 5 seconds – relax. Repeat 5 to 10 times, 4 times a day.

Hamstring sets:

Tighten muscles along the back of the thigh by digging heels into bed – hold 5 seconds – relax.
Repeat 5 to 10 times, 4 times a day.

Glute sets:

Tighten buttock muscles by squeezing the muscles together inward – hold 5 seconds – relax.
Repeat 5 to 10 times, 4 times a day.

We recommend that you take several deep breaths every hour while you are awake which will help keep your chest clear.

You will be given a small injection of a low molecular heparin drug which is to reduce your risk of getting a clot or thrombosis while you are having this treatment.

When brachytherapy ends...

The nurse will remove the catheter and applicators in the treatment room. She will explain the procedure to you beforehand and as she goes along. Please discuss with the nurse any particular worries that you have about having the applicators removed. Patients can be offered a variety of painkillers including simple ones such as paracetamol, stronger ones such as morphine and short-acting such as entonox (gas and air). The nurse looking after you at the time can discuss the options with you and help you decide what is most suitable in your situation. Taking out the applicators is a simple and quick procedure (usually a few minutes), patients experience of this varies greatly for a variety of reasons. It will help both you and the nurse if you try to remain as relaxed as possible. Concentrating on deep breathing helps to make you less tense and reduces any discomfort. Afterwards, you may want to sleep or shower. Providing that you are feeling OK, and you have passed urine, you should be able to go home later that morning.

When internal treatment is not possible

Sometimes patients go to theatre and it is not possible to insert the applicators because of technical reasons such as the tumour blocking the opening of the womb or because of scar tissue from a previous cone biopsy. Occasionally when the applicators are being inserted perforation (a small hole) of the womb can occur in about 3 in 100 women. If for these reasons brachytherapy cannot go ahead a further course of radiotherapy treatment is usually recommended.

While you are asleep some marker seeds are inserted. These help to identify on the scans where the tumour is so that treatment can be placed accurately. The marker seeds do not cause any harm and often remain in place long term.

Once you are awake, one of the doctors will see you to explain why brachytherapy was not possible. You will then have a further CT radiotherapy scan. You should be able to go home later that day and come back as an outpatient for a further ten external radiotherapy treatments. Following this you should still follow the advice about using vaginal dilators.

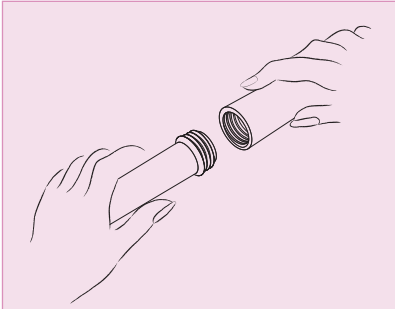
Shrinking/closing of the vagina

Radiotherapy to the vagina produces a side effect which needs your personal care and attention. This side effect is called atrophy (shrinking) and is a result of scar tissue forming in the vagina following this treatment. You will need to follow instructions carefully. If you do not, your vagina could shorten and become narrower and the upper part can close. So it is important that you keep your vagina open to prevent any problems when you come for your check up, or when you start sexual intercourse again, as well as for your general well-being and comfort. Your vagina can be kept open by vaginal dilation. Dilation means 'stretching and opening' and can be done by:

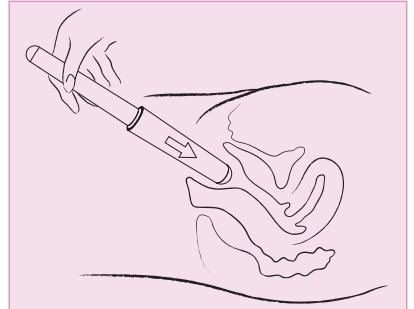
1. Use of a dilator
2. Sexual intercourse
3. A combination of intercourse and dilator use

At your Gynae Advice appointment we will give you a vaginal dilator and some lubricating gel and we will explain to you how to use it. Lubricants such as 'Sylk' and 'Yes' can be prescribed or purchased from a pharmacy. Obviously this is a personal area of care and some people have reservations or strong feelings about using a dilator. Please feel free to discuss any aspect of this with a member of your medical team or at your Gynae Advice appointment. Your feelings will always be respected.

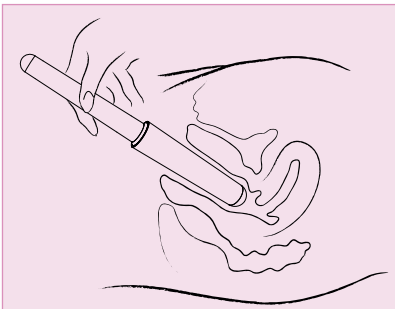
Vaginal dilation



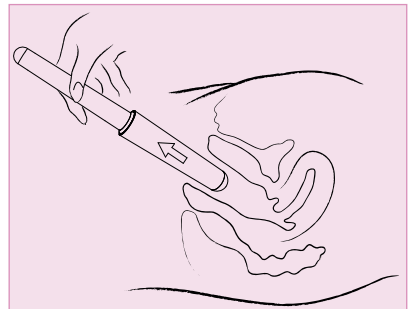
1. Connect size one (smallest) cone to the size 2 cone. Apply lubricating gel.



2. Get into a comfortable position, apply lubricating gel to the entrance of the vagina, and slowly insert dilator into the vagina as far as it will go.



3. Gently move the dilator from side to side, up and down and then circular movements for approximately 5 minutes to gently open and stretch the vagina.



4. Remove the dilator, wash with soap and water and dry.

How to use your dilator

Start using your dilator four weeks after finishing your treatment, and continue to use it once a day, every day, for six weeks. We would then advise you to continue the use of the dilator 2 to 3 times a week.

Examine the dilator before each use to be sure that it is smooth. If there are cracks or rough edges, do not use it – phone the ward staff or nurse clinician for a replacement. You should not feel any pain or discomfort if you are gentle and stay relaxed whilst using the dilator.

Starting with the smallest size dilator, attach the size 1 (smallest) to the size 2 cone and apply some gel to the dilator and to the entrance of the vagina. Lie on your back in bed with your knees bent and slightly apart. Some people prefer to insert the dilator standing with one leg raised on a chair, or squatting. (You may find it is easier in the bath, or after a bath, when you are relaxed).

Insert the dilator into your vagina gently and as deeply as you can without discomfort but you should be able to feel it gently bounce off the top of the vagina when it reaches the end. Then gently move the dilator from side to side, up and down and then circular movements (see diagrams). Also gently stretch the vagina upwards by gently pushing it upwards and letting the dilator bounce off the top of the vagina, this helps to keep the elasticity of this area which is particularly important if you are going to have intercourse in the future. Continue this for five minutes. Now take it out and clean it with hot soapy water, rinsing it well. If you are able to do this easily, then next time try using the next size dilator and progress up the sizes.

Do not be alarmed if slight bleeding or spotting occurs following dilator use. This is a normal reaction. Do not use force inserting the dilator. If you are unable to insert it easily, postpone it for a few days then contact the nurse clinician (0161 446 8101) or your specialist nurse. Most women should be able to progress to the second size dilator within a few days. If, after a week or two, this is easy and comfortable to use, then progress to the third and fourth size dilator. Remember it is important that you should use the dilator of

the right size that reaches the top of your vagina (you should be able to gauge this yourself) and that you use the dilator regularly.

After your 6 week check-up even if you are not going to have intercourse or you are having it infrequently, we still recommend you to continue to use the dilator daily for another four weeks and then 2 to 3 times a week for the next 2 to 3 years. You can then talk to a member of the nursing/medical team before you stop using it.

Sexual intercourse after treatment

It is important in close relationships to continue to have intimacy but we suggest that initially following treatment you avoid intercourse until you are comfortably able to use an appropriate size dilator. You may find your vagina drier than usual and you may need a lubricant. There are many lubricants that you can buy from the supermarket or chemist, they can often be found by the condom display. Alternatively, there are some lubricants such as 'Sylk' and 'Yes' that can be prescribed or purchased from a pharmacy. If you want more information about lubricants ask a member of the team when you are seen in clinic or phone the nurse clinician or your nurse specialist.

You may have some slight bleeding or spotting following intercourse and may feel some degree of discomfort. Do not be frightened by this. As the tissues begin to stretch, the bleeding and discomfort should subside. Some women experience problems in resuming sexual intercourse after brachytherapy. Please tell us when you come back to clinic if you have any difficulty.

You are not a danger to your sexual partner. You cannot transmit cancer, and no radiation remains in your body once the treatment session is completed.

Side effects

Side effects of external and internal treatment

Acute side effects are temporary and they do not happen to all women. They generally develop during the second half of the course of treatment usually after 7 to 14 days, and last for 4 to 6 weeks after the treatment ends. The time taken to recover does vary from patient to patient. If you have any questions about side effects, please ask any member of the team treating you.

Bowel

Your bowels may become disturbed due to your treatment. For most women, this is in the form of diarrhoea but occasionally it can be constipation. Diarrhoea can start after about two weeks of treatment and last for several weeks after treatment ends. With the diarrhoea, patients often get increased "wind", severe urgency, intermittent abdominal gripes/cramps, abdominal bloating and may pass mucus.

What you can do to help...

It is important that you continue to eat nourishing food during and after treatment. Ask the nursing or radiotherapy staff for a copy of **Eating – Help Yourself** which has information about coping with problems such as loss of appetite. If diarrhoea becomes a persistent problem, you will need to follow a lower fibre diet to ease your symptoms. Fibre is the part of grains (flours and cereals), pulses, vegetables and fruit which is not digested and passes down the gut.

Follow the lower fibre diet for as long as your side effects last, then gradually resume your normal diet by adding one new food each day that contains fibre, then if the diarrhoea

returns you should be able to work out which food has caused it and eliminate this from the diet for a further few weeks.

If you have diabetes and you have developed diarrhoea, still follow the lower fibre diet advice but make sure you eat meals and snacks containing low fibre starchy foods such as white bread, white rice and cereals. Once your symptoms have resolved, go back to your normal diabetic diet.

- Replace wholewheat or oat-based cereals with Rice Krispies, Cornflakes or Special K.
- Replace wholewheat biscuits with biscuits made from white flour such as Rich Tea, Marie biscuits or custard creams.
- Avoid nuts and pulses (baked beans, kidney beans, peas and lentils).
- Take only small amounts of fruit and vegetables and avoid eating the skin.

Some people also find it helpful to cut down on fat by avoiding fried foods, pastries, cream cakes and fatty meat.

If you have diarrhoea you must drink enough to replace the fluid that is being lost. Aim for a minimum of 10 to 12 drinks a day.

If you are following this diet for more than a week, a complete multivitamin and mineral supplement is recommended daily such as Centrum, Boots A-Z, Sanatogen A-Z Complete, and Nature's Best A-Z multi.

If you have followed a lower fibre diet and are still having problems with diarrhoea, we can prescribe Fybogel (also called Senokot High Fibre or Normacol). These act by absorbing fluid and help to form more solid, less frequent motions. These are often taken by people who have Irritable

Bowel Syndrome and can help with both diarrhoea and constipation. Take these until your bowel symptoms settle.

Fybogel is a powder which needs to be mixed with water or a fizzy drink and then drunk immediately. If your bowel problems persist, then you may need additional medication such as loperamide (Imodium®) or codeine phosphate which can be prescribed for you.

The bowel symptoms vary greatly between patients. Most people start to see some improvement 2 to 3 weeks after treatment has finished. Some patients are virtually back to normal within six weeks, for others they remain unsettled for several months and for some they never return to what was normal for them.

Bladder

In a small number of cases, radiotherapy can irritate the bladder and give symptoms similar to cystitis such as increased frequency and burning or difficulty when passing urine. We recommend that you take plenty of fluids, at least a litre a day preferably 2 to 3 litres. It is best to avoid drinking lots of tea and coffee and avoid all alcohol. Some people find a glass of cranberry juice a day helpful.

Following brachytherapy, if you get symptoms of cystitis such as burning, stinging, going more frequently or smelly urine, then you should see your GP. You may need antibiotics as there is a small risk of getting an infection when you have had a catheter. Bladder and bowel problems gradually get better, and most people are back to normal at their follow-up clinic visit six weeks after treatment.

Fatigue

You may feel tired during treatment so rest is important, although a small amount of exercise each day has been found to be beneficial in reducing fatigue. This is explained further in the DVD/booklet '**Be Active, Stay Active: a guide to exercising during and after cancer treatment**' which is available from the information centre. Tiredness often affects people after treatment ends, so you may need help with housework and shopping. Some women also have aching and stiffness in their joints and muscles. As your strength returns, as it will do, you can gradually take up your normal daily activities.

Radiotherapy treatment can be a demanding treatment. If you are feeling low or are not coping, let the nurses, doctors or radiographers treating you know so they can discuss with you what might help.

Sexual relations

It is important in close relationships to continue to have intimacy but we suggest that you avoid intercourse during radiotherapy. The top of your vagina can become inflamed and women can find intercourse uncomfortable. Also, if you have a cervical cancer then intercourse can lead to increased bleeding. We, therefore, recommend that you do not have intercourse while you are having radiotherapy and for a short time afterwards to allow the area to heal.

However, a course of radiotherapy is the equivalent of a major operation, and it may be some months before you feel interested in the physical aspect of your relationship and your vagina is fully healed and comfortable. Many women find that their vagina is a little dry and at first, it may be helped by using a lubricant such as Replens for day-to-day dryness and/or Sylk lubricant during intercourse or with a dilator. Both Sylk and Replens can be purchased from pharmacies or are

available on prescription.

If these problems last for months after treatment, please discuss this with your doctor at the follow-up visits as we would like to help you get back to your normal life-style. Sex is not harmful to you and will not make the cancer return.

Nausea

Some people may feel sick during their radiotherapy treatments, your taste changes or you go off your food. This is more likely to happen if you are having chemotherapy. Let the nurses or doctors looking after you know because they can suggest things that may help.

Skin/pubic hair

Most radiotherapy treatments to the pelvis do not cause sore skin. We will advise you at the start of treatment if your treatment is likely to do so, and what you can do to help yourself. Some women do find that their pubic hair falls out during or shortly after treatment, this usually grows back but is often thinner.

Vaginal discharge or bleeding

You may find that you have a vaginal discharge. If you have had internal treatment you may have light bleeding. These are not unusual and may continue for a time after you get home. It is not likely, but if the discharge or bleeding alters in any way (for example, becomes heavier or smells unpleasant or if there is bright red heavy bleeding), phone **The Christie Hotline 0161 446 3658** which is open 24 hours a day, seven days a week for advice.

Why do side effects happen?

The side effects happen because, as well as destroying cancer cells, radiotherapy can also damage healthy cells nearby. As the diagrams on page 6 show, the bladder and bowel are very close to the cervix and womb (uterus), so they can be affected by the radiotherapy too. When planning a woman's treatment, the doctors choose the dose that will give the best chance of destroying the cancer cells and reducing the symptoms – with the smallest possible effect on healthy tissue.

It seems that some women are more sensitive to radiation than others, and are more likely to experience side effects. At present, it is not possible to identify these women before treatment starts. Also, in some women the tumour itself can cause damage to the surrounding tissue and structures.

Late effects

There are some late side effects of radiotherapy that your doctor will discuss with you. These may occur months or years after your treatment and happen only in a very few cases. They can include long-lasting bowel, vaginal, bone and bladder problems.

Cancers can damage the tissues that they are growing in. Cancer of the cervix can grow towards the bowel, and/or bladder and/or vagina and can weaken them before treatment. If the cancer is fully destroyed by the radiation, the tumour damage to the bladder, bowel and vagina may mean that it is impossible for this damage to be repaired, even after successful treatment. The extent to which this happens varies enormously, and depends on the size and extent of the tumour and its nature.

The following sections give a summary of the possible late effects of pelvic radiotherapy. If you would like more detailed information, please read the Macmillan Cancer Support booklet 'Pelvic radiotherapy in women – possible late effects'

available from the cancer information centre or www.macmillan.org.uk

Your doctor will ask you to sign a consent form before treatment to say that you agree to the treatment and understand about the possible long-term effects.

Bladder, bowel and vagina

At least half of women treated may develop bladder, bowel or vaginal problems, but for most women these effects will be mild and manageable. These can include some lasting alteration in bowel habit which can be controlled by altering diet, or needing to empty the bladder more frequently.

In a minority of women (3 to 10 in 100) long-term effects can be more serious and include such effects as narrowing of the bowel or bleeding from the bladder. If this happens, each woman is assessed and referred to a specialist who has experience of dealing with these problems. Some women may need to have surgery to correct these problems (5 to 8 in 100). The risk of these serious effects for each patient is influenced by the combination of cancer treatment, size and stage of the cancer and pre-existing problems in the pelvic area. (These figures are based on treatment outcomes from patients treated at The Christie.)

Lymphoedema

This is swelling of the leg(s) and/or the pelvic region which occurs in a small number of women after gynaecological cancer. When it does occur it is usually in women who have had both surgery and radiotherapy, or where the tumour has spread to the lymph nodes. These treatments can disrupt the workings of the lymphatic system especially nearby lymph nodes. Your treating team will discuss with you if this is something you are particularly at risk from.

It is difficult to predict who will go on to develop lymphoedema, although there are certain precautions which you can take which will reduce your chance of developing it:

- Look after your skin on the legs and/or pelvic area. Keep it clean and well-moisturised and protect from any break in the skin that can be caused from cuts, grazes, insect bites or sunburn.
- Try to exercise and keep active. Once you have recovered from treatment, you can usually get back to your normal activities and exercise programme.
- Try and keep to a healthy weight. Being overweight can increase your risk of developing lymphoedema.
- If you see any signs of infection (redness, heat, swelling) in the skin of the legs or genital area then contact your GP immediately as you may need to be treated promptly with antibiotics.

The Macmillan booklet 'Understanding Lymphoedema' is available from the information centre and contains a lot more information and useful advice. Alternatively, ask your specialist nurse/nurse clinician for advice or written information. If you notice any signs of developing lymphoedema such as swelling, please contact your treating team or your local specialist nurse who will then give you further advice and offer to refer you on to the local Lymphoedema Service.

Bone changes

Pelvic radiotherapy can sometimes cause weakness in the pelvic bones. Also, the lack of the oestrogen hormone following the menopause can make bones weaker and more at risk of osteoporosis (bone thinning). This can lead to very fine, hair-like cracks in the bone which are called insufficiency fractures and can develop months or years after treatment. In some patients this can lead to discomfort and pain in the

pelvic area which can make moving and walking difficult. Insufficiency fractures can often be diagnosed from an MRI scan which your hospital doctor can organise. The bone changes and pain when they do occur can often be helped by medication, dietary advice and exercise.

Many factors influence bone health but an early menopause (before 45 years) can increase the risk of developing osteoporosis. This means that there is a greater risk of fracturing a bone later in life. To assess bone density a dual energy x-ray absorptiometry (DEXA) scan is used, this can normally be arranged by your GP.

More information about bone health and osteoporosis can be obtained from the National Osteoporosis Society (www.nos.org.uk) Helpline 0845 450 0230) and NHS Choices (www.nhs.uk).

Infertility and early menopause

The treatment causes infertility which is permanent and will result in an early menopause.

In younger women who are still having periods, radiotherapy to the pelvis causes the ovaries to stop working because they are very sensitive to radiation. This means unfortunately that you will no longer be able to have children and will have an early menopause. If infertility is an issue for you and your partner please let the doctor who is planning your treatment know so that this can be discussed further with you and then if appropriate they can arrange for you to see a fertility specialist urgently.

Some women find that their periods stop while having radiotherapy. Others can have 2 or 3 periods following treatment before these stop altogether. At the same time, you may start to have menopausal symptoms such as hot flushes, night sweats, vaginal dryness, irritability and mood

swings. Treatment and management of the menopause needs to be worked out individually for each woman because it depends on many factors including type of cancer, past medical history, age and so on. This needs to be discussed on an individual basis with each woman. If you would like more information about this, please ask the team treating you.

Menopause Matters www.menopausematters.co.uk

For accurate, up to date information about menopause and treatment options.

Research at The Christie

The Christie, along with the nearby Paterson Laboratory, is a major centre for cancer research of all kinds. You may be asked if you are willing to help with some of the clinical trials and audits that are going on. You are under no obligation to take part in any of these. You will meet some of the research nurses who help to run the trials. They will also give you support and advice throughout your treatment, whether you are taking part in a trial or not.

After the treatment

Follow-up after treatment for gynaecological cancer

What happens after my treatment at The Christie?

When your radiotherapy treatment has finished, an 'end of treatment' letter will be sent to your GP. You will also receive a copy as a record of your treatment. If for any reason you would prefer not to receive this, please let your treating team know before you finish your treatment. You will have regular follow-up appointments. Patients who have had a combined treatment of surgery followed by radiotherapy or chemotherapy with radiotherapy will normally alternate between seeing the oncologist who gave you the radiotherapy and seeing the gynaecologist who diagnosed your cancer. This is often with the gynaecologist at the hospital where you were first seen. Your appointments with the oncologist will usually be at The Christie.

Women who have been treated with radiotherapy or chemoradiotherapy but have not had an operation will normally have all their appointments with an oncologist.

When will my first appointment be?

Your first appointment will be about six weeks after your treatment finishes. We will usually post this to you. The main aim of this is to check that the side effects of your treatment have settled. We will ask you some questions to check that your bowel and/or bladder symptoms are improving. We will also check whether any other symptoms you had relating to your cancer and treatment are getting better. The doctor will also examine you. This is to make sure that any tumour that could be felt before treatment started is responding satisfactorily.

Follow-up plan

Follow-up appointments are usually arranged:

- every 3 months in the first year
- every 4 months in the second year
- every 6 months in the third, fourth and fifth year

Will I have a scan?

Most women will be followed up with regular consultations and examinations. Whether you are scanned routinely following radiotherapy treatment or not depends on where your original cancer was and whether you have previously had surgery.

If your treatment has been for cervical or vaginal cancer and you have not previously had surgery, then patients are commonly scanned at three months after they have completed their radiotherapy. The scans are not done earlier than this because it can be difficult to distinguish between changes due to the treatment and those due to the tumour. Even when the scan is done at three months after treatment it can still be difficult to interpret as there may not have been enough time for the body to have returned to normal following the treatment. If this is the case then patients often need another scan in a further three months.

If you have already had an operation to remove the cancer (for example a hysterectomy) then scans are not carried out routinely during the follow-up period as the original cancer has been removed.

We do not routinely offer follow-up scans as recurrent disease can only be identified when it is large enough to be seen on a scan (usually about 1cm in size or about half an inch). Unfortunately, early detection of the cancer when it is small does not lead to a better outcome. In other words, when all the initial treatment is complete, finding a recurrence earlier rather than later and then treating it sooner does not necessarily mean that a patient will live longer. In fact doing scans when patients feel well can lead to additional anxieties and generally are not useful.

So instead, we think it is better to scan patients only if they develop a problem, because at that point they have symptoms that may be helped by a course of treatment such as chemotherapy. Although the treatment might have side effects, these are often outweighed by the possibility that the treatment would decrease the symptoms from the cancer.

There is only one case where the cancer can return but still be curable. That is when the cancer returns just at the top of the vagina. In these very small number of cases, and providing the patient is very fit, a large operation can be carried out to remove the cancer and may also require removal of the bladder and the lower part of the bowel. This is the reason why we examine patients when they come to the clinic to see if there are any signs that the cancer has come back at the top of the vagina. Scans are not very good at showing this area clearly and an examination is a much better way of detecting this.

If you do have a scan and it is clear, then it means that there is no visible sign of any remaining tumour at the time when the scan was done. This is reassuring for you and the team treating you but it does not rule out further problems in the future, so you will need to continue to come to follow-up appointments.

When will I know that the cancer is gone?

Women with gynaecological cancer who are going to develop a recurrence of their cancer are most likely to do this within two years following treatment. The highest chance of recurrence is in the first year following treatment. This is why patients are seen frequently in the first two years after treatment. For women with the common types of cancer of the cervix, uterus or vagina, it is unusual for them to have further problems from their cancer if they are free of any problems at five years.

Do I need further smear tests?

We do not recommend that women who have had radiotherapy to the pelvis have further smear tests taken from the cervix or vagina. These are not helpful because radiotherapy makes it very difficult to interpret the smear tests.

What symptoms should I report or be worried by?

If you have the following symptoms you should contact The Christie or your gynaecologist or your GP to ask for an earlier appointment:

- pain lasting for 2 to 3 weeks, particularly if it keeps you awake
- new swelling in one or both legs
- bleeding or discharge from the vagina or bowel, or from the bladder when passing urine
- a serious change in bladder or bowel habit.

Treatment effects:

A few women will develop symptoms that could be due to treatment effects. These can be similar to the symptoms caused by tumour recurring or an entirely different condition.

Tests will help us to identify the cause of these symptoms to suggest appropriate treatment. These effects may occur some time after treatment finishes, even after several years. If you have further tests or surgery at another hospital, it is important that you tell your doctors that you have had radiotherapy treatment before.

After you have had treatment for cancer it can be a worrying time. Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your cancer and its treatment.

Travel and holidays

Most people do not feel like travelling for the first few weeks after their treatment. Every woman is different but it may take 4 to 6 weeks before your side effects settle and it may be some time after this before you feel like going on holiday. Once you feel like going on holiday there should be no problem travelling within the UK. However, if you are thinking about going abroad, make sure you have adequate health insurance which includes your cancer diagnosis. Even in Europe, you should have insurance as well as the European Health Insurance Card. This may mean that the cost of your insurance policy is higher than it has been previously. Some people have found it useful to get a quote for their insurance before booking a holiday, as this could affect your choice of destination. More information about this and other things to consider are in the booklets 'Getting Travel Insurance' and 'Travel and Cancer' Macmillan Cancer Support, available from the cancer information centre.

Consent to treatment

The doctor is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment. You may ask for a relative, or friend, or a nurse to be present.

You will be asked to sign a consent form. Below are three examples of the information that will be on the consent forms.

(1) Radiotherapy to the pelvis for gynaecological cancer

Early side-effects:

- This treatment can cause some degree of diarrhoea, tiredness, cystitis, loss of pubic hair and occasionally nausea. These side effects are temporary.

Long-term effects:

- In pre-menopausal women this treatment will stop the ovaries working causing an early menopause and infertility.
- This treatment carries a small risk of damage to the bladder, bowel, vagina and pelvic bones which can be long-term and sometimes requires surgery.
- This treatment may cause some narrowing of the vagina which is usually preventable, but sometimes it can impact on sexual function.

(2) Vaginal brachytherapy is the insertion of an applicator into the vagina which is then used to give a localised radiotherapy treatment.

Insertion of urinary catheter

Early side-effects:

- This treatment will cause some degree of diarrhoea, tiredness and cystitis. These side effects are temporary.

Long-term effects:

- This treatment carries a small risk of damage to the bladder, bowel and vagina which can be long-term and sometimes requires surgery.
- This treatment may cause some narrowing of the vagina which is usually preventable but it can sometimes impact on sexual function.

(3) Brachytherapy is the insertion of applicators into the uterus and vagina under general anaesthetic which is then used to give a localised radiotherapy treatment.

A urinary catheter is also inserted and most patients will have a MRI scan.

Complications:

- Occasionally it may not be possible to insert the applicators satisfactorily and the procedure will not be completed.
- Occasionally during the procedure or once the MRI scan has been done immediately afterwards, the applicators may not be sitting in the correct place and in rare cases they can cause a uterine perforation which may need antibiotic treatment.

Early side-effects:

- This treatment will cause some degree of diarrhoea, tiredness and cystitis. These side effects are temporary.

Long-term effects:

- This treatment carries a small risk of damage to the bladder, bowel and vagina which can be long-term and sometimes requires surgery.
- This treatment may cause some narrowing of the vagina which is usually preventable but it can sometimes impact on sexual function.

Before you sign the consent form...

The doctor will ask you:

- To agree that to the best of your knowledge you are not pregnant
- To agree to what is proposed which will have been explained to you by the doctor named on the form
- To agree to the use of an anaesthetic as required for the treatment. That you understand that you will receive a full explanation about the anaesthetic from a member of the medical staff of the Anaesthetic Department before any treatment needing an anaesthetic.

The doctor will ask you if you understand:

- that any procedure in addition to those described on the form will only be carried out if it is necessary to save your life or to prevent serious harm to your health.
- that there is no guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

The doctor will explain:

- about additional procedures which may become necessary during your treatment. You have listed any procedures which you do not wish to be carried out without further discussion.

You will need to check that all the information on the consent form is correct, and if you understand and are satisfied with the explanation. You will have time to consider the information before being asked to sign the consent form.

Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.

Further information

Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is 0808 808 00 00. (Monday to Friday, 9am to 8pm). If you are hard of hearing, use the textphone 0808 808 0121. If you are a non-English speaker, interpreters are available. Calls are answered by specially trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: www.macmillan.org.uk

Information is available on cancer treatments – such as Understanding radiotherapy and Understanding chemotherapy. There are also booklets on living with cancer – some of these are listed below:

- Who can ever understand? – talking about your cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and complementary therapies
- Travel and cancer
- Pelvic radiotherapy in women – possible late effects.

The cancer information centre centres at Withington, Oldham and Salford have a full range of booklets available free to patients and their relatives/carers.

Cancer information in your language

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on 0808 800 4040.

Christie information

The Christie produces a range of patient information booklets and DVDs. Some of these are listed below:

■ **DVD: Radiotherapy: a guide**

DVDs can be borrowed to watch at home. Ask the staff for a DVD. Available in English, sub-titles, Urdu, Punjabi, Bengali and Polish.

■ **Where to get help: services for people with cancer**

This discusses sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

■ **Eating: Help Yourself**

This gives advice on eating problems when you don't feel well and you are having treatment. Other booklets give helpful advice on diet: **Advice about soft and liquidised foods** and **Nutritional Drinks**. Please ask staff for a copy.

■ **Be Active, Stay Active: a guide for exercising during and after treatment for cancer**

A booklet and DVD with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise. Available with sub-titles, and in Urdu and Chinese.

Booklets are free to patients coming to The Christie. If you would like a copy, please ask the ward staff. If you are an outpatient please ask your nurse, doctor or radiographer.

Large print versions are available, please contact Patient Information on 0161 446 3576.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

Benefits and financial information

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help. You may be entitled to Personal Independence Payments but new claims cannot be made for Disability Living Allowance. People over 65 may be able to claim Attendance Allowance.

Find out more:

- Disability Living Allowance, call the Disability Benefits Helpline on 08457 123 456
- Attendance Allowance, call 0845 605 6055
- Personal Independence Payment (PIP), call the PIP Claim line on 0800 917 2222
- Carer's benefits, call the Carer's Allowance Unit on 0845 608 4321
- Contact The Christie at Withington general and benefits advisers on 0161 446 8538 or 8539. The Christie at Oldham has a benefits advice session on Thursday afternoons phone 0161 918 7745
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs
- Macmillan Cancer Support has an advice line on 0808 808 0000
- Useful websites: www.macmillan.org.uk or www.gov.uk

You may be able to claim travel costs for petrol and parking or public transport but not taxi fares if you receive: income-related Employment Support Allowance, Income Support, Universal Credit, Guaranteed Pension Credit or hold a valid tax credit exemption card. You may also be able to qualify for help if you are on a low income and have a valid HC2 or HC3 certificate. For advice please contact the general and benefits advisers.

The Christie Hotline

The service is available 24 hours a day and 7 days a week. The Christie Hotline can provide help and support at every stage of treatment. All patients having radiotherapy can contact the Hotline for support and advice for radiotherapy reactions.

Contacting The Christie Hotline. When you call the Hotline you will hear a 'welcome' message. Listen carefully and follow the instructions. The team aim to answer your call within four minutes. All calls are recorded for training and monitoring purposes. When you speak to the Hotline team, remember to report any new or worsening conditions.

The Christie Hotline
0161 446 3658

Useful contacts

- Your consultant's secretary:
 - Dr Davidson 0161 446 3330
 - Dr Livsey 0161 446 8278
 - Dr Barraclough 0161 446 3406
- Nurse clinician 0161 446 8101 or ring 0161 446 3000 and bleep her
- Benefits Advisor 0161 446 8539/8538
- Counsellor 0161 446 8038
- Smoking cessation 0161 446 8236
- Employment information and support 0161 446 8498
- Theatre administrator on 0161 446 3520 for any questions about appointments or transport issues when coming for brachytherapy
- BMRU (Brachytherapy and Molecular Radiotherapy Unit) on 0161 918 2030
- If you are having problems with your appointment times during treatment, please contact the radiotherapy department on 0161 446 3485

The Christie Website
www.christie.nhs.uk

Many of The Christie booklets and a list of UK help groups are available on The Christie website, the address is above. You can also access other patient information sites in the UK such as Macmillan Cancer Support and Cancerhelp UK via The Christie website.

Personal record

This is for you to complete yourself. It can be useful to record your appointment times for radiotherapy and anything else that might arise.

Key worker at local hospital:

Tel no:

Key worker at The Christie:

Tel no:

Date of radiotherapy planning scan:

Radiotherapy suite:

Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Notes

Please use these pages for your notes and to write down any questions you may want to ask.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **Patient.Information@christie.nhs.uk**

Visit the Cancer Information Centre:

The Christie at Withington Tel: 0161 446 8100

The Christie at Oldham Tel: 0161 918 7745

The Christie at Salford Tel: 0161 918 7804

Open Monday to Friday, 10am to 4pm.

Opening times can vary, please ring to check before making a special journey.



Produced by:

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Web: www.christie.nhs.uk

The Christie Patient Information Service
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