



# Radiotherapy to the pelvis for rectal tumours

A guide for patients and their carers



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## Introduction

This booklet is to tell you about radiotherapy to the pelvis for tumours of the rectum. It describes all possible treatments, and some may not apply to you. The clinical team 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 films about radiotherapy available to watch at home on The Christie website [www.christie.nhs.uk](http://www.christie.nhs.uk)

The Christie gives radiotherapy treatment at our main Withington site and at the radiotherapy centres at Oldham and Salford. However, if you are having chemotherapy with radiotherapy, this is only given at the main Withington site.

You may have heard about radiotherapy from people you know or from the patients at The Christie. Remember that their information may not apply to you.

## When is radiotherapy offered and what are the benefits?

Each patient has their treatment planned individually, and your clinical team at The Christie will discuss with you the type and length of treatment that is recommended for you. The clinical team will use the chart on the next page to discuss the reasons for 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:



Aim of treatment	To reduce the chances of the cancer returning in the pelvis after surgery
Will I need chemotherapy?	Not during radiotherapy
What is the duration of the radiotherapy?	4 to 5 consecutive days
Are there any alternative treatments?	You may decide not to have radiotherapy but this may increase the chances of the cancer coming back. Ask your clinical team and they will discuss this in detail
What will happen if I decline radiotherapy?	You will be referred back to your surgical team to discuss treatment options
What happens after radiotherapy?	You will be referred back to your surgical team and will have surgery within 2 weeks



To make the cancer smaller before surgery and to reduce the chances of it returning in the pelvis after surgery

To control symptoms like pain, discharge and bleeding

Some patients will be offered Capecitabine chemotherapy. Patients need to be generally fit and have a good kidney function

In most cases this is offered without chemotherapy, however, your clinical team will discuss this with you

5 to 25 days. Occasionally additional treatments are given

This can be variable and will be discussed with you by your clinical team

No, not usually

The alternative would be to control symptoms with medication or other procedures

Surgery may not be technically possible and the outcome may not be as successful

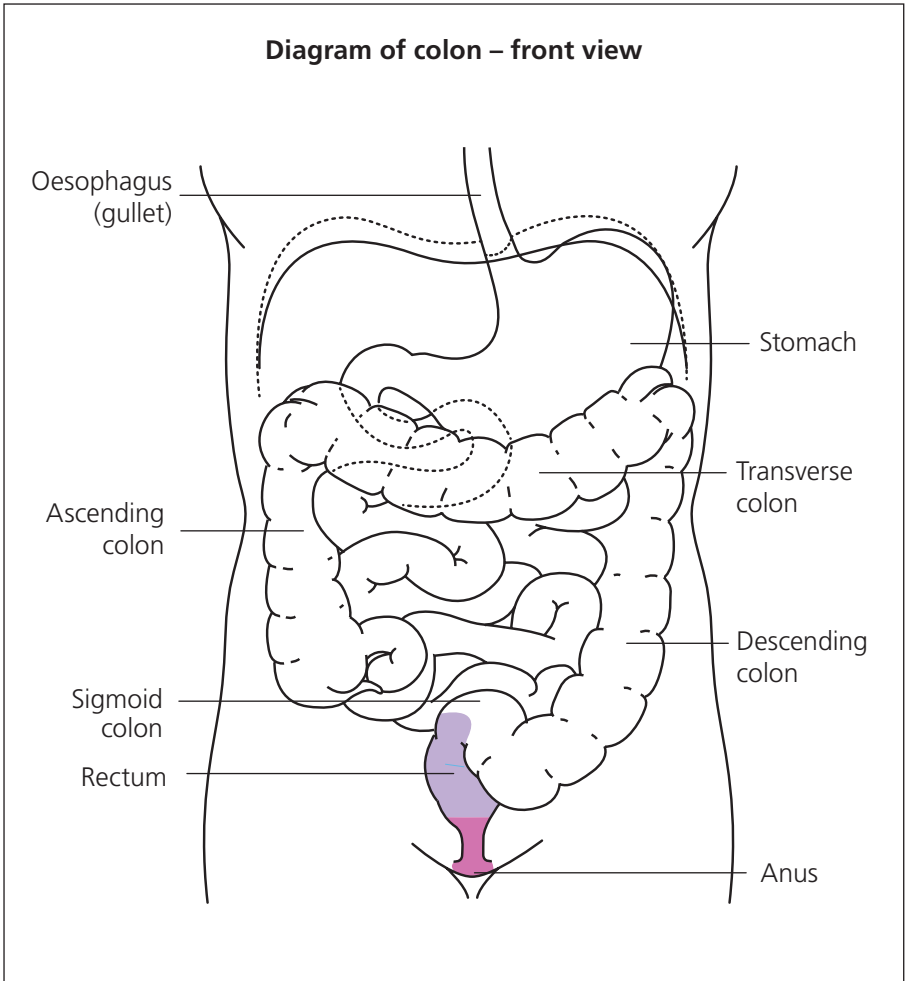
Your cancer will continue to grow and may cause increasing symptoms

You will be referred back to your surgical team and will have scans arranged 8 to 12 weeks after the completion of your radiotherapy. Then you will be seen by the surgical team to discuss treatment options.

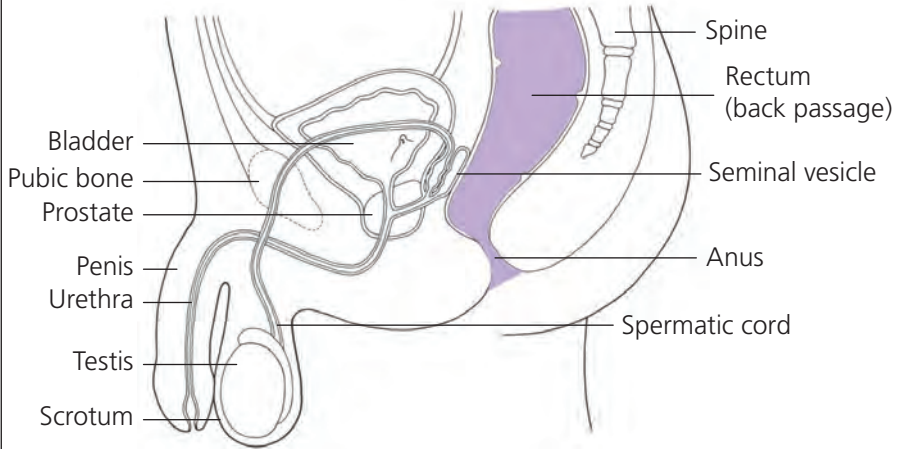
Your clinical team will discuss this with you

## The areas being treated

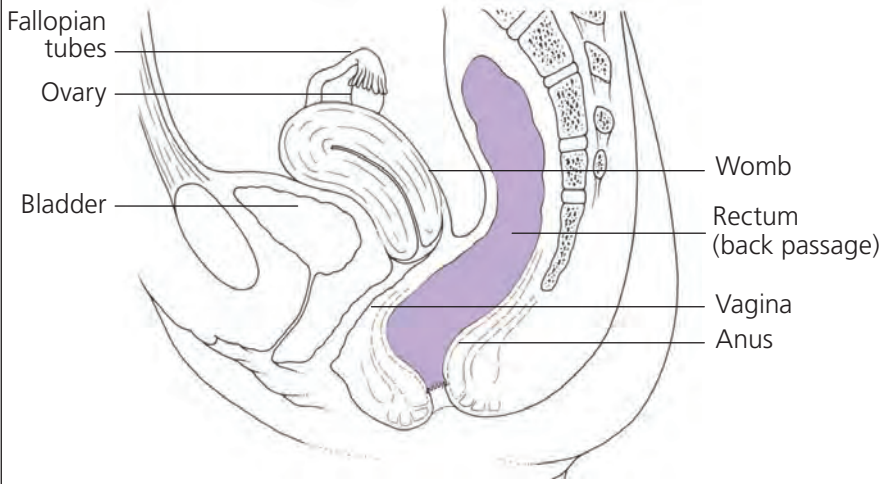
These diagrams may be useful to help you understand where your cancer is and the area to be treated with radiotherapy. Your clinical team may draw on them to help explain your treatment.



### Male pelvis – side view

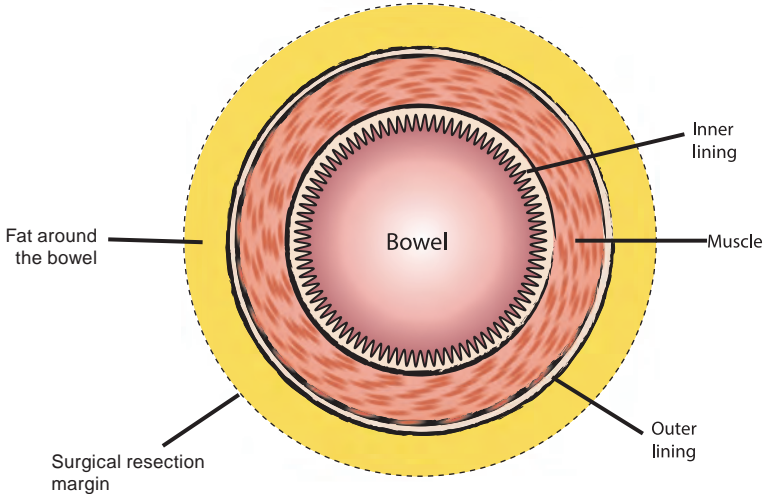


### Female pelvis – side view



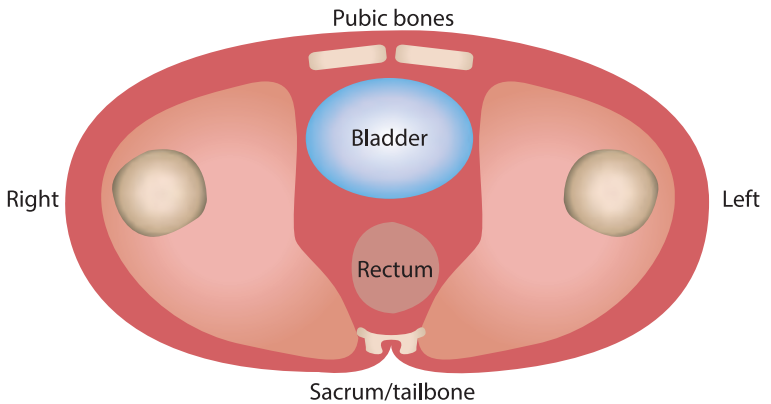
## Cross-section of bowel

Cross-section of bowel



## Cross-section of pelvis

Ask your clinical team to draw how your radiotherapy is given here.





## Agreeing to treatment

### Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. 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.

Consent may be withdrawn at any time before or during 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 an 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.**

## 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, but may be given in a single treatment. It is given by therapeutic radiographers who operate the machines which direct high-energy X-rays to the precise area needing treatment. The radiographers are specially trained. 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 people 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 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, radiographers and nurses. The team also has a consultant radiographer who is dedicated to caring for patients with rectal cancer.

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 one and 25 treatments (occasionally additional treatments are given).

## Planning the treatment

To help with the planning of your treatment, you will have a CT scan.

The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately. These scans are not diagnostic and therefore do not give sufficient information to assess the status of your cancer or any other abnormalities.



You may be asked to drink a special contrast drink before your scan which helps to get a clearer picture and improves the planning of your treatment. If you have any concerns please discuss this with the planning radiographers. The appointment letter for your scan will include a leaflet explaining 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 marks help the radiographers set you up in the correct position for treatment every day.

## What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a porter 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 the appointments for the treatment. The radiographers will have the details of your treatment which the clinical team has carefully planned. They will explain to you exactly what will happen.

The Christie is a training centre, so you may meet 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 have a chat with you and discuss the treatment and how to minimise side effects. They will also check whether you are still happy to go ahead with your treatment. This is an opportunity to ask any questions you may have.

The radiographers will take you into the treatment room and help you onto the treatment bed. They will then ask you to loosen your clothing around your pelvis so that they can see the marks made during treatment planning. 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. The radiotherapy machines are quite large, but there is no need to worry. The machine will move around you but it will not touch you and 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 comfortable 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.



During your treatment the radiographers will need to take scans 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 scans have been taken. All of these scans are purely to check that you are in the correct position and not to check how the tumour is responding to treatment. Cameras inside the room give the radiographers at the control desk a clear view of you and they will be watching you at all times. If there is an emergency wave your hand and the radiographers will come in to check on you. If you feel the need to cough or sneeze, just do so into open air. So long as you do not move your arms you will settle back into the same position you were in originally.

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, or contact The Christie Hotline to discuss the problem.

## 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.

### *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 also continue with any medication that you may be taking unless your clinical team tells you otherwise. Ask your clinical team 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 clinical support worker will give your appointment times for your first 5 treatments when you attend for your planning session. After that you can discuss your time preferences with your treating team. 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 clinical support worker at least 5 days notice. The time we give

you may vary half an hour either way each day due to emergencies. Each day, we will give you 5 working days appointments in advance.

Once a week, you will meet your clinical team to check that you are coping with the side effects of treatment. You do not need an appointment for this. We will take you to the clinic before or after your radiotherapy. We will give you a morning or afternoon appointment to fit in with your clinical teams clinic. If you are an inpatient, you will be seen on the ward by the treating 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 treating team will have discussed with you about travelling daily for your treatment as an outpatient. However, if you do become unwell during your treatment we may admit you as an inpatient to support you through your radiotherapy, though this is rare. 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 several different ambulance services. Contact the transport liaison office at The Christie directly on **0161 446 8114** or **8143** for advice. Patients attending The Christie at Salford can contact **0161 918 7800** and patients attending The Christie at Oldham can contact **0161 918 7700** for advice about transport.

### Questions you may want to ask your clinical team

- 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?
  
- What will the radiotherapy involve and how many times will I have to visit the hospital?
  
- Will there be any lasting effects from treatment?



## Chemotherapy as well as radiotherapy

Some people who are having a long course of radiotherapy will also have chemotherapy, often in the form of some tablets. Your clinical team will give you further information describing the treatment and its side effects.

## Further treatment

For people having radiotherapy before surgery, Christie staff will liaise with the surgical team to ensure that your operation/re-assessment fits in with the treatment you are having at this hospital.

## What happens after radiotherapy?

Please see the table on pages 4 - 5.

## Side effects

Side effects happen because as well as destroying cancer cells, radiotherapy can also damage healthy cells nearby. When planning treatment, the clinical team 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 patients are more sensitive to radiation than others, and are more likely to experience side effects. At present, it is not possible to identify these patients before treatment starts. Also, in some patients the tumour itself can cause damage to the surrounding tissue and structures.

There are short term (acute) and long term (late) side effects with the treatments. Below is a table of common acute side effects experienced and what you can do to help.

## Acute side effects

Acute side effects will generally develop during the second half of the course of treatment usually after 7 to 14 days, and last up to 12 weeks after the treatment ends. They are usually temporary and vary in severity from person to person. Some patients may develop minimal side effects and others may have more. If you have any questions about side effects, please ask any member of the team treating you.

## Acute side effects (See later for further information)

<b>Bowel</b>	Diarrhoea is a common symptom. If this occurs a low fibre diet may help reduce symptoms. Medication may also be helpful.
<b>Bladder</b>	Symptoms similar to cystitis such as passing urine more often and burning or difficulty when passing urine. We recommend that you take plenty of fluids, 2 to 3 litres per day but avoid drinking lots of alcohol, tea and coffee.
<b>Tiredness</b>	This varies greatly from person to person. Gentle exercise and rest when feeling tired may be beneficial.
<b>Nausea</b>	You may feel sick after having treatment, this is more common if you are having chemotherapy. Anti-sickness tablets may be beneficial. You can discuss this with your treating team.
<b>Skin changes</b>	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. If you have a low rectal cancer, it is likely that you will have some skin soreness.

## Bowel

Your bowels may become disturbed due to your treatment. For most patients, this is in the form of diarrhoea but occasionally it can be constipation. Diarrhoea can start after about 2 weeks of treatment and last for several weeks after treatment ends. With diarrhoea, patients often get increased 'wind', going more often, severe urgency, intermittent abdominal gripes/cramps, abdominal bloating and may pass mucus. If diarrhoea becomes a persistent problem, please discuss this with the radiotherapy staff.

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 6 weeks, for others they remain unsettled for several months and for some they may never return to what was normal for them.

### What you can do to help

It is important that you continue to eat nourishing foods during and after your treatment. Ask the nursing staff for a copy of 'Eating – help yourself' which contains dietary information about coping with eating problems such as loss of appetite or weight loss. If you have diabetes you can ask for a copy of 'Eating well with diabetes'.

While you have diarrhoea you may find that your symptoms are eased by following a lower fibre diet. Fibre is the part of food that passes through your gut undigested. It is contained in whole grains, pulses, vegetables and fruit. To reduce fibre, we suggest you:

- Replace wholemeal, multigrained or seeded bread with white bread.
- Replace wholewheat cereals, oat based cereals, porridge and muesli with Rice Krispies, Cornflakes or Special K.
- Replace wholemeal biscuits with biscuits made from white flour such as Rich Tea, Marie biscuits, shortbread 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 their skins, pips and seeds.

Whilst following a lower dietary fibre diet, you will need to take a complete multi-vitamin and mineral supplement daily until you return to your full diet. These are available from your local chemist.

It is important to drink enough to replace fluid that is being lost. Aim for a minimum of 10 - 12 drinks a day to prevent dehydration. Fluids can include milk, milkshakes, soup, fruit juice, squash, fruit tea, herbal tea as well as tea, coffee and water.

At this time you may find it easier to graze through the day, eating small amounts but at frequent intervals.

When you have no more diarrhoea, slowly start re-introducing the foods that you have been avoiding. By adding in one new fibre-containing food each day, you will find the foods your body can tolerate without the symptoms returning. Keep reintroducing new foods one at a time until you have returned to your normal diet.

There are patient information sheets available about dietary advice for reducing bowel gas during radiotherapy and dietary advice for reducing diarrhoea during radiotherapy. Please ask your radiographer for a copy.

## **Bladder**

In a small number of cases, radiotherapy can irritate the bladder and give symptoms similar to cystitis such as urinating more often and burning or difficulty when passing urine. We recommend that you drink plenty of fluids preferably 2 to 3 litres a day. It is best to avoid drinking lots of tea and coffee and avoid alcohol. Some people find a glass of cranberry juice a day helpful. You should not drink cranberry juice if you are taking certain medications e.g. warfarin. Bladder problems gradually get better, and most people are back to normal 6 weeks after treatment.

## **Fatigue (tiredness)**

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 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. Please ask any member of the team treating you if you would like to see a social worker who can advise on help available. Radiotherapy 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.

### **Nausea**

Very occasionally you may feel sick during your radiotherapy treatments, your taste changes or you go off your food. This is more likely to happen if you are having chemotherapy as well. Let the clinical team looking after you know because they can suggest things that may help.

### **Skin/pubic hair**

Some radiotherapy treatments to the pelvis may cause sore skin. This is dependent on the location of your tumour and length of your treatment. If you have a low rectal tumour, it is likely that you will have some skin soreness. You may find that your skin becomes red, sore, painful and may breakdown. Your clinical team will give you different creams and pain relief to help. We will advise you at the start of treatment if this is likely, and what you can do to help yourself. Some patients do find that their pubic hair falls out during or shortly after treatment, this usually grows back but it may be thinner.

## Sexual relations

It is important for men and women to take contraceptive precautions whilst having radiotherapy. However, a course of radiotherapy is the equivalent of a major operation; it may be some months before you feel interested in the physical aspect of your relationship.

## Late effects

There are some late side effects of radiotherapy that your clinical team will discuss with you. These may occur months or years after your treatment. For anyone having radiotherapy to the rectum there is a small risk of developing these long term effects. The risk is higher for people having a long course of radiotherapy. These late effects may be managed with life-style advice and medication.

## Bowel

Scarring may result in feeling the urge to go more often or you may feel you have less control. Some people may need to wear pads. If you are going to have a permanent stoma then radiotherapy is less likely to have an adverse effect on your bowel function. You may be referred to a gastroenterologist if your symptoms continue despite life-style changes and medication.

Some people may have bleeding from the back passage. If you have significant rectal bleeding, you must contact your surgical team. There is a small risk that radiotherapy to the pelvis can cause bowel damage. Rarely, radiotherapy may inflame the healthy bowel, affecting its function. This may need alternative nutrition or surgery to manage. Very rarely, a blockage, or narrowing of the bowel or hole may occur, even at an early stage. This could require surgery, although the possibility is low.

## **Bladder**

Scarring may result in feeling the urge to go more often or you may feel you have less control. Some people may need to change their lifestyle, medications or need to wear pads. There is a small risk that you may need surgery to the bladder.

## **Fatigue (tiredness)**

Some people find that tiredness continues for several months after their radiotherapy treatment has finished. Planning ahead can help with tiredness. If you are finding that you are still struggling with tiredness please see the Macmillan booklet 'Living with fatigue'.

## **Skin/pubic hair**

Delayed wound healing and long term skin changes may occur due to your radiotherapy treatment. You may find that your skin feels itchy, dry or tighter due to your radiotherapy. This is usually well managed with a moisturiser. If this is of a concern to you, please speak with your GP who can prescribe different creams to try.

Your pubic hair may grow back thinner in some areas, if this is a concern to you please speak with your GP who may be able to refer you to a specialist for support.

## **Bone changes**

A very rare late side effect of radiotherapy to the pelvic area is damage to the bones in the pelvic area.

Hair-line cracks may occur, known as pelvic fractures. If this happens, it can cause pain and may make it difficult to walk and move around. The pain normally settles overnight and does not stop you from sleeping well.



The changes in the bone may cause a dull, constant ache, which you may worry is due to your cancer having spread to the bone. If you have dull aching in the bone that lasts for more than a few weeks, your doctor will need to do tests (a bone scan or MRI scan) to find out the cause. If the bone is weakened enough it may break (fracture) but this is very rare. The strength of your bones can be checked using a bone density scan.

It is important to be aware of the signs of bone problems so you can let your doctor know if they occur. Radiotherapy damage to the bones is uncommon, so it is likely that if you have any symptoms they will have another cause.

## **Fertility and sexual function**

This treatment causes infertility which is permanent. If infertility is an issue for you or your partner please let the clinical team know. It is important that you discuss your concerns urgently, so you can be referred to a fertility specialist prior to starting treatment.

Radiotherapy can cause long term changes to your sexual function. Your clinical team may suggest you avoid having anal sex during and after radiotherapy. If you have bowel problems or a sensitive anus after radiotherapy you may want to wait until symptoms have settled before trying anal sex again. Although, problems in the back passage may settle down after a few months there can be some permanent damage leading to leakage and incontinence. If this is a concern for you and your partner, please let your clinical team know so that this can be discussed further with you.

For women, this treatment is very likely to induce the menopause. This usually occurs 3 to 4 months after treatment in women who are still having regular periods. We recommend that you discuss this with your GP who may

advise you to start hormone placement therapy (HRT) if your symptoms are troublesome.

Radiotherapy can cause vaginal narrowing and dryness which can affect your sex life. However, advice will be given about lessening this problem. If this is a concern for you or your partner please discuss it with your clinical team.

Some men may notice it is more difficult to achieve an erection or ejaculate following a course of radiotherapy. This is more common in men over the age of 50 and may be permanent. Treatment is available in the form of medication from your GP, or a referral to your local erectile dysfunction clinic. If this is a concern for you or your partner please discuss it with your clinical team.

## Clinical trials at The Christie

The Christie is an international leader in cancer research and therefore you may be approached to take part in a research study or clinical trial. 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.

## Travel and holidays

The treatment works better if there are no breaks. It is preferred for you not to go on holiday during treatment.

Most people do not feel like travelling for the first few weeks after their treatment. Everyone is different. 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 insurance cover which includes your cancer diagnosis. Even in Europe, you should have insurance as well as the European Health Insurance Card.

Having a diagnosis of cancer 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.

## Benefits and finance

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.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16–64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres.org**  
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 0000** or **www.macmillan.org.uk**

## Appointments

Once you are having treatment, if you have a problem with your appointment time, please contact the following: The Christie at Withington on **0161 446 3485**; The Christie at Oldham on **0161 918 7700** and for The Christie at Salford

on **0161 918 7800**. It is helpful if you can quote your hospital number. You can find this on your appointment card or letter.

## 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 a pharmacy and your GP.

## Car parking

The Christie at Oldham and Salford have designated areas for patient parking. The support staff will give you a code to enter the parking areas.

For parking at the Withington site, check the website [www.christie.nhs.uk](http://www.christie.nhs.uk) or ask at the information centre for a copy of the leaflet 'Travel and car parking for patients and patient's visitors to The Christie'.

## Further information

### Macmillan Cancer Support

This is a national charity which runs a cancer information service. Freephone number **0808 808 0000**. (Monday to Friday, 9am - 8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available. You can speak to 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](http://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:

- Talking about your cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and complementary therapies
- Travel and cancer

The cancer information centres 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**. You can also view all the patient information on The Christie website in many languages using the BrowseAloud function.

### Maggie’s centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management.

Maggie’s Manchester Tel: **0161 641 4848** or email [manchester@maggiescentres.org](mailto:manchester@maggiescentres.org)

The Robert Parfett Building, 15 Kinnaird Road, Manchester M20 4QL

Maggie's Oldham Tel: **0161 989 0550** or  
email **oldham@maggiescentres.org**  
The Sir Norman Stoller Building, Rochdale Road, Oldham  
OL2 2JH

## Christie information

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

### ■ Radiotherapy

Available as a booklet and as a film to watch at home on The Christie website: [www.christie.nhs.uk](http://www.christie.nhs.uk).

### ■ 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 products'. Please ask staff for a copy.

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

A booklet with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise.

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.

## Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet 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.

## Contacts

- Clinical nurse specialist – **0161 918 7002**  
or **0161 446 8407**
- Specialist radiographer – **0161 446 8169**
- Benefits adviser at Maggie's – **0161 641 4848**

### Contacts via your consultant's secretary

Dr N Alam	<b>0161 446 3360</b>
Dr C Arthur	<b>0161 446 3331</b>
Dr V Lavin	<b>0161 446 8583</b>
Dr V Misra	<b>0161 446 3641</b>
Prof M Saunders	<b>0161 446 3357</b>



If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.



**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.

## Christie website

For more information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centres at Withington, Oldham or Salford.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

If you would like to have details about the sources used please contact **[patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)**



# Notes

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Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline: 0161 446 3658**

Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

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

### The Christie NHS Foundation Trust

Wilmslow Road

Manchester M20 4BX

**0161 446 3000**

**[www.christie.nhs.uk](http://www.christie.nhs.uk)**



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