Barts Health NHS Trust

Patient information

# Radiotherapy to the Bladder

## IMPORTANT:

**Please tell us if you have a pacemaker as we will need to monitor your heart during your treatment.**

**Please let us know immediately if you are pregnant or think you might be pregnant.**

It is important to remember that you need to use contraception whilst receiving treatment for cancer to **prevent pregnancy** – please see our leaflet 'Avoiding pregnancy during radiotherapy and chemotherapy'.

## Introduction

You will have been provided with this booklet following a discussion with your Clinical Oncologist about receiving radiotherapy to the Bladder.

This booklet describes.

- What radiotherapy is
- How your treatment is planned and delivered
- Potential side effects of treatment and how to manage them.

When recommending radiotherapy, your doctor will have taken into consideration the risk of the cancer returning or growing if no radiotherapy is given. Although there will be some side effects, it is felt that the advantages will outweigh the disadvantages for you.

We understand that this can be an anxious time for patients. You may feel overwhelmed with lots of information in a short period of time. We hope that this booklet answers some of your questions about the radiotherapy and your care during this time.

## What is radiotherapy?

Radiotherapy uses radiation (high energy x-rays) to treat cancer. The radiation only damages the cells within the treatment area, killing the cancer cells but allowing normal healthy cells to recover.

Radiotherapy is a quick and painless procedure, but it can cause side effects that may cause you problems. It does not leave you radioactive - therefore you are safe to be around children and pregnant women and carry out your daily routine without worry.

Treatment is given over a prescribed number of days and weeks so that only small doses of radiation are given each day. This is decided by your consultant and would have been explained at your initial consultation. Treatment is given on weekdays (Monday to Friday) with breaks at the weekend. The treatment will take around 15-20 minutes each day.

Please note that the radiotherapy team is comprised of both male and female staff, if you feel you need gender specific staff, it is likely that you will have to wait until after your appointment time for us to accommodate your request.

We also have students within our department who may be present during your treatment. They will be present in addition to the radiographers who are there to deliver your treatment.

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# Radiotherapy planning scan

Following your initial outpatient appointment with the oncologist, you will be contacted either by letter or telephone asking you to attend the radiotherapy department for a radiotherapy planning scan. Your planning scan will take place in the CT (computerised tomography) scanner in the **basement** of the **King George V Wing (KGV)** at **St Bartholomew's Hospital.** You will be advised to eat and drink normally on the day of your scan and throughout your radiotherapy treatment appointments.

This scan is used only for planning your treatment. Images are produced to create a three-dimensional image of your pelvis which can then be used to accurately plan your radiotherapy.

On your arrival to radiotherapy please check in at the radiotherapy reception desk. You will be given a questionnaire to fill in while you wait (it should take 5-10 minutes to complete). Please complete this as it provides staff with important information about you. A radiographer will come and collect you from the waiting room when they are ready for you and will go through the questionnaire with you.

At this planning appointment the radiographers will explain to you in more detail what is going to happen. They will also give you the opportunity to ask any questions or discuss any issues that may have arisen since your initial appointment. They will ask you to confirm your name, address, and date of birth. **You will be asked for this information before every procedure or treatment undertaken in the department.**

They will also discuss with you.

- **Confirmation of consent -** A radiographer will talk you through the side effects and confirm that you are still in agreement to go ahead with the intended treatment.
- **Pregnancy -** All female patients under the age of 55 will be asked to confirm their pregnancy status before the first planning session starts.

  **It is very important that you are NOT and DO NOT become pregnant while undergoing radiotherapy planning and treatment as the treatment would be harmful to the unborn child.**

  You must let the radiographers know immediately if you think you may be pregnant at any time during your course of treatment.
- **Pacemakers/ Implantable cardiac defibrillator (ICD) -** If you have a cardiac device please tell the doctors' team as soon as possible. We can deliver radiotherapy to people who have a cardiac device, but we need to take appropriate precautions. Please bring your Cardiac Device ID card with you to your planning appointment

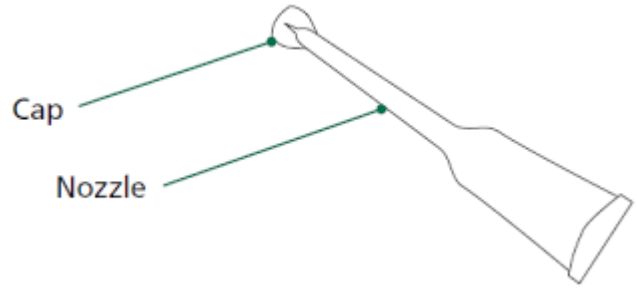
**What preparation is required for the scan?**

For your planning scan and all your treatment, **you will need an empty bowel and an empty bladder.**

This preparation process ensures your internal organs (rectum and small bowel) are away from the area to be treated, and to make sure your internal organs on the treatment days are in the same position as on your radiotherapy planning scan.

At your appointment with the oncologist, you will be given a prescription of micro enemas. Please bring this with you to each radiotherapy appointment.

A micro enema is a medication used to make your rectum empty itself, either with a bowel movement or passing of wind. If you have already opened your bowels on the day of your planning scan, the use of the micro enema is still necessary to ensure your rectum is empty.




Although the prospect of using a micro-enema everyday sound unpleasant, the majority of patients tolerate it well.

The radiographer will ask you to go to the toilet and use the enema. Please ensure you have pulled or twisted off the cap from the end of the nozzle before inserting this into your back passage. Squeeze the whole content of the tube into your rectum. Once empty, keep the tube squeezed and pull it out from your back passage.

Return to the waiting room, the need to have a bowel movement is usually felt within 5-20 minutes.

When you are ready, go back into the toilet and try and empty your bladder and bowels. Please do not worry if you're unable to empty your bowels or you only pass wind - it may be that your bowel is already empty.

When the radiographers are ready to scan you they will ask you to use the toilet once again to empty your bladder and to then get changed into a gown and remove all of your clothes from the waist down in a changing cubical. We do provide a gown, but please be aware that it will have to be removed for the scan and treatments. Once you are changed, a radiographer will use an ultrasound scanner to check prior to your planning scan that your bladder is empty. If it is not, you may be asked to re-use the toilet to empty further.

## During the planning scan

You will need to lie on your back on the CT scanner table, on a piece of specialist equipment, with your arms across your chest. The radiographers will make you as comfortable as possible, as it is important that you are able to lie very still.

Once you are lying on the couch the radiographers will take some measurements and draw some pen marks on your skin. Markers will also be placed on your skin so that they can visualise on the scan where they have drawn the pen marks.

The radiographers will leave the room and the scan will then take place. The bed will move in and out of the machine a few times during the scan. You will hear a buzzing noise, but the scan is not painful at all.

Once the scan has been completed the radiographers will, with your permission, make some very small, permanent marks on your skin (tattoos). One in the centre of the pelvis, and one on either side of the pelvis. These marks are necessary to ensure that you are positioned correctly when you attend for your treatment appointments.

The radiographers will then provide you with an appointment card with the time and date of your first radiotherapy treatment. This is usually about 2-3 weeks after your planning scan, as we need to allow time for your individual treatment plan to be created and checked.

## What will happen on my first day of radiotherapy treatment?

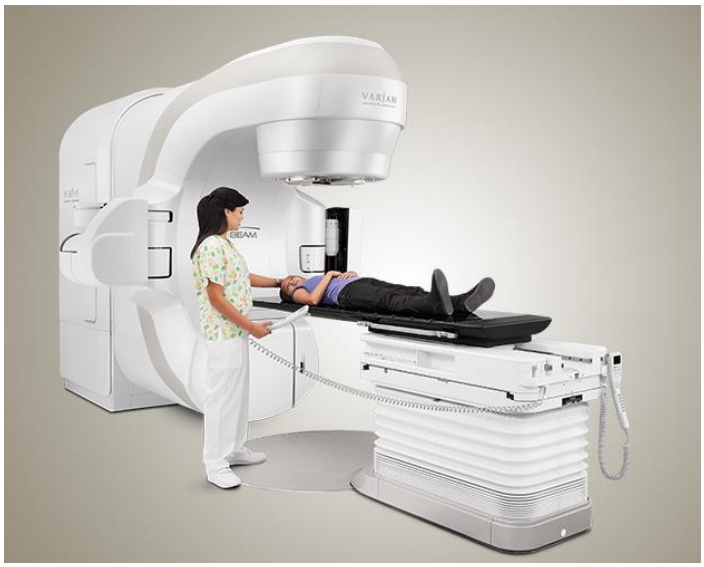
Please make your way to the radiotherapy reception and check in at the desk. When the radiographers are ready, one of them will discuss your treatment with you and how to minimise and manage the associated side effects. It is also an opportunity for you to ask any questions that you might have. The radiographer will provide you with a list of all your further appointment dates and times.

### What preparation will I need to do for my treatment?

You will need to have an empty bowel and an empty bladder. The radiographers will provide you with a preparation card which states the times you will need to empty your bowels and bladder. **Please bring an enema with you everyday.**

When the radiographers are ready to treat you they will ask you to empty your bladder immediately before getting changed in one of the changing cubicles. Please remove all of your clothing, except underwear, from the waist down and put on a gown provided. They will then take you into the treatment room where you will meet other members of the treatment team who will introduce themselves to you.

Radiotherapy treatment is given on a machine called a linear accelerator - often known as a linac.




Linear accelerator (Linac)- image supplied Courtesy of Varian.

The couch will be set up for you as it was at your planning scan. The radiographers will ask you to lie down on the couch and they will then position you in the correct position for treatment. During this time try your best to just relax, breathe normally and let the radiographers move you without helping them.

Once you are in the right position the linac will then move around you. It can come close to you, but it will not touch you.

The radiographers will leave the room at this point; you will hear an alarm noise as they leave. Although you are in the treatment room on your own, there is CCTV in the room so that the radiographers can see you and the machine at all times. If you need the radiographers at any point during your treatment we ask that you remain lying but raise your hand clearly and the radiographers will stop the treatment and come to check that you are alright.

Images are taken before your treatment to ensure that the treatment is being delivered accurately. There will be a short delay while these images are assessed and you may feel the bed moving as the radiographers are adjusting the treatment couch from outside the room.

The radiographers may also need to come in and out of the treatment room a couple of times during your treatment session. This whole process will take approximately 15 minutes. Please stay lying in the same position until they let you know that treatment has been completed.

You are then free to get changed and leave the department and attend again on the next time and date on your list.

## What side effects can I expect?

Below are the details of some of the **possible** side effects that the treatment may cause you. The side effects and their intensity varies from patient to patient, therefore we provide you with all of the information to allow you to make an informed decision. Side effects are usually split into early and long-term effects.

## Early side effects

**Fatigue**
You may feel tired and lack energy during radiotherapy. This will slowly settle once treatment is complete.

**Urinary frequency and radiation cystitis**
You may feel a burning sensation when trying to pass urine. Try to drink as much water as you can: at least 6-8 glasses a day.

Limit yourself to one caffeine or alcoholic drink a day, as they can aggravate this feeling. A glass of cranberry juice every day during treatment may also help (if you are diabetic try the 'light' version as cranberry juice has a high sugar content. The non-light version should also be avoided if you are taking 'warfarin' tablets).

When you have cystitis, you may feel you need to pass urine more frequently and that your 'flow' is not as good. Sometimes it can be common to experience this symptom during the night. Try to avoid drinking large volumes of fluid late in the evening. This may help to improve this symptom during the night time.

**Blood in your urine**
Please don't be alarmed, in most cases, this settles within a month of finishing your treatment. However, if you do notice any blood in your urine, please mention it to the radiographers, doctor, or nurse when you see them.

**Mucus**
You may notice some mucus from your back passage which may be slightly blood stained.

This happens when the bowel becomes irritated by the radiation treatment -don't worry, this generally settles down a few weeks after treatment is complete. However, if you do see any mucus please still mention it to the radiographers, nurses, or doctors.

### Loose bowel/ Diarrhoea

If you get symptoms of diarrhoea, **please inform a member of your team so they can monitor your symptoms.**

**It is important to drink plenty of fluids** – but try to avoid alcohol or coffee which can make symptoms worse. Also cut down on fruit and vegetables in your diet (as they can cause diarrhoea if you are having radiotherapy).

We have a special diet sheet to help you if you do get diarrhoea – we may also give you medication to help. Once the diarrhoea has settled, you can start slowly introducing fruit and vegetables back into your diet.

## How to look after your skin:

### Washing

It is important to keep the treatment area clean. Shower or bathe using lukewarm water and your usual soap or shower gel. Avoid extremes of hot or cold water and use a soft towel to pat the area dry rather than rub.

### Hair removal

We recommend that you avoid shaving where possible. If this is unavoidable we would recommend an electric razor **not** a wet shave. No hair removal creams or waxes to be used in or around the area of treatment.

### Moisturising

Using a moisturiser regularly on the treatment area can help to reduce the irritation.

## Late side effects

### Bowel Changes

Urgency of bowel movements and/or difficulty of bowel control (rare).

### Increased urinary frequency

Due to bladder shrinkage or urethral stricture (uncommon).

### Sexuality and cancer

Due to the radiotherapy, some men will be unable to achieve or sustain an erection. Women may find that sex becomes difficult and uncomfortable.

In either situation, consult your doctor who can offer advice about these issues.

## Review during treatment

The treatment team of radiographers will look after you on a daily basis and are there to support you through your treatment, help you manage your side effects and answer any questions that you may have during your treatment.

You will be reviewed by our radiotherapy nurses during your first two weeks of treatment. They will provide you with skincare advice, lifestyle advice and help to set up any other additional support that you may need.

In your final week you will be reviewed by the Urology Advanced Practitioner Radiographer. This appointment is to check how you are managing with the treatment and side effects; provide any additional support and information you may need; and discuss with you the arrangements for when you will be seen again after your treatment has finished.

## When radiotherapy has finished

You will have a follow up appointment for around 6 weeks after your radiotherapy. This appointment is to check that you are recovering well and will be back in the clinic that you were originally seen in.

Radiotherapy side effects can continue, and your skin reaction may get worse for up to 10 days after your treatment has finished. This is normal, but if you do need further support or advice please contact the department by phone or come in to see the nursing team in radiotherapy between 9am-5pm (Monday-Friday). There is no need to make an appointment for this. If you have a non-radiotherapy problem please contact your urology nurse in the first instance.

Radiotherapy may cause scarring and narrowing of the vagina therefore pelvic care is recommended after treatment which aims to reduce these problems.

If you are a female receiving radiotherapy to your pelvis, you may be requested to use a dilator upon completion of your treatment. This will be discussed with you in further detail during a consultation with the radiographers during the final week of your radiotherapy treatment. For additional information, you can also refer to the information leaflet, ‘Vaginal Dilation after radiotherapy to the female pelvis’ which will be provided to you during this consultation.

If you require further guidance, you can also contact your clinical nurse specialist or radiographer.

## Smoking and alcohol use

We strongly advise that you give up smoking and cut or reduce your intake of alcohol, as this makes side effects potentially worse.

For information about services offering support and professional advice to help reduce or quit drinking and smoking, please visit the following websites:

https://www.bartshealth.nhs.uk/smokefree

https://www.drinkaware.co.uk/advice-and-support/

https://www.changegrowlive.org/local-support/find-a-service

## Further support, websites, and groups

### Maggies Centre at St Barts

Finishing cancer treatment can be unnerving and can cause a lot of stress both physically and emotionally.

The Maggie's Centre at St Bartholomew's Hospital is a facility which provides patients and family with free practical, emotional, and social support. It also offers many workshops including yoga, dance classes, information drop-in clinics and counselling on a one-to-one basis as well as group sessions.

Address: Maggie's, Barts, St Bartholomew's Hospital, West Smithfield, London, EC1A 7BE

Open: Mon-Fri: 9:00am- 5:00pm

Telephone: **0203 904 3448**

Email: barts@maggies.org

### Cancer Research UK

Website: https://www.cancerresearchuk.org/about-cancer/bladder-cancer
Telephone: 0300 123 1022

**MacMillan Support**

Website: https://www.macmillan.org.uk/
Telephone: 0808 808 0000

## Large print

For this leaflet in large print, please speak to your clinical team.

## Tell us what you think

Tweet us @**NHSBartsHealth**
Talk to us via **www.facebook.com/bartshealth**
Leave feedback on NHS Choices www.nhs.uk

## Useful contacts:

## Radiotherapy Department

King George V Wing (KGV), Basement level, St Bartholomew's Hospital, West Smithfield, London EC1A 7BE

Open: Mon–Fri, 9.00am- 5.00pm

Radiotherapy Reception: **020 3465 5222** or **020 3465 6222**

Emergency Hotline: (when the department is closed) **07917 093 738**

Urology Trainee Consultant Radiographer: (Nisha Bhudia) **020 3465 5084**

## Barts Macmillan Cancer Information Centre

West Wing Ground Floor, St Bartholomew's Hospital

Open: Mon–Fri, 10:00am-4.30pm

Tel: **020 346 56611** Mobile: **07523 933 542**

Email: bartshealth.macmillansbh@nhs.net

## Translation and interpreting services

If you do not speak English as a first language, use sign language (BSL) or have a learning difficulty, our in-house Bilingual Health Advocacy and Interpreting Service can help.

**St Bartholomew's, Mile End and The Royal London Hospitals**
Telephone: **020 7377 7000**

**Newham University Hospital**
Telephone: **020 7476 4000**

**Whipps Cross University Hospital**
Telephone: **020 8539 5522**

**Text Relay service for Deaf people**
Our dedicated number is **18002** and then **add in the number** you are wanting to phone**.** It is available 24/7 for deaf people to access emergency services through interpreters across our hospitals.

## Please scan the QR code below to access our patient information library and for translation of leaflets

## Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:
www.bartshealth.nhs.uk/pals


**Switchboard:** 020 3416 5000
**www.bartshealth.nhs.uk**

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All our patient information leaflets are reviewed every three years.