

## Why is radiation therapy used to treat prostate cancer?

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Prostate cancer may be treated with a combination of treatments such as surgery, radiation therapy, and hormone therapy. Radiation Therapy uses radiation from high-energy X-ray machines to kill cancer cells. Radiation is used to lower the chance of the cancer returning in the prostate, or prostate bed and lymph node areas.

If hormone therapy is to be a part of your treatment you will be given a separate information sheet.

## Is there anything that I have to do before I start my radiation treatments?

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You will need to have an ultrasound of your prostate, called a transrectal ultrasound.

For the ultrasound appointment, the doctor will place several tiny gold markers into your prostate. This procedure will feel very similar to the transrectal ultrasound for your biopsy. These tiny gold markers will allow the radiation therapists to see any movement of your prostate during your treatment, and they will be able to make adjustments for this movement.

## Is there anything that I have to do before my treatment planning appointment?

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Because the prostate moves a lot depending on the fullness of your bladder and rectum, it is important that your bladder and rectum are about the same fullness every day... **for treatments and markings.** It is important that you follow these instructions:

- *The night before your appointment drink 2 tablespoons of MILK OF MAGNESIA.*
- *Make sure you have a bowel movement 1 to 2 hours before your radiation appointment.*
- *If the MILK OF MAGNESIA does not cause you to have a bowel movement, you should take the suppository DULCOLAX (also called BISACODYL) 10mg to ensure your rectum is empty for your appointment.*
- *Empty your bladder 1/2 hour before your appointment and then drink 2 glasses of water.*

## What will happen on the day I come for my treatment planning?

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Your first visit to the radiation therapy department is called your “treatment planning appointment”. This will take about 2 hours in total.

You will be x-rayed, have a special foam support for your legs made, measurements will be taken and markings will be placed on your skin.

A CAT scan will be done with your legs in a foam support. X-rays will be taken to find the small gold seeds located in your prostate area. The x-rays do not hurt and you do not have to hold your breath. It is important that you lie still. Your Radiation Therapists will make every effort to make you comfortable during the x-rays. They will explain every step of what they are doing. The measurements from your x-rays will be used to plan your treatments.

As the last step, your Radiation Therapists will give you small tattoo marks. They are about the size of the tip of a pen and are permanent. You will have 3 tattoos on your pelvis area. You will have one on each hip and one on the front of your pelvis. They will be used each treatment day to position you. After your treatment planning appointment, you may have some extra ink on your skin. It can be washed off when you get home.

At your treatment planning appointment, your Radiation Treatment Team members will answer any questions you may have. These may include questions about side effects, when your treatments will start, skin care, lodging or other questions. Many people find it helpful to bring someone along to this appointment

## How long will it be until I start my radiation treatments?

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After your treatment planning appointment, you will usually wait a few weeks before your treatments start. You will be notified of the start date for your radiation treatment as soon as your planning is completed and a time has been booked for the radiation treatment machine. Every reasonable effort will be made to start your treatments as soon as possible, and within recommended waiting times.

After your treatment planning appointment in the Cancer Centre, you may need to have an MRI scan. You will be notified by the clerks of this appointment.

## How long will my treatments take?

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Once you have received the call to come to the Centre for your treatments you should expect to have 6 to 7 weeks of radiation treatments. The treatments are given 5 days a week, Monday to Friday except for holidays. Your appointment each day will take 15 to 40 minutes depending on your treatment. This allows 15 to 30 minutes to get you in position and only a few minutes of actual radiation treatment time.

You may be expected to come early so you can empty your bladder and drink 2 glasses of water (1/2 hour before treatment).

Once a week, you will see your Radiation Oncologist and/or Oncology Nurse for a checkup after your treatment. Be prepared to be here longer that day. You may also ask to be seen any other day if you have an urgent problem or question.

## What side effects will I have from the radiation treatments?

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The first 2 weeks of treatment should be very easy, with very few side effects except for a little tiredness. For most people, their side effects tend to appear towards the end of the course of the radiation and peak 1 or 2 weeks after the radiation is finished. They go away over the next 4 to 8 weeks.

During the last few weeks of treatment, most people have:

- **Fatigue** (tiredness)  
Side effects of radiation treatment can include fatigue. This is not usually severe. You may be more tired after a usual activity and may need a nap or rest after each treatment. You will be given an **information sheet** with suggestions to help you cope with the fatigue.
- **Skin Reaction**  
Your skin in the treatment area may become dry and itchy, pink or even red. Some dark skinned patients may have increased darkening of the skin. The skin reaction may occur on the front, back, and sides of your pelvis.

You are allowed to wash and bathe. Your tattoos marks will not wash off. Try not to scratch or rub the affected area. You will also be given a separate **information sheet** with suggestions for skin care during the radiation.

- **Irritation of the Bladder or Rectum**

During the last few weeks of treatment, most people feel some irritation or soreness of the bladder or rectum. You may be passing your urine more often, sometimes with a slower stream (**cystitis**). Your bowel movements may be more frequent, watery (**diarrhea**) and painful. You will be given **information sheets** with suggestions to help you cope with changes to your bladder or rectum.

- **Irritation of the Anus**

If you have hemorrhoids, they may become inflamed. The doctor may prescribe a cream or suppository that will help with discomfort. The skin around the anus can also become reddened. To help ease the discomfort, most people find that soaking in warm water helps greatly. You can do this by filling up the tub with a few inches of warm water and soak your “bottom” for about 5 minutes. Or you can use a special sitz bath pan that fits under the toilet seat. Fill the pan with a few inches of warm water, and soak in the water for relief. Take sitz baths as often as you feel the need (sometimes up to 4 or 5 times a day). Pat the area dry with a soft towel or cloth.

## How will the treatments affect my sexuality?

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Most people with cancer (and their partners) experience a number of physical, emotional, and practical changes. These changes can happen during treatment and recovery and may affect your sexual health.

There may be changes in how you feel that may affect how you respond sexually. Reactions of a partner can also add to how you see yourself as a sexual being.

You may notice periods of time during treatment and recovery when you have little interest in sex. This may be upsetting to you and your partner. You may have worries (like concerns about your cancer, treatments, and how the illness is affecting your life) and these can affect both your own and your partner’s interest and enjoyment of sex.

If you are single, you may have different worries and challenges such as how to talk about sexuality and cancer with a new partner.

Radiation in the pelvis area is likely to cause some sexual changes. What these changes may be, and the degree of change experienced will depend on the type of cancer, its location and size, your age and type of treatment you are having.

Talk to your doctor, radiation therapist or nurse about sexual activity through treatment and recovery. Usually there is no reason to stop sexual activity. You will not pass on radiation to your partner.

Depending on the location and dose of radiation, some men will have problems getting or maintaining an erection. Some men may have difficulty getting an erection that is as firm as it used to be. Erectile changes from treatment are due to nerve damage and scarring that causes damage in the blood vessels. Some men find that erectile changes don't begin until several months after completing radiation treatment. Most men notice that the bulk of the changes happen by the end of the second year, although some men report that they experience changes for up to five years. There may be ways to improve erectile function. Often it is better to start treating erectile difficulties as the changes occur. Talk to your radiation oncologist or nurse sooner rather than later.

There are other reasons for changes in erectile function such as fatigue, feeling unwell, fear of loose bowels or general worries about the cancer. These changes are usually temporary.

During treatment and depending on the area receiving radiation, some men experience a burning sensation with ejaculation and orgasm. This is normal. Other side effects of radiation like fatigue and skin irritation can also affect sexual activity.

Radiation in the pelvic area may affect your future ability to father a child. Sperm banking may be an option that needs to be discussed before radiation begins.

If you or your partner would like more information about sexual changes please ask your Nurse, Radiation Therapist, or Radiation Oncologist . We can give you more information to read. There are a number of health professionals available in the cancer centre who can discuss concerns about sexuality with you (and your partner).

## What is Supportive Care?

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Cancer is a physical disease but it also can affect how you think and feel. Your emotional health and well-being are very important as you go through your treatments. It is normal for you and your family to have many feelings at this time. You may feel anxious, frightened, worried, angry or depressed.

There is support available in the cancer program. A number of health care professionals may be available for you and/or your family: they can include a social

worker, nurse, therapist, spiritual care counselor, psychologist, and psychiatrist. They can help you cope with cancer and the emotions you are experiencing, as well as help with stress management, lifestyle changes, financial concerns or medication coverage.

At any time you can ask your Radiation Oncologist, Nurse or Radiation Therapist to refer you to this support team. You will then receive a call from a member of the team to set up a separate appointment.

There are also Support and Wellness Groups available where you can talk with or listen to others who have a similar experience, or learn more about cancer and how to live well with it. Information about these groups is available at the reception desk at your Cancer Centre or through the Canadian Cancer Society – Nova Scotia Branch.

## Questions you may want to ask your health care team:

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1. If I am taking hormones, what will be the timing of my hormones and radiation treatments?
2. Do I have to do anything to prepare for my radiation markings or treatment?
3. What happens if I can't hold my bladder full?
4. What happens if I have not been able to have a bowel movement before my treatment?
5. Can I bathe or wash?
6. What should I expect to happen during my treatments?
7. How will I cope with the side effects?
8. How will I know if the treatments are working?
9. What happens when the treatments end?
10. Do I need to come back for a checkup?
11. Will I have any long-term side effects from my treatments?
12. Will the radiation treatments cause sterility?
13. Who can I talk to if I have questions about supportive care; for example, medication costs, insurance, home care, transportation, emotional concerns or any other questions?
14. Is there a research study for my cancer type that might be appropriate for me? (or that I could be involved in?)
15. Will I need an MRI scan?





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