

Information for Patients Receiving Radiation Therapy: External Beam Treatment for Prostate Cancer

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Why is radiation therapy used to treat prostate cancer?

Prostate cancer may be treated with a combination of treatments such as surgery, hormone therapy, and radiation therapy. Radiation therapy uses radiation from high-energy X-ray machines to kill cancer cells. Radiation lowers 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 my simulation marking appointment?

Your bladder and rectum should be about the same fullness for every treatment. The prostate moves a lot depending on the fullness of your bladder and rectum. You must have a bowel movement the morning of your simulation marking appointment.

If you do not have a regular, daily bowel movement, please use the following instructions. We will not be able to do your CT scan if you have not had a bowel movement that day.

For the three days before your simulation “marking” appointment:

- Drink at least 8-10 large cups of water each day.
- Take 34 grams (2 capfuls) of PEG 3350 mixed in 500ml of water each day.

PEG 3350 is an over-the-counter medication used to make stool softer and easier to pass. You must drink lots of water with this medication for it to work properly. There are several brand names (RestoraLAX® or Lax-A-Day®) but store brand versions are exactly the same.

To make sure you have a bladder that is the same fullness for all of your appointments:

- Empty your bladder 45 minutes before your appointment.
- Then quickly drink 500 mL or 16 oz of water.
- Do not empty your bladder again until after your treatment is over.
- Do not drink any other fluids while you are waiting for treatment.

What will happen on the day I come for my simulation marking appointment?

Your first visit to the radiation therapy department is called your simulation marking appointment. This will take about 1 hour.

A CT scan will be done with you lying on your back with your hands resting on your chest. The CT scan does 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 CT scan. They will explain every step of what they are doing. Your CT scan will be used to plan your treatments.

As the last step, your Radiation Therapists will give you 3 small tattoo marks on your pelvis (one on each hip and one on the front of your pelvis). These marks are approximately the size of a pen tip.

They will be used each treatment day to position you. After your simulation marking appointment, you may have some extra ink on your skin. It can be washed off when you get home.

At your simulation marking appointment, your Radiation Treatment Team members will answer any questions you may have. Many people find it helpful to bring someone along to this appointment.

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

After your simulation marking appointment, you will usually wait a few weeks before your treatments start as it takes time to create your individual treatment plan. You will be notified of the start date for your radiation treatment as soon as your treatment plan is completed, and a time has been booked for the radiation treatment machine. Every effort will be made to start your treatments as soon as possible.

After your simulation marking appointment, you may need to have an MRI scan. You will be notified by the clerks of this appointment.

What do I need to do to prepare for my treatments each day?

Drink at least 8-10 large cups of water each day.

Before each daily treatment, make sure you have had a bowel movement. You may not be able to have your treatment if you have not had a bowel movement.

If you do not have a regular, daily bowel movement, Take 17 grams of PEG 3350 daily.

Your bladder must be the same size for treatment each day. Follow the bladder filling instructions given to you by your Radiation Team (outlined on page 1.)

How long will my treatments take?

You should expect to have 4-7 weeks of radiation treatments. The treatments are given 5 days a week, Monday to Friday, except for holidays. Each treatment appointment will take about 15 minutes.

If you are booked to see your Radiation Oncologist and/or Oncology Nurse, be prepared to be here longer that day.

What side effects will I have from the radiation treatments?

For most people, side effects tend to appear midway through the course of your radiation treatments and peak 1 or 2 weeks after the treatments are finished. Usually these side effects go away over the next 4-8 weeks. However, some patients can have lingering side effects years after treatment.

Side effects you may have during treatment include:

Irritation of the bladder or bowel

You may experience irritation and/or soreness of the bladder and/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.

For more information on how to manage this side effect, please read the Nova Scotia Health patient education pamphlet titled: [Information for Patients Receiving Radiation Therapy: Diarrhea](#) and/or [Information for Patients Receiving Radiation Therapy: Cystitis](#).

Fatigue (tiredness)

Levels of fatigue can vary from patient to patient. You may be more tired than normal after usual activity and may need a nap or rest after each treatment. For more information on how to manage this side effect, please read the Nova Scotia Health patient education pamphlet titled: [Managing Cancer-Related Fatigue](#).

Irritation of the anus

If you have hemorrhoids, they may become inflamed. The doctor may prescribe a cream or suppository that will help with the discomfort. The skin around the anus can also become reddened. To help ease the discomfort, most people find that taking a sitz bath helps. Please read the information about sitz baths in the [Skin Care During Radiation Therapy](#) Nova Scotia Health patient education pamphlet.

Skin reactions

Skin reactions are uncommon but possible. Your skin in the treatment area may become dry and itchy or pink. Some patients may have increased darkening of the skin (hyperpigmentation). Skin reactions may happen on the front, back, or sides of your pelvis.

You are allowed to wash and bathe. Your tattoo marks will not wash off. Try not to scratch or rub the affected area. For more information on how to manage this side effect, please read the Nova Scotia Health patient education pamphlet titled: [Skin Care During Radiation Therapy](#).

If you are experiencing any of these side effects, please let any member of your cancer care team know.

How will the treatments affect my sexuality?

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 (about your cancer, treatments, and how the illness is affecting your life) and these can affect both your own and your partner's interest in 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 pelvic 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 the type of treatment you are having.

Talk to your Radiation Oncologist or Oncology Nurse about sexual activity during 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 patients will have problems getting or maintaining an erection. Some patients 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 cause damage in the blood vessels. Some people find that erectile changes don't begin until several months after completing radiation treatment. Most patients notice that most of the changes happen by the end of the second year, although some people 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 happen. Talk to your Radiation Oncologist or Oncology Nurse as soon as possible.

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

During treatment and depending on the area receiving radiation, some patients 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 have 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 Oncology Nurse, Radiation Therapist, or Radiation Oncologist. There are a number of health professionals available in the Cancer Centre who can discuss concerns about sexuality with you (and your partner).

Coping with cancer

Being diagnosed with and treated for cancer is stressful. It is normal for you and your family to feel worried, fearful, vulnerable, frustrated, or sad. Depending on your type of cancer and your treatment, you and your family may be dealing with several adjustments and challenges that can affect your everyday activities.

These may include:

- Emotional and psychological changes, such as feeling depressed or anxious, body image concerns, dealing with loss and uncertainty, or difficulty coping.
- Social and family changes, such as changes in your relationship with family and friends or being on sick leave from work.
- Changes in your relationship with your partner, such as tension, loss of affection, or feeling distant.
- Financial worries, such as reduced income or the cost of medications.
- Sexual health changes, such as loss of sexual interest or the ability to have an orgasm.
- Not being able to do the things you enjoy.
- Spiritual challenges.

If you find that you are struggling with any of these concerns or others and would like help, please talk to your Radiation Oncologist or Oncology Nurse. They can refer you to a psychosocial oncology specialist.

There may also be support groups in your community where you can talk with or listen to others who have similar cancer experiences and learn more about cancer and how to live well with it. Information about these groups is available at the Cancer Centre or through the Canadian Cancer Society – Nova Scotia Division.

- › Call 1-888-939-3333 or visit www.cancer.ca.

If you are interested in online groups, contact Cancer Chat Canada:

- › www.cancerchatcanada.ca

Nova Scotia Health also has some useful patient education teaching videos on the following topics:

- › Bladder Preparation for Patients having Pelvic Radiation
<https://vimeo.com/229592469>
- › External Beam Radiotherapy
<https://vimeo.com/showcase/4902954/video/511144738>

Other useful resources include:

- › <https://truenorth.movember.com/>
- › <https://prostatecanada.ca/>

Questions you may want to ask your health care team:

- If I am taking hormones, what will be the timing of my hormone and radiation treatments?
- What happens if I can't hold my bladder full?
- How will I know if the treatments are working?
- What happens when the treatments end?
- What happens if I have not had a bowel movement before my treatment?
- How will I cope with the side effects?
- Do I need to come back for a checkup?
- Will I have any long-term side effects from my treatments?
- Will the radiation treatments cause sterility?
- 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?
- Is there a research study for my cancer type that might be appropriate for me (or that I could be involved in)?
- Will I need an MRI scan?

Patient and family feedback is very important to us.

We would like to invite you to send any comments or suggestions on how to improve this booklet to education.cancercare@nshealth.ca or feel free to call us at 1-866-599-2267.

Looking for more health information?

Find this brochure and all our patient resources here: <http://library.nshealth.ca/cancer>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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This pamphlet is for educational purposes only.

It is not intended to replace the advice or professional judgment of a health care provider.

If you have any questions, please ask your health care provider.