Radiotherapy to the lower bowel

Information for patients

The aim of this leaflet is to provide you with information about radiotherapy to the lower bowel, including the reasons for giving radiotherapy, details of the procedure and side effects that you may experience.

Although you may have heard about radiotherapy from other patients it is important to remember that their experience may not be the same as yours. If you have any questions please let us know. We are here to help and are happy to talk through any concerns.

What is radiotherapy?
Radiotherapy uses precise, carefully measured doses of high energy x-rays to treat cancer. Cancer cells are more sensitive to radiation than normal cells. The x-rays either destroy the cancer cells or stop them from growing.

Radiation also damages normal cells in or around the area being treated causing side effects, but these will usually recover and heal after treatment. The aim of treatment is to destroy the cancer cells while avoiding and protecting the healthy cells as much as possible.

Radiotherapy is one of the treatments that can be given for cancer of the bowel. Patients with cancer of the anus may have radiotherapy with chemotherapy to treat their cancer. Patients with cancer of the rectum may have radiotherapy before their operation to make the surgery easier, or occasionally after their operation, if the cancer is more aggressive than first thought. Patients with cancer of the colon sometimes have radiotherapy.

The specialist team looking after you will help you to understand the treatment and answer any questions you may have. Do please ask us about anything which is bothering you, however insignificant it may seem.

Radiotherapy for anal cancer
Patients with cancer of the anus (the very last part of the bowel, with an opening to the outside of the body) are usually treated with a combination of radiotherapy and chemotherapy. These treatments cure the cancer in the
majority of cases. A small number of people may not be cured and an operation to remove the anus and surrounding tissues may be needed.

Radiotherapy to cure anal cancer is given as 28 treatments over five and a half weeks. Chemotherapy is given intravenously (by the vein) on the first day of treatment and chemotherapy tablets need to be taken twice a day on the days of radiotherapy treatment. You will have weekly blood tests during treatment and be seen by the radiotherapy review specialist. Intravenous chemotherapy is given on ward 2 North A at the Royal Free Hospital; the tablets will be given to you by the radiotherapy review specialists who'll see you regularly during treatment. We will give you more details on this part of the treatment, if appropriate, in another leaflet.

**Radiotherapy before the rectum is removed**

In some patients, the size and position of the cancer makes a successful operation more difficult, so radiotherapy, chemotherapy or a combination of the two is required first. If this is the case, occasionally you'll need to have an initial small operation, called a colostomy. This operation creates an opening through the wall of the abdomen for the contents of your bowel to pass into a bag and then be emptied into the toilet. The opening is called a stoma. This is done to prevent the bowel becoming blocked by the cancer while the radiotherapy is being given.

Radiotherapy before surgery may either be:

- A five-day course with treatment every day for one week (with no chemotherapy).
- A longer course of 25 or 28 treatments over five weeks, with chemotherapy tablets. These will be given by the radiotherapy review specialists.

We will give you more details on this part of the treatment, if appropriate, in another leaflet.

The main operation may then take place after the radiotherapy course is completed. If you are having a short course of radiotherapy, the operation will take place about two weeks after completing treatment. If you are having a long course of radiotherapy, the operation will be at least 10 weeks after completing treatment, to allow maximum effect of the radiotherapy treatment. Your surgeon will talk to you about the details and timing of the operation. If you have a stoma (bag), it may be closed beforehand.

**Radiotherapy after surgery**

Many patients do not need radiotherapy or chemotherapy before their operation, but sometimes, after the operation, tests show that small amounts
of cancer may have been left behind or that the cancer is more aggressive than first thought. These patients may therefore be recommended chemotherapy and/or radiotherapy in order to reduce the risk of the cancer coming back at a later date. Your doctors and specialist nurses will discuss this with you in detail.

Radiotherapy after surgery is usually a course of 25 or 28 treatments given daily (Monday to Friday). Chemotherapy tablets may be given at the same time. These will be given by the radiotherapy review specialists. We will give you more details on this part of the treatment, if appropriate, in another leaflet.

Preparing for your treatment
Before your treatment can start we need to tailor it to your specific needs. You will need to attend the radiotherapy department for a planning scan. This is a different scan from your previous ones and is needed to design your treatment around you. The aim is to minimise the treated area and reduce side effects.

During the scanning session the radiographers mark three tiny, permanent ink markings on your skin. These are used to make sure that you are accurately positioned for your treatment each day.

Treatment
Each radiotherapy session takes approximately 15 minutes. Most of this time is spent making sure you are in the correct position.

The actual treatment lasts a few minutes, during which you will be alone in the room. You will be asked to lie still on a couch while the radiotherapy machine moves around you, giving treatment from different directions. The radiographers will be observing and, if necessary, will be able to talk to you from the next room where they will be able to hear you at all times. You will not feel anything and the machine will not touch you.

Side effects of radiotherapy
You may develop side effects as you go through the treatment. Most of the side effects begin about half way through the course of treatment and continue for a short while afterwards. The radiotherapy review specialist will see you weekly during your treatment. They will ask you about any symptoms you may be experiencing and also take a blood test.

Possible side effects include:

- The bowel may react as though it has been sunburnt and become sore, slightly swollen and inflamed.
• Some people experience diarrhoea. If you develop diarrhoea or high stoma output, please maintain your hydration and take anti-diarrhoeal medication as advised. Please tell us so we can help you manage this.
• The rectum may be sore when passing motions and there may sometimes be bleeding or passing of mucous. Please tell us so we can help you to manage this.
• Your skin may become slightly discoloured and hair in the treated area may fall out. We advise you not to soak in hot baths. Use a mild, non-perfumed soap and pat the area dry rather than rubbing it. Do not use talcum powder or any lotions and creams other than those advised by us. Cream is available from the radiotherapy review specialist if you need it and wearing loose, natural fibre clothing also helps.
• Patients having radiotherapy for anal cancer can get particularly sore on the skin of their groin, anal area and genitals. The radiotherapy review specialist may have to see you more frequently to help with this.
• Radiotherapy may make you tired. Gentle exercise can help, but save your energy for activities you enjoy doing.
• Occasionally, people may find they pass urine more frequently. Please do not reduce the amount of fluid you are drinking. Please ask for further advice.

Serious and potentially life-threatening side effects of chemotherapy
In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. Please stop the chemotherapy tablets and seek medical advice if you develop severe or multiple side-effects early in your course of treatment.

Possible long-term side effects
Some people find that their bowels remain looser than before the radiotherapy. People who have had cancer of the anus may notice more difficulty controlling their motions, especially if they get diarrhoea in the future. This can be embarrassing but there are ways we can help, so please do not be embarrassed to discuss it with your doctors and nurses.

After treatment finishes
Side effects may get worse for a few weeks after radiotherapy has finished but will then start to improve. Most side effects should have settled by the time you are seen in clinic four to six weeks later. If you have any concerns please contact the radiotherapy review specialist.
Our contact numbers

- Chemotherapy advice hotline (24 hours): 020 7794 0500 bleep 2237
- Radiotherapy review specialist: 020 7830 2919
- Radiotherapy department reception: 020 7830 2919
- Radiotherapy and oncology counsellors: 020 7472 6739
- Colorectal cancer specialist nurse, Royal Free Hospital: 020 7472 6299
- Colorectal cancer specialist nurse Barnet Hospital: 020 8216 5452
- Anal cancer specialist nurse: 020 7794 0500 ext 35308

Macmillan Cancer Support

- Macmillan cancer information and support centre at the Royal Free Hospital: 020 7794 0500 ext 31337
- Macmillan cancer information and support centre at Barnet Hospital:
  - 020 8216 4142
- Macmillan Cancer: 0808 808 0000
- Website: www.macmillan.org.uk

For more information about the cancer services at the Royal Free London, please visit our website at: [www.royalfree.nhs.uk/services/services-a-z/cancer-services](http://www.royalfree.nhs.uk/services/services-a-z/cancer-services)

This booklet was written by staff from the radiotherapy department. If you have any comments on this leaflet please call 020 7472 6739 and leave a message for the information officer.

For a full list of references for this leaflet please contact: rf.communications@nhs.net.

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please ask a member of staff.

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