

We would like to provide you with some basic information to prepare you for the treatment and to inform you about possible side effects



Radiation for Gynaecological Cancers

Cancercare Fact Sheet

*All patients receiving pelvic radiation for gynaecological cancer
should be handed this handout please.*

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and medically approved by
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Radiation for Gynaecological Cancers

We would like to provide you with some basic information to prepare you for the treatment and to inform you about possible side effects. If you would like more detailed information about your own treatment, feel free to enquire with the staff.

By being informed you can take preventative steps to minimise the possible short- and long-term impact that radiation treatment can have on your body.



**Please be reminded
to make use of the free the oncology social work
counselling and emotional support services at any time
during your cancer journey.**



Introduction

Radiation therapy uses high-energy X-rays or radioactive particles to kill cancer cells. Side effects depend on the area being irradiated as well as the individual differences between patients. It is important to remember that the risks associated with the development of side effects are less than the risks associated with an untreated cancer. Your doctor will not prescribe any treatment if the estimated benefit of disease control is less than the possible side effects of the treatment.

Following surgery for womb/cervical cancer, the preferred treatment is either radiation alone, or radiation and chemo given together (called **concurrent chemoradiation**). The chemo helps the radiation work better.

Radiation therapy may also be used to treat cancers that have spread to other organs and tissues.

Treatments

The two types of **radiation therapy** most often used to treat cervical cancer are:

External beam radiation therapy (EBRT)

One way of administering radiation is to aim X-rays at the cancer from outside the body. This is called external beam radiation therapy (EBRT). Treatment is much like getting a regular X-ray, but the radiation dose is stronger.

Each radiation treatment lasts only a few minutes, but moving you in exactly the same position every day for treatment usually takes longer. The procedure itself is painless.

When radiation is used as the main treatment for cervical cancer, EBRT is usually combined with chemotherapy. Often, a low dose of the chemo drug cisplatin is administered, but other chemo drugs may also be used.

The radiation treatments are given five days a week over a period of six to seven weeks. The chemotherapy is usually given weekly at scheduled times during the radiation. The schedule is determined by which drug is used.

EBRT can also be used on its own to treat areas where cancer has spread, or as the main treatment of cervical cancer in patients who cannot tolerate chemoradiation.

Brachytherapy

Brachytherapy, or internal radiation therapy, places a source of radiation in or near the cancer. Brachytherapy can also be administered if there is a small risk that cancer cells were left in the area around the top of the vagina after surgery. This type of radiation travels a short distance only.

The radiation source is placed in a device inserted into the vagina (and sometimes in the cervix). Brachytherapy is often used in addition to EBRT as part of the main treatment for cervical cancer. The doctor or nurse practitioner at Cancercare will explain and discuss with you why brachytherapy is recommended for your situation.

Brachytherapy is usually administered six to 12 weeks after a hysterectomy or after completion of external beam radiotherapy. The doctor will place an applicator or tube into your vagina. This will be held in place with a fixator. Thereafter, a radiographer or technician will connect the applicator to the treatment machine. Short pulses of radiation will be given to treat the upper vaginal area (lasts five to ten minutes). You will not feel the pulse, but may hear some whirring and clicking noises at the start and end of each pulse.

Two treatments are usually needed, with the second treatment about two days after the first one.



Side Effects

Radiation side effects can be divided into two categories:

1. **Acute or early side effects.** These occur during your radiation or a few days after completion thereof. The symptoms can sometimes be managed with medication and are temporary in nature.
2. **Chronic or late side effects.** The onset can start months or years after completion of therapy. They often develop due to the formation of scar tissue in the irradiated areas. The incidence of late side effects is much less prevalent than the acute or early side effects, but is more permanent in nature.

General radiation side effects to the pelvis

Fatigue

Feeling tired and a lack of energy is the most common symptom experienced by patients receiving radiotherapy. Most patients experience some tiredness after a few weeks of treatment, but it should clear up within four to six weeks.

Skin reactions

The skin in the irradiated area may become red and irritated or dry. Hair loss occurs in the irradiated area, and in some cases superficial abrasion of the skin may occur. If this happens, the skin is usually wet and painful. It is important to discuss any skin reactions with your doctor. Most skin reactions caused by radiation disappear within a few weeks after completion of treatment. Your radiotherapy team will advise you on how to manage treated skin.

Nausea and vomiting

Some people feel queasy after radiation to the pelvic area. Ask your doctor to prescribe anti-nausea medication as a preventative measure.

Diarrhoea

Diarrhoea often occurs during the third or fourth week of radiation therapy. Speak to your doctor about this.

Bladder irritation

This can cause lower abdominal discomfort, a burning sensation when urinating or frequent urination. Drink a lot of fluids and avoid caffeine and fizzy beverages to assist in relieving some of the symptoms. Speak to your doctor if this condition persists.

Effect on sexual and reproductive functions

The effect of radiation therapy on sexual and reproductive functions depend on which organs fall within the radiation treatment area. Some of the side effects do not last long after treatment is completed, but others may start after completion of therapy and may be long term or permanent. Some of these side effects include:

- Vaginal pain: Radiation can make the vulva and vagina more sensitive and sorer, and sometimes causes a discharge.
- Menstrual changes: Pelvic radiation can affect the ovaries, leading to menstrual changes and even early menopause.
- Shrinking of the vagina.

Please ask your doctor about the expected side effects before treatment starts, e.g. birth control, effect on fertility, menstruation, menopause.

Low blood counts

Anemia (low levels of red blood cells) can make you feel tired. Neutropenia (low levels of white blood cells) increases the risk of serious infection.

Possible short-term side effects of EBRT and brachytherapy

EBRT and brachytherapy can also cause similar side effects, such as fatigue, diarrhoea, nausea, irritation of the bladder, and low blood counts. Brachytherapy is often administered right after external beam radiation (before the side effects can go away), and therefore determining which treatment caused the side effect could be problematic.

Since the radiation travels only a short distance with brachytherapy, the main effects of the radiation are on the cervix and the walls of the vagina. The most common side effect is irritation of the vagina. It may become red and sore, and there may be a discharge. The vulva may become irritated as well.



Long-term side effects of radiation therapy

Both EBRT and brachytherapy produce a side effect to the vagina which needs your personal care and attention. This side effect is called atrophy (shrinking) and is a result of scar tissue forming in the vagina. The vagina also becomes drier, making movement uncomfortable.



It is important that you keep your vagina open to prevent any problems when having a checkup or when you start sexual intercourse again, as well as for your general wellbeing and comfort. If you fail to do this, your vagina could shorten and become narrower and the upper part

could close.

Your vagina can be kept open by vaginal dilation, which is ‘stretching and opening’ and entails the use of a dilator, sexual intercourse, or a combination of intercourse and the use of a dilator.

We often forget that the wall of the vagina is a muscle and not a tube (like in the drawings). When the muscle lining becomes dry due to the radiation, it acts almost like two leaves getting stuck together after rain. The vaginal muscle also becomes less elastic and the vaginal walls become ‘stiff’ due to the scar tissue (stenosis), which in the long term prevents comfortable or any sexual intercourse. It can even become impossible to do a PAP smear – an important part of ensuring good follow-up. Your cancer vaginal stenosis due to radiation is often irreversible, and therefore prevention is of vital importance.

Stretching the walls of the vagina should start soon after completion of radiation.

After your six-week checkup, even if you are not planning to have

intercourse or have it infrequently, we recommend that you continue using the dilator daily for another four weeks and then two to three a week for the next two to three years. **Please speak to your doctor, physician extender or the counsellor at the unit. They can also assist in ordering a dilator from the supplier.**

There are some helpful YouTube videos that can inform you about using a dilator:



<https://youtu.be/9p9LUIv8QRc>

https://www.youtube.com/watch?v=y_ewlH3drmg

<https://www.youtube.com/watch?v=vGZcSCVDHV8>

Vaginal dryness: Vaginal dryness and painful sex can be long-term side effects from radiation (both brachytherapy and EBRT). Using KY Jelly and/or estrogens locally may help with vaginal dryness and changes to the vaginal lining, especially if radiation to the pelvis damaged the ovaries, causing early menopause. These hormones are typically applied into the vagina and absorbed into the genital area.

Weakened bones: Radiation to the pelvis can weaken the bones, leading to fractures. Hip fractures are the most common and might occur two to four years after radiation. Bone density tests are recommended to monitor the risk of fracture.

Swelling of the leg(s): If pelvic lymph nodes are treated with radiation, it can lead to fluid drainage problems in the leg. This can cause severe swelling in the leg, a condition called lymphedema.

It is important to know that smoking increases the side effects of radiation and can make treatment less effective. If you smoke, you should stop.

Please discuss any issue you may have with your oncologist to assist you in accessing the best possible support you need during your treatment. Feel free to reach out to the oncology social work support team in your Cancercare unit and ensure you that you have the resources you need to ensure your rehabilitation after your cancer treatment.



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