



Chris O'Brien Lifehouse

Radiation Oncology Patient information

Radiation Therapy for gynaecological cancers

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Gynaecological cancers include cancer of the endometrium, uterus, ovaries, cervix, vagina and vulva. Radiation therapy is commonly used to treat endometrial cancer and may be administered externally and/or internally (brachytherapy).

Depending on the type (location/histology/grade) and stage of the cancer, radiation therapy (external beam and/or brachytherapy) may be used alone or in combination with other treatments such as surgery and/or chemotherapy.

Your Radiation Oncologist will advise you as to which regimen is most suitable for you and how the treatment might affect you.

What should you bring to your planning appointment?

- A referral letter from your doctor (if not already submitted);
- Medicare card;
- All private scans relating to your current diagnosis; and
- A list of your current medications (including any medication allergies).

This planning session involves a Computed Tomography (CT) scan that will be used to plan your radiation therapy. This planning CT scan is taken with you in the same position required for treatment, which is different from the position used for standard CT scans. This means previous scans that you have had cannot be used for radiation therapy planning purposes.

Pre-planning requirements

Before your planning CT can be done, you are required to have a comfortably full bladder and an empty rectum. Please go to the toilet and empty your bladder 30 mins before your appointment time and then drink approximately 500ml of water. You will be required to do this for every session of treatment.

What happens in planning?



Typically, you will be lying on your back with the aid of customised knee and ankle supports secured to the CT bed (occasionally you may be asked to lie on your stomach).

It is important that you are stable and comfortable in this position for the duration of your planning session (up to 30 minutes) and for each of your treatment sessions.

The Radiation Therapists will also ensure that you are lying as straight as possible on the CT scanner bed. They will do this using lasers in the CT scanner room. This process will also be repeated at each of the treatment sessions. Once your Radiation Therapists have positioned you, they will draw some reference marks on your skin.

You will then undergo a CT scan in the treatment position. It is very important that you breathe normally and lie very still during the CT scan as any movement can affect the quality of the scans, which might mean you need to have the scans repeated.

Once the scan is complete, your Radiation Therapists will make three permanent marks on your skin (tattoos). These marks are used as a reference to position you in exactly the same way for each treatment and to ensure that the correct area is receiving the radiation. The tattoos are permanent and are approximately the size of a small freckle.

At the end of the planning session you will be given an appointment card with details of your first treatment (date and time).

Your Radiation Oncologist will be present during the planning session, which takes approximately 30-45 minutes.

What happens during treatment?



As with planning, you will be required to have a comfortably full bladder and empty rectum for treatment every day. Please empty your bladder 30 minutes before your appointment and drink approximately 500ml of water. It is very important to make sure you do this every day.

Your Radiation Therapist will take you to your treatment room and you will be asked to lie on the treatment bed in the same position you were in during your planning session. The lights in the room will be dimmed so that the lasers in the room can be seen clearly. These will be used to guide the Radiation Therapists in setting you up in exactly the same position every day.

The Radiation Therapists may lightly palpate your skin to feel for palpable bones and move you slightly when they are setting you up. It is important that you follow their instructions carefully and move only when asked, as usually only millimetre adjustments will be made.

The bed and machine will then be moved into the treatment position. The machine may come close to you, but will not touch you at any point during the treatment process

You just need to stay still and breathe normally.

The Radiation Therapists will have to leave the treatment room to deliver the treatment. There are cameras and a microphone inside the room and your Radiation Therapists will use these to monitor you throughout the treatment. If you need your Radiation Therapists for any reason, raise your hand or call out and your Radiation Therapists will come straight in.

Although the actual treatment only takes a few minutes, the whole treatment session (from positioning to finishing treatment) may take about 10-20 minutes each day.

Treatment side effects

Side effects will vary from person to person depending on your treatment, medical circumstances and customised care plan. Many of these side effects can be managed and will gradually disappear after your treatment has finished. Please let your care team know if you develop any of these symptoms so they can be managed promptly and effectively to ensure you are more comfortable. Some of the possible side effects are listed in the table below.

To find out about complementary therapies that might assist you to manage your symptoms and side effects, contact the LivingRoom team on 02 8514 0038 or email: livingroom@lh.org.au.

Side effects	What can help?
Fatigue (tiredness) – most patients experience reduced energy levels, tiredness and lack of motivation soon after starting treatment.	<ul style="list-style-type: none"> • Listen to your body and rest if needed. Some people find that exercise is beneficial.
Inflammation of the bowel and bladder – you may have problems with diarrhoea, frequency and burning while urinating.	<ul style="list-style-type: none"> • If experiencing diarrhoea, your doctor can prescribe anti-diarrhoeal medication. • Increasing fluid intake and reducing fibre intake will also help. • If experiencing urinary problems such as burning and/or cramping, try to drink plenty of fluids.
Hair loss (in the treatment area such as your pubic hair) – hair loss normally occurs after about two week of treatment.	<ul style="list-style-type: none"> • Usually temporary but may be permanent.

Side effects	What can help?
Loss of appetite.	<ul style="list-style-type: none"> • Small frequent meals are better tolerated.
Dry, red, itchy skin (in the treatment area) – skin reactions tend to appear after about two weeks of treatment and may develop even further to become itchy and tender as the treatment continues. The skin reaction is similar to that of sunburn. It may become pink and may feel warm to touch with mild discomfort.	<ul style="list-style-type: none"> • Use a mild or moisturising soap. • Bathe using lukewarm water, and avoid scrubbing the treatment area. • It is not recommended to wet shave in the treatment area, but an electric razor can be used.
Nausea (feeling sick) – although this may occur, it is uncommon.	<ul style="list-style-type: none"> • Your doctor may prescribe you medication to assist in reducing the nausea.
Vaginal dryness and narrowing – radiation therapy to the pelvic area can affect the vagina, which will become tender during and for a few weeks following treatment. This can make the vagina shorter, narrower and less flexible.	<ul style="list-style-type: none"> • A plastic or rubber tube shaped device (known as a dilator) is recommended to keep your vagina open. Your doctor or nurse will show you how to use it and the importance of a dilator. • Water-based vaginal lubricant can help relieve painful irritation. • Avoid Vaseline and oil-based lubricants.

There are some uncommon side effects that may occur months or years after treatment. These are called late effects and may include the following:

- Early menopause
- Fertility problems

If you have any questions or concerns, please speak to your doctor or nurses.

Weekly examinations

During your course of radiation therapy, you will be examined once a week by your Radiation Oncologist or Radiation Oncology Registrar. This will require a longer visit on that day and is essential for your treatment. Record your treatment review details below. A doctor is always available should you need to see someone outside these times.

Radiation Oncologist: _____

Radiation Oncology Registrar: _____

Clinic review time: _____

Treatment machine/phone number: _____

For more information about Radiation Oncology, please refer to our general booklet '*Explaining Radiation Therapy*'.

Useful links

The Cancer Council: <http://www.cancer.org.au/>

Cancer Australia: <http://canceraustralia.gov.au/>

EviQ Cancer Treatment: <https://www.eviq.org.au/>

Cancer Voices NSW: <http://www.cancervoices.org.au/>

Targeting Cancer: <http://www.targetingcancer.com.au/>



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www.mylifehouse.org.au