What to Expect When Getting Radiation Therapy for Prostate Cancer

For patients who are having radiation therapy at Princess Margaret Cancer Centre

Read this pamphlet to learn about:

• The main steps in planning radiation treatment
• How to manage common side effects
• What happens when you finish treatment
• Where to get more information

For more information on Radiation Therapy, please watch our patient education videos. These videos offer a step-by-step guide to the radiation therapy treatment process. They also explain how radiation works in the body and how your team works together to deliver the highest quality treatments.
Your radiation therapy team consists of:

- your radiation oncologist (cancer doctor)
- radiation oncology nurses
- radiation therapists
- other health care team members

They will provide you and your family with care, support and information.

If you have any questions, talk to your radiation therapists at your daily treatment appointment. You can also talk to your radiation oncologist or nurse at your weekly review appointment.

Interpretation is available if you speak very little or no English. Please let us know as soon as possible that you need help with interpretation.

Why you need to prepare your bladder and rectum for radiation planning and treatment

The prostate gland is about the size of a walnut. It lies behind the base of the bladder and in front of the rectum. The prostate area moves naturally within the pelvis depending on how full or empty the bladder and rectum are.

During radiation therapy your healthcare team needs to aim the radiation treatment right onto the prostate and maybe the lymph nodes around it. If you had surgery to remove the prostate gland, the radiation is aimed at the space where your prostate used to be.

Your health care team wants to make sure that other organs such as the bladder and rectum receive very little radiation. This helps to reduce your side effects.
Before your radiation planning appointment, a radiation therapist will review the steps you need to follow to make sure your bladder is full and your rectum is empty. This is how you need to prepare for your planning scan and treatment appointments every time.

The goal is to make sure your prostate is always in the same place.

How to prepare your bladder and rectum for radiation planning and treatment
Three days before your planning appointment, drink at least 8 cups (1.5 to 2 litres) of liquid each day to make sure you are well-hydrated by the time of the appointment. Continue to drink plenty of fluids throughout your treatment.

To make sure you have a comfortably FULL bladder:
Follow these steps 1 hour before your appointment:

- First, empty your bladder. This means urinate so your bladder is empty.
- Right after, drink 2 cups (500 millilitres) of clear fluid (such as water or juice). Finish drinking 1 hour before your appointment.
- Do not empty your bladder (urinate) after drinking. Your bladder will become full for your appointment.
- When your appointment is finished, you can empty your bladder (urinate).

Please talk to your radiation therapist, oncology nurse or radiation oncologist if you have trouble keeping your bladder full.

To make sure you have an EMPTY rectum:

- If you have regular bowel movements every day, you do not need to do anything different.
- Try not to eat or drink anything that may give you gas. Do not skip meals.
Please talk to your radiation therapist, oncology nurse or radiation oncologist if:

- You do not have bowel movements every day
- You always have a lot of gas

Read this section only if your oncologist has told you that you will be having gold marker and/or a rectal spacer procedure before your radiation planning appointment.

**Your transrectal ultrasound (TRUS), rectal spacer and/or gold marker appointment**

**Location:** Level 1B, Princess Margaret Cancer Centre

**Date and length of appointment:** 1 hour, usually a few days before your planning appointment

**What is the procedure about?**

- A doctor injects 3 gold markers the size of a rice grain into your prostate using a needle. The rectal spacer can also be injected during the same visit. An ultrasound probe (called transrectal ultrasound) is placed inside the rectum and is used to help guide the needle placement.

- A local anesthetic is injected to numb the area and make the procedure as painless as possible. The procedure feels like your transrectal ultrasound for your prostate biopsy except the needle is inserted through the skin in between the anus and scrotum. You will not feel the gold markers after the injection. Most patients may feel some pressure from the rectal spacer, but patients rarely feel discomfort or pain. This feeling is temporary and usually lasts for a few minutes and disappears.

- The gold markers help the radiation therapist see where your prostate is every day and helps to deliver more accurate treatment.
• The rectal spacer is a gel that separates the prostate from the rectum and helps reduce the amount of radiation given to the rectum. The gel is slowly absorbed by the body and disappears after a few months.

• You can return home after the procedure once you feel comfortable to do so.

• If you develop a fever, pain or a burning feeling when you urinate, or feel generally unwell, please call 416 946 2233 and ‘press 2’ during normal working hours for advice. Outside of working hours please call 416 946 2000 and ask for the radiation oncologist on-call. **If you have a medical emergency please go to your nearest emergency department.**

**How do I prepare for this procedure?**

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<th>Do this 5 days before your TRUS</th>
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<td><strong>1. Stop taking any aspirin or arthritis medicine.</strong></td>
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<tr>
<td>□ Do this for 5 days before your procedure.</td>
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<tr>
<td>□ Do not take medicine such as:</td>
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<td>• Advil</td>
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<td>• Naprosyn</td>
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<td>• Arthrotec</td>
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<td>• Celebrex</td>
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<td>• Ibuprofen</td>
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You can still take acetaminophen (Tylenol) if you need it.

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<th>2. Tell your oncologist and the procedure room staff before your procedure if:</th>
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<td>□ You have heart valve disease.</td>
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<td>□ You are taking blood thinning medicine.</td>
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<td>• This includes any blood thinning medicine.</td>
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<th>3. Call 416 946 4501 extension 5642 to confirm your appointment.</th>
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<tr>
<td>• You can also ask to make sure you are doing the right things to prepare for your appointment.</td>
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**Do this the night before your TRUS**

- **Take your first dose of antibiotic.**
  - Your oncologist will give you a prescription for these antibiotics.

- **Clean your rectum.**
  - There are **2 ways** you can do this. Choose one of the ways below:

  1. Use a Rectal Fleet Enema®.
     - Do this before you go to bed.

  **OR**

  2. Take an Oral Dulcolax® pill (5 milligrams).
     - Take it with a glass of water. Do not take the pill with milk. Take the pill before you go to bed.

**Do this on the morning of your TRUS**

- **Take your second dose of antibiotic.**
  - You will take the rest of the antibiotics after the TRUS. Someone from your health care team will teach you how to take them.

- **Eat a light breakfast.**
  - For example, have a glass of juice and a slice of toast.
For your Planning appointment, you must have a comfortably full bladder and empty rectum. Please see page 3 for instructions.

Planning Your Radiation Therapy

Please check in at the reception desk on level 1B. We will take your photograph to help us identify you during your treatment.

Expect to be here for about 2 hours for this appointment.

What to expect at your CT simulation scan appointment

We will use a CT simulator to decide on the area of treatment. A CT simulator is a CT scanner with special computer software that gives us the detailed x-ray images we need to prepare your treatment.

Your doctor may also ask you to have an MRI to plan your therapy, especially if you have had gold marker or rectal spacer inserted.

The radiation therapists may draw marks on your skin. These marks can wash off, so they will also give you a few small permanent tattoos using a fine needle. The radiation therapist will explain this procedure to you first. The doctors, physicists and therapists use the information they gather to develop a plan that is right for you.
Your Radiation Treatment

For your radiation therapy treatment appointments, you must have a comfortably full bladder and empty rectum. Your bladder should be as full as it was during your CT planning scan appointment. Please see page 3 for instructions.

When will I know about my first treatment appointment?
You can expect a phone call at home a few days after your CT simulation appointment. We will give you the date and time of your first appointment.

Where do I go for my radiation treatment appointments?
Your radiation treatment will be at the Princess Margaret Cancer Centre. Check in at the reception desk on level 2B when you arrive. Level 2B is 2 levels below the main floor.

The staff there will show you how to check in.

Can I choose when I have my radiation therapy appointments?
Because we treat so many patients every day we cannot guarantee your exact appointment time. Your radiation therapists will try to help you if there are special circumstances.

What happens at the treatment appointment?
The radiation therapists will check the measurements from your CT simulation scan. They will take a Cone Beam CT scan (sometimes called a “mini CT”) to check that you are in the same position every day. Once your position has been checked and any changes have been made, you will have your radiation treatment.
**How long is the treatment?**

You should plan to be at the hospital for 30 to 60 minutes each day. Your treatments will take about 20 minutes. Most of this time is used to make sure you are in the right position for treatment.

**Will I see my oncologist during my radiation treatments?**

You will meet with your radiation oncologist and oncology nurse once every week during your treatment. They will answer any questions or talk to you about any concerns that you may have. Tell them about any side effects you may be having. You can also talk to the radiation therapists who are treating you about your side effects.

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**How to Manage Common Side Effects from Radiation Treatment**

**Will I get tired while on treatment?**

Fatigue (feeling very tired) is a common side effect of radiation therapy. This varies with each person but often begins early in treatment. It can increase gradually during treatment, and usually gets better over 1 to 2 months after treatment is over.

Continue doing your usual activities if you feel well enough.
Do these things if you are feeling tired:

• Pace yourself, especially with activities that make you feel tired.

• Ask for help with activities you do every day and that you cannot manage.

• Pick a relaxing activity (for example walking) or hobby that you are able to do every day.

• Keep a regular sleep routine at night and rest as you need to during the day.

• Eat a balanced diet and drink plenty of fluids.

• Have healthy, easy to prepare food on hand.

• Eat meals at regular times through the day and snacks if you need them.

Will there be changes in my appetite?
Some patients may not feel very hungry while receiving treatment. Chemotherapy and pain medications may also lead to a loss of appetite.

Do these things if your appetite changes:

• Eat small meals and snacks throughout the day, instead of 3 large meals a day

• Eat foods that you enjoy

• Make the food interesting and appealing

• Stock up on foods that are easy to prepare

• Carry a snack with you when you come for treatment in case you are delayed and feel hungry

• Try not to have too much to drink with meals so that you do not fill up on fluids

• Drink plenty of fluids between meals

• Light exercise and fresh air may help your appetite
Please speak with your radiation therapist, oncology nurse or radiation oncologist if you would like an appointment with a dietitian.

Will I have cramps and diarrhea?
You may have cramps (stomach ache) in your bowel or start to have diarrhea (watery stool).

Having cramps and a lot of gas may happen 3 or 4 weeks after treatment starts. This is because a small part of your bowel may be in the treatment area and may receive some radiation.

You may have mild diarrhea during the last 2 weeks of your treatment. It’s rare, but there may be blood in your stool.

Do these things if you have cramps (stomach ache) and diarrhea:
• Eat what you normally do until you feel cramping or diarrhea
• Eat foods that are low in fibre
• Eat foods that are low in fat
• Avoid milk products (lactose)
• Avoid caffeine and spices
• Eat 5 or 6 smaller meals instead of 3 larger meals
• Drink 8 to 10 cups of liquids each day to stop dehydration if you have diarrhea
• Medicines such as Imodium may help to control cramps or diarrhea
  (For more information ask your health care team for these pamphlets: Eating Hints for People with Diarrhea and Guidelines for Managing Gas)
• Sitz baths may help if you have a burning feeling with bowel movements
  Sitz baths may help the skin around the groin area feel better and stop hemorrhoids from getting worse. To learn how to take a sitz bath please see the pamphlet called Taking Care of Your Skin During Radiation Therapy

Please speak with your radiation therapist, oncology nurse or radiation oncologist if you would like an appointment with a dietitian.
Will I get frequent and painful urination?

You may have these symptoms because of the radiation therapy or a bladder infection:

• You need to urinate often, even at night.
• You have pain or a burning feeling when you urinate and find it harder to start urinating.
• It is rare, but there may be blood in your urine.

To help with frequent and painful urination:

• Drink plenty of fluids during the day
• Do not drink as much water or fluid starting 1 or 2 hours before you go to bed. This helps you urinate less often at night.
• Avoid drinks with caffeine like coffee, tea and cola.

Talk to your radiation oncologist, oncology nurse or radiation therapist if these symptoms continue. They may check for a bladder infection. There may be some medicine you can take to feel better.

Will my sexuality be affected?

Cancer and cancer treatment can change your ability to enjoy or have sex. Talk to your radiation oncologist or oncology nurse if you or your partner have any questions.

The side effects you learn about in this booklet are the most common ones. It is possible that you will have other side effects that were not listed above. Sometimes the tumour and the treatment can cause very similar symptoms. Please tell your radiation therapist, oncology nurse or radiation oncologist if you have any symptoms.
What to expect when you finish therapy

Near the end of your treatment, we will give you a booklet titled Questions to Ask Before You Finish Your Radiation Therapy. At your final weekly review appointment you will be given a follow-up appointment to see the doctor a few weeks or months after your treatment is finished.

After treatment finishes, some of your side effects will carry on and may get worse before they start to get better. This is normal. Continue to follow your health care team’s instructions until you feel better.

Call the hospital once you are finished with your treatment, if you have any questions or concerns.

Need more information?
Please visit the Patient and Family Library on the main floor, or call them at: 416 946 4501 extension 5383.

You can also visit the Princess Margaret Cancer Centre web site at www.theprincessmargaret.ca for more information services and about your treatment.

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