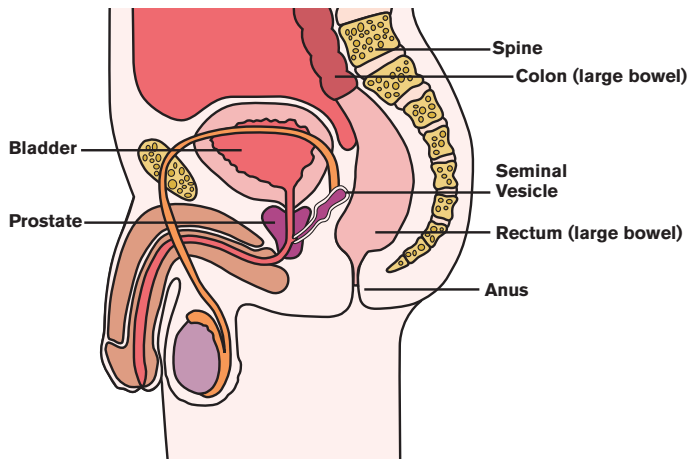


Male Pelvis

Such as bowel, bladder, anus, excludes prostate

This information is to be used in conjunction with **My Treatment Booklet**. It provides unique details about receiving radiation to the **male pelvis (such as bowel, bladder, anus)** and possible regional lymph node (gland) areas.



Pathway



1 First specialist appointment

Please refer to My Treatment Booklet.

2 Orientation

A patient care specialist (radiation therapist or nurse) will explain the procedure in more detail and answer any questions or concerns you may have about the process or treatment. You may receive specific bladder and/or bowel preparation instructions.

3 Planning CT Simulation

Please eat normally prior to your appointment and follow any bowel or bladder preparation instructions you may have received.

Position:

You will most likely lie flat on your back with a support under your knees. Your hands will be clasped high on your chest and you will have head and neck support. The radiation therapists will make sure you are as comfortable as possible. If you are receiving treatment to the groin area, your leg position may be slightly different using a mouldable cushion type device (vac-bag). This helps to maintain and easily reproduce this position.

Three small (approximately 1mm) permanent reference marks will be made on your skin. One on the side of each hip and one on your abdomen at the top of the pubic hairline.

Scan:

You will have a CT scan in the above position.

4 First day of treatment

Please follow any bowel or bladder preparation instructions you may have been given (today and each treatment day). Let a member of the ARO team if you have any problems.

5 During treatment

Your radiation oncologist will advise you of possible side effects during and then after treatment is complete. *Please speak to a member of the ARO team about any concerns or changes so we can provide advice and support to meet your needs.*

Possible short-term side effects

Fatigue

Tiredness will likely occur. Some people continue to work while others find this too tiring.

Self-care:

- *Keep hydrated (drink 1.5-2L a day, preferably water). Minimise alcohol.*
- *Eat as well as you can.*
- *Exercise regularly e.g. relaxed walking three times per week can be beneficial. You can continue your usual level of activity or introduce mild exercise. Please listen to your body, do not over exert yourself, and rest when you feel the need.*
- *Try to get a good nights' sleep.*

Skin Reaction

Skin folds or where surfaces rub such as the buttock region and groin may become red, dry, itchy and/or tender. Patients can experience a sore anus when motions are passed, and there may be some bleeding, particularly if you have haemorrhoids.

Self-care:

- *When washing the treatment area, use warm water, and gently pat dry. Use mild soap such as Dove extra sensitive or Simple soap, which you can buy from the supermarket.*
- *Use non-alcoholic and non-scented baby wipes instead of toilet paper (do not flush the wipes).*
- *Avoid shaving/waxing or using hair removal cream in the treatment area during treatment and until any skin reaction has completely gone. An electric razor is fine.*
- *Avoid hot pools, spa pools, chlorinated pools and saunas while on treatment and until any skin reaction has completely gone.*
- *Be aware of the clothing you wear over the treatment area:*
 - *Wear loose fitting, soft, cotton clothing*
 - *If you can, lie with no underwear in a private place to let air circulate around the pelvic area.*
- *Salt water rinsing or bathing once or twice a day can help soothe and clean skin, especially in the anus area. A gel or cream may be supplied.*

- *Avoid shaving/waxing or using hair removal cream in the treatment area during treatment and until any skin reaction has completely gone. An electric razor is fine.*
- *Avoid hot pools, spa pools, chlorinated pools and saunas while on treatment and until any skin reaction has completely gone.*

Bladder inflammation (cystitis)

Due to the closeness of structures in the pelvis, a portion of the bladder can become inflamed and you may experience:

- More urgent and frequent urination (including at night).
- A feeling you need to go but find you are not passing much urine.
- A change in urine flow strength/weaker stream.
- A sensation of burning discomfort during or at the end of the stream.

Self-care:

- *Stop drinking any fluids about 2 hours before you go to bed for the night. This may minimise the number of times you need to use the bathroom at night so you get a better sleep.*
- *For frequent urination and burning sensations please speak to a member of the ARO team.*

Bowel inflammation

Due to the closeness of structures in the pelvis, a portion of the bowel can become inflamed and you may experience:

- More urgent, looser and frequent bowel motions.
- Increased amount of flatulence (wind) and mucus.
- Abdominal cramps.

Self-care:

- *Nutrition advice is available.*
- *If your bowel motions change during treatment or you experience any irritation please speak to a member of the ARO team.*

Pubic hair loss

May occur but should grow back after treatment.

Nausea

Uncommon but may be more likely if radiation and chemotherapy are combined.

6 Last week of treatment

Please refer to My Treatment Booklet.

On your last day you will see a nurse or doctor.

7 After treatment

Please continue with the current management of side-effects and self-care for at least 2-3 weeks after treatment has finished.

Possible long-term side effects

- Bowel changes are often mild and no active treatment is required. You may experience
 - A 'feeling' of wanting to pass a motion (do not strain).
 - Slight bleeding when passing a bowel motion.
 - Looser, more frequent, or more urgent, bowel movements than before your treatment.
- Bladder changes (uncommon)
 - Approximately 10% of men develop serious urinary irritation resulting in frequent urination and urgency.
 - Blood can be passed when urinating. This may require investigation and active treatment.
 - Lack of voluntary control with urination (incontinence). Physiotherapy referral available.
 - The tube (urethra) from the bladder to the penis can narrow making it more difficult to pass urine.
See your GP or urologist if you are concerned about any changes.
- Approximately 30-50% of men find their ability to achieve and maintain an erection declines slowly over the months or years after treatment. You may wish to discuss the available remedies for impotence with your radiation oncologist/GP or urologist.
- Pelvic nerve damage is uncommon and there is a small risk of pelvic fractures (less than 1%).
- If groin nodes are treated there is a very small risk of lymphoedema. Specialist referral available.
- An extremely rare risk of developing different cancers, usually many years after radiation.

Self-care:

- Visit Support Services on **www.aro.co.nz** for additional services before, during and after treatment.