

Receiving Radiation Therapy to the Prostate or Prostate Bed

This sheet aims to provide information on **potential side effects** for patients receiving radiation therapy treatment for prostate cancer at Auckland Radiation Oncology (ARO).

POTENTIAL SIDE EFFECTS

X-rays used in radiation therapy can damage the DNA (genetic code) of cells. The radiation also affects the normal tissues of the body, and this can cause side effects. However, we know that normal tissues are better able than cancer cells to heal the radiation damage, and most of the normal tissues will recover.

Due to improvements in treatment planning systems and treatment delivery, the side effects of radiation therapy have been reduced remarkably. However, some side effects still occur and can be categorised as **Acute** (short term) or **Chronic** (long term) side effects.

ACUTE SIDE EFFECTS (Short Term)

These are side effects that occur **during** the treatment course and usually take a few weeks to resolve after completion of treatment. At the beginning of the course you may notice little change, except perhaps, some fatigue. At about half way through and then increasing toward the end, the acute side effects may appear.

Your treatment and patient care teams will help you manage any side effects, please inform them if symptoms start appearing.

The peak of any reactions/side effects you experience will occur approximately 7-14 days after the completion of your radiation treatment. This is due to the cumulative nature of the treatment.

COMMON ACUTE REACTIONS

Fatigue

General tiredness may occur during and after the treatment course. Some people may still be able to work and only take time off for the daily appointment, but others may find it too tiring and prefer to stay at home. Also, you may be more emotional than usual and wish to call on family and friends to help during this time.

Advice to help combat fatigue includes:

- It is recommended that you keep up your fluid intake while on treatment (1.5-2L a day).
- We recommend you maintain a well-balanced diet
- Mild exercise e.g. walking for 30 minutes three times per week has been shown to be beneficial in dealing with the fatigue associated with radiation therapy. Generally you can carry on your usual level of activity, however, it is important that you listen to your body and do not over exert yourself if fatigue is an issue.
- Getting plenty of rest each day facilitates the normal body tissues to recover on a daily basis from the effects of the radiation therapy.

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Bladder Irritation

Due to the position of the prostate a portion of the bladder may become inflamed. This means you may experience:

- More urgent and frequent urination (including at night)
- Slowing of the stream and difficulty starting
- A sensation of burning discomfort during or at the end of the stream.

It is recommended you stop ingesting any fluids approx 2 hours before you go to bed for the night. This is to help prevent disturbed sleep by minimising the number of times you need to use the bathroom at night. For frequent urination and burning sensations speak to your team about ural (alkalizing agent) and whether it is right for you.

Bowel Irritation

Also due to the position of the prostate a portion of the bowel may become inflamed. This means you may experience:

- More urgent, looser and frequent bowel motions
- Increased amount of flatulence (wind) and mucus
- The anus may become sore when motions are passed, and there may be some bleeding, particularly if you have haemorrhoids.

It is recommended you are initially on a high fibre diet. If your bowel motions change and become looser, firstly begin to reduce the fibre in your diet by swapping some foods in high fibre column to those in low fibre column of your dietary guidelines. If they continue to be loose, speak to your treatment team.

Using alcohol free wipes instead of toilet paper may help with sore skin around the anus. Remember, not all wipes are flushable.

Salt water bathing can also help with sore skin. Please ask the RTs for a saline solution you can make at home.

CHRONIC REACTIONS

Most people return to "normal" after completion of their treatment, but a few patients experience some long-term side effects. These can develop gradually over several months or years.

The changes that result may cause no clinical symptoms or are so rare that they present minimal risk to the individual. Your doctor will not be able to tell you before you are treated whether any of the permanent side effects will happen to you, however with more advanced treatment techniques and individualised planning the risk of long term side effects are kept to a minimum.

Disturbances to Bowel Habits

This is the most common chronic side effect and can vary in severity. Permanent changes can include the following:

- A feeling of wanting to pass a motion or straining (whether or not you actually need to)
- Slight bleeding when passing a bowel motion

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- Bowel movements may continue to be looser or more frequent than they were before your treatment.

For most individuals, the condition is mild and no active treatment is required.

Bladder Changes

- Approximately 10% of men develop permanent urinary irritation resulting in frequent urination and urgency.
- Radiation treatment can also cause a narrowing of the tube (urethra) from the bladder to the penis, which can make it difficult for you to pass urine. This 'stricture' can be treated with surgery if necessary.
- Due to changes in the bladder, blood can be passed when urinating. This may require investigation and active treatment.
- Incontinence. We have a physiotherapist on site who can help with changes to continence.

Impotence

Radiotherapy can damage the blood vessels supplying the penis or the nerves that control getting an erection. Approximately 30-50% of men treated find that their ability to achieve and maintain an erection declines slowly over the following months or years after treatment.

This is more likely to happen if the erections were already declining prior to radiation therapy (such as following prostate surgery, hormone treatment or from other causes), but is otherwise hard to predict. You may wish to discuss the available remedies for impotence with your Radiation Oncologist.

WEBSITES AND ORGANISATIONS OF INTEREST

Prostate Cancer Foundation of NZ

PINC and STEEL Program- www.pincandsteel.com/steel

NZ Continence Association- www.continence.org.nz