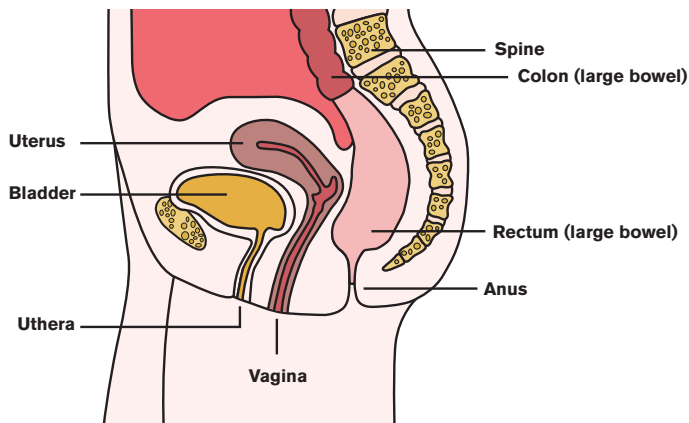


Female Pelvis

Such as gynaecological, bowel, bladder, anus.

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



Endometrium = lining of the uterus

Cervix = lowermost part of the uterus

Ovaries = primary female reproductive organs that lie in either side of the uterus

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 and or bladder preparation instructions you may have been given.

Position:

You will likely lie flat on your back with a support under your knees. Your hands will be clasped high on your chest and your head and neck supported. The radiation therapists will make sure you are as comfortable as possible. If treating the groin area, your leg position may be slightly different using a

mouldable cushion type device (vac-bag). This helps produce and maintain the same position during the scan and every treatment.

Contrast will likely be gently inserted into the vagina to highlight areas of anatomy.

Three small (approximately 1mm) permanent reference marks will be made on your skin. One is done 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 bladder and or bowel preparation instructions you may have been given (today and each treatment day). If you had a full bladder for planning CT, you will require a full bladder for treatment each day. Let a member of the ARO team know 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).*
- *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 vulva/vagina and 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 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 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. Limit leafy greens and other gas producing foods.*
- *If your bowel motions change during treatment or you experience any irritation speak to a member of the ARO team.*

Vulva/vaginal reactions (female genitals)

If your vulva/vagina is in the treatment area it may become tender and inflamed, a little like sunburn. This area may feel dry, itchy or bleed lightly after intercourse. There may be a possible increase in discharge. As the irritation heals, scarring may occur and the walls of the vagina become “fibrous” and “sticky” and have the ability to join together. These are called adhesions but can be prevented or minimised.

Self-care:

- *Sexual activity should be gentle to help prevent irritation or discomfort as vaginal walls do not stretch to the same extent as prior to treatment. Use generous amounts of lubrication.*
- *Salt water rinsing/bathing once or twice a day can help soothe skin and keep it clean.*
- *The fragile skin has a slightly increased risk of infection, so please let the treatment team know of any unusual discharge or odour.*
- *An ARO nurse or patient educator will talk to you at the end of treatment about minimising adhesions and provide you with a self-care dilator kit with written instructions as necessary.*

Nausea is uncommon but may be more likely if radiation and chemotherapy are combined.

Pubic hair loss may occur but should grow back after treatment.

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 and self-care of side effects for at least 2-3 weeks after treatment.

Possible short-term side effects

- Bowel changes are often mild and no active treatment is required.
 - 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)
 - Less than 1% develop serious bladder issues 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 can narrow making it more difficult to pass urine. This can be treated with surgery if necessary.
- 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 swelling in the groin (lymphedema). Specialist referrals are available.
- An extremely rare risk of developing different cancers, usually many years after radiation.
- Small risk of pelvic insufficiency fractures.
- Premature menopause - if your ovaries are surgically removed or damaged by radiation therapy, you will no longer have periods and it will not be possible to become pregnant. If you have not been through menopause already, you may experience premature menopause where symptoms such as hot flushes and vaginal dryness could be more sudden than they would be with a natural menopause. Your radiation oncologist may discuss hormone replacement therapy to help control symptoms.

Self-care:

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