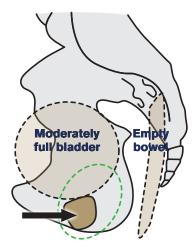


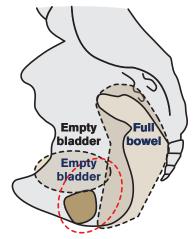
A partnership between Allevia Hospitals and Southern Cross Healthcare

Prostate Bowel and Bladder Preparation Instructions

The prostate gland (or surgical bed) sits close to the bowel and bladder. Radiation therapy to this area works best if you have an empty bowel (free of faecal matter and gas) and a comfortably full bladder.



- No/less radiation to the bladder and bowel
- Fewer side effects



- More radiation to the bladder and bowel
- More side effects

To achieve this, you will be required to use an enema and drink water prior to your appointment. Please practice your bowel and bladder preparation 3 days prior to your CT planning appointment. You will also need to complete your prep on the day of your CT planning appointment and every day of your treatment.

- 1. Approximately 90 minutes before your appointment time use an enema
- 2. Hold enema fluid in your back passage for 10-15 minutes
- 3. Empty your bowels and bladder
- 4. Over the next 15 minutes, drink 2 cups (~500ml) of water. You may wish to use a marked water bottle to easily measure the same amount each day.
- 5. Allow 45 minutes for your bladder to fill from when you finish drinking to your appointment time.

	Date: Practice D1	Date: Practice D2	Date: Practice D3	Date: CT Scan
Use enema Then wait 15 minutes before you empty your bowel				
Drink 500ml in 15 minutes This could happen during your Orientation apt				
CT Appointment	Ensure you can hold a full bladder for up to 60 minutes			

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.

Helpful tips for a full bladder:

- The best way to achieve a comfortably full bladder and to manage your bowel each day is to keep hydrated. You can assess if you are adequately hydrated by the colour of your urine:
 - Pale yellow urine means you are hydrated
 - Darker yellow/brown urine means you are not sufficiently hydrated
- The Radiation Therapists will check the size of bladder using an ultrasound machine before your treatment. It is quite normal to be asked to:
 - Fill your bladder a little more
 - Wait slightly longer before treatment
 - Partially empty your bladder
- If you need to improve your hydration please sip fluid from the time of waking (approx 1 cup or 230ml/hour, including weekends).
- Gradual fluid intake allows your bladder to slowly expand and may decrease the urge to empty your bladder.
- Stop hydrating in the early evening, this may reduce your need to use the toilet overnight.
- It is best to drink water (non-citrus juices and cordials are also fine). Please avoid carbonated drinks as these may contribute to gas.
- Please minimise alcohol, tea and coffee as they can cause an increased production of urine leading to dehydration.

Helpful tips for an empty bowel:

- Please eat regular meals (including breakfast) and avoid chewing gum.
- Please avoid eating foods you know are likely to cause you wind/bowel gas (flatulence) until you have completed treatment.
- Use the microenema prescribed by your Radiation Oncologist **regardless if you have a natural bowel motion**.
 - When inserting the enema you may find it easier to retain contents by laying on your side with your legs bent.
 - You may feel the urge to empty your bowels within a few minutes of using the enema, but try to hold on for 10-15 minutes. This will give the enema time to work properly.
 - If you have any urge to pass a motion, make a moderate effort to do so. If you have any further urge to pass a bowel motion later, then do so.
 - If you don't feel an urge to empty your bowels after 20 minutes, you may need to use a second tube of enema.
- Useful enema links
 - www.youtube.com/watch?v=nNDH87-5mmU
 - https://www.medicines.org.uk/emc/files/pil.4569.pdf