

Pelvic RT New Patient Education by Nursing Staff

Department: Radiation Oncology
 Focus Area: Radiotherapy Nursing (Rad Bay)
 Process: New Patient Education
 Document Author: Michelle Roach and Ewa Juresic

Version Control:

Version	Date	Author	Change Description
1.0	20/12/2016	Ewa Juresic and Michelle Roach	V1: Developed document

Distribution List:

Distributed Version	Distribution Date	Via (Email/Print)	Initials
1.0	14/02/2017	Email	Abdo/ Pelvis Group

Purpose

The purpose of this document is to guide nursing staff in their New Patient Education to patients' receiving radiotherapy to their pelvic region for prostate, gynaecological, rectal and anal cancer.

Introduction

This document has been developed in order to ensure consistency of information conveyed to patients receiving radiotherapy to their pelvic region. This information is designed for patients undergoing curative treatment i.e. > 20 fractions (but also including 25Gy in 5 fractions for pre operative radiotherapy for rectal cancer) and not for those undergoing palliative treatment to their pelvic region).

Types of Radiotherapy given to Pelvis Patients at LCTC:

Patients that undergo radiotherapy to the pelvic area at LCTC will have:

- 3D Conformal Radiotherapy (3D CRT)
- Intensity Modulated Radiotherapy (IMRT)
- Volumetric Arc Therapy (VMAT) or
- Tomotherapy (Tomo)

Procedure

Treatment reactions generally develop approximately half way through a patient's treatment course

PROSTATE/ PROSTATE BED:

Possible treatment reactions that the patient may experience during treatment:

- Bowel Irritation: Increased flatulence or diarrhoea as treatment progresses.
- Urinary Problems: Increased frequency of urination, especially at night; urgency; a burning sensation while urinating; difficulty passing urine, including a reduced strength of flow (urinary retention is very rare) Some people may also experience a burning sensation while urinating, or find it difficult to urinate. Decrease in urine flow / strength.
- Lethargy: Some patients may experience lethargy towards the 2nd half of their treatment. This should not become debilitating.
- Sexual Issues: It is safe to maintain a normal sexual lifestyle. This will not harm the patient or their partner. However, it is very important for partners not to fall pregnant while patients are undergoing treatment, or for 12 months following radiotherapy.

Recommendations

- No skin care recommendations
- Patient to inform staff if they experience anorectal pain, or any other pain.
- Encourage patient to maintain adequate oral nutrition and fluid intake.
- The following diet changes are recommended to the patient if they experience diarrhoea:
 - Reduce fibre supplement (Benefiber) from twice to once per day. If diarrhoea continues:
 - Stop taking Benefiber. If diarrhoea continues,

- Reduce the amount of insoluble fibre in their diet by avoiding:
 - Skins, pits, and seeds from fruits and vegetables.
 - Wholegrain breads, bran, and muesli based cereals.
 - Nuts and legumes (e.g. baked beans, kidney beans, lentils).
- Avoid foods that can irritate the bowels:
 - Spicy foods (e.g. pepper chilli, curry, and mustard).
 - Alcohol.
 - Caffeine (in tea, coffee, chocolate and cola).
 - Foods high in fat (e.g. pastries, fried or greasy foods).
 - Carbonated drinks (e.g. beer, soft drinks).
- Reduce intake of dairy foods.
- Use of anti-diarrhoeal medication:
 - Imodium, Gastro Stop.
 - Consider referring patient to dietician.
- For urinary symptoms, advise patient to drink cranberry juice and / or take Ural to help with stinging sensation when voiding. Consider alpha blockers (Flomaxtra) for difficulty with stream.
- Strongly advise the use birth control if partner of child bearing age.
- Aim to maintain physical activity to help with lethargy.

RECTUM / ANUS:

Possible treatment reactions that the patient may experience during treatment:

- Bowel Irritation: Increased flatulence or diarrhoea as treatment progresses.
- Urinary Problems: Increased frequency of urination, especially at night. Some people may also experience a burning sensation while urinating, or find it difficult to urinate.
- Skin Reactions: The patient may experience a skin reaction to their perineum. There are no anticipated abdominal skin reactions for these patients.
- Lethargy: Some patients may experience lethargy towards the 2nd half of their treatment. This should not become debilitating.
- Sexual Issues: It is safe to maintain a normal sexual lifestyle. This will not harm the patient or their partner. However, it is very important for patients or partners not to fall pregnant while the patient is undergoing treatment and for 6 months following treatment.

Recommendations:

- No skin care recommendations required unless the patient experiences skin breakdown in the perineal area.
- Patient to inform staff if they experience anorectal pain, or any other pain.
- Encourage patient to maintain adequate oral nutrition and fluid intake.
- The following diet changes are recommended to the patient if they experience diarrhoea:
 - Reduce fibre supplement (Benefiber) from twice to once per day. If diarrhoea continues:
 - Stop taking Benefiber. If diarrhoea continues,
 - Reduce the amount of insoluble fibre in their diet by avoiding:
 - Skins, pits, and seeds from fruits and vegetables.

- Wholegrain breads, bran, and muesli based cereals.
- Nuts and legumes (e.g. baked beans, kidney beans, lentils).
- Avoid foods that can irritate the bowels:
 - Spicy foods (e.g. pepper chilli, curry, and mustard).
 - Alcohol.
 - Caffeine (in tea, coffee, chocolate and cola).
 - Foods high in fat (e.g. pastries, fried or greasy foods).
 - Carbonated drinks (e.g. beer, soft drinks).
- Reduce intake of dairy foods.
- Use anti-diarrhoeal medication :
 - Imodium, Gastro Stop.
 - Consider referral to the dietician.
- For urinary symptoms, advise patient to drink cranberry juice and / or take Ural to help with stinging sensation when voiding.
- Aim to maintain physical activity to help with lethargy

GYNAECOLOGICAL:

Possible treatment reactions that the patient may experience during treatment:

- Bowel Irritation: May notice increased flatulence or diarrhoea as treatment progresses.
- Nausea: Some patients may experience nausea during treatment. (Due to nodes up to T1 being treated).
- Urinary Problems: Increased frequency and / or urgency of urination, especially at night. Some people may also experience a burning sensation while urinating, or find it difficult to urinate.
- Skin Reactions: Some patients may experience a skin reaction to their perineum. There are no anticipated abdominal skin reactions for these patients.
- Lethargy: Some patients experience lethargy towards the 2nd half of their treatment. This should not become debilitating.
- Sexual Issues: Sexual intercourse is not contraindicated during treatment, however intercourse may be uncomfortable / painful due to reduced vaginal secretions and swelling of vaginal vault.

Recommendations:

- No skin care recommendations required unless the patient experiences skin breakdown in the perineal area.
- Patient to inform staff if they experience vulval pain, or any other pain.
- Encourage patient to maintain adequate oral nutrition and fluid intake.
- Avoid foods that can irritate the bowel:
 - Spicy foods (e.g. pepper, chilli, curry, and mustard).
 - Alcohol.
 - Caffeine (in tea, coffee, chocolate and cola).
 - Foods high in fat (e.g. pastries, fried or greasy foods).
 - Carbonated drinks (e.g. beer, soft drinks).
 - Reduce intake of dairy foods.
 - Use anti-diarrhoeal medication:

- Imodium, Gastro Stop.
 - Consider referral to the dietician
- For nausea and vomiting, try diet modifications, use of antiemetics.
- For urinary symptoms, advise to drink cranberry juice and / or take Ural to help with stinging sensation when voiding.
- Patients who have Brachytherapy will have an appointment with the Clinical Psychologist about 2 weeks after completion of treatment for education on the use of vaginal dilators. Patients are advised to start using dilators from 4 weeks after treatment. The use of vaginal dilators aids in preventing vaginal stenosis making future vaginal examinations more comfortable.

GENERAL GUIDELINES

- Wash the skin with tepid water and simple soaps - don't use perfumed or medicated soaps or other products.
- Pat skin dry with soft towel.
- Wear loose, comfortable underwear and clothing to prevent skin irritation.

SOCIAL SITUATION

- Check with the patient regarding
 - Transport to and from treatment
 - Living situation
 - Social supports

DOCUMENTATION

- All nursing actions, assessments and recommendations are to be documented in patient's MosaiQ notes and +/- inpatient notes

PATIENT SERVICES

Support services available to the patient include:

- Care Coordinators
- Allied Health
 - Dieticians
 - Psychologists
 - Social Workers
- Wellness Centre
- Cancer Council

RELATED DOCUMENTS

- Rad Bay Model of Care N:\LCTC Nursing\Rad Bay Nursing\Model of Care

- [N:\Quality & Policy\Policy Documents\RT documentation\Level 6 Patient Information\RT 6.6.1 PATIENT INFORMATION Prostate Cancer.doc](#)
- [N:\Quality & Policy\Policy Documents\RT documentation\Level 6 Patient Information\RT 6.7.1 PATIENT INFORMATION Post Prostatectomy.doc](#)
- [N:\Patient Information\Gynae\Aug 2013\Pt info Pelvic RT Gynae August2013.docx](#)
- eviQ
 - Please refer to EviQ for further information.

Note: For chemotherapy issues, direct the patient to the Chemotherapy nursing staff.