## Colorectal & Anal: Patient education

**Key questions**

1. **KQ:** What treatment related side effects would you discuss with a patient prescribed to receive radiotherapy with a curative intent to the rectum or anus?

**Expected response:**

* Fatigue
* Cystitis
* Proctitis – including diarrhoea
* Hair loss in the treatment area
* Nausea and vomiting – depending upon extent of field
* Skin reaction
* Vaginal stenosis – female patients, anorectal cancers

1. **KQ:** What are the signs and symptoms of cystitis? How would you describe these to a patient?

**Expected response:**

You may potentially experience some urinary side effects such as pain or burning when you urinate, needing to urinate more often or feeling that you need to urinate more often. You may notice blood in your urine or your urine may be pink or red, you may also have some pain in your lower abdomen. If you notice any of these you should alert your treatment staff or member of your nursing team as soon as these appear. These signs and symptoms may appear at any time. Usually they will occur after about 2 weeks of treatment.

1. **KQ:** In this facility patients receiving radiotherapy for colorectal or anal cancer are required to maintain a full bladder for both simulation and treatment. How would you educate a patient on bladder filling procedures? Include rationale for bladder filling in your answer

**Expected response:**

For both your simulation and treatment appointments you will need to maintain a comfortably full bladder. A full bladder assists in pushing the small bowel up and away from the treatment field and also can help reduce the dose of radiation received by the bladder. This may assist in reducing the severity of side effects you may experience so it is very important to maintain full bladder each day. Includes correct explanation of departmental bladder filling procedure.

**Scenario**

1. **Scenario:** You are performing patient education for a patient who is due to begin post-operative chemoradiation for rectal cancer next week. The patient tells you that they have been dispensed their oral Capecitabine chemotherapy tablets from their pharmacy and would like to know if they should start taking these now. How do you respond?

**Expected response:**

Advise patient to not start taking the chemotherapy tablets until the first day of radiotherapy. Explain that in this setting the chemotherapy acts as a radiosensitiser, making the cancer more susceptible to radiation damage. Taking the chemotherapy tablets alone without the radiation will not improve outcomes.

1. **Scenario:** You are responsible for delivering first day patient education to a patient prescribed to receive 54 Gy in 30# with IMRT to treat their node positive anal cancer. The patient tell you they are worried they will be radioactive as they have their young children. They explain that their father had prostate cancer and was told he should limit prolonged contact with young children and pregnant women during the first few months of treatment.

**Expected response:**

Correctly explains that the patient will be receiving external beam radiation which is delivered externally by a linear accelerator. This is different to brachytherapy which uses a live source which is implanted within the body. Assures the patient that they are not radioactive and can maintain contact with children and family.