



# Intracavitary brachytherapy for gynaecological cancers

A guide for patients and their carers



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## The Christie website

For more information about The Christie and our services, please visit [www.christie.nhs.uk](http://www.christie.nhs.uk) or visit the cancer information centres at Withington, Oldham, Salford or Macclesfield.

## Introduction

This booklet is written for patients who are having brachytherapy as part of their treatment for cervical cancer or endometrial cancer (also known as womb/uterine or uterus cancer). The doctors and specialist nurses will discuss your treatment with you. If you feel comfortable, share this booklet with your family and friends. If you would like more detailed information about your own treatment or there is something you do not understand, please ask the staff – it is important that you feel well-informed.

Brachytherapy, also known as internal radiotherapy, involves the placement of hollow tubes called applicators through, or close to, the cancer. A tiny radiation source is directed into the applicators delivering radiotherapy. This means the tumour is treated, but healthy areas around it get much less radiotherapy. Treatment is given by a machine called an afterloader. It enables us to boost the dose of radiation to the cancer.

Your doctor will explain if you need this type of treatment when your radiotherapy is first planned. Brachytherapy is carried out soon after patients finish their course of radiotherapy, but this can depend on side effects.

## Where will I have my treatment?

Treatment is given on the brachytherapy and molecular radiotherapy unit (BMRU). This is the ward you will stay on while having brachytherapy (department 16).



## What treatments are available?

For cervical cancers, treatment can include brachytherapy, radiotherapy, and chemotherapy on their own or in combination. Usually radiotherapy is given first, along with weekly chemotherapy (with a drug called cisplatin). The brachytherapy then follows on from this.

For womb cancer if surgery is not possible then radiotherapy, brachytherapy and hormonal treatments can be considered.

Your clinical team will explain what is recommended for your situation.

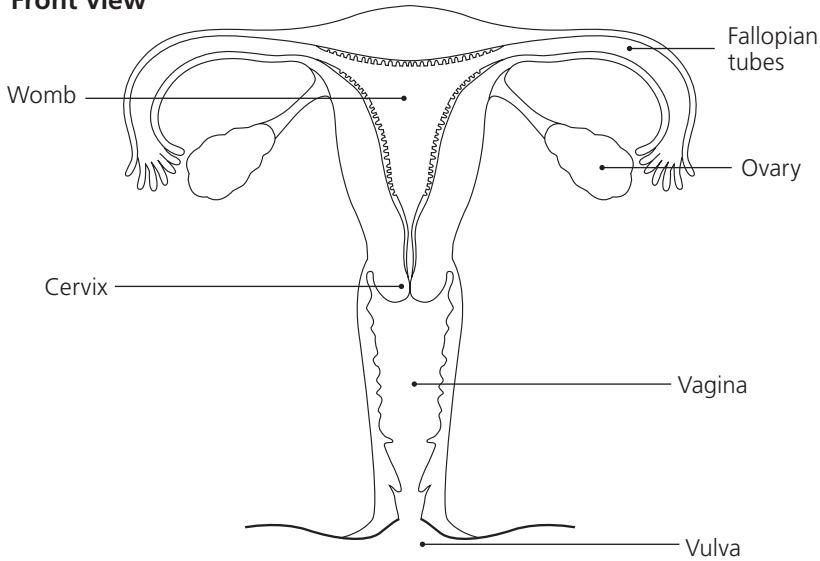
## Your type of cancer and treatments

When is radiotherapy and brachytherapy offered?	Cervical cancer when surgery is not appropriate	Womb cancer when it is not possible to do surgery
What type of radiotherapy?	25 treatments of radiotherapy followed by 3-4 brachytherapy treatments (or a further 10 radiotherapy sessions).	23-25 radiotherapy treatments. Sometimes followed by 3 brachytherapy treatments. Occasionally patients can be offered just brachytherapy alone.
Will I need chemotherapy?	Cisplatin chemotherapy with radiotherapy may be offered. Patients need to be generally fit and well and have a good kidney function.	No, but sometimes hormone treatments are considered.
What is the aim of treatment?	To reduce the tumour, prevent it spreading, or with the aim of getting rid of it altogether.	To reduce the tumour, prevent it spreading, reduce symptoms, or with the aim of getting rid of it altogether.
Are there any alternative treatments?	Normally there are not because surgery has already been ruled out. Ask the treating team and they will explain if this is an option.	Sometimes hormone treatment can be considered to help control your cancer. Ask the treating team and they will explain if this is an option.
What will happen if I decline treatment?	Your tumour will continue to grow. It may spread to other areas of your body and cause you increasing symptoms.	Your tumour will continue to grow. It may spread to other areas of your body and cause you increasing symptoms.

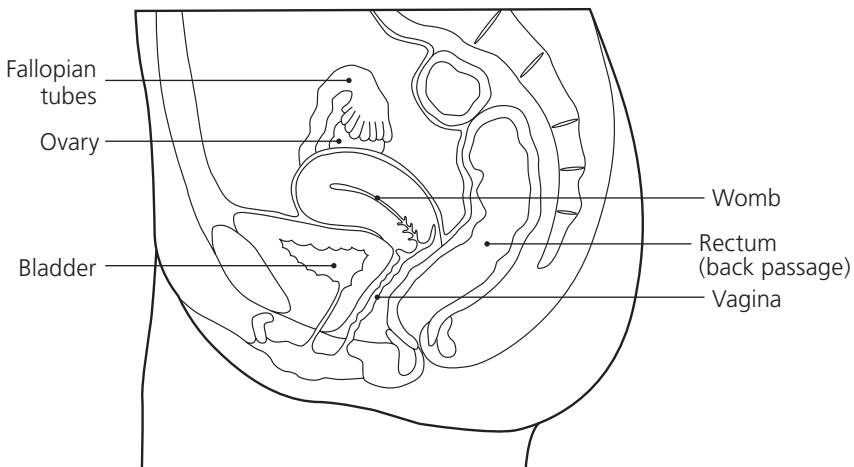
## The areas being treated

These diagrams may be useful to help you understand where your cancer was and the area to be treated with brachytherapy. Your doctor may draw on them to help explain your treatment.

### Front view



### Side view



## Agreeing to treatment

### Consent to treatment

The doctors and specialist nurses will give you written information to support what they have explained about your treatment. At a separate appointment, you will have the opportunity to discuss anything you do not understand, or any worries or concerns you may have.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The key messages in the consent form for brachytherapy are included in this booklet for you to read and consider. It is important that you understand what the treatment involves and that you have been given the opportunity to discuss any concerns before you sign the consent form. The consent form can be viewed on the Royal College of Radiologists website [www.rcr.ac.uk](http://www.rcr.ac.uk) under 'National radiotherapy consent forms'.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

**Radiation can be harmful to the unborn child. It is important to let your treating team know if you have missed a period or suspect that you might be pregnant before you are exposed to any radiation.**

## Some questions about brachytherapy

### **Is radiation safe?**

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to include all tissues that could possibly contain cancer cells while minimising the dose to the surrounding healthy areas.

### **Will I be radioactive?**

No. Patients treated do not become radioactive. The radiation does not stay in your body after treatment. It is safe for you to mix with other people including children, anyone who is pregnant and your partner.

### **I already have problems with my health. Will brachytherapy make them worse?**

Not usually. Please speak to your treating team about any existing medical conditions and continue with any medication that you may be taking unless they tell you otherwise. Let your team know if you are worried about any other health problems.

### **Memory**

People may have some deterioration in their memory as they get older for many reasons. Often this can start with being a little forgetful and it may only be apparent to themselves and those close to them. Before you have brachytherapy, it is very important to let the staff know if you have any problems with your memory. This is because you will have to stay in bed and be in a room on your own for a short while for the treatment and the staff will need to make sure that you are safe. If you have any concerns about your memory and being able to cope, please let the team know as soon as possible.

## What happens if I need transport to attend for brachytherapy?

Many patients are able to bring themselves or can ask a friend or relative to help. If you think you may need hospital transport, please let the team know. The brachytherapy admin team can arrange transport for you, contact them on **0161 918 2009** (Monday to Friday, 8am–5pm).

## Prescriptions

NHS patients being treated for cancer are entitled to free prescriptions. You will need an exemption certificate. They are available from your GP.

## Questions you may want to ask your doctor

- What type and extent (stage) of disease do I have?
- Why are you recommending brachytherapy for me?
- What might be the benefits and side effects?
- Is there any alternative treatment, and, if not, why is this?
- What will brachytherapy involve and how many times will I have to visit the hospital?
- Will there be any lasting effects from treatment?

## LGBTQ+

If you identify as LGBTQ+, you may have different or additional needs and concerns. Your treating team are here to support you. It helps them to know your sexual orientation or gender so they can provide you with the right information and appropriate support to help you get through the best treatment for you.

## Supporting Women's After Care Needs (SWAN)

Before brachytherapy treatment you will have an outpatient appointment for the SWAN clinic to see one of the specialist nurses. This may be combined with your first appointment or on a separate day. This will address any particular concerns or questions that you may have about the treatment, vaginal dilators, sex, fertility and menopause.

It is essential that you attend as your consent to treatment may be covered at this appointment. If you would find it helpful to visit the treatment room before coming in to hospital, this can usually be arranged at this appointment. Some people find it helpful to bring their partner to this appointment. If you have any on-going problems using your dilators or resuming sexual relations then you can self-refer back to this clinic.

## Pre-op clinic

**It is essential** that you attend a pre-op clinic appointment before admission to the hospital. At the clinic you will be seen by a nurse who will take down details of your medical history, check your heart and lung function, take blood samples and perform an ECG (electro-cardiogram) of your heart to ensure you are fit for an anaesthetic. Some patients will also be booked a separate appointment to have an additional appointment to be assessed by an anaesthetist. It is very important that patients attend these appointments otherwise their treatment will not be able to go ahead.

## Smoking

While you are having brachytherapy, you will not be able to smoke. If you would like help with stopping smoking, a free, confidential smoking cessation and alcohol advice service is available for patients and carers at The Christie, providing helpful advice and treatment. Tel: **0161 956 1215** or **07392 278 408**.

## Alcohol

It is important to let the staff know if you drink alcohol most days because they can advise you on how to manage this when you come into hospital.

## Admission for brachytherapy

You will be admitted at 7.30am on the day of your brachytherapy. Prepare a bag to bring with you containing things you may need while having treatment, such as dentures, toiletries, slippers, dressing gown, nightie/pyjamas and things to keep you entertained such as magazines, books, puzzle books, snacks or drinks, tablet, phone – remember your charger. We have tablets you can use while you're on the ward.

On the day of your brachytherapy, you should come to the BMRU, department 16. As this is a treatment area, we ask that relatives and friends drop off patients and leave. However, please speak to the staff if you have any concerns about this. It is important to attend on your planned admission day, even if you are feeling unwell or suffering from side effects. The team will assess and support you before going ahead with any treatment.



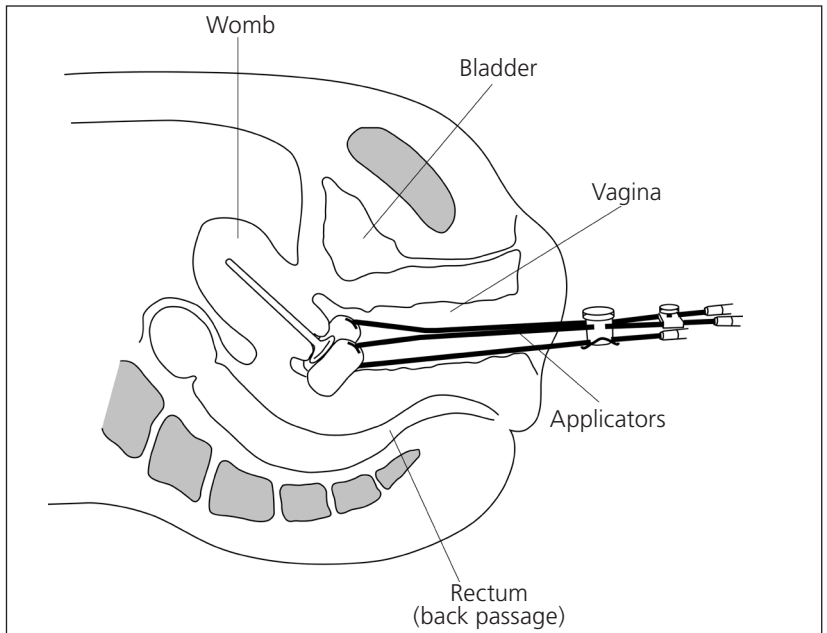
## Preparation for theatre

As your procedure will take place in the morning on the day of your admission, it is important that you do not eat anything after midnight that day. This includes sweets and chewing gum. You can continue to drink clear fluids until 6am (water, black coffee or tea with **no milk** or sugar and no fizzy drinks). If you do not follow these instructions, it may cause delays or cancellation. Routine tablets should be taken as normal with a sip of water.

In most cases spinal anaesthetic (injection into the back) gives better pain control than a general anaesthetic with this procedure. You can also have sedation with the spinal anaesthetic. You will have the opportunity to discuss these options and what is suitable for you, with a consultant anaesthetist on the morning of the procedure.

It is a good idea to have a bath or shower on the day of your treatment. When you arrive you will be asked to put on a gown. It is advised that you bring in a dressing gown and slippers to wear to theatre with your gown. This is a good time to go to the toilet. The theatre is very close to the BMRU and most patients choose to walk the short distance, but a wheelchair can be provided for patients with mobility problems.

### Side views of applicators in place



### The procedure

While you are in the theatre, and have been given the general or spinal anaesthetic, the doctor will place the applicator into your vagina, and insert a catheter to empty your bladder while you are having treatment. You will have a scan to ensure that the applicators are correctly placed, this is then used to plan your treatment. This is usually an

MRI scan although for technical or medical reasons some patients will have a CT scan. This is to check applicator positioning and to enable the team to plan your treatment.

Once the theatre procedure is completed, a nurse will escort you on a trolley for the scan. Following the scan, a nurse will take you back to your room on the BMRU where they will make you comfortable. The treatment plan takes a few hours to produce. Around mid-afternoon, a staff member will then come and connect the applicators to the afterloader. An afterloader contains a small radiation source on a fine cable that travels into the applicators with millimetre precision. It delivers brachytherapy according to the planned, personalised treatment plan. You will normally be connected to the afterloader for 10-20 minutes.

Once the applicators are connected to the afterloader, treatment will not start until the staff have left the room. The afterloader is switched on and off from the control room. You may hear 'clicking' noises when the machine turns on and off and directs the tiny radioactive source into the applicator but you will not feel anything.

Once the treatment is completed, you will be disconnected from the afterloader. Your brachytherapy will be individualised to reach the required dose. This will sometimes require the applicator to stay in overnight and you will have 3-4 treatments over 2-3 visits. You can normally expect to be discharged from the hospital around teatime the next day (shortly after your second treatment).

If you are able to go home on the same day, because you have had an anaesthetic, you will need someone to collect you and stay with you overnight. The plan will be explained to you so that you know what to expect.

## While the applicators are in position

It is normal to have a feeling of pressure in the pelvis during treatment. This may be because of the applicator and the gauze packing which holds the applicators in position. Or it may be that the catheter in your bladder makes you feel as if you urgently need to pass water. If you try to relax and let go, the catheter will drain the urine into a drainage bag. While the catheter is in, it is important to drink as much as you can (2-3 litres of fluid). This helps with drainage and prevents any urine infection. If you find the catheter uncomfortable, the nurses will give you medication to relieve this feeling. They can also give you something for nausea and to help you to sleep if needed.

The nurses will come in to see you at regular intervals. They will check whether they can do anything to make you feel more comfortable. With the help of the nurses, you should be able to sit up enough to read, drink, eat and watch TV. The staff will offer hot drinks, sandwiches, toast, or a light meal. Remember to eat a low fibre diet to reduce the chance of you having bowel symptoms (see page 24).

**Please tell staff about any discomfort** so they can help you change position or give you painkillers. If you need help, use the call bell, do not try to get out of bed or move yourself. Tell the staff if the painkillers you are taking are not helping. They will be able to get you something stronger.

## To help pass the time

It is a good idea to bring books or magazines in to read. You may want to bring a mobile phone or tablet with you – you are welcome to connect to our free WIFI.

**Please remember to tell your relatives that it is not possible to visit patients while on the brachytherapy unit.**

A patient's welfare can be found out by ringing the ward **0161 918 2030** or by contacting the patient on their mobile phone.

## Exercises and preventing clots

We encourage you to do gentle exercises while the applicator is in place. The nurses will explain these to you. It is important that you do not move your pelvis in a way that could change the position of the treatment applicators. It is also important that your joints do not get too stiff or that you develop complications from staying in one position for a long time.

It is a good idea to practise these exercises before your treatment and try to do them every hour while you are having treatment.

**Quad sets:** Tighten the muscles along the front of the thigh by pushing the back of the knee down onto the bed – hold 5 seconds – relax. Repeat 5-10 times, 4 times a day.

**Hamstring sets:** Tighten muscles along the back of the thigh by digging heels into the bed – hold 5 seconds – relax. Repeat 5-10 times, 4 times a day.

**Glute sets:** Tighten buttock muscles by squeezing the muscles together inward – hold 5 seconds – relax. Repeat 5-10 times, 4 times a day. We recommend that you take several deep breaths every hour while you are awake which will help keep your chest clear.

You will be given a small injection of a low molecular heparin drug which is to reduce your risk of getting a clot or thrombosis while you are having this treatment.



## When brachytherapy ends

The nursing team will remove the catheter and applicators in your private room. The procedure will be explained before and during applicator removal. Please discuss with the nurse any worries that you have about the applicator removal.

You will be given pain relief prior to and during applicator removal as required. The nurse looking after you at the time can discuss the options with you and help you decide what is the most suitable in your situation. Taking out the applicators is a simple and quick procedure (usually a few minutes). Patients experience of this varies greatly for a variety of reasons. It will help both you and the nurse if you try to remain as relaxed as possible, concentrating on deep breathing helps to make you less tense and reduces any discomfort. Afterwards, you may want to sleep or shower.

Providing that you are feeling okay, and you have passed urine, you should be able to go home after a few hours.

## When internal treatment is not possible

Sometimes patients go to theatre, and it is not possible to insert the applicators because of technical reasons such as the tumour blocking the opening of the womb or because of scar tissue. Occasionally when the applicators are being inserted, perforation (a small hole) of the womb can occur. This happens in about 3 in 100 patients. Sometimes we may try again a few days later. If brachytherapy cannot go ahead, radiotherapy from the outside is sometimes recommended.

Once you are awake, one of the doctors will see you to explain why brachytherapy was not possible. You will then have a CT radiotherapy planning scan. You should be able to go home later that day and come back as an outpatient for a further 10 external beam radiotherapy sessions. Following this you should still follow the advice about using vaginal dilators.

## Vaginal side effects (cervical cancer)

In the long-term, because brachytherapy for cervical cancer treats some of the vaginal tissue it may cause vaginal side effects, such as stenosis (shortening and narrowing) and dryness. Side effects vary greatly between individuals, some will get virtually no changes but in others it can make sex and examinations difficult. In most patients these side effects can be prevented or minimised by using vaginal dilation. Dilation means 'stretching and opening' and can be done by:

- use of a dilator/vibrator
- sexual intercourse
- a combination of intercourse and dilator use

Vaginal dilators are normally discussed, explained, and given to you at your SWAN appointment, along with some lubricating gel. Water based lubricants are available on prescription and most GPs will prescribe. Additionally, some patients benefit from an oil-based lubricant, unfortunately these are not available on prescription but can be purchased directly from the company or from online retailers. We are aware that this is a personal area of care and some people may have reservations or strong feelings about using a dilator. Some people find using the dilators with a lubricant becomes more comfortable over time.

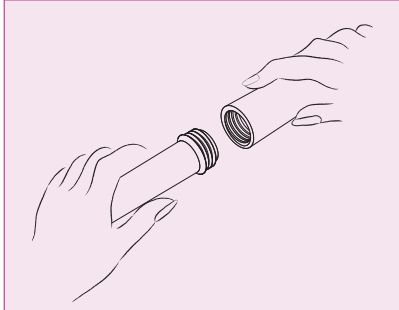
## Vaginal dilation

### **How to use your dilator**

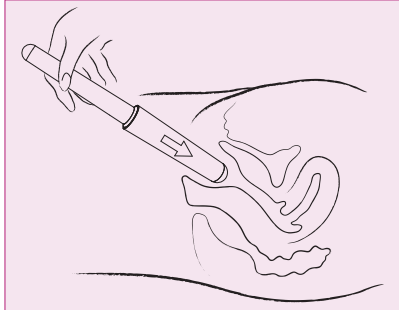
Start using your dilator 4 weeks after finishing your brachytherapy. Use it for 5 minutes a day, every day for the first 6 weeks.

Examine the dilator before each use to be sure that it is smooth. If there are cracks or rough edges, do not use it – phone the clinical nurse specialist and ask for a replacement.

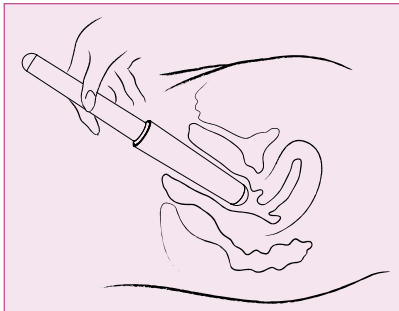
You should not feel any pain or discomfort if you are gentle and stay relaxed while using the dilator. Starting with the smallest size dilator, attach the size 1 (smallest) to the size 2 cone and apply some gel to the dilator and to the entrance of the vagina. Most people find it easier to use lying on their back in bed with knees bent and slightly apart.



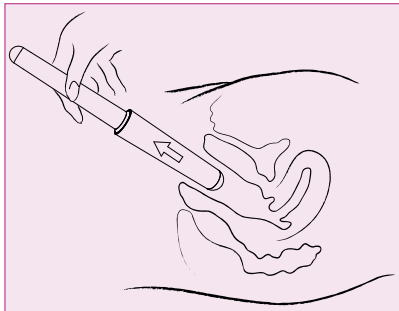
1. Connect size one (smallest) cone to the size 2 cone. Apply lubricating gel.



2. Get into a comfortable position, apply lubricating gel to the entrance of the vagina, and slowly insert dilator into the vagina as far as it will go.



3. Gently move the dilator from side to side, up and down and then circular movements for approximately 5 minutes to gently open and stretch the vagina.



4. Remove the dilator, wash with soap and water and dry.

Insert the dilator into your vagina gently and as deeply as you can without discomfort, but you should be able to feel it gently bounce off the top of the vagina when it reaches the end. Then gently move the dilator from side to side, up and down and then in circular movements (see diagrams). Also gently stretch the vagina upwards by gently pushing it upwards and letting the dilator bounce off the top of the vagina, this helps to keep the elasticity of this area which is particularly important if you are going to have intercourse in the future. Continue this for 5 minutes. Now take it out and clean it with hot soapy water, rinsing it well. If you can do this easily, then next time try using the next size dilator and progress up the sizes.

Do not be alarmed if a pinkish discharge or spotting occurs following dilator use, this is normal. Do not force the dilator if you are unable to insert it easily, leave it for a few days or contact the clinical nurse specialist on **0161 956 1106** for advice. Most people should be able to progress to the second size dilator within a few days. If, after a week or two, this is easy and comfortable to use, then progress to the third and fourth size dilator. Remember it is important that you should use the dilator that reaches to the top of your vagina and that you use it regularly.

After you have used it for 6 weeks, if you are not going to have intercourse or you are having it infrequently, we still recommend you continue to use the dilator daily for another 4 weeks and then 2-3 times a week. After 6 months if you are having no problems and able to use it with ease, then reduce to using it just once a week for the next 2-3 years. Some patients prefer to switch to using a vibrator. If you want more information about suitable products, please ask a member of your treating team.

## Sexual intercourse after treatment

Intimacy in relationships is important but we suggest that initially, following treatment, you avoid intercourse until you are comfortably able to use an appropriate size dilator. You may find your vagina drier than usual, and you may need a lubricant. There are many lubricants that you can buy from the supermarket, chemist or online. If you want more information about lubricants, ask a member of the team when you are seen in clinic or phone your clinical nurse specialist. You may have some slight pinkish discharge or spotting following intercourse and may feel some slight discomfort. Do not be frightened by this. As the tissues begin to stretch, the bleeding and discomfort should subside. Some patients experience problems in resuming sexual intercourse after their cancer treatment. If this happens, please contact your clinical nurse specialist or alternatively you can self-refer to the SWAN clinic by phoning **0161 956 1106**.

Some patients find the booklet 'Loss of libido after cancer' helpful, a copy can be downloaded from [www.engage.esgo.org/brochures](http://www.engage.esgo.org/brochures)

## Short-term side effects

As brachytherapy is a very localised way of giving radiotherapy, when given on its own most patients have few side effects. When side effects do occur, they are generally mild. Short term side effects generally happen 7-14 days after brachytherapy and last for a few days to a few weeks.

However, patients who have radiotherapy followed by brachytherapy often have ongoing side-effects, this varies greatly between patients as does the time taken to recover. If you have any questions about side effects, please ask any member of the team treating you.

## Fatigue

Most patients report some tiredness in the first few weeks after treatment.

## Bowel

Around half of patients will get bowel side-effects from the external radiotherapy which may still be ongoing after their brachytherapy. Generally, after brachytherapy, most patients will not notice any additional change in their bowels and you carry on managing your bowels in the same way as you have been doing during your radiotherapy which may involve a low fibre diet and medication such as Fybogel and loperamide.

If you develop bowel side effects in the first few weeks following treatment and need further advice, please ring The Christie Hotline on **0161 446 3658**.

In the small number of patients who get additional bowel symptoms following brachytherapy, it is usually very mild and lasts for a few days. However, bowel symptoms vary greatly between patients and some patients can find that it takes several weeks for their symptoms to settle and in some cases they never return to what was normal for them.

## Bladder

In a small number of cases, brachytherapy can cause some irritation to the bladder in the first few days or weeks following treatment. This can give symptoms similar to cystitis such as increased frequency and burning or difficulty when passing urine. This is not usually due to an infection but the radiation. If this happens, we recommend that you take plenty of fluids, at least a litre a day preferably 2-3 litres. It is best to avoid drinking lots of tea and coffee and avoid all alcohol. Some people find a glass of cranberry juice

a day helpful. If the symptoms don't settle within a couple of days then it is important to make an appointment with your GP as there is still a small risk of infection due to the procedure/catheter.

## Vaginal discharge or bleeding

You may find that you have a slight vaginal itching or discharge which can be pinkish. This is not unusual and may continue for a time after you get home. It is not likely, but if the discharge or bleeding alters in any way (for example, becomes heavier or smells unpleasant or if there is bright red heavy bleeding), phone The Christie Hotline **0161 446 3658** (open 24 hours a day, 7 days a week) for advice.

## Why do side effects happen?

The side effects happen because, as well as destroying cancer cells, radiation can also damage healthy cells nearby. The bladder and bowel are very close to the vagina, so they can be affected by the radiation too. When planning a patient's treatment, the doctors choose the dose that will give the best chance of destroying the cancer cells but with the least side effects. It seems that some people are more sensitive to radiation than others, and are more likely to experience side effects. At present, it is not possible to identify these people before treatment starts.

## Longer-term side effects

Late side effects of brachytherapy are rare, when brachytherapy is given on its own. Your treating team will discuss them with you. These may occur months or years after treatment. They can include long-lasting bowel, vaginal and bladder problems.

However, when brachytherapy is given in conjunction with radiotherapy then there is a risk of late side-effects months or years later. They can include long-lasting bowel, vaginal, bone and bladder problems.

Cancers can damage the tissues that they are growing in. Cancer of the cervix can grow towards the bowel, and/or bladder and/or vagina and can weaken them before treatment. If the cancer is fully destroyed by the radiation, the tumour damage to the bladder, bowel and vagina may mean that it is impossible for this damage to be repaired, even after successful treatment. The extent to which this happens varies enormously and depends on the size and extent of the tumour and its nature. The following sections give a summary of the possible late effects of pelvic radiotherapy. If you would like more detailed information, Macmillan Cancer Support has booklets on late effects of radiotherapy, available from the cancer information centre or at [www.macmillan.org.uk](http://www.macmillan.org.uk)

At least 1 in 2 patients treated may develop bladder, bowel or vaginal problems, but for most these effects will be mild and manageable. These can include some lasting alteration in bowel habit which can be controlled by altering diet or needing to empty the bladder more frequently.

In a minority of patients (3-10 in 100) long-term effects can be more serious and include such effects as narrowing of the bowel or bleeding from the bladder. If this happens, each patient is assessed and referred to a specialist who has experience of dealing with these problems. Some patients may need to have surgery to correct these problems (5-8 in 100). The risk of these serious effects for each patient is influenced by the combination of cancer treatment, size and stage of the cancer and pre-existing problems in the pelvic area. These figures are based on treatment outcomes from patients treated at The Christie.

## Infertility and early menopause

The treatment causes infertility which is permanent and will result in an early menopause. In younger women who are still having periods, radiotherapy to the pelvis causes the ovaries to stop working because they are very sensitive to radiation. This means unfortunately that you will no longer be able to have children and will have an early menopause.

If infertility is an issue for you and your partner, please let the doctor who is planning your treatment know so that this can be discussed further with you and then if appropriate they can arrange for you to see a fertility specialist urgently. Some women find that their periods stop while having radiotherapy. Others can have 2 or 3 periods following treatment before these stop altogether. At the same time, you may start to have menopausal symptoms such as hot flushes, night sweats, vaginal dryness, irritability and mood swings. Treatment and management of the menopause needs to be worked out individually for each woman because it depends on many factors including type of cancer, past medical history, age and so on. This needs to be discussed on an individual basis. If you would like more information about this, please ask the team treating you. For more information on the menopause visit Menopause Matters [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

## Smoking

There is evidence that patients who continue to smoke have an increased risk of long-term side effects. Please discuss with your team if you would like support to stop smoking or ask your GP or pharmacist.

Your doctor/nurse will ask you to sign a consent form before treatment to say that you agree to the treatment and understand about the possible long term side effects if you

continue to smoke. If you have any problems, we can offer advice and treatment – please get in touch so we can help.

## Research at The Christie

The Christie, along with the Manchester Cancer Research Centre, is a major centre for cancer research of all kinds. Your doctor may discuss a particular trial with you in clinic, or staff may ask you if you are willing to help with some of the clinical trials and audits that are going on. We would encourage you to ask about trials at any time. We will give you detailed written information regarding the trial and its purposes. You will have time to consider your answer, discuss with family and friends and ask questions before you decide whether to take part or not. You are under no obligation to take part in any trials. If you take part in a clinical trial, you will meet the research nurse or research radiographer who help to run the trials. You are free to withdraw from a trial at any time and for any reason. This will not affect your relationship with medical staff.

## After treatment

### Follow-up after brachytherapy

Your first appointment will usually be by phone about 6 weeks after your treatment finishes. We will usually post this to you. The main aim of the appointment is to check that you have recovered from your treatment and that any side effects are settling.

### Follow-up plan

Follow-up appointments are usually arranged:

- every 3 months in the first year
- every 4 months in the second year
- every 6 months in the third, fourth and fifth year

## **Will I have a scan?**

Most patients will be followed up with regular consultations and examinations. Patients are commonly scanned at 3 months after they have completed their brachytherapy. The scans are not done earlier than this because it can be difficult to distinguish between changes due to the treatment and those due to the tumour. Even when the scan is done at 3 months after treatment it can still be difficult to interpret as there may not have been enough time for the body to have returned to normal following the treatment. If this is the case, then patients often need another scan in a further 3 months.

For cervical cancer, further scans are done at 1 and 2 years.

## **When will I know that the cancer is gone?**

Women with gynaecological cancer who are going to develop a recurrence of their cancer are most likely to do this within 2 years following treatment. The highest chance of recurrence is in the first year following treatment. This is why patients are seen frequently in the first 2 years after treatment. It is unusual for further problems to arise from the cancer, if the patient is problem free at 5 years.

## **Do I need further smear tests?**

We do not recommend that women who have had radiotherapy and brachytherapy to the pelvis have further smear tests. These are not helpful because the treatment makes it very difficult to interpret the smear tests.

## **What symptoms should I report or be worried by?**

If you have the following symptoms, you should contact your gynaecologist, The Christie or your GP to ask for an earlier appointment:

- pain lasting for 2-3 weeks, particularly if it keeps you awake
- new swelling in one or both legs
- bleeding or discharge from the vagina or bowel, or from the bladder when passing urine
- a serious change in bladder or bowel habit
- sudden unexplained weight loss

### Treatment effects

A few patients will develop symptoms that could be due to treatment effects. These can be similar to the symptoms caused by the tumour recurring or an entirely different condition. Tests will help us to identify the cause of these symptoms to suggest appropriate treatment. These effects may occur sometime after treatment finishes, even after several years. If you have further tests or surgery at another hospital, it is important that you tell your doctors that you have had brachytherapy before.

After you have had treatment for cancer it can be a worrying time. Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your cancer and its treatment.

### Travel and holidays

Some people do not feel like travelling for the first few weeks after their treatment. Every person is different, but it may take time after your cancer treatment before you feel like going on holiday. Once you feel like going on holiday there should be no problem travelling within the UK. However, if you are thinking about going abroad, make sure you have adequate health insurance which includes your cancer diagnosis. This may mean that the cost of your insurance policy is higher than it has been previously.

It may be useful to get a quote for your insurance before booking a holiday, as this could affect your choice of destination. More information about this is available from the cancer information centre or at [www.macmillan.org.uk](http://www.macmillan.org.uk).

## Further information

### Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is **0808 808 0000**. (Monday to Friday, 9am–8pm). There is also an online chat available. The support number is open 7 days a week, 8am to 8pm. Money advice, Monday to Friday, 8am to 8pm, Saturday to Sunday, 9am to 5pm. If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number or view them online. The information is on their website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### Cancer information in your language

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on **0300 123 1022** Monday to Friday, 8am–6pm.

Booklets on late effects include:

- Managing the bowel late effects of pelvic radiotherapy
- Managing the bladder late effects of pelvic radiotherapy

## Christie information

The Christie produces a range of patient information booklets and leaflets. You can find a large selection of these, along with other information, at The Christie cancer information centre and on The Christie website.

### The Christie cancer information centre

The cancer information centre, located in the Oak Road entrance (department 3), provides information and support on all aspects of cancer via a drop in service, face to face or over the telephone. We can also sign post to other services or refer on to other professionals or voluntary organisations. We provide emotional, a listening ear and practical information to anyone affected by cancer, including relatives, carers and friends, in a relaxed and confidential environment. We also provide a hair loss support service as well as access to the wig service.

The service is open Monday to Friday, 9am–4pm (excluding bank holidays).

Telephone: **0161 446 8100/8107**

Email: **[the-christie.informationcentre@nhs.net](mailto:the-christie.informationcentre@nhs.net)**

### Smoking cessation and alcohol advice services

A free, confidential smoking cessation and alcohol advice service is available for patients and carers at The Christie. Please ask the ward staff for more information on this service or if you are an outpatient please ask your nurse, doctor or radiographer.

### Maggie's centres

Maggie's provides free practical, emotional, and social support to people with cancer, their families and friends. Staff are on hand to offer the support you need to find your way through cancer, including information about treatment, financial advice, psychological support, relaxation and

exercise classes and nutritional advice. Or simply to sit quietly with a cup of tea.

No appointment needed. Drop-in, Monday to Friday, 9am–5pm.

Maggie's Manchester, The Robert Parfett Building,  
15 Kinnaird Road, M20 4QL

Tel: **0161 641 4848**

Email: [manchester@maggies.org](mailto:manchester@maggies.org)

Maggie's Oldham, The Sir Norman Stoller Building, The Royal  
Oldham Hospital, Rochdale Road, Oldham OL2 2JH

Tel: **0161 989 0550**

Email: [oldham@maggies.org](mailto:oldham@maggies.org)

[www.maggies.org](http://www.maggies.org)

## Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients. Placements at The Christie is an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education. Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way. We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

## The Christie Hotline

**0161 446 3658** (24 hours a day, 7 days a week)

The Christie Hotline can provide help and support at every stage of treatment. All patients having radiotherapy can contact The Christie Hotline for support and advice for radiotherapy reactions.

### Contacting The Christie Hotline

When you call The Christie Hotline you will hear a 'welcome' message. Listen carefully and follow the instructions. The team aim to answer your call within 4 minutes. All calls are recorded for training and monitoring purposes. When you speak to The Christie Hotline team, remember to report any new or worsening conditions.

## Benefits and financial information

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16 or over and have not reached State Pension age. You can apply for DLA if you are under 16.

If you are State Pension age or older and need help with personal care or supervision, you could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

## Find out more

- To get a claim pack for Attendance Allowance, call **0800 731 0122** and for PIP call **0800 121 4433**.
- Carer's Allowance, call **0800 731 0297**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggies.org**
- The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or **www.macmillan.org.uk**

## Useful contacts

- Your consultant via their secretary:  
Dr Haslett – **0161 446 3330**  
Dr Barraclough – **0161 446 3406**  
Dr Morrison – **0161 466 8278**
- Gynae specialist nurse – **0161 446 3565**
- Counsellor – ask your clinical nurse specialist for a referral
- Smoking cessation and alcohol advice services on **0161 956 1215** or **07392 278 408**
- Theatre administrator on **0161 918 2009** – for any questions about appointments or transport issues when coming for brachytherapy, the answerphone is checked regularly in office hours.
- BMRU on **0161 918 2030**







If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

If you would like to have details about the sources used please contact [the-christie.patient.information@nhs.net](mailto:the-christie.patient.information@nhs.net)

Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline: 0161 446 3658**

Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

The Christie at Macclesfield **0161 956 1704**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check  
before making a special journey.

### The Christie NHS Foundation Trust

Wilmslow Road

Manchester M20 4BX

**0161 446 3000**

**[www.christie.nhs.uk](http://www.christie.nhs.uk)**



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