Radiotherapy for cervical cancer

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The radiation oncologist, who is a medical specialist trained in delivery of radiation for the treatment of cancer, will explain all that is involved in the process of using radiotherapy for cervical cancer, side effects that you might experience during treatment and the risks of any side effects thereafter. Before you can receive radiation therapy you will need to attend one or more appointments for planning. This will often involve a CT scan of the relevant area. The radiation therapy staff will then plan a course of treatment.

External beam radiotherapy

You will be asked to lie on a special bed in an insulated room where the radiation therapy machine is installed. The staff monitors you via a video screen. Generally this treatment takes only 10 to 15 minutes to deliver and involves no sensation to the body. There is no impression of heat or burning and there is no radiation within the body that presents any danger to anybody else in the community or family. Treatment staff, known as radiation therapists, will administer the treatment. It is given as an outpatient, daily from Monday to Friday, usually over several weeks.

Vaginal brachytherapy

This differs from external beam radiation therapy in that the radioactive source is placed close to the tumour. This provides an extra boost of radiation to the tumour but less to the skin and other healthy tissue nearby.

Low dose brachytherapy

Low dose brachytherapy is given as an inpatient, and takes several days to complete. This treatment is done in a specially insulated room in the hospital. You will have an anaesthetic prior to the device being placed. You will also have a catheter and will be in bed for two to three days.

High dose brachytherapy

HDR (High dose rate) brachytherapy requires a shorter time for treatment as a higher dose is given each time. Treatments are given as an outpatient, usually three times weekly. With both vaginal and high dose brachytherapy treatments, a smooth plastic cylinder is placed in the vagina (rather like a large tampon) and this is secured in place while the treatment takes place.

Treatment takes place in a specially prepared room. You will be positioned appropriately for the lubricated cylinder to be inserted into your vagina. You may experience some pressure but no pain. The cylinder is then connected to a storage machine that holds the radioactive sources and these then
move into the cylinder. Once the treatment is completed the radioactive source is returned to the storage machine and the cylinder is removed.

It is essential that you keep still during this treatment.

During the treatment you will be alone in the treatment room but you will be monitored by a TV screen and staff are able to talk with you via an intercom.

You may experience a small amount of pink discharge, burning when you urinate or loose bowel action 24 to 48 hours after the session. If you notice any of these or other symptoms please report them to the doctor or nurse.

**Side effects of radiotherapy**

The side effects of radiotherapy vary depending on the strength of the radiotherapy dose to the organs surrounding the cervix and the uterus. Most side effects are temporary and can be managed by your health care team.

The most common side effects can occur about halfway through the external radiotherapy course. Side effects that occur after radiation are termed late side effects. Some women experience long-term side effects. The likelihood of side effects will be discussed with you as part of obtaining your informed consent to have the treatment.

Chemoradiation may cause more severe side effects than radiotherapy alone. The side effects include nausea, vomiting and a lowered number of white blood cells (which fight infection).

The side effects of radiotherapy can include:

**Diarrhoea** - radiation passes through the bladder and bowel to reach the cervix. This may irritate the bowel and cause diarrhoea and frequency of bowel movements, increased urge and slight faecal incontinence. Medication (some of which can be purchased over the counter) can be prescribed for this problem.

**Urinary frequency and cystitis** - most women experience frequency together with a burning feeling when passing urine (cystitis).

**Tiredness** - you are likely to become tired during radiation therapy, commonly in the later weeks of treatment.

**Loss of appetite** - you may not feel hungry or you may not enjoy the foods you usually like. If you can, try to have three small meals a day and three snacks each day. A few mouthfuls of food are better than none. It is also important to drink plenty of water.

**Loss of pubic hair** - you may lose your pubic hair. It may grow back after the treatment ends but it will usually be thinner. The radiation alone does not effect hair or skin elsewhere.

**Menopause** - radiotherapy may cause your ovaries to stop working permanently (if you haven't had them removed or relocated at the time of surgery). If you haven't already been through menopause you may experience menopausal symptoms such as hot flushes, and you will not be able to become pregnant.

**Shortening and narrowing of the vagina** - radiotherapy may cause internal scar tissue to form, which sometimes shortens and narrows the vagina. This is called vaginal stenosis and can be prevented or minimised with the regular use of a vaginal dilator (also called a vaginal cylinder). During or after your treatment is finished you should be provided with a vaginal dilator and educated about its use. Regular use will make your follow-up vaginal examinations more comfortable and help to enable you to remain sexually active.

**Skin changes** - your skin may become inflamed and irritated requiring local gels or creams for comfort. It is unusual for this to be very severe. Use lukewarm water to shower or bathe, rinse the area after passing urine and use a non-soap wash. If you have ongoing problems, please discuss this with your doctor. Your nurse and therapist may be able to advice on general skin care and hygiene.

**Vaginal irritation and discharge** - some women experience mild vaginal irritation and discharge during and shortly after treatment. If you cancer has been causing vaginal bleeding this usually stops after a few weeks of treatment, although sometimes it may initially worsen before getting better. If this is troublesome please talk to your nurse or doctor.
For general information about radiotherapy, see the Cancer Council booklet Understanding radiotherapy. It is available free by calling Cancer Council 13 11 20.

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