



Patient information on radiotherapy for gynaecological cancer

Side effects of radiotherapy to the abdomen and pelvis for gynaecological cancer (cervix, vulva, vagina and womb)

This leaflet is designed to help you understand your radiotherapy treatment. People can receive two types of radiotherapy for gynaecological cancer: external beam radiotherapy (high energy X-ray beams aimed at the area from outside the body), and/or brachytherapy (small radioactive sources positioned inside the body). This information leaflet is about **external beam radiotherapy for gynaecological cancer**. This leaflet will help you understand:

- the radiotherapy side effects you might experience
- how best to care for yourself during and after treatment.

Some of the side effects described below are more common depending on the area being treated, we have tried to make this clear in this information sheet. Ask the team treating you if you need more information. The information combines guidance from several specialist centres to give you a clear overall picture. Remember, your treatment is tailored for you, and your team will advise you of any differences that apply to your care.

Managing and understanding side effects

Radiotherapy is a localised treatment so most of the side effects occur only in the part of your body that is being treated and can vary from person to person. Side effects of radiotherapy are described as:

- Early/short-term - which usually start during your course of radiotherapy and usually resolve within two to six months after finishing radiotherapy.
- Late - these are side effects that may happen many months or years after radiotherapy and may be permanent.

Side effects are then described as:

- Expected (50% - 100% chance, this means 50 to 100 people out of 100 people)
- Common (10% - 50% chance, this means 10 to 50 people out of 100 people)
- Less common (less than 10% chance, this means less than 10 people in 100 people)
- Rare (Less than 1% chance, this means less than 1 person in 100 people)



Your care team will discuss these with you and give you other advice tailored to your treatment. You may not get all the side effects discussed in this leaflet.

Radiotherapy treatment can cause some swelling and soreness inside your pelvic area. This means that sexual intercourse might become uncomfortable or painful during your course of radiotherapy treatment and for a while after. If this is the case, you may wish to refrain from sexual intercourse during this time. After about four weeks following completion of radiotherapy treatment, provided any skin reactions or soreness have subsided, it is fine to resume gentle sexual intercourse.

Early/short-term side effects

Expected (this means 50 to 100 out of 100 people)

- **Fatigue/Tiredness**

Advice: Rest when needed, break up activities into smaller tasks, and try light exercise (if approved by your doctor). Try to drink plenty of fluids, such as water and herbal tea.

- **Bowel frequency** - opening your bowels more often than normal **and**

urgency - a sudden urge to open your bowels

- **Looser stools with more mucous or wind** compared to normal

Advice: to help reduce bowel side effects during radiotherapy:

- It is important that you continue to eat regularly during your treatment, so avoid cutting out meals.
- If you know that something in your diet tends to cause gas, then try to not eat or drink it for the duration of your radiotherapy.
- Avoid fizzy drinks and beer.
- Avoid excessively fatty food.
- Avoid beans and pulses (some common pulses include: chickpeas, lentils, kidney beans and peas.)
- Avoid vegetables such as: broccoli, cabbage, cauliflower, Brussels sprouts, onions, garlic and leeks.
- Avoid chewing gum as it may have the tendency to make more gas within the digestive system. This is because chewing increases contractions which move food through the intestines.
- Chew food slowly.
- Eating cooked oats, barley and ground linseeds can help with wind and bloating, as does sipping peppermint tea. (If you are gluten intolerant, there are gluten free oats available in shops/online, however all barley contains gluten.) If you need help with your diet please ask your radiographer for a referral to the dietician.



- Keep active and take regular exercise to encourage bowel movement.
- **Urinary frequency** - passing urine more often than normal, **and urgency** - a sudden urge to pass urine.

Advice: Do not reduce the amount of fluid you are drinking. Drink plenty of water at least 2 litres which is about 3 and a half pints a day, including weekends. Avoid drinking ordinary tea and caffeinated coffee – you could possibly change to decaffeinated tea/coffee. You can drink herbal teas. Alcohol irritates the bladder so should be kept to a minimum.

If you experience any burning sensations or discomfort when passing urine, please tell the Therapeutic Radiographers treating you at your next radiotherapy treatment appointment. You might be asked to give a urine sample and medicine may be given.

- **Hair loss in treatment area**

If you are receiving radiotherapy to the abdomen, the following side effects are expected:

- **Nausea and vomiting**

Advice: Rest and relax when you can. Nausea can be managed using anti-sickness drugs, which are called anti-emetics, and eating and drinking little and often, rather than eating larger main meals.

If you are having treatment to the lower pelvis/vulva, the following reactions are expected:

- **Skin Reactions** - Skin soreness, especially when passing urine and opening bowels, itching and colour changes. Those with white/lighter skin might find the skin colour changes to pink, red, or darker than surrounding area. Those with brown skin might find the skin colour changes to maroon or darker than surrounding area. Those with black skin might find the skin colour changes to darker than surrounding area or yellow, purple or grey colour changes. If the vulva is in the treatment area, the skin can get very sore and blister, which might include around your back passage.

Advice: To reduce soreness, it is important that you keep your skin clean during treatment. You should wear cotton underwear and avoid tight clothing. This will help to keep the skin cooler and reduce friction to the treatment area. Not smoking, drinking plenty of water and eating a healthy balanced diet when you can, can help minimise skin reactions.

Follow skin care advice given to you by the Therapeutic Radiographers, nurses or Clinical Nurse Specialists. Skin care advice from the Society of



Radiographers can be found [here](#) or by going to:

<https://www.sor.org/news/radiotherapy/scor-updates-radiation-dermatitis-guidelines>

- **Rectal (back passage) pain and discomfort**
- **Vaginal itching or discharge**

Common (this means 10 to 50 out of 100 people)

- **Skin Reactions** - Skin soreness, especially when passing urine and opening bowels, itching and colour changes. Those with white/lighter skin might find the skin colour changes to pink, red, or darker than surrounding area. Those with brown skin might find the skin colour changes to maroon or darker than surrounding area. Those with black skin might find the skin colour changes to darker than surrounding area or yellow, purple or grey colour changes. If the vulva is in the treatment area, the skin can get very sore and blister, which might include around your back passage.

Advice: To reduce soreness, it is important that you keep your skin clean during treatment. You should wear cotton underwear and avoid tight clothing. This will help to keep the skin cooler and reduce friction to the treatment area. Not smoking, drinking plenty of water and eating a healthy balanced diet when you can, can help minimise skin reactions.

- Follow skin care advice given to you by the Therapeutic Radiographers, nurses or Clinical Nurse Specialists. Skin care advice from the Society of Radiographers can be found [here](#) or by going to
<https://www.sor.org/news/radiotherapy/scor-updates-radiation-dermatitis-guidelines>
- **Skin irritation when passing urine and opening bowels**
- **Cystitis - pain when you urinate**

Less common (this means less than 10 people in 100 people)

- **Rectal (back passage) pain and discomfort**
- **Vaginal itching or discharge**

If you have any vaginal discharge, please do not use tampons. For comfort, you can use non-perfumed sanitary towels. Please tell the team treating you if the discharge becomes heavier, or you suspect you may have an infection.

- **Decreased blood counts** – causing anaemia, bleeding or risk of infection

Rare (this means less than 1 person in 100 people)

- **Bleeding from your bladder or bowel**

NB: please attend your nearest Accident and Emergency department (A&E) if you experience heavy bleeding 'out of hours', including weekends.



Late/long-term side effects

These are side effects that may happen many months or years after radiotherapy and may be permanent.

Definite (100 out of 100 people will experience this)

This is important - If the uterus, also known as your womb, and/or ovaries are in the treatment field:

- **Early menopause** - symptoms of this may start during or shortly after radiotherapy. Egg and hormone production will stop.
- **Infertility** - you will be unable to carry a pregnancy in the uterus (womb) after radiotherapy. You may wish to refrain from sexual intercourse during radiotherapy because it is uncomfortable. If you do have sexual intercourse, you **must** use contraception (birth control) during radiotherapy.

Expected (this means 50 to 100 out of 100 people)

- **Vaginal narrowing, shortening or dryness** - this may make vaginal intercourse and vaginal examinations difficult. You may be advised to use vaginal dilators after treatment which may reduce this risk. This will be discussed with you by Therapeutic Radiographers or nurses looking after you during your treatment. Dilators will be supplied by the team looking after you.

If you had treatment to the lower pelvis / vulva, the following late effects are expected:

- **Hair loss in treatment area**
- **Lymphoedema**, which is fluid build-up in your legs or pubic area
- **Skin thickening or change in skin colour** - lighter or darker for any skin tone, or visible blood vessels, skin thinning

Common (this means 10 to 50 out of 100 people)

- **Urinary frequency** - passing urine more often than normal **and urgency** - a sudden urge to pass urine
- **Urinary incontinence** – such as urine leaking when coughing or straining
- **Bowel frequency** -opening your bowels more often than normal and **urgency** - a sudden urge to open your bowels. Looser stools compared to normal.
- **Pelvic bone fractures** – which do not have symptoms, particularly when post-menopausal

Less common (this means less than 10 people in 100 people)

- **Cystitis** - pain when you urinate



- **Reduced bladder capacity**
- **Rectal pain and discomfort** - which may worsen on opening your bowels. This may also affect your sex life if you receive anal sex.
- **Faecal (poo) discharge/soiling**
- **Bleeding from your bladder or bowel or vagina**
- **Bowel and bladder damage** which may require surgery – due to stricture which is a narrowing, or fistula which is an abnormal connection between two parts of your body and may need surgery to create a stoma.
- **Duodenal ulceration**
- **Pelvic bone fractures** which have symptoms, particularly when post-menopausal
- **Kidney impairment**
- **Malabsorption** - problems with nutrient absorption
- **Hair loss in treatment area**
- **Lymphoedema** – which is caused by fluid build-up in your legs or pubic area

Rare (this means less than 1 person in 100 people)

- **Skin thickening or change in skin colour** lighter, darker or visible blood vessels
- **Ureteric strictures** - narrowing of tubes running from kidneys and bladder
- **A different cancer in the treatment area**
- **Radiation induced nerve damage in the lower back area**

It is important to note that whilst some of these side effects sound worrying, the benefit of giving you radiotherapy outweighs any of the risks. Specific risks are considered for each individual and will be discussed with you if they differ from those above.

More support

For further advice or assistance, please refer to:

- **Your Radiotherapy team:** They can provide more information tailored to your individual treatment plan during your treatment. If you are having any problems related to your radiotherapy after treatment, please contact the radiotherapy review team (the team that provided skin care etc. during treatment), or your Clinical Nurse Specialist
- **How to contact your radiotherapy team:** The numbers are given to you at the beginning of your radiotherapy. If you can't find the numbers, please ask for them and then keep them handy in case you need urgent advice. You will also receive contact numbers in the information given to you when you finish your radiotherapy treatment.



- **National Support Services:**

Cancer support charities such as Macmillan and Maggie's, offer information, counselling, and support groups.

- Macmillan website: www.macmillan.org.uk
- Macmillan Support Line: [0808 808 0000](tel:08088080000)
- Maggie's: www.maggies.org
- Menopause and Cancer: www.menopauseandcancer.org
- The Eve Appeal for all gynaecological Cancers www.eveappeal.org.uk
- OUTpatients for LGBTQI+ patients: www.outpatients.org.uk
- For late/long-term side effects: Pelvic Radiation Disease Association www.prda.org.uk

This leaflet has combined information from several specialist radiotherapy centres. It provides a comprehensive guide on what to expect during and after your radiotherapy treatment. While every patient's experience is unique, the key points above should help you prepare and know when to seek help. Always follow the specific instructions provided by your healthcare team.

Please remember: this document is for general information purposes. For personal advice, refer to the instructions and support offered by your own treatment team.

We welcome your feedback on this information leaflet. If you would like to give us feedback to improve this information, please complete our feedback form by scanning the QR code or clicking on the link. <https://forms.office.com/e/6spj6B4HQk>



For more information about radiotherapy, please see our website: eastofenglandradiotherapynetwork.nhs.uk and click on 'Information for patients'.