

Understanding pelvic radiotherapy



About this booklet

This booklet is about pelvic radiotherapy. It is for anyone who is having radiotherapy to the pelvic area. This is the area in the lower part of the tummy (abdomen), between the hips.

The booklet explains:

- side effects that may happen during, or shortly after, pelvic radiotherapy
- how side effects can be controlled or reduced
- what you can do to help yourself.

We hope it helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 62 to 69, there are details of other organisations that can help.

There is also space to write down questions and notes for your doctor or nurse (pages 71 to 73).

Quotes

In this booklet, we have included quotes from people who have had pelvic radiotherapy, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

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The pelvis

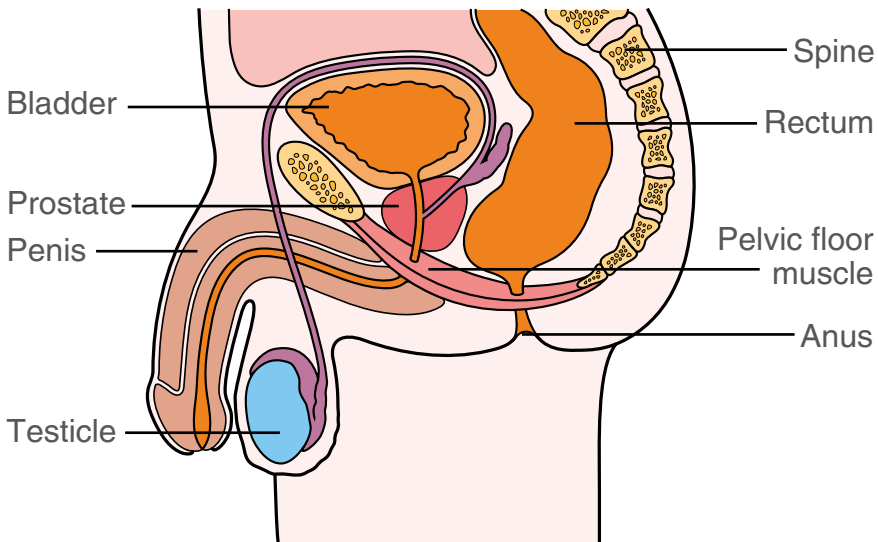
The pelvis is the area of the body between the hips, in the lower part of the tummy (abdomen). It contains:

- the sex organs
- the bladder
- a section of the small bowel
- the lower end of the large bowel (colon, rectum and anus).

The pelvis also contains the pelvic bones, lymph nodes (glands), blood vessels and nerves.

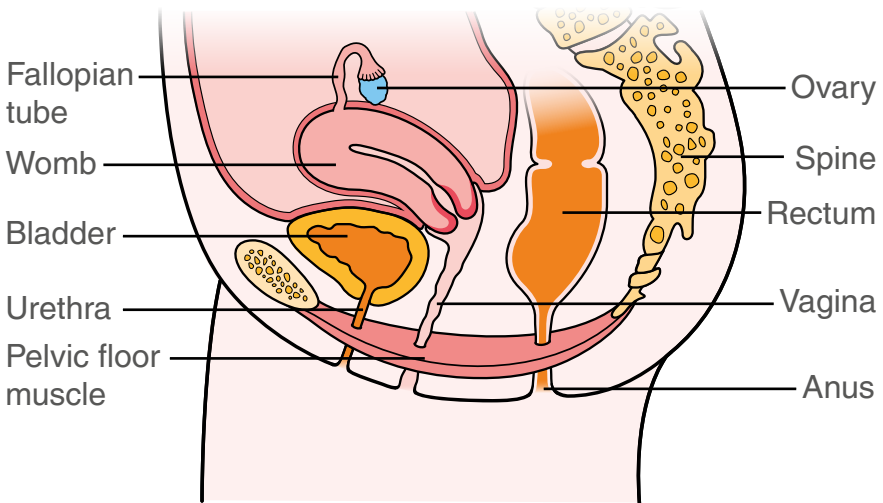
In men and people assigned male at birth, the sex organs include the prostate gland, testicles and penis.

The pelvis



In women and people assigned female at birth, the sex organs include the ovaries, fallopian tubes, uterus (womb), cervix and vagina.

The pelvis



If you are transgender

Not all transgender (trans) people have had gender-affirming genital surgery. But if you have, you may not have all the sex organs you were born with. If you are not sure how this affects your cancer treatment or the side effects you may get, talk to your doctor or nurse. They can give you more information.

Radiotherapy

Radiotherapy treats cancer by using high-energy rays to destroy the cancer cells. Using radiotherapy to treat cancer in the pelvis is called pelvic radiotherapy.

Having pelvic radiotherapy

You may have pelvic radiotherapy to treat the following cancers:

- cervical cancer
- womb (endometrial) cancer
- vaginal cancer
- vulval cancer
- prostate cancer
- bladder cancer
- rectal cancer
- anal cancer
- penile cancer
- lymphoma in the pelvic area.

Sometimes radiotherapy is used to treat cancer that has spread to the pelvic area from somewhere else in the body. For example, this may include breast or lung cancer that has spread to bones in the pelvic area.

A team of specialists plan and give you radiotherapy. They also give you information, practical help and support throughout your treatment. Your team will usually include:

- a cancer doctor (clinical oncologist) or a consultant radiographer – who is an expert in treating cancer with radiotherapy
- therapeutic radiographers – who help plan and give radiotherapy treatment and offer advice and support
- a specialist nurse – who can give information, advice and support.

You can discuss any worries you have about treatment or side effects with your team.

You may have radiotherapy from outside the body. This is called external beam radiotherapy. Or you can have it from inside the body. This is called internal radiotherapy or brachytherapy (page 10). Some people have both types.

External beam radiotherapy

You usually have external beam radiotherapy as several short, daily treatments in a radiotherapy department. It is given using a machine that looks like a large x-ray machine or CT scanner.

You usually have external beam radiotherapy as an outpatient. Sometimes you have it during a hospital stay. Your cancer doctor, radiographers or nurse will explain how many treatment sessions you need and when you will have them.

Each treatment takes a few minutes. It is painless and does not make you radioactive. It is safe for you to be with other people throughout treatment. This includes children and pregnant women.

Internal radiotherapy (brachytherapy)

Internal radiotherapy (brachytherapy) can be given in different ways. It uses radioactive implants such as hollow tubes (applicators) or seeds that are put near or inside the tumour. The radioactivity only affects tissue that is very close to the implant. This means the tumour is treated, but healthy areas around it get much less radiotherapy. Areas of the body that are further away are not affected at all.

You may have internal radiotherapy as an outpatient over a few separate treatments. Or you may have it as an inpatient over a few days. This depends on the type of cancer you have and the treatment you are having. Some people are given a general anaesthetic. Or you may be given a spinal anaesthetic. This is an injection of painkillers into the spine.

There may be some differences in how each hospital does brachytherapy. Your doctor or nurse will explain what to expect.

Radiation safety during brachytherapy

While the radioactive material is inside the body, your radiotherapy team will protect people around you from radiation. You may be looked after in a single treatment room. As soon as the radioactive material is removed from your body, there is no risk to people around you. You are not radioactive.

For some types of brachytherapy, tiny radioactive seeds stay inside the body permanently. The seeds release radiation slowly. They become less radioactive over several months. As a precaution, you may be asked to avoid close contact with children or pregnant women for a time.

Your team will explain the safety measures you need to know about.

Contraception

Your radiotherapy team will advise you not to become pregnant or make someone pregnant during radiotherapy and for some time afterwards. This is because radiotherapy can harm an unborn baby. They will give you information about this before you start treatment. They will also explain which contraception to take. Talk to them if you have any concerns or questions.

Avoiding pregnancy is important even if you have been told that radiotherapy will affect your fertility. It is difficult to know exactly when your fertility may change.

If you take the contraceptive pill

The contraceptive pill can be less effective during pelvic radiotherapy if you have side effects such as diarrhoea.

The best contraception to use during treatment is a condom or cap (diaphragm).

If you are having prostate seed brachytherapy

You should wear a condom during sex for the first few weeks after this treatment. This is in case a radioactive seed moves from the prostate into the semen. But it is very rare for this to happen. Your doctor or nurse can explain more about this to you.

Effects on fertility

Effects on being able to get pregnant

Pelvic radiotherapy usually affects the ovaries and the lining of the womb. This often means you will not be able to get pregnant or carry a pregnancy after treatment. Your team will give you information about this.

If you would like to have children in the future, talk to your doctor or specialist nurse before you start treatment. There may be options for preserving your fertility.

You may meet with a fertility specialist to discuss the possibility of storing embryos, eggs or ovarian tissue. It may be possible to use these to start a pregnancy that someone else carries (a surrogate).

You may have surgery to move the ovaries away from the area having treatment. This is called ovarian transposition. It is sometimes possible to use eggs from the ovaries after radiotherapy to start a pregnancy. But this is very rare. We have more information about fertility in our booklet **Cancer and fertility** (page 58).

Effects on being able to get someone pregnant

Pelvic radiotherapy may make you unable to make someone pregnant (infertile). Before you decide to have treatment, your team will explain any risks to your fertility. For some people, radiotherapy causes changes that may get better with time. For others, the changes may be permanent.

Your team may talk to you about preserving your fertility if this is possible for you. Preserving fertility usually means collecting and freezing sperm.

Preserving fertility is not always possible. But it may mean some people who lose their fertility are still able to have a baby in the future. We have more information about fertility in our booklet **Cancer and fertility** (page 58).

Getting support

Losing your fertility can be hard to cope with, especially if you had planned to have children. It can help to get the right support. If you have a partner, it may be a good idea to include them too.

Your doctor or nurse can usually arrange for you to talk to a fertility counsellor or therapist. Talking to other people who are in a similar position may be helpful. Organisations such as the British Infertility Counselling Association (BICA) can offer support and counselling. Visit **bica.net**

If you are not sure where to start or just want to talk, you can contact our cancer support specialists (page 59).



If you identify as LGBTQ+

If you identify as LGBTQ+, you may have different or additional needs. Your healthcare team are there to support you and treat you in a way you feel comfortable with.

Sometimes it may help if your healthcare team know your sexual orientation or gender. It may help you feel better supported. And it may help your healthcare team give the right information and support to you and the people closest to you.

If you are trans or non-binary, talking to a health professional about your body may be especially difficult and complicated. Pelvic radiotherapy may involve parts of the body that do not reflect your gender identity. You may find this uncomfortable or upsetting to talk about. You may also have specific questions if you take hormones or have had gender-affirming surgeries.

You may find it helps to have someone you trust with you at appointments. They can listen and help you cope with what is happening. It may also help to talk to others in a similar situation. OUTpatients runs a peer support group for LGBTQ+ people affected by cancer (page 69). This can be a good way to meet and share with others, hear how others have coped, and talk about what you are going through.

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How radiotherapy might affect you

Radiotherapy destroys cancer cells in the area where it is given. It can also damage some normal cells. This may cause side effects.

Side effects do not usually happen straight away. They may develop during your course of treatment or in the days or weeks after treatment finishes. After you finish radiotherapy, the effects may get worse for a time before they get better.

You may have a small risk of long-term side effects. Side effects can sometimes also start months or years after radiotherapy. These are called late effects.

If you smoke, try to stop. Research shows that stopping smoking during and after radiotherapy may help it work better. It may also help to reduce the risk of some types of cancer coming back. Stopping smoking can also help to reduce many of the side effects of pelvic radiotherapy. Your radiotherapy team, GP or a pharmacist can give you information about stopping smoking.

You are unlikely to get all the possible side effects of radiotherapy. The side effects you have may depend on:

- the area of the pelvis having treatment
- whether you have external or internal radiotherapy (pages 9 to 10)
- how much radiotherapy you are having
- other cancer treatments you are having, such as surgery, chemotherapy or hormonal therapy.

Having chemotherapy at the same time as radiotherapy is called chemoradiation. This may cause more severe side effects.

Your radiotherapy team will explain what to expect. Always tell them if you have side effects during or after radiotherapy. They can give advice and support to help you cope.

You may also find it helpful to read our information about the type of cancer you have. This has more detail about your treatment and the other possible side effects. Visit **macmillan.org.uk/cancer-types**



Tiredness

Radiotherapy usually makes people feel tired. Tiredness may get worse as treatment goes on. If you are having radiotherapy alongside other treatments, such as surgery or chemotherapy, you may feel more tired. But there are things you can do to help, such as:

- getting plenty of rest
- doing some gentle exercise, such as short walks
- eating a healthy diet and drinking plenty of fluids
- asking others for help with everyday jobs.

After treatment finishes, you may continue to feel tired for weeks or months. If it does not get better, tell your cancer doctor or specialist nurse.

We have more information in our booklet **Coping with tiredness (fatigue)** – page 58. If you find reading tiring, you can also listen to the audiobook at [macmillan.org.uk/fatigueaudio](https://www.macmillan.org.uk/fatigueaudio)

Effects on the skin

Pelvic radiotherapy can cause a skin reaction in the area being treated. This can be uncomfortable, particularly in sensitive areas. These areas may include:

- the anus
- the vulva
- the penis
- the scrotum
- either side of the groin
- between the buttocks.

Pages 6 to 7 have an illustration of the pelvis. If a skin reaction happens, it usually starts after about 10 to 14 days of treatment. Your skin may become red or get darker in the area having treatment. It may also feel warm, itchy or sore. Sometimes the skin gets very sore and may blister, break or leak fluid.

Your radiographer or nurse will check your skin regularly. Tell them if your skin is sore, or if you notice any other changes during or after radiotherapy. They will give you advice about managing it. They may give you dressings or creams to help. They can also give you painkillers if you need them.

Skin reactions can take time to improve. They are usually worst in the first 2 weeks after treatment finishes. They then start to get better as the skin heals.

Pelvic radiotherapy may make your pubic hair fall out. It usually starts to grow back a few weeks after you finish radiotherapy, but it may be thinner. Sometimes hair loss is permanent.

Skin care

Your radiographers or nurse will explain how to care for your skin during pelvic radiotherapy. They may give the following advice:

- Have showers rather than baths if you can. Use a gentle stream of lukewarm water. If you have a bath, do not use very hot water. Try not to soak in the water for longer than a few minutes, as it can make your skin too moist.
- Wear loose underwear or shorts made from natural fibres, such as cotton or silk. Avoid tight-fitting clothes that may rub against your skin.
- Do not shave, wax or use hair removal creams in the treatment area during radiotherapy. Wait until a few weeks after radiotherapy has finished and any skin reaction has healed.
- Protect the treated area from the sun for the first year after radiotherapy. You should do this even after any skin reaction has improved. Always wear suncream with a sun protection factor (SPF) of at least 30.

Follow your radiotherapy team's advice about using soaps, moisturisers, creams and deodorants. This may vary depending on your hospital.

Bladder side effects

Pelvic radiotherapy can irritate the lining of the bladder.

This can cause side effects such as:

- passing urine (peeing) more often than usual
- passing urine during the night
- a burning feeling when you pass urine (similar to a urine infection)
- a feeling that you are not able to wait when you need to pass urine
- blood in your urine
- leaking small amounts of urine (incontinence).

Coping with bladder side effects

Always tell your radiotherapy team if you have any side effects during or after your treatment. They will give you advice and may recommend medicines to help you feel more comfortable. They may also ask you for a urine sample to check if you have an infection. An infection is a common cause of symptoms and is easy to treat.

Contact the hospital straight away if:

- your symptoms get worse
- you have a high temperature
- you feel you cannot pass urine.

Your radiotherapy team can advise you about coping with any bladder problems. If the problems do not improve within a few weeks, they may arrange tests. Or they may get more advice for you from a specialist.

People often feel embarrassed talking about bladder problems. But telling your doctor, radiographers or nurse means they can give you advice and support to help manage your symptoms.

There are some things you can do that may help with bladder side effects:

- Try to drink plenty of fluids. If your urine is dark and concentrated, it can irritate the bladder and make symptoms worse. Drinking more makes your urine paler and less concentrated. Aim to drink at least 2 to 3 litres (3½ to 5½ pints) of fluids a day.
- Try to drink more water and less of drinks that may irritate the bladder. These include drinks containing caffeine, such as tea, coffee, drinking chocolate and cola. Try to limit alcohol, fizzy drinks, acidic drinks (for example, orange or grapefruit juice) and drinks with artificial sweeteners (for example, diet or 'light' drinks).
- Try drinking cranberry juice or taking cranberry capsules to help reduce symptoms. But do not have cranberry products if you take a drug called warfarin.
- Look at our tips for finding a toilet when you are out in public (pages 30 to 31).

Other urinary problems

If your treatment involves the prostate or penis, it may cause swelling around the urethra. This is the tube that carries urine from the bladder, through the prostate, to the opening at the tip of the penis (page 6).

This swelling may cause other side effects such as:

- needing to wait for the flow of urine to begin
- having a weak flow of urine
- feeling that you have not fully emptied your bladder.

Tell your radiotherapy team if you have any of these side effects. They may give you drugs to help.

It is important to contact the hospital straight away if you cannot pass any urine. This is a rare side effect caused by swelling that closes the urethra completely. This stops urine flowing out of the bladder. It may affect you after brachytherapy for prostate cancer. You may have drugs that reduce the swelling. Or you may have a tube (catheter) put into the bladder for a short time.

Bowel side effects

Pelvic radiotherapy can cause some of the following side effects:

- loose stools (poo) or diarrhoea
- hard stools or constipation
- needing to empty your bowel (poo) urgently
- cramping pains in the tummy (abdomen) or back passage (rectum)
- passing a lot of wind.

Some other, less common side effects are:

- feeling you need to go to the toilet even though your bowel is empty (tenesmus)
- passing mucus or blood when you empty your bowels
- bleeding from piles (haemorrhoids)
- slight soiling of your underwear or some leakage (incontinence).

Bowel side effects usually start to improve about 2 weeks after radiotherapy finishes. Sometimes they may take a few months to get better. Occasionally, some side effects may be permanent.

Coping with bowel side effects

Tell your radiotherapy team about any bowel side effects you have. They may suggest making some changes to your diet during radiotherapy. Or they may give you drugs to help. Follow their advice carefully. Tell them if your side effects get worse.

Diarrhoea is the most common side effect. It usually starts during radiotherapy or after 2 weeks of treatment. If you have diarrhoea, your radiotherapy team may give you tablets to help reduce it. Try to drink at least 2 to 3 litres (3½ to 5½ pints) of fluids each day.

If you have any soiling or incontinence, tell your radiotherapy team. They will give you advice about coping with incontinence and looking after your skin.

There are some things you can do to help with bowel side effects:

- Try to limit drinks containing alcohol or caffeine (for example, tea, coffee, drinking chocolate or cola).
- Avoid foods and drinks that give you wind, such as pickles, beans, curry and fizzy drinks.
- Do gentle exercise to help with wind. Or try taking charcoal tablets, which you can buy at the chemist. However, charcoal can affect other medicines you may be taking so always ask your doctor or pharmacist first.
- Look at our tips for finding a toilet when you are out in public (pages 30 to 31).

We have more information about coping with bowel problems in our booklets in our booklets **Managing the late effects of bowel cancer treatment** and **Managing the bowel late effects of pelvic radiotherapy** (page 58).



Finding a toilet in a hurry

Bladder or bowel side effects may mean you need to go to the toilet more often. Sometimes you may need to use the toilet urgently. Some people feel anxious about going out in public because of this. It may help to do some of the following things.

Plan ahead

Think about where you can find a toilet when you are not at home:

- Many areas have lists or maps of the local public toilets. Try typing 'public toilets' and the name of the place you are visiting into an internet search engine, such as Google.
- Visit greatbritishpublictoiletmap.rca.ac.uk for a map of public toilets.
- Download a phone app that can help you find a public toilet.

Macmillan helped me to access a toilet card. Now I'm confident to go shopping, as I know there'll be somewhere to go nearby.

Ali, diagnosed with bladder cancer

Get a toilet card

You can show this quickly and easily to staff in shops, pubs and other places. It explains that you have a medical condition and need urgent access to a toilet.

We have a free toilet card you can use (page 58). The Bladder and Bowel Community also offers a free 'Just Can't Wait' toilet card and phone app (page 62).

Use disabled toilets

Disabled toilets often have more privacy and space.

The National Key Scheme for toilets offers access to about 7,000 locked disabled toilets across the UK. You can buy a key from Disability Rights UK (page 66). It also has a guide that explains where the toilets are.

Erection and ejaculation problems

Radiotherapy to the pelvis can cause problems with erections and ejaculation. Your doctor or nurse can talk to you about how to manage these.

Problems with erections

Radiotherapy to the pelvic area can cause problems getting or keeping an erection. This is called erectile dysfunction (ED). You may find your erections are not as strong as they were before the treatment. You may get an erection, but then lose it. Or you may be unable to get an erection at all. Your radiotherapy team can explain what is likely to happen.

Although you may feel embarrassed, talk to your doctor if you are having problems. There are treatments for ED that can help. We have more information about ED after cancer treatment on our website. Visit **[macmillan.org.uk/cancer-information-and-support/treatment/coping-with-treatment/your-sex-life](https://www.macmillan.org.uk/cancer-information-and-support/treatment/coping-with-treatment/your-sex-life)**

It is natural to worry about how ED will affect your sex life. It may help to remember there are lots of ways to give and receive pleasure. Sex is not only about penetration. There are other ways to be intimate with your partner, such as oral sex, mutual masturbation or using sex toys. Sometimes both you and your partner may enjoy just hugging and kissing as ways of being intimate.

Changes in ejaculation

You may have a sharp pain when you ejaculate. This is because radiotherapy can irritate the tube that runs through the penis from the bladder (the urethra) – page 6. The pain should get better a few weeks after treatment finishes.

Pelvic radiotherapy reduces the amount of semen you produce. This means when you ejaculate, you may only notice a small amount of fluid. Or you may not produce any semen at all. This is called a dry ejaculation. But you will still be able to orgasm (climax). You may find the sensation of an orgasm feels different from before.

Effects on the vagina

If your treatment involves the vagina, it may cause changes during and after treatment, such as:

- skin reactions
- dryness
- narrowing.

Vaginal changes can be uncomfortable. They may make having vaginal sex painful. They may also make it difficult if you need to have internal examinations in the future.

Your doctor, radiographers or nurse can give you advice about ways you can prevent or cope with vaginal changes. Try to follow their advice, and ask for more help if you need to. It can be hard to talk about these side effects, but your radiotherapy team can usually help.

Coping with vaginal dryness

The following products may help with dryness:

- Lubricants – lubricants are a gel or liquid that you use inside the vagina to make it wetter. It can help to use a lubricant before or during vaginal sex or before an internal examination.
- Vaginal moisturisers – a vaginal moisturiser is a cream you apply regularly to draw moisture into the vaginal walls.
- Vaginal oestrogen – vaginal oestrogen usually comes as a cream, a small pellet (pessary) or a ring. It releases the hormone oestrogen into the vagina. This may improve dryness if you have had the menopause. Vaginal oestrogen is not suitable for everyone or after some types of cancer.

There are many side effects to vulval cancer. The radiotherapy can leave your vulva and groin skin damaged or scarred. You can become scared of sex – in case it hurts or you do more damage.

Clare, diagnosed with vulval cancer

Your doctor can prescribe these products. You can also buy lubricants and moisturisers from a pharmacy or a supermarket, or online.

Different products have different ingredients. Some may cause skin irritation. You may need to try a few until you find one that suits you. Some products, such as oil-based lubricants, will damage latex condoms or caps (diaphragms) and make them less effective. Always check the instructions. If you are not sure, ask your GP, radiotherapy team or pharmacist for advice.

If you have had the menopause, hormone replacement therapy (HRT) will also help with vaginal dryness. Your doctor can explain whether HRT is suitable for you. This may depend on the type of cancer you have had.

Preventing narrowing of the vagina

Your radiotherapy team may give you vaginal dilators to help stop the vagina from narrowing. Dilators are tampon-shaped plastic tubes of different sizes. You use these regularly inside the vagina with a lubricant, to gently push the walls of the vagina apart.

Your nurse or radiographers will explain if dilators may be helpful, and how to use them.

You may also be able to help stop the vagina narrowing by regularly:

- having vaginal sex
- using a dildo or vibrator inside the vagina
- using lubricant and fingers inside the vagina.

Early menopause

If you have ovaries and have not been through the menopause, pelvic radiotherapy will usually cause an early menopause. This is because this treatment stops the ovaries working. You will not be able to get pregnant anymore, and monthly periods will eventually stop. For a time, you may get menopausal symptoms. These may include:

- hot flushes and sweats
- vaginal dryness
- passing urine (peeing) more often
- aches and pains.

You may also have:

- a lower interest in sex
- sleep problems
- mood swings
- lower self-confidence
- poor concentration and memory.

An early menopause may also cause a higher risk of some longer-term health problems. These may include:

- bone thinning (osteoporosis)
- heart problems.

We have more information about these problems in our booklets **Bone health and cancer treatment** and **Heart health and cancer treatment** (page 58).

Coping with menopausal symptoms

Having an early menopause can be difficult to cope with. Sometimes it can be distressing. But there are things that can help. Ask your doctor or nurse for support and advice about treatments and managing menopausal symptoms.

They may suggest a drug to reduce hot flushes and sweats. They can also give advice about lubricants and other products that reduce discomfort from vaginal dryness (pages 34 to 36).

Other things that may help reduce hot flushes include relaxation techniques such as slow, controlled breathing, yoga or acupuncture. Regular exercise such as running or swimming may also help. Ask your doctor or nurse for more advice if you are finding it difficult. Or contact our cancer support specialists on **0808 808 00 00**. We have more information about coping with an early menopause on our website (page 58).

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) is treatment to replace the hormones that the ovaries stop producing during the menopause. You can have HRT as pills, patches or vaginal creams.

HRT does not reverse the menopause or make you able to get pregnant. But it can improve some menopausal symptoms. It can also reduce your risk of osteoporosis and heart problems.

HRT is not suitable for everyone. It may increase the risk of some types of cancer coming back. Your cancer doctor or nurse can give you more information.





AFTER PELVIC RADIOTHERAPY

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After treatment

Your team will plan your treatment carefully to reduce the risk of side effects. But most people will have a few side effects during, or after, radiotherapy.

After your radiotherapy has finished, your cancer doctor or radiographers will tell you about your follow-up care. This will depend on the type of cancer and the type of radiotherapy you have had. There are different types of follow-up:

- You may not need follow-up appointments. But you may get advice about problems to watch for and the details of someone to contact if needed.
- You may have regular follow-up appointments by phone or at a clinic. Your appointment may be with the specialist who recommended the radiotherapy, or with a nurse or radiographer. The first appointment is usually 4 to 8 weeks after treatment finishes.
- You may have patient-led follow-up. This means you do not have regular appointments, but you can contact your team to arrange one if you are worried. This may not be suitable for everyone. You still have any tests or scans that you need as normal.

Follow-up appointments are a good chance to discuss any problems or worries you have. It may help to make a list of questions before so you do not forget anything important. If you feel anxious, it can help to have a friend or family member with you.

If you have any ongoing side effects or new symptoms, contact your specialist nurse, cancer doctor or the person you have been told to contact. Do not wait until your next scheduled appointment. You can do this at any time, even between appointments.

Well-being and recovery

You may have mixed emotions when you come to the end of your radiotherapy treatment. You will probably feel relieved, but you may also feel anxious and uncertain. Some people find they feel low after finishing the treatment. It can take time to get your confidence back, and to accept what has happened.

It may also take time to recover from treatment. You may feel tired or have other side effects for a while. If cancer or the treatment has changed how you feel about your body, our information about body image may help. It is important to give yourself time to recover and adjust. You can call our support line and talk to one of our cancer support specialists (page 59). You can also ask your healthcare team for details of local support groups that may be able to help.

You may find our booklets **How are you feeling?** **The emotional effects of cancer** and **Body image and cancer** helpful (page 58).

Lifestyle changes

When your treatment has finished, you may want to make some positive changes to your lifestyle. You may have already followed a healthy lifestyle before your treatment. But you may now want to focus more on being as healthy as you can. There are things you can do to help your body recover. These can also help improve your well-being and lower your risk of getting other illnesses and other cancers.

Giving up smoking

If you smoke, it is important to try to stop. Smoking can delay your recovery. It also increases your risk of developing a second cancer or other health conditions.

Giving up smoking can be difficult, but there is lots of support available (pages 64 to 65).

Healthy eating

After pelvic radiotherapy, you may need to make changes to your diet to manage bowel problems (pages 27 to 28). But it is important to have a well-balanced diet. You should try to have a well-balanced diet even if your appetite or interest in food is low. If bowel problems affect what you can eat, tell your cancer doctor or specialist nurse. They can refer you to a dietitian for advice.

Maintaining a healthy weight

It is important to keep to (maintain) a healthy weight. Your GP can advise you on the ideal weight for your height.

Being overweight:

- is a risk factor for some cancers
- increases the risk of other health conditions, such as heart problems and diabetes
- puts pressure on your pelvic floor muscles and may make bladder or bowel problems worse after treatment.

You may find our booklets **Healthy eating and cancer**, **Heart health and cancer treatment** and **Diabetes and cancer treatment** helpful (page 58).

Physical activity

Physical activity can be an important part of your recovery.

It can:

- help you feel better in yourself
- help increase energy levels
- help with maintaining a healthy weight
- reduce the risk of heart disease, strokes and diabetes.

Talk to your cancer doctor or GP before you start exercising.
Start slowly and increase your activity over time.

Our booklet **Physical activity and cancer** has information for people affected by cancer and cancer treatments who are interested in becoming more active (page 58).



**Once the treatment had finished,
I used to set myself little targets.
Me and my husband would walk
to the letter box and back and then
try to walk around the block.**



Penny, diagnosed with cervical cancer

Alcohol

NHS guidelines suggest that you should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units you drink in a week over 3 or more days
- try to have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary-strength beer, lager or cider, 1 small glass (125ml) of wine, or a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at **drinkaware.co.uk**

Complementary therapies

Complementary therapies may help reduce stress and anxiety.

There are different types, such as:

- relaxation
- meditation
- massage
- reflexology
- aromatherapy
- hypnotherapy.

Some complementary therapies are free through the NHS and some large cancer charities. They may also be available at hospitals, hospices and GP surgeries. You can ask your cancer doctor or specialist nurse about this. Some cancer support groups offer therapies free of charge, or at a reduced cost.

Not all complementary therapies are suitable for people who have recently finished radiotherapy. It is important to check with your radiotherapy team first if you are thinking of having one.

We have more information in our booklet **Cancer and complementary therapies** (page 58).



Look after your pelvic floor muscles

Pelvic floor muscles support the organs in the pelvis (pages 6 to 7). They are important for bladder and bowel control and are used in sex. Radiotherapy to the pelvis can weaken these muscles. They also get weaker naturally as you get older.

You may be advised to do regular pelvic floor exercises after pelvic radiotherapy. It is important to do these exercises correctly. You will usually be referred to a physiotherapist or specialist nurse. They will teach you how to do them. We have more information on our website. Visit **macmillan.org.uk**

To look after your pelvic floor muscles, try to:

- maintain a healthy weight (page 44)
- avoid getting constipated
- avoid heavy lifting.

Reduce the risk of lymphoedema

If you have had radiotherapy to the lymph nodes or surgery to remove lymph nodes, you may develop lymphoedema. This means fluid collects and causes swelling in one or both legs or the area between the legs. If you have had both radiotherapy and surgery, the risk is higher. There are things you can do to lower your risk of lymphoedema.

Look after your skin

Keep your legs and feet clean, dry and well moisturised. Dry carefully between your toes after washing. Avoid having very hot baths and showers. Protect your skin from cuts, grazes, insect bites and sunburn. Wear shoes that are the right size.

Use nail clippers instead of scissors

You are less likely to cut the skin with nail clippers. It is also best not to push back or cut your cuticles. Tell your doctor or lymphoedema specialist if you need extra help with the nails on your feet. They can refer you to a foot specialist (chiropodist).

Look out for the early signs of infection

Wash small grazes and cuts straight away. Put on antiseptic cream and cover if needed. Contact your GP straight away if you have signs of infection – for example, if you have flu-like symptoms or if the skin becomes red, hot or swollen.

Keep active

Regular exercise and physical activity will help lymph fluid to drain. Avoid standing in the same position for too long.

Maintain a healthy weight

You have a higher risk of lymphoedema if you are overweight. Your GP or practice nurse can tell you what your ideal weight should be. You can also ask them, or a dietitian, for advice on and support for healthy eating.

Look out for swelling

Always tell your cancer doctor, nurse or GP if you have a swelling in your feet, legs or pubic area. The earlier lymphoedema is diagnosed, the easier it is to manage.

Our booklet **Understanding lymphoedema** has more information on managing lymphoedema (page 58).

Effects on your sex life

It can be difficult to talk about your sex life. But if you have any problems during or after your treatment, there are usually things that can help. Do not let embarrassment stop you from getting information that can help. Your team can give you advice and support. If you need expert advice, they can often arrange this for you.

We have more information about sex and cancer in our booklet **Cancer and your sex life** (page 58) and on our website. Visit macmillan.org.uk/sex-and-cancer

Having sex after treatment

Your radiotherapy team may advise you to wait a few weeks after radiotherapy before having sex. This is to allow any side effects or irritation in the area to improve. Ask your cancer doctor or nurse for advice about this. It can depend on the treatment you are having.

It is normal to feel nervous about having sex after pelvic radiotherapy. You may have ongoing side effects. Or you may be coping with changes that affect your body image. If you are ready to have sex, take your time and make sure you are relaxed. Use a lubricant to help make penetrative sex feel more comfortable. If you have any problems that do not improve, talk to your cancer doctor or nurse.

Late effects of pelvic radiotherapy

Late effects are side effects that either:

- begin during or shortly after treatment and last longer than 3 months – these are sometimes called long-term effects
- begin months, or even years, after treatment.

Your radiotherapy team can tell you more about your risk of getting late effects. Your risk depends on:

- the type of cancer
- the type and amount of radiotherapy you had
- whether you had other cancer treatments, such as surgery or chemotherapy.

For some people, the risk of late effects is low. But if late effects develop, you can usually have treatment to help. Or you can manage the effects to make them easier to deal with. Some late effects improve over time and may eventually go away on their own.

The most common late effects after pelvic radiotherapy are changes to how the bowel and bladder work. But other possible late effects include:

- ongoing tiredness (fatigue) – page 21
- lymphoedema – pages 48 to 49
- weakness in the pelvic bones
- skin changes – pages 22 to 23
- changes to your sex life – page 50.

We have more information about these late effects and how they are managed on our website. Visit [macmillan.org.uk/cancer-information-and-support/impacts-of-cancer](https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer)

I spoke to my GP about how long after radiotherapy you would expect the tiredness and physical changes to happen, and he said 3 to 6 months. But it's taken me a lot longer to get back to feeling normal.

James, diagnosed with prostate cancer

Symptoms of late effects

Always tell your cancer doctor, nurse or GP if you have side effects that do not go away. You should also contact them if you develop any new symptoms or problems after you finish treatment.

You should tell them if you:

- have any blood in your stools (poo) or urine (pee)
- have any bleeding from the vagina
- have loose stools, diarrhoea or constipation
- feel you need to go to the toilet even though your bowel is empty (tenesmus)
- have difficulty emptying your bowel
- need to rush to open your bowels, or have accidents (incontinence)
- need to pass urine often or urgently, leak urine (incontinence), or have pain or difficulty passing urine
- have pain or difficulty having sex, or problems getting back to your usual sex life.

You should also tell them if you notice symptoms in other parts of the body, including:

- swelling in 1 or both legs or the area between the legs
- pain in the lower back, hips or pelvis.

Some problems are embarrassing to talk about. Try not to let that stop you getting advice. Doctors and nurses are used to speaking about these issues. It is important that you get the right information and support.

Your doctor or nurse will check your symptoms. You may need tests to find out more and to check for other causes. Your doctor or nurse will give you advice about what may help.



Your feelings

It is common to feel lots of different emotions during and after treatment. It is normal to have a low mood at first. As you recover and get back to your everyday life, any negative feelings usually get easier to deal with. Talking to family and friends often helps. If things do not improve, or you feel anxious or depressed, tell your doctor or nurse. They can arrange more support for you if you need it.

Some people find meeting others in a similar situation helpful. There may be a local support group near you. Our cancer support specialists can tell you about what is available in your area (page 60).

Or you may like to join our Online Community. You can get advice and support from others, or give advice based on your own experiences. Visit **macmillan.org.uk/community**

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About our information

**We provide expert, up-to-date information about cancer.
And all our information is free for everyone.**

Order what you need

You may want to order more booklets or leaflets like this one.
Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone.

You can read more about how we produce our information at **macmillan.org.uk/ourinfo**

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and find the options and opening times.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you would like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information.

Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Pelvic radiotherapy support organisations

Action Bladder Cancer UK

Tel **0300 302 0085**

Email **info@actionbladdercanceruk.org**

www.actionbladdercanceruk.org

Online information and support for people affected by bladder cancer.

Bladder and Bowel Community

Home Delivery Service **0800 031 5406**

Email **help@bladderandbowel.org**

www.bladderandbowel.org

Information and support for anyone affected by bladder and bowel control problems as well as their families, carers and healthcare professionals.

Bowel Cancer UK

Email **admin@bowelcanceruk.org.uk**

Email 'Ask the Nurse' **nurse@bowelcanceruk.org.uk**

www.bowelcanceruk.org.uk

Information and support for everyone affected by bowel cancer. Provides an online forum as a place for people to talk about their experiences, share their knowledge and support each other.

Daisy Network

Email info@daisynetwork.org

www.daisynetwork.org

A support group for women who have had a premature menopause. Membership fees apply. Information covering health, fertility and psychological topics, a forum to connect with other members and live chat sessions where you can ask medical experts questions.

The Eve Appeal

Tel 020 7605 0100

Email office@eveappeal.org.uk

www.eveappeal.org.uk

Information and support for people affected by gynaecological cancers such as womb, cervical, vaginal and vulval cancer.

Menopause Matters

www.menopausematters.co.uk

Provides up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.

Orchid

Helpline 0808 802 0010

Email helpline@orchid-cancer.org.uk or

nurse@orchid-cancer.org.uk

www.orchid-cancer.org.uk

Works on behalf of anyone affected by prostate, testicular or penile cancer.

Pelvic Radiation Disease Association

Helpline 0800 121 6811

Email info@prda.org.uk

www.prda.org.uk

Support and information for people affected by, or at risk of, pelvic radiation disease (PRD).

Prostate Cancer UK

Helpline **0800 074 8383**

www.prostatecanceruk.org

Information and support for anyone affected by prostate cancer.

Sexual Advice Association

sexualadviceassociation.co.uk

Website has information on sexual problems as well as sexual health and wellbeing.

Womb Cancer Support UK

Email **wcsuk@hotmail.co.uk**

wombcancersupportuk.weebly.com

Information, support and advice about womb cancer.

Stopping smoking

NHS England

Helpline **0300 123 1044**

www.nhs.uk/better-health/quit-smoking

Free support, expert advice and tools to help you stop smoking.

NHS Scotland

Helpline **0800 84 84 84**

www.nhsinform.scot/healthy-living/stopping-smoking

Free advice and support service for anyone trying to stop smoking.

NHS Wales

Tel **0808 278 6119**

Text 'HMQ' to **80818**

www.helpmequit.wales

Stop Smoking NI

Text 'QUIT' to **70004**

www.stopsmokingni.info

Free information and support to quit smoking.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **01455 883300**

Email **bacp@bacp.co.uk**

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on their 'How to find a therapist' page.

College of Sexual and Relationship Therapists

www.cosrt.org.uk

Website has information about sexual wellbeing and what to expect from sex therapy. It also has a directory of therapists to help you find professional support in your local area.

Relate

www.relate.org.uk

Counselling, support and information for all relationships.

Equipment and advice on living with a disability

British Red Cross

Tel **0344 871 11 11**

Email **contactus@redcross.org.uk**

www.redcross.org.uk

Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)

Email **enquiries@disabilityrightsuk.org**

www.disabilityrightsuk.org

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for Disabled students. Also sells Radar **toilet keys** that allow people to access the National Key Scheme's locked public toilets.

Living Made Easy

Helpline **0300 999 0004**

Email **info@dlf.org.uk**

www.livingmadeeasy.org.uk

Provides free, impartial advice about all types of disability equipment and mobility products.

Scope

Helpline **0808 800 3333**

Textphone dial **18001** then **0808 800 3333**

Email **helpline@scope.org.uk**

www.scope.org.uk

Offers advice and information on living with disability.

Also supports an independent, UK-wide network of local

Disability Information and Advice Line services (DIALs)

run by and for Disabled people.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**

www.adviceni.net

Email **advice@adviceni.net**

Provides advice on a variety of issues including financial, legal, housing and employment issues.

Benefit Enquiry Line Northern Ireland

Helpline **0800 232 1271**

Textphone **0289 031 1092**

www.nidirect.gov.uk/money-tax-and-benefits

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**

www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**

www.cas.org.uk

Wales

Helpline **0800 702 2020**

www.citizensadvice.org.uk/wales

GOV.UK

www.gov.uk

Has information about social security benefits and public services in England, Scotland and Wales.

Local councils (England, Scotland and Wales)

Your local council may have a welfare rights unit that can help you with benefits. You can also contact your local council to claim Housing Benefit and Council Tax Reduction, education benefits, and for help from social services (the Social Work department in Scotland). You should be able to find your local council's contact by visiting:

England

www.gov.uk/find-local-council

Scotland

www.cosla.gov.uk/councils

Wales

www.wlga.wales/welsh-local-authority-links

Macmillan Benefits Advice Service (Northern Ireland)

Tel **0300 1233 233**

Money Advice Scotland

Tel **0141 572 0237**

Email **info@moneyadvicescotland.org.uk**

www.moneyadvicescotland.org.uk

Use the website to find qualified financial advisers in Scotland.

Unbiased.co.uk

Helpline **0800 023 6868**

Email **contact@unbiased.co.uk**

www.unbiased.co.uk

You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**

Email **helpline@lgbt.foundation**

lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling.

The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients (formerly called Live Through This)

www.outpatients.org.uk

A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Your notes and questions

[illegible]

Your notes and questions

[illegible]



Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Chief Medical Editor, Prof Tim Iveson, Consultant Medical Oncologist.

With thanks to: Ali Allen, Gynae Oncology Clinical Nurse Specialist; Tracey Ellis, Macmillan Consultant Radiographer (Uro-Oncology); Duncan McLaren, Clinical Oncologist; Monica Navarro, Gynae Oncology Clinical Nurse Specialist; Jacqueline Peck, Gastrointestinal Clinical Nurse Specialist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories. We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our pelvic radiotherapy information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

Andreyev HJN, Muls AC, Norton C, et al. Guidance: The practical management of the gastrointestinal symptoms of pelvic radiation disease. *Frontline Gastroenterology*, 2015; 6, 53-72.

Dilalla V, Chaput G, Williams T and Sultanem K. Radiotherapy side effects: integrating a survivorship clinical lens to better serve patients. *Current Oncology*, 2020; 27, 2, 107-112.

The Royal College of Radiologists. Radiotherapy dose fractionation. 3rd edition. 2019. Available from www.rcr.ac.uk/system/files/publication/field_publication_files/brfo193_radiotherapy_dose_fractionation_third-edition.pdf [accessed March 2021].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more 0300 1000 200
macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity
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Expiry date

Issue no

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Signature

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Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online
go to **macmillan.org.uk/donate**



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Please cut out this form and return it in an envelope (no stamp required) to: Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

This booklet is about pelvic radiotherapy. It is for anyone who is having radiotherapy to the pelvic area. This is the area in the lower part of the tummy (abdomen), between the hips.

The booklet explains side effects that may happen during or shortly after pelvic radiotherapy, and how these can be controlled or reduced. It also has information about what you can do to help yourself.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations.

To order these, visit **macmillan.org.uk/otherformats** or call our support line.



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Information
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Patient Information Forum