Information for Radiotherapy Patients: Gynecology

The information in this guide is designed to explain what your treatment will consist of and the most common side effects of the treatment. Your doctors and nurses in the Radiotherapy Department will give you further information. Please feel free to ask all the questions you need to.

Special instructions for during radiotherapy

- Use cotton underwear as it does not hold dampness in the radiated area. Do not use tights, girdles or tight trousers because they absorb dampness and can irritate the skin treated.

- You can douche with tepid water once or twice a day if necessary due to discharge and/or odor. **If you have vaginal bleeding, do not wash the area without consulting your doctor.** Tell your nurse if you experience any kind of bleeding.

- Do bladder stretching exercises holding the urine in as long as you can. Try to do the exercise two or three times a day.

- You must tell your nurse if you experience a burning sensation or discomfort when urinating and/or if you notice you are urinating more often than usual. You can be prescribed medication to relieve these symptoms. Try to drink at least 2-3 liters of water a day.

- You can enjoy intimate relations if you feel comfortable. You are not radioactive. There is no risk for you or your partner of radioactive contamination or of passing cancer on. It is recommended you use some kind of contraceptive if you are fertile.

- It is important to eat well and maintain your weight during treatment. Include good protein sources in your diet, like meat, chicken, fish, cheese and eggs, etc.

- If you begin to feel abdominal cramps and have diarrhea, tell your nurse. It is important to keep these symptoms under control with medication and diet.
If, during your treatment, you experience any of the above symptoms, do not wait until your weekly visit to the clinic. Ask your radiographer to call your nurse.

**Special instructions for after radiotherapy**

On completion of your radiation treatment, it is important to follow these instructions:

- You may have discharge and even a little bleeding for 4-6 weeks after treatment. Continue douching as needed until your first check-up when your doctor will tell you whether to continue or not.

- During the next two or three weeks you will gradually return to your normal diet. If you continue to have diarrhea, continue to follow the diet recommended and take your medication as necessary. If the diarrhea persists for more than 4 weeks after treatment, tell your nurse.

- Tell your nurse if you have any of the following:
  - Nausea and vomiting
  - Bleeding or spotting
  - Unusual problems when urinating
  - Temperature higher than 38º C
  - Unusual pain

- Continue doing the bladder stretching exercises.

- To help prevent the vagina becoming too narrow you must use the vaginal dilator your nurse will provide. This is very important to prevent discomfort during pelvic examinations and intimate relations. If you are sexually active, having sexual relations as often as you wish will help prevent the vagina becoming too narrow.

- Natural lubrication of the vagina reduces with radiation. When using the vaginal dilator or having intimate relations, you will need to use a water-based lubricant to avoid irritation.
QUESTIONS AND ANSWERS ON SEXUALITY FOR PATIENTS WITH GYNECOLOGIC CANCER

There are many questions a patient with a gynecologic tumor may have, particularly regarding her sexuality and her chances of conceiving. Each patient must be treated individually and have her questions answered with the utmost discretion and respect by the doctor and nurse.

The most common questions the gynecologic patient has are:

1. **Is my disease contagious?**
   No, cancer itself is not contagious; it cannot be passed on by kissing, hugging or having sexual relations. Only some types of cancer can be caused by a virus that can be passed from one person to another during sexual intercourse.

2. **If I am having radiotherapy as a part of my treatment, am I radioactive?**
   There are two kinds of radiotherapy; one is external and the other, brachytherapy, internal. With external radiotherapy you will not be radioactive and cannot transmit radiation to your partner or any other person you come into physical contact with. Radiotherapy implants are an internal radiation that require precautions while the implant is in place. Once the implant is removed, no precautions against radiation will be required, nor will there be a danger of radiation for the patient or those around her.

3. **If I feel too tired to have sexual relations, how can I make it clear to my partner that my feelings for them have not changed?**
   It is quite possible that as a result of chemotherapy, radiotherapy, surgery or all the worry you have been through you feel physically tired for variable periods of time. You can express your feelings with gestures or loving words without the need for intimate contact. Dialogue is fundamental to get through this difficult phase. You can also ask your partner exactly what pleases them and discuss what may please you both.

4. **My vagina is very dry and makes having relations painful. What can I do about it?**
   Vaginal dryness is quite a common side effect of radio and chemotherapy. There is a variety of vaginal lubrication gels that will make your vagina less dry.
during intimate relations. These gels can be bought over the counter in pharmacies.

5. **Will the treatments affect my menstruation?**

If you have not yet gone through the menopause and have had radiotherapy or surgery to remove the ovaries, you will no longer have menstruation and may experience some of the symptoms of menopause like hot flushes, night sweats or mood swings. If you menstruate regularly before starting chemotherapy, you might stop ovulating or may also stop menstruating during the treatment.

6. **Will I start menstruating again when I complete my treatment?**

The answer will depend on the type of chemotherapy used and on the age of the patient. Not all chemotherapies affect the menstrual cycle permanently. Almost all drugs cause the ovaries to age prematurely and to stop ovulating and menstruation during treatment. Most patients over 40 will stop having regular menstruation cycles while having chemotherapy. Approximately 40% of women of 40 will stop menstruating and about half of them will start menstruating again after treatment. They will probably go through the change of life sooner than if they had not been through treatment. Generally, menstruation stops for a short while after therapy. If you have undergone surgery to remove the uterus or both ovaries, you will no longer menstruate and will not be able to conceive.

7. **Can I have sexual relations during or after treatment?**

Patients who have undergone general surgery must wait between four and six weeks after surgery before resuming intimate relations. However, this may vary depending on the kind of surgery performed. Patients treated with chemotherapy or external radiation may generally maintain intimate relations during and after treatment unless they feel discomfort. If the patient experiences discomfort, she may require a lubricant. Depending on the type of chemotherapy used, she may not feel physically well enough to participate in sexual activities. If the chemotherapy causes nausea, she may require medication to help and this medication may reduce vaginal lubrication. Patients who have been given brachytherapy implants can resume intimate sexual relations whenever they feel comfortable. However, patients can experience scarring in the vagina causing it to narrow and shorten. It is important that the vagina remain open to permit cervical examination. The patient will be provided with a dilator with the necessary instructions to keep the vagina open. Intimate relations can also help to keep the vagina open.
8. **Will I have to use contraceptives while I am in treatment?**

   It is very important not to get pregnant while you are receiving chemo or radiotherapy. If you have not been through the menopause, you must use some kind of contraceptive. If you use an intrauterine device (IUD), tell your doctor. If you have undergone surgery and only have one ovary, you can still get pregnant and must use some kind of contraceptive. If you have any questions about methods of contraceptive you should use, speak to your doctor. He/She is the best person to help you choose an effective method for you.

9. **Will I be able to get pregnant after my treatment?**

   Your possibilities of getting pregnant depend on the normal functioning of the ovaries. If the ovaries are normal during treatment and return to normal functioning after treatment, you can get pregnant and must use some kind of contraceptive. If the ovaries work normally, you will have normal periods. However, many women who do not have regular periods can also get pregnant. On occasion a woman who thinks she has gone through the menopause because she is not menstruating may get pregnant. There is a particular blood test to measure hormone levels that will determine whether or not a woman has gone through the menopause.

10. **Will I be able to get pregnant without difficulty after completing my treatment?**

    In general, it is recommended to wait at least 2 or 3 years after diagnosis and treatment before getting pregnant, which is enough time to determine whether the tumor might be recurrent. It is a very personal issue that should be discussed with your family and the medical staff attending you. We do not recommend that patients whose tumor is recurring get pregnant. However, if a patient has not had any further signs of disease, she can get pregnant 2 or 3 years after her diagnosis. If you have any questions, speak to your doctor.

11. **Will I have hot flushes if I stop menstruating? Is there any relief for that?**

    Hot flushes are a sign that the ovaries no longer produce enough estrogen (the female hormone). But, many women stop regular menstruation without suffering hot flushes. The nearer 40 the woman is, the more likely she is to suffer hot flushes and to go through the menopause. Although hot flushes can be very uncomfortable, they do not pose a serious medical issue. On occasions they may be associated with short periods of intense perspiration. During the day the
condition may interfere with normal work. The condition may also be apparent during the night causing the woman to awaken frequently. If this is your case, your doctor can prescribe medication to relieve the condition.

12. **What other side effects can be caused by the changes in ovulation and menstrual cycle I have had? What can I do to minimize these?**

Generally, the worst side effects, apart from hot flushes, happen in the vagina. Two things can happen:

a. The tissue covering the wall of the vagina can become thinner,

b. There is less lubrication in the vagina during sexual relations. There are various creams that can solve the problem - consult your nurse.

When ovulation and menstruation stops the tissue of the vagina and the urethra (the external opening of the bladder) gets thinner and tends to bleed more easily during sexual relations.

13. **Can an ostomy interfere with intimacy?**

An ostomy is an operation in which a small opening or stoma is made to allow the body to eliminate waste when part of the bladder or the small intestine has had to be removed. A colostomy is the surgical formation of a stoma to drain the intestines and is generally located on the left side of the abdomen.

A stoma to drain the bladder consists of a urinary conduct and is generally located on the right side of the abdomen. In many cases women with an ostomy develop low personal esteem and feel unattractive - do your best to not let the negative aspects of the tumor or the treatment affect your personal esteem or well-being. With a little practice you will learn to enjoy intimacy.

14. **What can I do about vaginal odor and discharge?**

Vaginal discharge caused by radiotherapy or surgery can go on for 4-6 weeks after treatment. Your doctor or nurse will give you instructions on how to take care of yourself to avoid this being a problem.