

## Radiotherapy frequently asked questions

### Does radiotherapy hurt?

No, radiotherapy is completely painless.

### How do I book onto an enhanced recovery session?

You can book on to a session by telephoning our reception team on 01522 572268. You are also very welcome to bring a friend or relative with you.

### What is the purpose of the enhanced recovery clinic?

The enhanced recovery session is to help people prepare and achieve the best possible outcomes before, during and after their radiotherapy. The session includes presentations on radiotherapy and how it works, side effects, physical and emotional well-being and where to get help if you need it.

### What happens when I am left on my own in the treatment room?

The radiographers, leave the treatment room in order to deliver your treatment. The imaging and treatment controls are outside the bunker so that the staff and the computer equipment do not receive any radiation.

While out of the treatment room the radiographers will be carrying out checks to ensure that your treatment is delivered accurately and that the treatment session is accurately recorded.

They are watching you on closed circuit monitors throughout your treatment and can come in to you at any time, if you need them.

Treatment is very quick and takes minutes to deliver, once you are in the right position.

### What do the numbers that the radiographers read out mean?

As part of the daily checks the radiographers use a measuring device on the treatment machine that measures the distance between you and the machine. This is done by projecting a number scale onto your skin. By reading these numbers the radiographers are confirming that you are in the correct position.

They will also be checking the position of the treatment machine and the couch you are laying on against a set of numbers displayed on the computer screens in the room. These figures are all individual to you and are part of ensuring the most accurate and pinpoint treatment for you.

### What are the tattoos for?

The tattoos are small permanent marks placed just under the surface of your skin. Unlike pen marks, which can move, these tattoos are fixed in relation to the treatment area. They are used as reference points when positioning you for your treatment. There is a network of laser lights in the treatment room and the radiographers position the tattoos to line up with them. This means the radiographers will have to move you, often by very small amounts to ensure you are accurately positioned each day.

### **How long do the treatment machines operate for?**

The radiotherapy department opens for treatment between 7.30am and 5.30pm. On some days one of the treatment machines will have scheduled maintenance so the day can be extended up to 7pm. All appointments are scheduled by our appointments team who sit in the office behind radiotherapy reception.

### **I have an appointment at another hospital or clinic**

If you know you have an appointment elsewhere please phone the appointments team as soon as possible so that they can find you a new appointment. Ideally there should not be any gaps during your treatment, other than at weekends, and so it is not advisable to miss days as this may compromise the effectiveness of the treatments.

### **Why do I have 7 ½ weeks of treatment and someone else with the same diagnosis has 4 weeks?**

There can be more than one technique with which to treat cancer in a particular area, and there are a number of factors to be considered by the clinical oncologist when they choose which technique is best for you. This should be discussed with you as part of the consent process.

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

No. External beam radiotherapy does not make you radioactive. The treatment beam is generated electrically and when the machine is switched off after delivering your treatment, the radiation is gone (Please see information on brachytherapy for further information)

### **What happens if I am late for an appointment?**

If you are late for your scheduled appointment time, we will always treat you but you may have to wait for a gap when we can take you in.

### **Will there be long term side effects?**

This is a possibility but these will be discussed with you by your clinical oncologist. As part of the consent process, your consultant will discuss the benefits and potential risks of treatment and any known side effects so that you can make an informed decision about your treatment.

### **Why do I have to have a full bladder?**

Some treatments require a full or comfortably full bladder. If this applies to you, the Radiographers will inform you. The full bladder acts like an internal balloon which pushes bowel out of the way of the treatment beam and can also mean less of the bladder itself is treated. Some treatments need an empty bladder and so it is very important that you know if you need to be full or empty.

### **Why do I have to have an empty bladder?**

If you have been told to have an empty bladder this is because we need to treat the bladder and so by making it as small and empty as possible the treatment beams can be made more precise.

### **Will if I feel unwell during my course of radiotherapy?**

Some people can start to feel unwell as their treatment progresses, especially if they are also having chemotherapy. The radiographers will ask 'how you are feeling' every day and can organise medication and advice to support you.

### **Can I miss treatments if I don't feel like coming?**

Missing treatments should be avoided. Radiotherapy treatment is designed to be most effective when delivered according to a fixed schedule. In certain circumstances your clinical oncologist may authorise a gap in treatment if you are very unwell, but these gaps usually have to be compensated for by extending the overall number of appointments or giving two treatments in one day, at least six hours apart.

### **What additional things is it important to tell the radiographers?**

Please inform a radiographer if you have any infectious condition such as shingles or ring worm or if you develop them during treatment. Please inform a radiographer if you have any kind of pacemaker or ICD as it is possible that the treatment machine can interfere with or damage implanted devices if they are within the area to be treated.

### **Who is delivering the treatment?**

All the staff that deliver radiotherapy treatments are therapeutic radiographers. They are specialist staff trained in radiotherapy principles and practice. They are there to answer any radiotherapy related questions you have and to support you through your treatment.

### **Do I have to have my chemotherapy before or after my radiotherapy?**

This depends on the type of radiotherapy treatment prescribed for you as some chemotherapy is designed to make the radiotherapy more effective and so needs to be given before radiotherapy.

### **If my GP gives me new medication during my course of radiotherapy will the hospital continue to fill the prescription if I run out?**

Generally if a medication is prescribed by a GP then they are responsible for maintaining your supply. If a medication is prescribed by the hospital and is related to the care you are receiving here, then the hospital will continue your supply until you finish treatment and are discharged.

### **Will I be able to go near children if I am having radiotherapy?**

If you are having external beam radiotherapy then yes you will. The treatment does not make you radioactive.

Treatment by radioactive seed implant or radioactive iodine will cause you to be radioactive for a short period of time. During your consent for this treatment any precautions you need to take will be explained to you clearly.