

External beam radiotherapy



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This fact sheet is for men who have been offered external beam radiotherapy to treat their prostate cancer. Your partner, family or friends might also find it helpful.

External beam radiotherapy is radiation directed at the prostate from outside the body. Here, we describe how it treats prostate cancer, as well as the possible side effects.

There are other types of radiotherapy called brachytherapy and radiotherapy for relieving pain in advanced prostate cancer. You can read about these in our other Tool Kit fact sheets.

Each hospital will do things slightly differently, so use this fact sheet as a general guide. Ask your doctor, nurse or radiographer for more details about your treatment and the support available to you. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383.

How does radiotherapy work?

The aim of radiotherapy is to destroy prostate cancer cells without causing too much damage to healthy cells. External beam radiotherapy involves directing high energy X-ray beams at the prostate gland from outside the body. These beams damage the cells and stop them from dividing and growing. Cancer cells are not able to recover from this damage and die, but healthy cells can repair themselves more easily.

Radiotherapy treats the whole prostate, and sometimes the area surrounding it. It aims to treat all the cancer cells, including any that may have spread to the area just outside the gland. The treatment is painless but it can cause side effects.

You may have radiotherapy to a wider area, including the nearby lymph nodes, if there is a risk that the cancer might have spread there. Lymph nodes are part of your immune system and are found throughout your body. The lymph nodes in your pelvic area are a common place for prostate cancer to spread to. Because a larger area is treated, you might be more likely to get side effects.

Talk to your doctor, nurse or radiographer (a health professional who carries out radiotherapy) about your treatment and possible side effects.

There are clinical trials looking at the best ways of using radiotherapy to treat prostate cancer. A clinical trial is a type of medical research that aims to find new and improved ways of preventing, diagnosing and treating illnesses. Read more in our Tool Kit factsheet,

A guide to prostate cancer clinical trials.

Ask your doctor, nurse or radiographer if there are any clinical trials you could take part in, or call our Specialist Nurses. You can also find details of clinical trials for prostate cancer from the CancerHelp UK database at www.cancerhelp.org.uk/trials

You might have hormone therapy for a few months before starting radiotherapy. Hormone therapy shrinks the prostate and makes the cancer easier to treat. It can begin three to six months before radiotherapy, and may continue during or after radiotherapy. Men whose cancer is more likely to spread may continue to have hormone therapy for up to three years after radiotherapy.

Read about hormone therapy in our Tool Kit fact sheet, **Hormone therapy**.

If there's a risk that your cancer could spread beyond the prostate, you might also have a type of brachytherapy. Having both types of radiotherapy together means you will get high doses of radiation to the whole prostate as well as to the area just outside it. This can help make the treatment more effective but it might also mean you're more likely to get side effects.

Who can have radiotherapy?

External beam radiotherapy may be suitable for men with:

- cancer that hasn't spread outside the prostate – localised prostate cancer
- cancer that has spread to the area just outside the prostate – locally advanced prostate cancer.

It is usually not suitable if your cancer has spread outside the prostate to other parts of the body (advanced or metastatic prostate cancer). But if you have advanced cancer and have symptoms such as bone pain, you might be able to have a low dose of radiotherapy to manage the symptoms. Read more in our Tool Kit fact sheet, **Radiotherapy for advanced prostate cancer**.

Radiotherapy might not be an option if you have bowel problems such as Crohn's disease or ulcerative colitis. Talk to your doctor or nurse about which treatments are suitable for you.

If you have localised prostate cancer

External beam radiotherapy is as effective at treating localised prostate cancer as both surgery to remove the prostate (radical prostatectomy), and a type of radiotherapy called brachytherapy.

Read more in our Tool Kit fact sheet, **Temporary brachytherapy**.

Other treatment options

Other treatment options for men with localised prostate cancer include:

- active surveillance
- watchful waiting
- surgery to remove the prostate (radical prostatectomy)
- brachytherapy – a type of internal radiotherapy.

You might also be offered high intensity focused ultrasound (HIFU) or cryotherapy. These are newer than some of the other treatments for prostate cancer, so we don't know as much about how well they work and the risk of side effects in the long term. Because of this, they're only available in specialist centres in the UK or as part of a clinical trial.

Read about all these treatments in our **Tool Kit** fact sheets.

Radiotherapy after surgery

You may be offered radiotherapy soon after surgery if tests after your operation suggest that not all the cancer was removed. This is called adjuvant radiotherapy.

Radiotherapy may also be an option if your PSA level has started to rise after surgery (called salvage or second-line radiotherapy).

The area where the prostate was removed from (the prostate bed) is treated with radiotherapy, and you might also have hormone therapy.

If you have side effects from surgery, radiotherapy can make them worse or last longer, as well as causing other side effects.



Read our booklet, **Recurrent prostate cancer: A guide to treatment and support** for more information.

If you have locally advanced prostate cancer

External beam radiotherapy combined with hormone therapy is the main treatment for men with locally advanced prostate cancer. Your doctor might also offer you a type of brachytherapy. Read more in our Tool Kit fact sheet, **Locally advanced prostate cancer**.



Unsure about your diagnosis and treatment options?

If you have any questions about your diagnosis at any time, ask your doctor, nurse or radiographer. They will explain your test results and talk you through your treatment options. Make sure you have all the information you need. We have more information about diagnosis and treatment in our **Tool Kit**. You can also call our Specialist Nurses.



You may also hear about image guided radiotherapy (IGRT). This is used as part of all radiotherapy treatments. Your radiographer will take an x-ray or a scan just before your treatment to pinpoint the exact position of your prostate, as well as its size and shape. Taking images of the prostate immediately before each treatment allows your radiographer to make small corrections to the radiation field so that the surrounding healthy tissue gets as little radiation as possible. IGRT also helps make sure the whole prostate is treated.

At some centres, you may have three or four gold seeds, called fiducial markers, put inside the prostate. These are about the size of a grain of rice. An ultrasound probe is put into your back passage (rectum) and the seeds are passed into the prostate through a hollow needle. The seeds show up on scans and help the radiographer see the exact position of the prostate each day.

3D conformal radiotherapy (3D-CRT)

With 3D-CRT, a computer maps the location of your prostate, as well as its size and shape. The radiotherapy machine delivers beams of radiation to match the shape of the prostate as closely as possible. This helps to avoid damaging the healthy tissue surrounding it, reducing the risk of side effects.

Intensity modulated radiotherapy (IMRT)

With IMRT, the radiation beams are matched precisely to the size, shape and position of the prostate. The strength of the beams can also be controlled so that different areas get a different dose. This means a higher dose of radiation can be given to the prostate, without causing too much damage to the surrounding tissue.

The risk of side effects is usually lower with IMRT than with 3D-CRT.

Some hospitals offer 3D-CRT and others IMRT. Ask your doctor or radiographer which type of radiotherapy you're being offered.

What types of radiotherapy are there?

There are two common types of external beam radiotherapy:

- 3-dimensional conformal radiotherapy (3D-CRT), and
- intensity modulated radiotherapy (IMRT).

Other types of radiotherapy

Stereotactic radiotherapy

Stereotactic radiotherapy (such as Cyberknife) is a more specialised type of radiotherapy. It delivers many smaller, thinner beams of low-dose radiation from different angles that meet at the cancer. The cancer itself gets a high dose of radiation, while the surrounding tissue gets less. It may also mean you only need three to eight treatment sessions.

At the moment, stereotactic radiotherapy for prostate cancer is only available as part of a clinical trial. Speak to your doctor, nurse or radiographer if you're interested in it.

Proton beam therapy

This uses a different type of radiation beam called a proton beam. Unlike X-ray beams, proton beams stop once they hit the cancer, rather than carrying on through the body. This might lower the risk of side effects. At the moment, there's no evidence that proton beam therapy is better than normal radiotherapy for prostate cancer. Proton beam therapy isn't available in the UK.

What are the advantages and disadvantages?

What may be an advantage for one person might not be for someone else. If you're offered radiotherapy, speak to your doctor, nurse or radiographer before deciding whether to have it – they'll be able to help you decide whether it's right for you. There's a list of questions on page 12 which you might find helpful. Also discuss any other treatments that might be available.

There's usually no rush to make a decision so give yourself time to think about whether radiotherapy is right for you.

Advantages

- You can carry on with many of your usual activities while having treatment.
- Radiotherapy can be an option even if you're not fit or well enough for surgery.

- Radiotherapy is painless, but you might find the treatment position slightly uncomfortable.
- Daily treatment sessions only last 10 to 20 minutes, including the time it takes to get you into position.
- You don't need to stay in hospital overnight.

Disadvantages

- You will need to go to a specialist hospital for treatment five days a week for several weeks. This might be difficult if you need to travel far.
- Radiotherapy can cause side effects such as bowel, urinary and erection problems, as well as tiredness and fatigue.
- It may be some time before you know whether the treatment has been successful.
- If you have radiotherapy as your first treatment and your cancer comes back or spreads, surgery might not be possible.



I was able to continue working throughout my treatment. I did have some side effects but nothing I couldn't cope with.

A personal experience

What does treatment involve?

Radiotherapy is carried out at specialist hospitals. You'll need to go to the hospital every day for treatment, except at the weekend.

You will see a specialist who treats cancer with radiotherapy, known as a clinical oncologist. And you may be referred to a specialist nurse or radiographer. They will discuss your treatment plan and controlling any side effects.

Before treatment

Radiotherapy planning session

A week or two before your treatment, you will usually have a planning session. You'll have a CT (computerised tomography) scan, and possibly an MRI (magnetic resonance imaging) scan, to map the exact position, size and shape of your prostate. This is to make sure the treatment is accurate and the surrounding areas don't receive more radiation than necessary.

In most treatment centres, three very small permanent marks (tiny tattoos) are made on your skin. This helps the radiographers get you into the right position.

Eating and drinking

Your prostate sits close to your bladder and bowel. Most hospitals will tell you how full or empty your bladder and bowel should be during treatment. This helps the radiographers to make sure they treat the right area each time and can also help reduce side effects.

Some hospitals will give you advice about your diet, and you may be given a laxative to help you empty your bowels. You will usually be asked to drink water while you're waiting for treatment so that your bladder is comfortably full.

Anti-oxidants and radiotherapy

Anti-oxidants are particles that might stop or delay some types of cell damage. Some people take anti-oxidants such as vitamin C and E, lycopene and selenium for their cancer – although there's no clear evidence to show they help. Some research suggests that as well as protecting healthy cells, anti-oxidants might protect the cancer cells from radiotherapy. So taking anti-oxidants might make radiotherapy less effective. We need more research into this. If you're thinking about taking them, speak to your doctor, nurse or radiographer first.

During treatment

You will have one treatment (known as a fraction) at the hospital five days a week with a rest over the weekend. You can go home after each treatment.

Treatment normally lasts between seven and eight weeks. Some hospitals may offer a shorter course of about four weeks, with higher doses at each session – but a slightly lower total dose.

At the beginning of each treatment, the radiographer will help you get into the right position – using the marks made on your body as a guide.

The treatment machine will take an x-ray or a scan to make sure that you are in exactly the right position. The treatment then starts and the machine moves around your body. It doesn't touch you and you won't feel anything. You'll need to keep very still, but the treatment only takes a few minutes. The whole session lasts 10 to 20 minutes, including the time it takes to get you into position.

It's safe for you to be around other people, including children and pregnant women, during your course of radiotherapy. The radiation doesn't stay in your body so you won't give off any radiation.

Radiotherapy affects each man differently, but many men are able to carry on with their normal day-to-day activities. Many men continue to work while having radiotherapy, but some men find it tiring and need time off work during treatment. If you have any questions, speak to your doctor, nurse or radiographer, or call our Specialist Nurses.



During treatment, I met the same patients every day and the atmosphere was like a club with plenty of drinking (water) and chatting.

A personal experience

What happens next?

After you've completed your radiotherapy, you will have regular check-ups to monitor your progress. This is often called follow-up. The aim is to:

- check how your cancer has responded to treatment
- deal with any side effects of treatment
- give you a chance to raise any concerns or ask any questions.

Your follow-up appointments will usually start between six weeks and three months after treatment. After this, they could be every six months. After two years, you might have check-ups once a year. But your appointments might be more often than this, so check with your doctor or nurse.

PSA test

This is a blood test that measures the amount of a protein called prostate specific antigen (PSA) in your blood. You will usually have a PSA test a week before your appointment, so the results are available at your check-up. PSA tests are a very effective way of checking how well your treatment has worked.

After radiotherapy, your PSA should start to drop. Some PSA will still show up in tests because healthy prostate tissue will continue to produce PSA. How quickly your PSA levels drop, and how low they fall, will depend on whether you had hormone therapy alongside radiotherapy. If you had radiotherapy on its own, it may take up to two years for your PSA level to fall to its lowest level (nadir). If you had hormone therapy as well as radiotherapy, your PSA level may fall more quickly.

You may see a rise and fall in your PSA levels around one to two years after treatment. This is called 'PSA bounce'. It is normal, and doesn't mean your cancer has come back. A sign that your cancer may have come back is if your PSA level has risen by 2ng/ml or more above its lowest level, or if it has risen for three or four PSA tests in a row.

If your PSA level does rise, your doctor may monitor your PSA levels for at least six months before deciding on a treatment.



Read more in our booklet, **Follow-up after prostate cancer treatment: What happens next?**

Treatment options after radiotherapy

If the cancer does come back, there are further treatments that you can have which aim to get rid of it or control it. You may be offered hormone therapy, high intensity focused ultrasound (HIFU) or cryotherapy. Surgery is very rarely an option because radiotherapy changes the prostate tissue and makes it hard for the surgeon to remove the prostate.



Read more in our booklet, **Recurrent prostate cancer: A guide to treatment and support.**

What are the side effects?

Like all treatments, radiotherapy can cause side effects.

These will affect each man differently, and you might not get all the possible side effects. Before you start treatment, talk to your doctor, nurse or radiographer about the side effects. Knowing what to expect can help you deal with them.

Side effects happen when the healthy tissue near the prostate is damaged by radiotherapy. Most healthy cells recover so side effects usually only last a few weeks or months. But some side effects can start months or years after treatment. These can become long term problems.

If you have hormone therapy as well as radiotherapy, you may also get side effects from the hormone therapy.



Read more in our booklet, **Living with hormone therapy: A guide for men with prostate cancer.**

The most common side effects of radiotherapy are described here.

Short term side effects

Urinary problems

Radiotherapy can irritate the lining of the bladder and the urethra (the tube men urinate and ejaculate through). This is called radiation cystitis. Symptoms can include:

- needing to urinate often, including at night
- a sudden urge to empty your bladder
- a burning feeling when you urinate
- difficulty urinating (urine retention)
- blood in the urine.

You might also leak urine (urinary incontinence) after radiotherapy. This may be more likely if you've previously had an operation called a transurethral resection of the prostate (TURP) for an enlarged prostate.

Urinary problems tend to start mid way through your treatment. They may begin to improve two to three weeks after treatment finishes. But some men continue to have side effects for several months. If you get any urinary problems, tell your doctor, nurse or radiographer. There are treatments to manage them, as well as things you can do to help yourself. Read more in our



Tool Kit fact sheet, **Urinary problems after prostate cancer treatment**.



At first I didn't have any side effects but by week four, it was getting harder to pee and a bit uncomfortable.

A personal experience

Bowel problems

Your bowel and back passage (rectum) are close to the prostate. Radiotherapy can irritate the lining of the bowel and rectum (called proctitis) – which can cause bowel problems. Before you

start radiotherapy, tell your doctor if you've had any bowel problems in the past as this could mean you're more likely to get bowel problems.

Symptoms vary from man to man, and some will notice a slight change rather than a problem. Common bowel problems include:

- loose and watery bowel movements (diarrhoea)
- passing more wind than usual
- needing to go to the toilet more often, or having to rush to the toilet
- feeling an urge to have a bowel movement, but then not being able to go
- a feeling that your bowels haven't emptied properly
- pain in your stomach area or back passage
- bleeding from your back passage – this isn't usually a problem but let your doctor, nurse or radiographer know if this happens
- leaking from your back passage (faecal incontinence) – this is rare.

Bowel problems usually start during or shortly after your treatment and then begin to settle down a few weeks after finishing treatment. Some men may find that some of their side effects last longer.

Tell your doctor, nurse or radiographer about any changes in your bowel habits. There are often simple treatments available that can help, such as medicines to control diarrhoea.

If you are having problems with diarrhoea, eating less fibre for a short time may help. Low fibre foods include white rice, pasta and bread, potatoes (without the skins), cornmeal, eggs and lean white meat. Speak to your doctor, nurse or radiographer before changing your diet.

Foods such as beans and pulses, cruciferous vegetables (for example, cabbage, broccoli and cauliflower), fizzy drinks and beer can all cause wind and bloating so you may want to avoid these. Chewing your food slowly can also help.

Read more about a healthy diet in our Tool Kit fact sheet, **Diet, physical activity and prostate cancer**.



Bowel problems and anal sex

If you're gay, bisexual or a man who has sex with men, and are the receptive partner ('bottom') during anal sex, then bowel problems after radiotherapy may be a particular issue. Some men also find that the skin inside their anus is more sensitive after radiotherapy.

If you have bowel problems or sensitivity in this area then wait until these have settled before trying anal play or sex. Although short-term problems in the back passage usually settle down within six weeks of finishing treatment, there can be some permanent changes. Talk to your doctor, nurse, or radiographer for advice.



Find out more about side effects of prostate cancer treatment and how they may affect your sex life in our booklet, **Prostate facts for gay and bisexual men**.

Tiredness and fatigue

The effects of radiation on your body can leave you feeling very tired, especially towards the end of your treatment. Fatigue is extreme tiredness that can affect your everyday life. It can affect your energy levels, your motivation and your emotions. Fatigue can continue after the treatment has finished and may last several months.

There are things you can do to help manage fatigue. For example, planning your day to make the most of when you have more energy.

Many men continue to work during their treatment. If you're dealing with fatigue, talk to your manager about different options, such as changing your working hours or working from home. Have some ideas about things that might help you, rather than leave it to your employer – and they might have some helpful suggestions as well. Read more in our booklet,



Living with and after prostate cancer: A guide to physical, emotional and practical issues.



A good tip was to take a short rest when I got back home after each treatment.

A personal experience

Problems with ejaculation

You may find ejaculation uncomfortable and notice that you produce less semen during and after treatment. You may have a 'dry orgasm', where you feel the sensation of orgasm but don't ejaculate. This may feel different to the orgasms you were used to.

Skin irritation and hair loss

During treatment, the skin between your legs and near your back passage may become sore – but this is rare. Radiotherapy might make some of your pubic hair fall out. It usually grows back after treatment.



If you're worried about any of these side effects, speak to your doctor, nurse or radiographer. You can also call our Specialist Nurses.

Long term or late side effects

Sometimes side effects can develop much later – several months, or even years, after finishing treatment. These side effects can last a long time.

Talk to your doctor or nurse about your own risk of long term side effects. You might be more likely to get them if:

- you're older
- you have diabetes
- you've had bowel or prostate surgery in the past
- you've had bladder, bowel or erection problems in the past.

Urinary problems

If you had urinary problems during treatment, you may be more likely to develop problems later on. These may be similar to the short-term side effects (see page 7).

Radiotherapy can cause the urethra to become narrow – this is called a stricture. This is more likely if you have brachytherapy combined with external beam radiotherapy. If this happens you will find it difficult to urinate. Symptoms often include:

- leaking urine at night
- feeling that your abdomen (stomach area) is swollen
- feeling that you're not emptying your bladder fully
- a weak flow when you urinate.

Speak to your doctor or nurse if you get any of these symptoms.



Read more in our Tool Kit fact sheet, **Urinary problems after prostate cancer treatment**, or call our Specialist Nurses.



Bowel problems

Although bowel problems often improve once treatment has finished, some men will find that their bowel habits change permanently.

Bowel problems can develop months or years after treatment and may be similar to the short term side effects (see page 7). If you had bowel problems during treatment, you may be more likely to develop problems later on.

Try not to be embarrassed to tell your hospital doctor or your GP about any bowel problems. There are often simple treatments that can help. Bowel problems are common in older men, so it's possible that they're caused by something other than radiotherapy. Your hospital doctor or your GP can arrange tests to find out what's causing the problems, or they may refer you to a bowel specialist.

If you have long term bowel problems, you might be offered a test called a flexible sigmoidoscopy. A narrow tube with a camera on the end is put into your back passage to check for any damage to the bowel.



I didn't have many side effects during treatment, but six months later I had diarrhoea and some bleeding from the back passage.

A personal experience

Sexual problems

Radiotherapy can cause problems getting or keeping an erection (erectile dysfunction). Other treatments for prostate cancer such as hormone therapy, other health problems, certain medicines, tiredness and fatigue, and depression or anxiety can all cause erection problems. It can take up to two years for erection problems to fully appear.

There are treatments and specialist services available for men with sexual problems. Talk to your doctor, nurse or radiographer to find out more. Read our booklet, **Prostate cancer and your sex life** for more information about treating sexual problems and practical tips to help with your sex life.



Having children

Radiotherapy can damage the cells that make semen and cause you to have a dry orgasm (where you don't ejaculate). It might also affect your ability to produce sperm, although this is very unlikely. You may want to consider storing your sperm before you start radiotherapy, so that you can use it later for fertility treatment – if needed. Ask your doctor, nurse or radiographer about sperm storage.

There is a very small chance that radiotherapy could affect any children you might conceive during treatment, so you may wish to use contraception during and after treatment if there is a chance of your partner becoming pregnant. Ask your doctor, nurse or radiographer for advice.

Lymphoedema

If your lymph nodes are treated, there is a slight chance that fluid might build up in your tissues (called lymphoedema). It usually affects the legs, but it can affect other areas, including the penis or testicles. It can occur months or even years after treatment. Speak to your doctor or nurse if you start to get any unusual swelling.

Hip and bone problems

Radiotherapy can damage the bone cells and the blood supply to the bones near the prostate. This can cause pain, and hip and bone problems later in life. Hormone therapy can weaken your bones. You might be slightly more likely to have hip and bone problems if you have both hormone therapy and radiotherapy.

Other cancers

Radiotherapy can damage the cells in the tissues surrounding the prostate. There is a chance that this could increase your risk of bladder or bowel cancer. It would take at least 5 to 15 years after radiotherapy for a second cancer to appear – although this is very rare.

Dealing with prostate cancer

Some men say being diagnosed with prostate cancer changes the way they think and feel about life. If you are dealing with prostate cancer, you might feel scared, worried, stressed, helpless or even angry.

At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way that you're supposed to feel, and everyone reacts in their own way.

There are things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support too. This section might also be helpful for them.

How can I help myself?

Everyone has their own way of dealing with prostate cancer, but you may find some of the following suggestions helpful.

- Find out about your treatment, so you know what to expect and what your options are.
- Find out about the side effects of your treatment, so you know what to expect, and how you can try to manage them.
- Be as active as you can. Physical activity can improve your mood.
- Think about what you eat and drink. Some men find they manage better by aiming for a healthy, balanced diet. Read more about healthy eating in our Tool Kit factsheet, **Diet, physical activity and prostate cancer**.
- Share what you're thinking – find someone you can talk to. It could be someone close, or someone trained to listen, like a counsellor or your medical team.
- Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like listening to music or breathing exercises.
- Set yourself goals and things to look forward to.



- Find more strategies in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**.
- Get more ideas about how to look after yourself from Macmillan Cancer Support and Maggie's Centres, as well as local cancer support centres.



I enjoy cycling and the ride to hospital is important to me. It says life is normal and it keeps me physically fit.

A personal experience

Who can help?

Your medical team

It could be useful to speak to your radiographer, nurse, doctor or someone else in your medical team. They can help you understand your diagnosis, treatment and side effects, listen to your concerns, and put you in touch with other people who can help.

Our Specialist Nurses

Our Specialist Nurses can answer your questions, help explain your diagnosis and go through your treatment options with you. They've got time to listen to any concerns you or those close to you have about living with prostate cancer. Everything is confidential.



To get in touch:

- call our Specialist Nurses on 0800 074 8383
- email from our website at prostatecanceruk.org (click 'We can help')
- text NURSE to 70004.



I found talking to Prostate Cancer UK's Specialist Nurse tremendously helpful.

A personal experience

Trained counsellors

Counsellors are trained to listen and can help you to find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor, nurse or radiographer at the hospital if this is available. Your GP may also be able to refer you to a counsellor, or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service

Our one-to-one support service is a chance to speak to someone who's been there and understands what you're going through. They can share their experiences and listen to yours. You could discuss treatment options, dealing with side effects, or telling people about your cancer – whatever's important to you.

We have volunteers who have had radiotherapy, and our Specialist Nurses will try to match you with a trained volunteer with similar experience. Family members can also speak to partners of men with prostate cancer.

To arrange it:



- call our Specialist Nurses on 0800 074 8383
- visit our website at prostatecanceruk.org (click 'We can help').

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience. It's a place to deal with prostate cancer together.

Sign up on our website at prostatecanceruk.org (click 'We can help').

Local support groups

At local support groups men get together to share their experiences of living with prostate cancer – you can ask questions, offload worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives.

To find your nearest support group:



- visit our website at prostatecanceruk.org (click 'We can help')
- ask your nurse
- call our Specialist Nurses on 0800 074 8383.

Our fatigue support service

Get back on track could help you manage your fatigue so you can do the things you want to do. It's a ten-week telephone service delivered by our Specialist Nurses.



To find out more:

call our Specialist Nurses on 0800 074 8383
visit our website at prostatecanceruk.org
(click 'We can help').



I am now coping with the fatigue by identifying things I really want to do, and then being mentally determined to do them.

A personal experience

Questions to ask your doctor, nurse or radiographer



You may find it helpful to keep a note of any questions you have to take to your next appointment.

What type of radiotherapy will I have?

How long will the treatment last? How many sessions will I need?

What are the possible side effects and how long will they last?

Will I be able to carry on with my day-to-day life while I'm having treatment?

Will I have hormone therapy and will this carry on after radiotherapy?

How will we know if the treatment has worked?

If the radiotherapy doesn't work, which other treatments can I have?

Who should I contact if I have any questions?

What support is there to help manage long term side effects?

More information

Bladder and Bowel Foundation

www.bladderandbowelfoundation.org

Helpline: 0845 345 0165

Information and support for all types of bladder and bowel problems.

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk

Telephone: 01455 883300

Information about counselling and details of therapists in your area.

CancerHelp UK

www.cancerhelp.org.uk

Nurse helpline: 0808 800 4040

Patient information from Cancer Research UK.

Continence Product Advisor

www.continenceproductadvisor.org

Unbiased information on products for different incontinence problems, written by health professionals.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 00 00

Practical, financial and emotional support for people with cancer, their family and friends.

Maggie's Centres

www.maggiescentres.org

Telephone: 0300 123 1801

A network of drop-in centres for cancer information and support. Includes an online support group.

Pelvic Radiation Disease Association

www.prda.org.uk

Telephone: 01372 744338

Provides support to men with long term side effects of radiotherapy.

Sexual Advice Association

www.sda.uk.net

Helpline: 020 7486 7262

Information about treatment for sexual problems, including erection difficulties.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an  **A to Z of medical words**, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

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Speak to our Specialist Nurses

0800 074 8383*

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- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

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Call our Specialist Nurses from Mon to Fri 9am - 6pm, Wed 10am - 8pm

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