



Radiotherapy for gynaecological cancer



You and your clinical oncologist have decided that a course of radiotherapy would be the appropriate way of treating your cancer.

When recommending radiotherapy, your doctor will have taken into account the risks and benefits of the treatment. Although there will be side effects, it is felt that the advantages for you would outweigh the disadvantages.

Your doctor will discuss the risks and benefits of having a course of radiotherapy and you will need to sign a consent form agreeing to have treatment. You will also be asked to confirm this consent verbally on the day of your planning scan.

The risks of receiving radiotherapy for gynaecological cancers are outlined in this leaflet. You may decide that you do not want to have radiotherapy – this is an option for you to consider. In this instance, you might want to talk again with your doctor and let them know what you have decided.

You can request a second opinion on your diagnosis or treatment at any time during your consultation or treatment process. Please speak to your clinical oncologist or GP for information on how to do this.

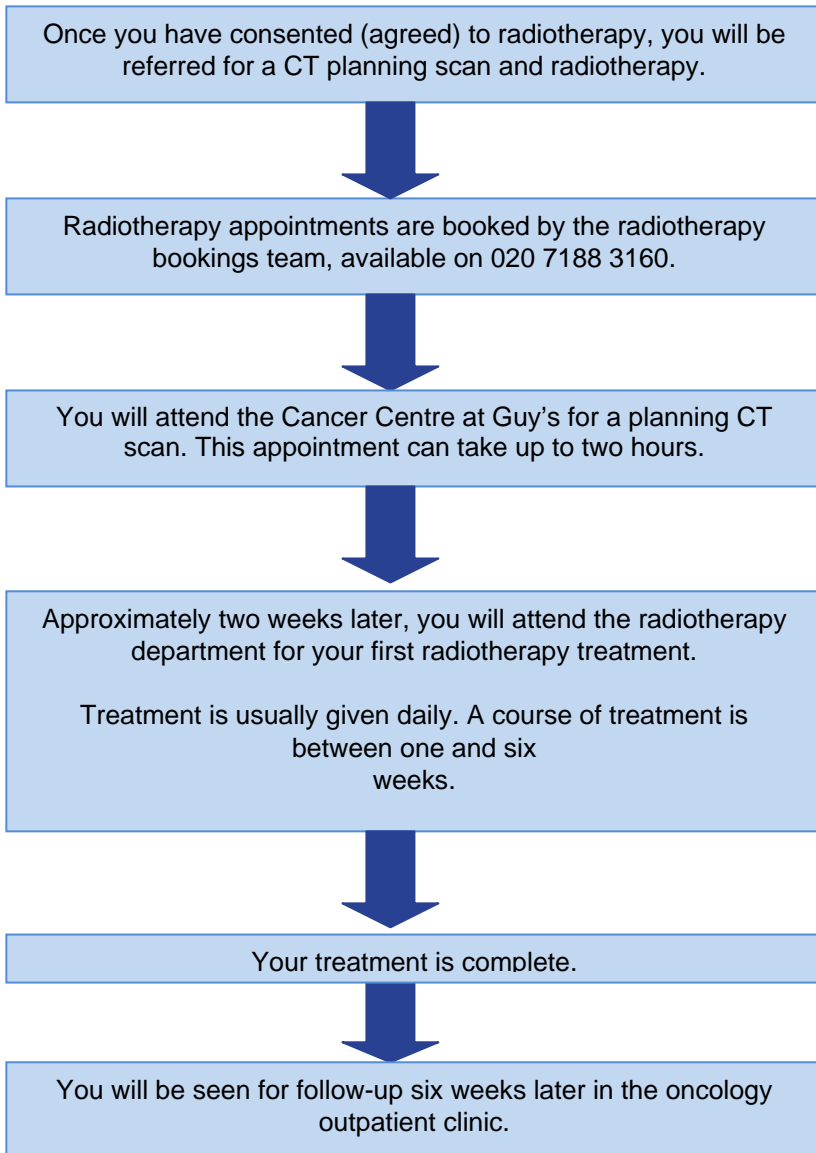
Your key worker is.....

Contact number.....

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Patient pathway



What is radiotherapy?

Radiotherapy uses radiation (high energy x-rays) to treat cancer. The radiation only damages the cells within the treatment area, killing the cancer cells but allowing normal healthy cells to recover. Any side effects of radiotherapy are usually isolated to the area being treated.

Treatment is given over a prescribed number of days/weeks so that only small doses (fractions) of radiation are given at a time. Your clinical oncologist will prescribe the amount of radiation needed and will tell you how many treatments you will have and over how many weeks. Treatment is given on weekdays (Monday to Friday) with a break at the weekend.

It is important that you attend all of your treatment appointments.

You may also have internal radiotherapy or brachytherapy after this course of treatment – your medical team will talk with you about this.

Anatomy of female pelvis

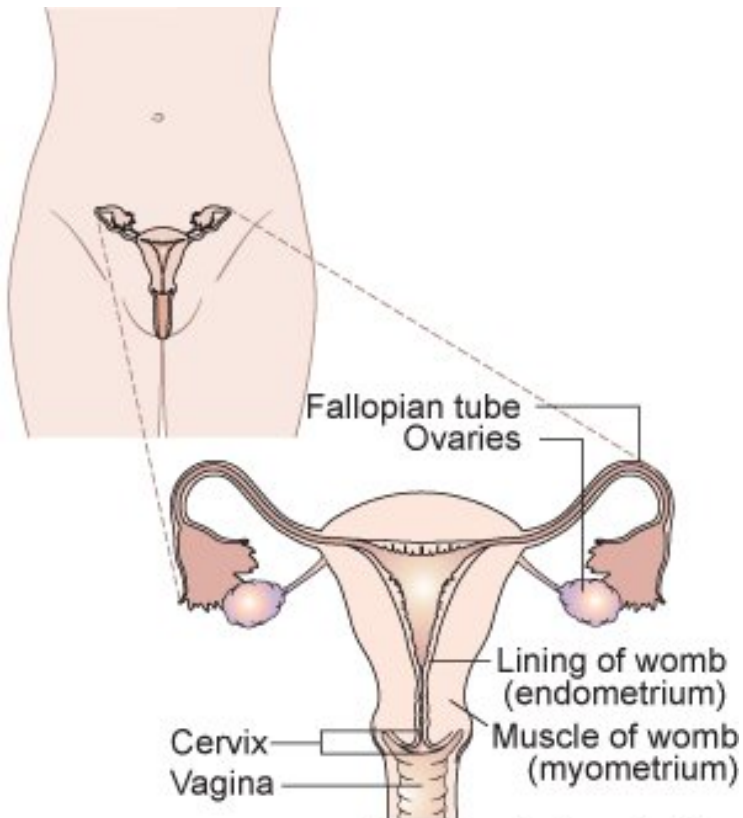


Diagram showing the parts of the female reproductive system
Copyright © CancerHelp UK

Image taken from CancerHelp UK, the patient information website of Cancer Research UK: www.cancerhelp.org.uk

What do I need to think about before radiotherapy starts?

Pacemakers

If you have a pacemaker, please tell your doctor as soon as possible. You will need to have a pacemaker check before your radiotherapy treatment.

Pregnancy

All female patients under the age of 60 will be asked to confirm their pregnancy status before the first planning session starts. **It is very important that you are not and do not become pregnant while undergoing radiotherapy planning and treatment.** If you think you may be pregnant at any time during your course of treatment, please tell your clinical oncologist or radiographer immediately. If necessary, please speak to your GP about contraception methods suitable for use during radiotherapy.

Drinking fluids and radiotherapy

It is important that you start drinking plenty of fluids now and continue throughout your course of radiotherapy.

Drinking at least eight cups (two litres) of fluid (not including alcohol, caffeinated or fizzy drinks) every day will help to reduce the side effects of the treatment.

You may have your bladder scanned at your radiotherapy planning appointment to check your fluid levels and that you are drinking enough.

You may be asked to drink a specific amount of water each day before your radiotherapy – you will be given further instructions when you attend for your radiotherapy CT planning appointment.

What are the side effects of radiotherapy?

Receiving radiotherapy does have side effects.

The most common side effects are listed below and are grouped into short-term and long-term effects. Your clinical oncologist will have discussed these effects with you as part of your consent to treatment. You can ask someone in your treatment team at any point if you would like clarification of these side effects.

While we cannot prevent against side effects, we can help you to manage them. Additionally, you will be reviewed by the treatment support radiographers to assess your reactions to treatment.

Side effects that occur during your radiotherapy are called early (or acute) side effects.

They usually begin to occur one to two weeks after your treatment starts. As your treatment progresses, these may become more severe and are usually at their worst one to two weeks after your radiotherapy treatment finishes.

Then, they gradually start to improve and by three months after the completion of your treatment, most will have resolved or at least improved considerably. Early side effects affect all patients, but the severity varies.

Possible early side effects:

Skin reaction: Skin in the treatment area may develop a reaction to the radiation. The skin may become dry, red and itchy. This may cause the skin to begin to blister and the area to become moist. If this does occur, the skin will fully heal after treatment has finished.

Diarrhoea/urgency: Stools may become very loose and there may be a need to open bowels more urgently. If this becomes a problem, medication can be taken to control it.

Urinary frequency/cystitis: You may get the urge to pass urine more frequently. The bladder can become irritated and uncomfortable. Try to drink plenty of water during your treatment to minimise the effects of the radiation.

Abdominal cramps: You may get windy stomach cramps during treatment. Medication may be prescribed to help this.

Tiredness: A sense of fatigue and lack of energy may occur during radiotherapy, but will slowly settle once treatment is completed.

There are also side effects that occur months to years after the treatment has finished – these are called long-term side effects and are consequences of the radiation treatment.

You may or may not experience long-term side effects – not everybody does. They may start during treatment and then gradually become worse, or they may develop slowly over a long period of time. Some may improve slowly but others may be permanent.

We use the most modern radiotherapy techniques available to reduce the side effects to a minimum. However, some of the side effects described below are unavoidable.

We will support you and help you to manage these side effects, with advice and medications when necessary.

Possible late side effects:

Change in bowel habit: There may be a need to open bowels more urgently, especially in the morning. Bowel movements may become more frequent, two or three times a day instead of once.

Blood in stools: There may be blood in your stools. This may be treated with medication, or very occasionally may need surgery to correct the problem.

Reduced bladder volume: The bladder may reduce in size and urine may need to be passed more frequently. Rarely there may be blood in the urine.

Vaginal dryness: The inside of the vagina may feel dry, using a lubricant may help. Intercourse may feel uncomfortable. Please seek further advice from your gynaecology team.

Narrowing of the vagina: The vagina may become narrower and shorter. This may be prevented by the use of dilators. Your advanced practitioner radiographer will explain this in more detail after your treatment is complete.

Lymphoedema affecting the legs: Surgery and/or radiotherapy may cause swelling in the legs and groin area. The swelling is caused by lymph fluid not draining away completely. You will be referred to the lymphoedema team for advice.

Infertility/menopause: If you are still having periods, then radiotherapy will make you go through the menopause. Periods will stop and you will not be able to conceive. Hot flushes and other symptoms of menopause may occur. You may wish to speak to your doctor about treatment and the possibility of hormone replacement therapy (HRT).

Uncommon late side effects:

Severe narrowing of the bowel: This may cause a blockage which may require surgical correction and a colostomy.

Severe ulceration of the bladder or vagina: This may lead to the formation of a fistula or false passage

between the vagina and bladder or the vagina and bowel. It may require surgery and a colostomy.

Late malignancy: There is a very small chance of developing another cancer near the treatment area after radiotherapy to the pelvis. This may occur 20-30 years after treatment.

Who will look after me during my treatment?

A number of healthcare professionals will be involved in your treatment and care. Below is a list of all of the doctors, nurses, specialists and departments who will look after you while you are having radiotherapy.

Clinical oncologists are doctors who are trained in the use of radiotherapy and chemotherapy. The consultant clinical oncologist will be in charge of your care. Clinical oncologists are supported by a team of specialist registrars, therapy radiographers, nurses and administrative staff.

Therapy radiographers are specifically trained to plan and deliver the radiotherapy. The radiographers will have day-to-day responsibility for you while you are receiving radiotherapy.

Your **advanced practitioner radiographer** will provide support and advice on radiotherapy side effects and their management.

Your **clinical nurse specialist (CNS)** will provide support and advice on all aspects of your treatment.

Oncology nurses provide support and advice on the side effects of radiotherapy and chemotherapy and their management. **Chemotherapy nurses** will be involved in delivering chemotherapy treatment if necessary.

The **acute oncology assessment unit** will provide emergency medical care for any side effects of treatment or problems relating to the cancer itself. This service is available between 9am and 6pm, Monday to Friday. The telephone number is **020 7188 3754**. Emergency contact details will be provided for out of hours problems.

Radiotherapy planning

Following your initial outpatient appointment with the doctor, you will be sent a letter asking you to attend the radiotherapy department for a **CT scan**.

Please bring your appointment letter with you. You will be given some information to read about the planning process. A member of the pre-treatment radiotherapy team will check that you have understood the information you received and you will have an opportunity to ask any questions you might have. During this discussion, you will be asked to confirm your name, address and date of birth. **You will be asked for this information before every procedure/treatment you have in the department.**

We will also ask you to **re-confirm consent** to make sure you are certain that you would like to go ahead with the proposed treatment.

Your computerised tomography (CT) scan

A CT (computerised tomography) scanner is a special x-ray machine that produces a series of detailed images of the inside of your body.

This scan is for planning your treatment only. The images are sent to a planning computer and used to reconstruct a three dimensional image of your pelvis. The clinical oncologist will then use this image to accurately plan your radiotherapy.

You may eat and drink normally on the day of your scan and throughout your treatment appointments, and there is no harm in you being around other people.

For the scan, we will ask you to lie on the couch and the radiographers will move you to the position that you will be in for your radiotherapy treatment. It is important that you are comfortable and are able to lie still in this position. Please tell the radiographers if you do not think this will be possible.

The couch will move slowly through the open scanner. You will not feel anything and nothing will touch you. You will be asked to breathe normally and to keep as still as possible.

It may be necessary to have a **contrast injection** to provide clearer CT images – more information about this is given below.



CT scanner
Image supplied courtesy of Siemens

What is a contrast injection?

Contrast agent is a type of dye that helps us get a better understanding of the internal structures of your body. A liquid dye called Omnipaque® will be injected into a vein in your arm.

This allows us to see your blood vessels during the CT scan and will provide clearer pictures for your doctor to plan your radiotherapy treatment. Your doctor will discuss this with you and may send you to have a blood test before your planning appointment.

Using contrast does not usually cause any problems for patients. However, some people can experience side effects. The most common side effects are a general sensation of warmth in your body and/or a metallic taste in your mouth during the contrast injection.

Other possible side effects include nausea, vomiting, headache, high/low blood pressure or diarrhoea. If you have any questions or would like further information on the side effects of the contrast, please ask us before your scan.

Allergic reactions to contrast dye have been reported but are rare. **It is very important that you complete the questionnaire provided at the CT scan and detail any allergies you have.**

Please tell the radiographer immediately if you experience any other symptoms following the injection, especially if you have breathing difficulty and/or a rash.

If you have diabetes and currently take **metformin**, please let the radiographers know and follow the advice given by your doctor and radiographers.

What are the alternatives?

It is sometimes not possible to use the contrast injection for medical reasons, or if access to your veins is not successful. In this situation, the CT scan will be performed without contrast.

How long will I be in hospital?

You may be in the department for up to two hours. Please bring any snacks you feel might need with you, particularly if you have diabetes.

Your appointment will be broken down into the following sections:

Activity	Time
Explanation	30 minutes
Preparation for scan and contrast injection	15–45 minutes
Scan	30 minutes
Wait	15 minutes
Total	2 hours

When the injection and scan are complete, you will need to remain in the hospital for a further 15 minutes. If you feel unwell or develop any symptoms, you must tell a member of staff.

During the CT scan

For the scan you will need to remove all your clothing from the waist down. We will provide a gown, but you will need to remove this for the scan and all treatments. You will need to lie on the CT table on your back, with your hands on your chest.

Your head will be in a head rest and your knees and ankles will be supported in specially-shaped rests. The radiographers will make you as comfortable as possible so that you are able to lie very still.

A radiographer will make some pen marks on your pelvis and place a sticker on it to mark the area that needs to be scanned. This is done so that the mark shows up on your scan. The pen marks and stickers will be removed after the scan is completed.

The CT table will be raised to go through the scanner and the radiographers will then leave the room. They will be watching you at all times through a mirror. The radiographers will start the scan from outside the room. You will feel the bed slowly move in and out of the scanner and hear the machine buzzing. The scan should only take a few minutes.

After the CT scan

Once the scan is completed, the radiographers will come back into the room. They will take some measurements and make some very small permanent ink marks (tattoos) on your pelvis. These marks help to position you correctly for your future treatments. The radiographers will help you down from the scanning table and you may then get dressed and leave the department.

Before you leave, you will be given a provisional list of all your radiotherapy appointments – **please bring this list with you to your first treatment appointment.** You will be given a confirmed list of appointments on your first day of radiotherapy treatment, approximately two weeks after your CT scan.

What if I have any problems after I have gone home?

If you feel unwell or develop any symptoms once you have left the hospital (including signs of an allergic reaction, such as wheeziness, difficulty breathing, tightness in your chest, skin rash, lumps, itchy spots, swelling of your face, dizziness or feeling faint), you must contact your GP or local A&E department.

Contact us

If you have any questions or concerns about your CT scan with contrast, please contact the radiotherapy pre-treatment area via **020 7188 3160** (9am-5pm, Monday to Friday) and explain that you have had a contrast injection.

What is a radiotherapy plan?

Your radiotherapy plan is the personalised design of your radiotherapy treatment. It is tailor-made for you and is based on the CT scan that you had. A team of doctors, radiographers and physicists will work together to decide where the treatment needs to be directed, avoiding as much healthy tissue as possible.

First day of radiotherapy treatment

When you arrive for your appointment, please book in at reception. You will then be directed to the treatment waiting area. One of the treatment radiographers will discuss your treatment with you and you will be able to ask any questions that you may have.

You will need to have a full bladder for your treatment – there are water fountains in the waiting areas of the department if you need them. Having a full bladder helps to move the position of the bowels and helps to reduce the side effects of treatment.

Each day, please arrive in the department one hour before your appointment time to drink water to fill your bladder. Please bring a dressing gown to wear at your treatment appointments. You will be asked to change in a cubicle, and then taken into the treatment room where the staff will introduce themselves.

You will be asked to lie on the treatment table, which will be set up with the same equipment as when you had your CT scan. You should relax, stay still and breathe normally. The radiotherapy treatment machine is called a linear accelerator, often referred to as a linac.

The lights will be dimmed so that the radiographers can see the room lasers that will help them to position you correctly. You will hear the machine move around you. It will come close to you but will not touch you. You will hear radiographers taking various measurements and feel the bed moving. Once you are in the right position, the radiographers will leave the room.



Linear accelerator (linac)

Image supplied courtesy of Varian.

Once the radiographers have left the room you will hear a buzzing sound. This is the door safety interlock. You will be alone in the room during your treatment but the radiographers will be watching you all the time on closed circuit television (CCTV). If you need assistance at any point, just wave a hand and the radiographers can immediately return to the room.

Digital x-ray images are taken regularly during your treatment to ensure that the treatment is being delivered accurately. There will be a short delay whilst these images are assessed and you may feel the bed move as the radiographers adjust its position from outside of the room. Treatment will then be delivered and the machine will move around you to treat you from different angles.

This whole process will take approximately 20 minutes. Afterwards, the radiographers will return to the room, and help you down from the treatment table. The treatment table will be quite high up, so it is very important that you do not move or attempt to get off the table without assistance. The radiographers will tell you when it is safe to sit up and get off the table.

Please note that no secure storage can be provided during your radiotherapy treatment. Therefore please do not bring any valuable possessions with you to these appointments.

Treatment review

You will be seen by a member of the treatment support team. These radiographers will support you during your treatment and help you to manage your side effects. You will have separate appointments for this on your appointment list.

Managing the side effects of radiotherapy

Some people have more side effects than others during radiotherapy. You may not experience all of the side effects listed below, but this does not mean the treatment is not working as well. It is important to remember that everyone reacts to treatment differently.

Change in bowel habit

You may find your bowel habit changes and you need to open your bowels more often. If you develop diarrhoea, you should reduce the roughage in your diet. Cutting out high-fibre breakfast cereal, brown bread, fruit juice, leafy green vegetables and fruit can be helpful.

The radiographers can give you practical advice on what to eat and what to avoid. If your diarrhoea continues, ask your radiographers to arrange for a prescription for medication to help control your symptoms.

Try to drink at least two litres (four pints) of fluid a day. We recommend the following fluids:

- water
- squash
- juice
- milk
- herbal teas (caffeine-free).

Please remember:

If you are **diabetic** you will need to have appropriate drinks without sugar.

If you suffer from **arthritis**, **heartburn** or **irritable bowel syndrome**, you need to limit the amount of cranberry juice to two glasses a day.

If you are taking **warfarin**, please ask your doctor, nurse or pharmacist for advice on which drinks are appropriate for you. Some fruit juices (such as cranberry) may interact with warfarin and affect the amount of time it takes for your blood to clot.

Urinary frequency/cystitis

You may find that you feel an urgent need to pass urine more frequently during your course of treatment. If this is the case, try to increase your fluid intake. If this continues, or you start to get a burning feeling when you pass urine, staff will arrange for you to have a urine test. If the test reveals that you have a urine infection, your doctor may prescribe a course of antibiotics.

Abdominal cramps

You may experience stomach cramps during your course of treatment. Medication can be prescribed to help with this. Speak to your radiographer or doctor.

Tiredness

You may feel tired during treatment. The best way to cope is to rest, eat regularly and do a small amount of light exercise (such as walking). Ask your friends and family to help you with daily activities.

Washing

It is important to keep the treatment area clean. Shower or bath using lukewarm water and your usual soap or shower gel. Use a soft towel to gently pat the skin dry – do not rub.

Moisturising

This will help your skin to cope better with the treatment. You may continue to use your usual moisturiser or if you need to buy one, we recommend one without the additive, sodium lauryl sulphate (SLS). During treatment, apply the moisturiser sparingly twice a day or more often if your skin is very itchy.

Do not scratch your skin as it is very fragile during radiotherapy.

Hydrocortisone cream 1% – this is a steroid that works by reducing inflammation. It can be prescribed if the itchiness becomes problematic.

Do not use either the moisturiser or hydrocortisone on broken skin. Check your skin daily before applying creams. Dressings will be given for broken skin.

Clothing

Wear loose comfortable clothing,

Swimming

Reduce the number of times you swim in chlorinated water as this can have a drying effect on the skin. After swimming, shower to remove excess chlorine and discontinue swimming if the skin becomes sore.

Sun

The skin in the treatment area will be more sensitive during radiotherapy and should not be exposed to the sun. You should protect the skin in this area for at least one year using a high factor sun block.

Sexuality and cancer

Many women report changes to how they feel about themselves, their bodies and sexual intimacy after radiotherapy.

As your body recovers from treatment many of these concerns will resolve. However there are some physical changes to your body that will not fully resolve on their own.

Radiotherapy can cause vaginal dryness and discomfort so sexual intercourse without the use of a lubricant may be uncomfortable. Using the vaginal dilators regularly will help to keep the vagina flexible.

The treatment may also cause you to have more urinary tract infections, and some light blood stained discharge after intercourse.

Your advanced practitioner radiographer or clinical nurse specialist will tell you about some practical things, such as vaginal lubricants, hormone creams and vaginal dilation that may make your vagina more comfortable.

A guide to dilation following radiotherapy

What is vaginal dilation?

Vaginal dilation simply means to stretch and open the vagina. Having sexual intercourse stretches the vagina. Using a vaginal dilator also stretches the vagina.

Position of the vagina and surrounding organs

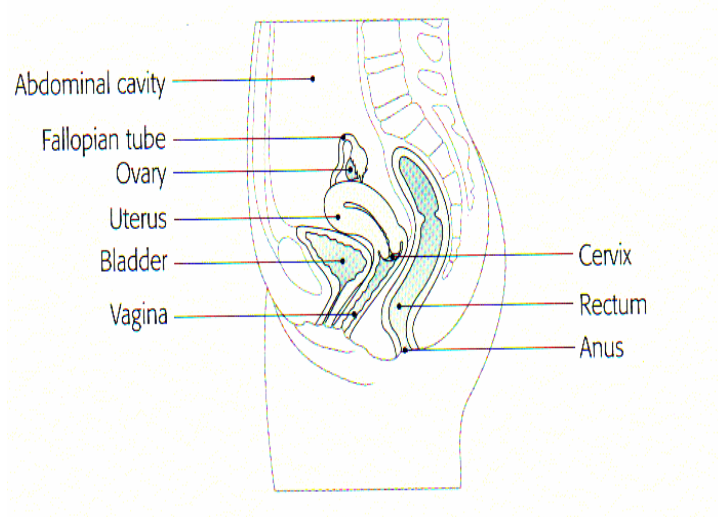


Image used with the kind permission of Health Press Limited.
Reference: Norton, A (1999): Patient Pictures
Gynaecological Oncology, Health Press Ltd, Oxford.

What is a vaginal dilator?

A vaginal dilator is a smooth plastic tube, with a handle. It comes in four sizes. You will be given a set of dilators during or at the end of your radiotherapy treatment. Most women will only start to use these several weeks after their radiotherapy treatment is completed.

Vaginal dilator:

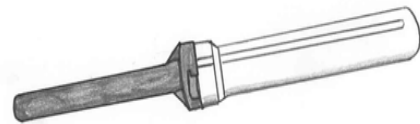


Image of dilator drawn by Juliette Sim of Guy's and St Thomas' NHS Foundation Trust

Some women prefer to use sexual intercourse or sexual aids, such as vibrators, to dilate the vagina instead of dilators. This can work just as well, however, it is advisable to discuss this further with your clinical nurse specialist (CNS).

Why do I need to dilate my vagina?

One of the long-term side effects after having radiotherapy is the narrowing, shortening and scarring of the vaginal passage. Your doctors may refer to this as vaginal 'fibrosis'. Your vagina will have less natural moisture and lubrication.

By using a vaginal dilator and/or having sexual intercourse regularly you can help to prevent this scarring and maintain your vagina's ability to stretch.

Whether you are sexually active or not, using the dilators may:

- allow doctors to fully examine you internally, without causing discomfort
- maintain the sexual function of your vagina, helping to prevent painful sexual intercourse in the future
- help you to feel more confident about your body and returning to sexual intercourse.

Some women do still experience some vaginal shortening and narrowing even when they have used vaginal dilators.

When should I start using my dilators?

If you have no vaginal discomfort, smelly discharge or bleeding it is fine to start your dilations within a few weeks of having your internal radiotherapy (brachytherapy).

If you have been having external beam radiotherapy to the pelvis, your doctor or nurse may suggest that you start using dilators during your treatment.

How should I use the dilator?

1. Find a private, comfortable place, (for example, a bedroom or bathroom).

2. Place a water-soluble lubricant, such as **Sylk**, **Aquagel** or **K-Y Jelly**, on the rounded end of the dilator and around the entrance to the vagina.
3. Lie down on your back with your knees bent and slightly apart, or stand with one leg raised on the side of the bed or bath. You will then be able to use the dilator as you would if inserting a tampon.
4. Insert the dilator into your vagina, as gently and as deeply as is comfortable. **Do not force the dilator!**
5. Gently move the dilator forward and back, then from left to right inside the vagina. Repeat this several times for 3–5 minutes.
6. After use, remove the dilator, wash it with soapy water, rinse well and dry.

Dilator inside the vagina:

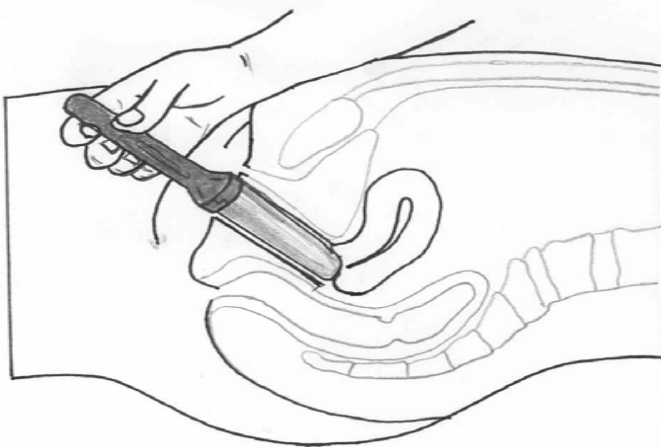


Image used with the kind permission of Health Press Limited.
Reference: Norton, A (1999): Patient Pictures Gynaecological
Oncology, Health Press Ltd, Oxford.

How often should I dilate my vagina?

Your vagina needs to be dilated three times a week.

This can be:

- with the dilator
- with sexual intercourse
- through use of a sexual aid (vibrator)
- through a combination of the above.

How long do I need to dilate my vagina for after treatment is finished?

As this is a long-term side effect, if you stop dilating, your vagina may develop the radiation changes described earlier (see page 29 for more information).

Once the changes have occurred it is not possible to reverse them. These changes can happen gradually, within weeks of stopping your dilation. If you wish to prevent the shortening and narrowing of your vagina, you may need to use dilators for the rest of your life.

Although we advise using dilators, if you are aware of the potential changes to the vagina as a result of radiotherapy and do not wish to use dilators, you must not feel that you have to use them.

What happens if I bleed or have pain after dilating?

You may get a few spots of blood on your underwear after using dilators. This is because the dilator is separating tissue. If you experience any pain or heavy bleeding when using the dilator, please consult your hospital doctor or clinical nurse specialist.

If you have any concerns regarding the information contained in this leaflet please speak to your hospital doctor, clinical nurse specialist (CNS) or radiographer.

Gynaecological oncology CNS

Monday to Friday, between 9am and 5pm.
020 7188 2707 (24 hour answer phone)

Staff can provide ongoing support and advice on any difficulties you have adjusting to life after treatment. You may also find the booklet, **Sexuality and cancer** helpful. It is available free from Macmillan Cancer Support (contact details are at the end of this leaflet).

How do I get further supplies of my medicines?

After being prescribed medicines at the hospital, take the white copy of your prescription to your GP and they can continue to prescribe these for you.

Anyone with a cancer diagnosis is entitled to free prescriptions. If you do not already have a medical exemption card, you can get an application form from your GP, the oncology outpatient department or Dimbleby Cancer Care. Please ask us if you need any further information.

What happens when treatment ends?

Last week of radiotherapy

In the last week of treatment, you will see a doctor to review your side effects and discuss how to manage them. The side effects are likely to worsen during the first two weeks after treatment and then they will start to improve.

On the last day of treatment, you will be given a Treatment Completion Form summarising your treatment. We will send one copy to your GP and give you one for your own records.

Follow-up after treatment

Six weeks following the end of your treatment, you will be seen again in the clinic where you were originally seen. This appointment is to check that you are recovering well.

In the long term, you will be followed up by your oncology team. This is to assess both your recovery and your response to treatment.

Commonly asked questions

Where can I get advice on financial support during treatment?

Dimbleby Cancer Care offers a benefits advice service at Guy's and St. Thomas'. To book an appointment, please telephone **020 7188 5918**.

When can I go on holiday?

You can go on holiday as soon as you feel well enough.

When can I go back to work?

Some patients continue to work throughout their radiotherapy treatment, while others may feel they need a few weeks break before returning. If you have had a long break from work it may be advisable to plan a phased return, where you work shorter hours initially.

Additional information

In order to improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. Any data collected will have all personal and identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you, and you would prefer that your notes are not seen, please let your consultants know and your wishes will be respected.

Clinical trials are undertaken within the department, which you may be eligible to take part in. If necessary and appropriate, your doctor will discuss this with you.

Macmillan Cancer Support

If you have any questions about cancer, need support, or just want to chat, call the free Macmillan Support Line.

t: 0808 808 0000 (9am to 8pm, Monday to Friday)

w: www.macmillan.org.uk

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

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Contact us

Guy's radiotherapy reception	020 7188 7188 (extension 57542 or 57569)
Radiotherapy bookings	020 7188 3160
Radiotherapy treatment support team 8.30am to 5.30pm Monday–Friday	020 7188 4220
Acute oncology assessment unit 9am to 6pm Monday–Friday	020 7188 3754
<p>Out of hours oncology doctor on call Please phone the hospital on 020 7188 7188 and ask them to contact the oncology doctor on call. Please have your hospital number ready. The switchboard operator will take your details and ask the emergency oncology doctor to phone you back.</p> <p>If you are concerned go to your local accident and emergency (A&E) department.</p>	



Dimbleby Cancer Care provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's. **t:** 020 7188 5918
e: DimblebyCancerCare@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved.

t: 0800 731 0319 **e:** members@gstt.nhs.uk

w: www.guysandstthomas.nhs.uk/membership

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