



Information for  
patients and  
carers

**Radiotherapy to the Prostate**

## **INTRODUCTION**

This resource has been created for patients being treated by the radiotherapy department at Lancashire Teaching Hospitals. It provides you with detailed information about your condition and the treatment that will be performed here. Our aim is to give you the best possible and most up to date information in order for you to make an informed decision about your radiotherapy. This resource will help you to understand the risks and benefits associated with this treatment. The information relates to treatment provided specifically by this Trust and should only be used as pre-treatment information by prospective patients of the radiotherapy department at Lancashire Teaching Hospitals.

The purpose of this resource is to help you understand:

- your radiotherapy treatment to your prostate or your prostate bed.
- what will happen before, during and after your treatment.
- the role of the key members of the team looking after you at the Royal Preston Hospital.
- who to contact if you have any concerns about your treatment.

This resource can be read at your own pace either as a whole book, or in sections that are relevant to you at the time. You may also find it useful to read this with a family member or friend. If you have any questions or are unsure about anything, please seek advice from the radiotherapy team or the urology specialist nurse team.

## **CHAPTER 1: WHY DO I NEED TREATMENT?**

This section contains detailed information about your condition and the radiotherapy associated with it.

### **Your condition**

This book is designed for men who have just been diagnosed with prostate cancer. If you have recently been diagnosed with prostate cancer, it is normal to experience a wide range of emotions. For some people it may be a frightening and unsettling time for you and your loved ones. There is no right or wrong way to feel and everyone reacts in their own way. Your partner, family or friends might also find this resource useful to understand what you are currently experiencing so that they can help to support you.

Whatever you may be feeling at present, try talking about it with someone who specialises in dealing with this condition such as your clinical nurse specialist. They will listen, be able to answer any questions you may have about your condition and, if you wish, can put you in touch with other professionals or support agencies.

## CHAPTER 2: DETAILS OF YOUR TREATMENT

This section contains detailed information about your treatment.

### **What is radiotherapy?**

Radiotherapy is a specialised treatment that uses precise, carefully measured doses of radiation to treat cancer. Treatment is prescribed by your consultant and is given in scheduled doses over a certain number of days or weeks. Treatment is given by highly trained radiographers, using specialist machines known as linear accelerators. The radiographers, planning staff and review teams work closely with your consultant to plan, deliver and manage the side effects of the treatment. There are different types of radiotherapy, but the type used for treating most prostate cancer is called external beam radiotherapy; this means that the treatment is given from outside the body. The treatment itself is painless, but it can cause side effects. These are explained later in this resource.



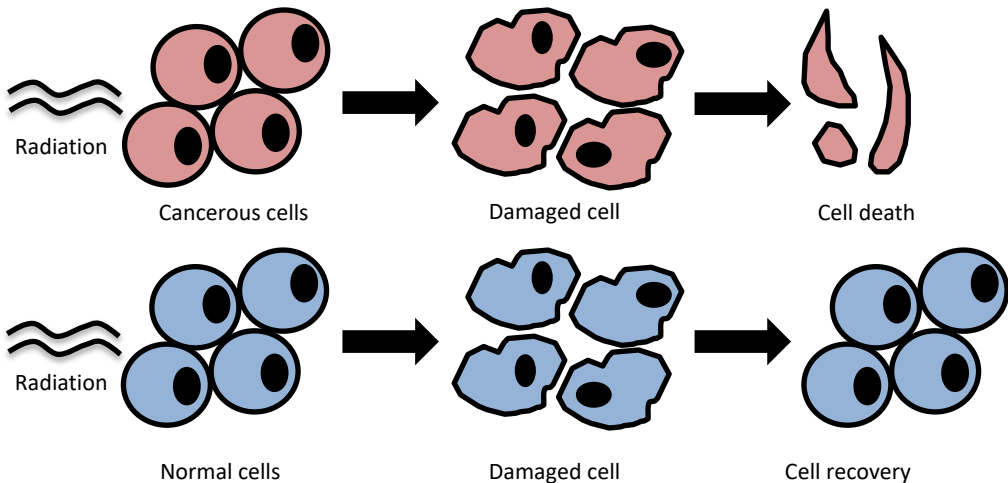
***Above picture:  
radiotherapy  
treatment  
machine, called  
a Linear***

***Accelerator***

## How does radiotherapy work?

External beam radiotherapy uses high energy x-rays to treat prostate cancer. The X-ray beams are directed at the prostate gland (or if you have had surgery, where your prostate used to be) from outside the body.

Radiotherapy works by causing damage to cells in the treatment area. Normally, cells in our body divide and grow; when radiation interacts with cells it stops them from dividing and growing. Normal healthy cells are able to recover from this damage, however abnormal cancer cells cannot. Radiotherapy is therefore given to kill the cancer cells in your prostate and reduce the chances of your cancer recurring.



## Will I be radioactive?

If you are having external beam radiotherapy, you will not be radioactive. It is safe to be around people, including pregnant women, babies and children and to be in close contact with people. Please speak to a member of staff if you have any concerns or queries.

## What are the options for treatment?

Your treatment options will depend upon whether your cancer is contained within the prostate gland, has spread outside of the prostate, or has spread to other parts of the body. The aim of treatment is to either:

- to try and cure cancer (radical radiotherapy), or
- to slow down and/or relieve the symptoms of cancer (palliative radiotherapy).

You may have a choice of treatments. Your consultant or specialist nurse will explain all your treatment options to help you choose what is right for you. How you are treated may affect which treatments you can have in the future, if you need any. Speak to your consultant or your specialist nurse about this.

It is important that you understand the reasons why you are having radiotherapy and also what the possible side effects and risks of treatment are. Your consultant and the team will explain these to you. You should ask questions if you need more information or do not understand any of the information given to you.

You will be asked to sign a consent form before you start treatment, as a record that you agree to and understand the benefits and risks of the treatment. Please remember that even after you have signed a consent form you are able to change your mind or ask questions about treatment at any time.

### **Are there any alternatives to this treatment?**

Your consultant or specialist nurse will have advised you about other possible treatments which may benefit you. For some men, other forms of treatment such as surgery, brachytherapy (a different type of radiotherapy), hormone therapy alone or even active surveillance may have been discussed as alternatives to radiotherapy. Sometimes your treatment management plan may include a combination of treatments. Your consultant will discuss all possibilities with you, not all men are suitable for every treatment option.

### **Clinical trials**

You may be offered the opportunity to take part in a clinical trial as part of your treatment. Clinical trials allow the development and advancement of cancer treatment. Your consultant will discuss the possibility of clinical trials with you if it is relevant, and provide more information.

### **When will my radiotherapy start?**

You will receive your first appointment for your radiotherapy planning scan through the post. This letter contains useful information and it is important that you read it. For example, we require that you undertake pre-treatment bladder and bowel preparation and the letter contains instructions and information relating to this.

We plan treatment for a large number of patients each day, and therefore it is important that you attend at the time allocated on your letter. This helps us to reduce waiting times and plan effectively.

If you require certain times and/or hospital transport, please let a member of staff know before you start treatment. The radiotherapy appointment team will do their best to accommodate your requests; however this cannot always be guaranteed.

### **Hormone treatment**

You may have hormones alongside your radiotherapy treatment. This is dependant on your PSA (prostate specific antigen) levels, extent of the cancer and your biopsy results. Your consultant will discuss this with you.

Hormone treatment works by reducing the amount of testosterone in the body. Prostate cancer usually needs this to grow. It also makes treatment more effective and can shrink the prostate.

Side effects vary, but can include:

- hot flushes.
- loss of libido and erection problems.
- fatigue.
- weight gain.
- loss of muscle mass.
- bone thinning.
- changes to your mood.

- sight increased risk of diabetes, heart disease and stroke.

You can call your specialist nurse to discuss side effects and strategies to manage them.



## **CHAPTER 3 – BEFORE YOUR TREATMENT**

This section contains information about what happens before you have your treatment.

### **Radiotherapy planning**

Before your course of radiotherapy can begin, we need to plan/design your treatment carefully to allow us to produce an individual treatment plan for you. This will happen at your planning appointment which you will have received an appointment in the post.

At the planning appointment you will have a CT scan of your pelvis.

The treatment planning team use this scan to accurately plan your radiotherapy treatment, whilst ensuring that surrounding areas close to the treatment area do not receive more radiation than necessary.

The planning process can take anywhere from a few days up to 3 weeks. Please do not be alarmed if you feel there is a long time between your CT scan and starting radiotherapy treatment, this is due to the complex nature of the planning process.

You may need to have a dye injection for the scan, known as contrast. Your radiographer will discuss this with you if it is required. Please note that if you need to have the dye injection, we ask that you stay in the department for up to an hour afterwards. This is to ensure you are feeling ok after the dye injection. You are not required to have dye injected for treatment.

Please let a staff member know if you have a pacemaker. This will not affect your treatment, but may require monitoring during the radiotherapy treatment.



## ***Image of a CT scanner***

### **Preparing for the scan**

We ask you to  
bowel and  
bladder

do

preparation ahead of your CT planning scan and radiotherapy treatment. When you arrive for your CT planning scan the radiographers will go through what preparation required and make sure you understand what you need to do, but please see below for a guide. Following these instructions will help to reduce the side effects of your treatment because less of your bladder and bowel will be in the radiation beam. It will also make sure that your prostate is in the same position each day, ensuring that the treatment is very accurate.

### ***Bowel preparation***

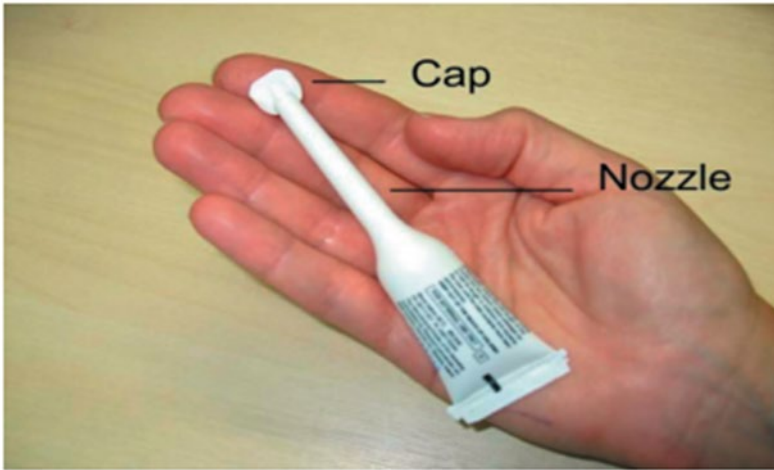
In order to ensure that your rectum is empty your consultant has requested that you use a micro (very small) enema:

- on the day before your planning appointment
- on the day of the planning appointment

- for the first five days of treatment.

You will either have been sent or given a letter to take to your surgery to ask your GP to prescribe the micro enemas or had them prescribed by your consultant. You will need to bring a micro enema with you when you attend for scan and treatment. If you are in doubt about anything or have any questions or problems, please let us know as soon as possible.

### ***How to use the micro enema***



1. Take an enema tube from the packet and go into the toilet.
2. Pull or twist the cap off the end of the nozzle.
3. Squeeze a drop of liquid onto your finger and smear over the nozzle.
4. Insert the full length of the nozzle into your back passage.
5. Gently squeeze the tube until it is empty.
6. Keep squeezing the tube as you pull the nozzle out of your back passage. This is to stop the medicine being drawn back into the tube.
7. Throw the empty tube into the bin and then wash and dry your hands.
8. Return to the waiting area and wait for the enema to take effect. This is usually within 15 minutes but may take up to 30 minutes.
9. If after 30 minutes you have not had the urge to have a bowel movement, please go to the toilet and try to do so. Please do not strain

and do not worry if you cannot empty your bowels or if only wind is passed – it may be that your back passage is already empty.

10. Empty your bladder at the same time and then return to the waiting area to be called for further instructions prior to your scan.

### ***Preparing your bladder***

It is very important that you are well hydrated (drinking lots of fluid) and have a 'comfortably full' bladder for your CT scan and treatment.

A comfortably full bladder means your bladder feels full but that you do not have the urgency to empty it. Therefore we ask that you drink 1.5-2 litres of fluid per day, especially water or other non-caffeinated drinks. Please reduce your intake of caffeine, fizzy and alcoholic drink, or cut them out.

For the scan and treatment you will need to empty your bladder and then drink two cups of water (provided by the water fountains) 20 minutes before you are seen. This is to ensure that your bladder is a consistent size during treatment. **Please do not empty your bladder after you have drunk your two cups of water, and please do not drink any more liquids e.g tea/coffee.** Please take note if there are any delays and adjust your drinking accordingly.

### **During the scan**

After you have done your preparation, the radiographers will take you into the CT scanner room. We will ask you to remove your shoes and trousers, so we can get to your pelvic area. We then ask you to lie on the CT scanner couch. The staff will help you into a comfortable position; support will be given under your feet, knees and head for comfort and to help keep you still. This is the position you will be in each day for treatment, so if you are not comfortable please let the radiographers know so they can help. We will keep any exposed parts covered with tissue.

The radiographers will draw some marks on your pelvis with a skin pen. At the end of the scan, we will need to make these marks permanent. We will ask your permission to give four permanent tattoo dots; these dots are no bigger than a freckle. The tattoos will help the

radiographers to set you up in the correct position for treatment every day and ensure accuracy of the treatment.

The scan itself is very quick, painless and non-claustrophobic.

### **Holistic Needs Assessment**

At your CT appointment you will be given a booklet about Holistic Needs Assessments (HNAs). A HNA gives you a chance to think about your worries and discuss possible solutions. It covers concerns such as physical, emotional, and financial. You are asked to take this booklet away and read it before your first radiotherapy treatment. During your treatment you will be offered a Holistic Needs Assessment.

## **CHAPTER 4: HAVING RADIOTHERAPY**

### **Having radiotherapy**

Each radiotherapy appointment takes around 15 minutes. Before your first radiotherapy session, a radiographer will discuss the treatment process, remind you of potential side effects you might experience, and will explain the treatment preparation needed for your treatment. There will also be an opportunity for you ask any questions. It is normal to feel nervous about having treatment, but once patients know what to expect this usually gets easier.

During the first five treatments, we ask that you arrive about one hour before your designated appointment time so you can complete your enema. There is no need to wait for instruction, please use the micro enema when you arrive in the department. After your first five treatments have been completed you no longer need to use the enema. For the remainder of your treatment we ask you to arrive approximately 30 minutes before your appointment time so that you can do your drinking (as detailed above). Please have a micro enema with you in case the radiographers would like you to do an extra one. Please make note of any delays and adjust your drinking accordingly. The delays boards are located in the main waiting area and outside the treatment machines, and there are water fountains located around the department.

### **Treatment room**

For your radiotherapy treatment you will lie down in the same position as when you came for your planning scan. The radiographers will need to easily see the permanent marks that were made at your planning appointment so you will be given a treatment gown and asked to get changed in either a changing cubicle or in the treatment room.

The radiographers will then begin to line you up for treatment using the tattoos and complete their daily checks. Any uncovered part of your pelvis will be covered over with tissue, once the radiographers have finished getting you into the treatment position. It is important that you keep as still as possible.

Once the radiographers have completed their checks, they leave the room to start the treatment. Only the patient can be in the treatment room when the machine is delivering treatment, but there is a camera in the room so staff can see you at all times. The machine will move around a few times but it will not touch you. You may hear the machine making humming/buzzing noises as it delivers the treatment. The treatment is completely painless and there is nothing to feel or see. As part of your treatment your radiographers will take daily X-ray pictures to check you are in the correct position. This is done before treatment is given and there is usually a short pause while they review these images. You may feel the bed move as the radiographers are controlling this from outside the treatment room. Once they are happy with your position, they will start the treatment. **Please note that these scans are used for positioning only and do not show if the treatment is working.**

Once the treatment is finished, the radiographers will return into the treatment room to help you off the treatment couch. The radiographers will tell you when you can sit up. You can then get changed and return home. The radiographers will let you know if you have any other appointments in the department. The whole treatment process takes around 15 minutes.



***Picture above: Patient in the treatment position***



## **Treatment reviews**

Whilst you are having your radiotherapy treatments, you will have scheduled review clinics with the review team within the radiotherapy department. The review may be done by any member of the review team who work closely with your consultant or your consultant. These review clinics are for you to discuss any concerns or side effects that you may be experiencing from treatment. Your review team will be able to give advice and where appropriate prescribe medication if needed. The review clinics run at specific times and days, and will be scheduled on your treatment appointment list.

The treatment radiographers will ask everyday how you are getting on with your treatment. Please feel free to discuss any concerns or issues with them, as they can also give advice or refer on where appropriate. This means that anything urgent doesn't need to wait until your next scheduled review.

## **Staff you will meet**

We are a mixed gender department and treatment will be given by male and female staff members. Every effort is made to ensure you are treated on the same machine, however at times this cannot always be guaranteed. You will mainly see radiographers, radiotherapy support workers, consultants, review radiographers, specialist nurses and students.

Royal Preston Hospital is a teaching hospital which means that we train and support undergraduate and postgraduate radiotherapy students and medical students. Students take an active part in treatments and

are closely monitored by qualified staff. If you have any concerns or issues about who will be treating you please let a member of staff know.

## **Side effects**

Side effects are caused when the radiotherapy causes damages to your cells. Most people will experience some effects of radiotherapy, although the severity will vary from person to person. Side effects of radiotherapy to the prostate do not usually happen straight away but start to develop around half way into your treatment, and they can continue after treatment finishes. Sometimes side effects may get worse before they start to improve. You will be given advice by your review team and treatment radiographers on how to manage any side effects. Smoking can make your side effects worse. If you need advice or help to stop smoking please speak to any healthcare professional or visit your local GP or pharmacy.

There are two types of side effects:

1. Short term (sometime referred to as acute) - these occur whilst on treatment and shortly after you have finished treatment.
2. Long term (sometimes referred to as late or chronic) - these can occur months or even years after treatment.

## **Acute side effects**

### ***Bladder problems***

Radiotherapy to the prostate can cause irritation and inflammation of the bladder. These are the most common side effects experienced:

- you may feel the need to pass urine more frequently, especially at night time.
- you might experience a burning sensation when passing urine. This may feel like a urine infection, but it is usually radiation induced cystitis.
- you may notice an increased urgency when needing to pass urine.
- you may need to pass urine, but notice a reduced flow.
- there may be small amounts of blood in urine.

What you can do to help manage these symptoms:

- drink 1.5-2 litres of water per day. This helps keep your urine diluted. Concentrated urine can irritate the bladder and cause a burning sensation when passing urine.
- avoid drinks that will irritate the bladder, for example alcohol and drinks containing caffeine, such as tea and coffee (you can switch to decaffeinated whilst on treatment).
- if you are suffering with urinary frequency, try and avoid drinks a few hours before going to bed. If you are struggling to pass urine or **cannot pass urine**, please inform your review team or treatment radiographers **as soon as you notice**. If you are unable to pass water outside of department hours or at the weekend please go to your nearest A & E department. This sounds very alarming but the solution to bladder retention is very simple. It usually involves being catheterized to allow your bladder to drain. It is unusual for this to happen and will require the catheter to remain in place for the remainder of the treatment and for six weeks afterwards. At this point, as the inflammation of the prostate will have mostly settled, the catheter will be removed. Occasionally a technique called self-catheterisation can be used instead.

### ***Bowel problems***

Radiotherapy to the prostate can also cause irritation and change in bowel habits. These are the most common side effects experienced:

- you may notice a change in the consistency of your bowel movements. You may experience loose stools, diarrhoea or sometimes constipation.
- you may experience the urge to open your bowels more frequently, although your bowel is already empty. This is called tenesmus.
- you may experience the urge to open your bowels more urgently.
- you may experience discomfort or cramping pains in your abdomen or back passage area.
- you may pass excess amounts of wind.

- you may notice you pass mucus like substance when opening your bowels, or even small amounts of blood. This is normal.
- in rare cases, you might experience some faecal leakage or incontinence.

What you can do to help manage these symptoms:

- please let the radiographers know as soon as you start to notice a change in your bowel habits.
- the radiographers or the review team may suggest a change in diet initially to help manage side effects. If your symptoms do not improve, medications can be given to help reduce side effects.
- ensure you keep hydrated by drinking 1.5-2 litres of water per day.

We advise you eat a balanced, normal diet. Please do not change your diet unless you are advised to. If needed, the staff will provide you with a separate dietary advice leaflet that gives examples of certain foods to eat or avoid, depending on what issue you are experiencing.

### ***Tiredness***

Another common side effect of radiotherapy is tiredness (fatigue). Your body uses a great deal of energy to repair cells damaged by the treatment and this can make you feel tired. If you are travelling long distances every day this can also add to your tiredness. We advise you to rest when needed, keep well hydrated, and do gentle exercising such as walking if you feel up to it. This all helps to build up your energy levels.

### ***Skin soreness***

Radiotherapy can rarely cause a skin reaction in the treatment area and you may notice your skin becoming red and sore. The radiographers will check your skin daily and give you advice if needed. You may choose to use a simple moisturiser in the treatment area, such as E45 cream. Please do not soak in a hot bath. Wearing loose, cotton boxer shorts allow the air to circulate around the sore areas which can help to minimize the skin reaction.

Please do not use a haemorrhoid cream or any other cream on your back passage without checking with the treatment radiographers; some creams contain metal particles which can make your skin reaction worse.

### ***Hair loss***

You may lose pubic hair that is within the treatment field. This may or may not regrow after treatment, depending on the radiation dose.

### ***Late side effects***

The late effects or long term effects of radiotherapy can occur several months and years after the radiotherapy has finished.

Once your radiotherapy has ended you will have regular follow up appointments with your consultant and you will be carefully monitored for any signs of these long term effects.

Please remember that late effects of treatment only happen in a small number of patients who have received radiotherapy.

### ***Infertility***

Rarely, radiotherapy to the pelvis permanently affects the testicles (where the sperm are produced). This may mean that you are not able to father any children. This may be very distressing for you and you may want to discuss this important issue with your consultant before you come for your pre-treatment appointment. Sperm banking may be discussed with you but this must be performed before the radiotherapy is started.

### ***Bowel problems***

Some patients find that their bowel habits change and that bowel motions are loose. Mucus discharge is also common. It may be uncomfortable to open your bowels, or there may be some blood evident on opening your bowel. Usually no treatment is needed but medication or other interventions can be used if necessary.

Bleeding from the back passage is common and usually settles on its own. If the bleeding continues for months at a time, further tests may be needed.

### ***Bladder problems***

Following radiotherapy the bladder loses some of its elasticity and the capacity can be reduced. Very occasionally a few patients find that urinary frequency can become a problem. It may also be painful to pass urine, or there may be blood in the urine. Very rarely some men find it difficult to control their bladder. Many things that can be done to help to minimize these problems, so please discuss with your follow up team.

### ***Sexual effects***

After having treatment to your pelvis you may find it more difficult to have or maintain an erection. You may also find that your interest in sex becomes reduced. In some men the body produces less seminal fluid that it did before and in some cases it is not produced at all, this can affect orgasms. In some cases orgasms go completely. These effects can be distressing for some people. There are a number of ways to manage these issues such as taking tablets. Please discuss this with your consultant.

### ***Secondary malignancy***

There is a very small risk that radiotherapy could cause a secondary cancer to the organs in the treatment area in the future. This is a very rare side effect. These risks are balanced against the benefits of the treatment. Your radiotherapy treatment is planned to treat the least amount of tissue possible to reduce this risk. If you have any concerns or questions about this, please discuss them with your consultant or specialist nurse.

## **CHAPTER 5: AFTER YOUR TREATMENT**

This section contains information about what happens after you have been treated.

### **Aftercare and follow up**

After you have completed your course of radiotherapy your consultant and/ or a radiographer or CNS will explain your follow up procedure. You will be given a specific end of treatment summary towards the end of your treatment.

It is important to be aware that any side effects that you have experienced during your treatment can continue for a few weeks after you have finished treatment. They have usually settled by the post treatment follow up around six to eight weeks after the end of treatment. Some people take a little longer than this to recover. You will be given a treatment summary before you finish your treatment which includes side effect management advice, follow up information, and useful contact numbers. As mentioned earlier, long term effects can be experienced months and years after treatment has finished. Please let the follow up team know if you are experiencing any late side effects. You are encouraged to continue following the advice you have been given by your consultant and/or radiographers until your side effects have settled. Your GP can continue prescribing any medications if needed. Please try to avoid booking a holiday too close to the end of your treatment to allow you time to recover from any side effects that you may be experiencing.

You will have a follow up appointment with your consultant around six to eight weeks after completion of your radiotherapy. This appointment will usually arrive in the post. You will be asked to arrange for a blood test about a week before this appointment and will be provided with a blood form. This test will look at your PSA level. This test acts as a starting point to assess your response to treatment. It is too early at this stage for your consultant to assess whether your treatment has been successful.

Please remember that you are free to contact the department at any time after your treatment has finished should you have any concerns or questions. Contact numbers are at the end of this resource.

Returning to normal life takes time and it is a gradual process which involves a period of readjustment, all of which will be individual to you. It is not possible to be specific about the amount of time it will take each person.



## **CHAPTER 7: ROSEMERE CANCER CENTRE**

The radiotherapy department is situated within the Rosemere Cancer Centre at Royal Preston Hospital. The department has two CT scanners that are used to plan your treatment, and eight linear accelerator treatment machines. Rosemere is an outpatient department that is open Monday to Friday from 8am to 7pm, and occasionally until 9pm. Upon arrival to the department we ask you to please ensure that you book in at Reception each time so that the radiographers know you are here.

In the main waiting area there is a coffee shop that serves hot and cold drinks, snacks, and light bites. The coffee shop is completely run by volunteers. You will be given a complimentary hot drinks card when you first arrive at Reception to keep for the duration of your treatment – this allows you and anyone you have brought with you to have free tea, coffee, or hot chocolate. There are water fountains, toilets, and waiting areas located around the department.

### **Macmillan**

The Macmillan Cancer Information Centre is situated within the Rosemere Centre. They are open Monday to Friday every week and offer a range of services including:

- a weekly benefits clinic (bookings recommended) where they can help with form filling and look at entitlement to making a claim.
- a comprehensive list of services and support groups in your area.
- an array of information books that you may find very helpful.

The friendly Macmillan team always welcomes drop in visits for an informal chat, or you can make an appointment for a time that suits you.

### **Rosemere**

The Rosemere Cancer Foundation supports world class cancer treatment throughout Lancashire and South Cumbria. Their aim is to work in partnership with local clinical staff to achieve the best possible care for cancer patients wherever they are treated.

They seek to do this by:

- funding cutting edge equipment to help clinicians remain at the forefront of the fight against cancer.
- supporting innovative ways to take the fear out of cancer for patients and their families during their treatment, making it as comfortable and stress free as possible.
- backing local research projects that help improve our understanding of cancer and how it can be better diagnosed and treated.
- facilitating top quality training to help clinical staff treating cancer patients be the very best they can be.

Rosemere Cancer Foundation funds projects not only at the Rosemere Cancer Centre, but at cancer units across Lancashire and South Cumbria supporting four NHS Hospital Trusts that run eight hospital sites: Barrow, Blackburn, Blackpool, Burnley, Chorley, Kendal, Lancaster, and Preston. Wherever patients from Lancashire and South Cumbria are treated, there are projects funded by the Rosemere Cancer Foundation which are making a real difference to their comfort and quality of treatment.



## **CHAPTER 8: CAR PARKING, TRANSPORT AND ACCOMMODATION**

### **Car parking**

There are a number of sign posted car parks for patients located around the hospital site. Please inform Reception when you first arrive if you have made your own way here by car for treatment and they will provide you with a car parking concession form, which reduces your daily parking fee to £2.50. Blue Badge holders are charged at the same rate. If you have financial worries, our Macmillan team may be able to help. Car parks at Royal Preston Hospital use number plate recognition. Cameras will read your vehicle registration number when you drive into a car park; there are no tickets. Before returning to your car, pay for your parking at one of the payment kiosks. You will need to enter your registration number. The closest payment kiosk is located in the entrance of Rosemere, and has easy to follow instructions for use.

### **Transport**

If you are unable to get yourself here for treatment, or if you cannot drive (or are too ill to drive), hospital transport is available at no charge. The transport service will bring you daily for treatment from your home address and will take you home afterwards. You must be ready to be collected two hours before your appointment time and may have a wait of up to two hours for your return journey.

Please note this service is mostly run by volunteers and, for patients who are unable to travel in a car, by North West Ambulance Service. You may bring an escort with you, but only if required for medical reasons due to limited space in the transport vehicle. Transport needs to be booked in advance – please let a member of staff know as soon as possible if you require hospital transport..

### **Accommodation**

Rosemere Cancer Centre treats patients over a large geographical area, and for some patients the distance to travel can be too much. Bowland House is on site self-catering hospital accommodation which may be available to patients who meet the following criteria:

- have to travel more than 50 miles each way for treatment, or are travelling from South Cumbria, and
- are able to self-care (e.g. able to shop and cook independently).

Bowland House is assessed on a priority need basis and must be booked prior to starting treatment. Your partner, relative or friend can stay at Bowland House with you, but please note that only double beds are available.

Please let a member of staff know as soon as possible if you would like more information about Bowland House, or if you need to stay there.

## **CHAPTER 9: CONTACT US**

Rosemere Reception: 01772 522900 or 01772 522901

Radiotherapy Appointments: 01772 523712

Transport Queries: 01772 522901

For specific information about your diagnosis and treatment you can also contact your Uro-Oncology Clinical Nurse Specialists.

### **How do I make a comment about my treatment?**

We aim to provide the best possible service and staff will be happy to answer any questions you may have. Towards the end of your radiotherapy treatment you will be given a feedback form. These forms are completely anonymous and we encourage you to fill these out to see how your experience can help us improve our service. There is a box located at the radiotherapy reception desk for you to put your completed forms in.

### **Questions about cancer?**

Lancashire Teaching Hospital's Macmillan Cancer Information & Support Service is open to anyone affected by cancer and is situated at both Chorley & South Ribble Hospital and Royal Preston Hospital. You can either drop in to any of the centres or contact the team by phone on 01772 523709 or by email at [cancerinfocentre@lthtr.nhs.uk](mailto:cancerinfocentre@lthtr.nhs.uk)

### **Further support**

There are many organisations that provide information, support and advice. These include local cancer care organisations and support groups – please contact your local Macmillan Cancer Information & Support Service to find out which are currently active in your area. By joining a cancer support group you can spend time with people who share or understand your experience. It's an opportunity for you to talk about your concerns and know that they will be met with acceptance and understanding.

### **Sources of further information online**

[www.prostatecanceruk.org](http://www.prostatecanceruk.org)

[www.macmillan.org.uk](http://www.macmillan.org.uk)

<https://about-cancer.cancerresearchuk.org/about-cancer/prostate-cancer/practical-emotional-support>

*Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.*

## **Smoking**

We are a totally smoke free organisation. Smoking and the use of e-cigarettes are not permitted anywhere on any of our premises, either inside or outside the buildings. If you smoke, you should try to stop as smoking increases the risk of developing complications.

Our staff will ask you about your smoking status when you come to hospital. You can ask for support, including nicotine replacement therapy, to help manage any symptoms of withdrawal. You will also be offered a referral to the stop smoking service if you wish to stop smoking altogether. People who attend the stop smoking service are four times more likely to quit smoking successfully.

If you want to stop smoking, you can contact the Quit Squad, freephone 0800 328 6297 or visit <https://www.nhs.uk/live-well/quit-smoking/>

### **Cantonese:**

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

### **Gujarati:**

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઇચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

### **Hungarian:**

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

### **Polish:**

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

### **Punjabi:**

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

### **Urdu:**

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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