



## Radiotherapy to the bladder

A guide for patients and their carers



## Contents

Introduction . . . . .	3
What is radiotherapy? . . . . .	3
How does radiotherapy work? . . . . .	4
When will radiotherapy begin? . . . . .	4
Agreeing to treatment . . . . .	5
Planning the treatment. . . . .	6
What happens during treatment? . . . . .	7
Some questions about radiotherapy . . . . .	9
Side effects from treatment . . . . .	11
What can you do to help? . . . . .	16
Stopping smoking . . . . .	20
What can the staff do to help? . . . . .	20
Aftercare . . . . .	20
Prescriptions. . . . .	21
Appointments . . . . .	21
Car parking . . . . .	21
Further information . . . . .	22
Christie information . . . . .	23
Benefits and finance. . . . .	24
Student training . . . . .	25
Contacts . . . . .	26

## Christie website

For more information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centres at Withington, Oldham or Salford.

## Introduction

This booklet is to tell you about radiotherapy to the bladder. The Christie is a specialised centre for radiotherapy and patients come for treatments that are not always available at general hospitals. If you are having radiotherapy as an inpatient, please bring this booklet with you.

Please share this information with your family and friends, it is important that they feel well-informed and understand what is happening.

You may have heard about radiotherapy from people you know or from the patients at The Christie. Remember that their information may not apply to you.

## What is radiotherapy?

Radiotherapy uses exact, carefully measured doses of radiation to treat diseases. It is often given in small doses over a specified period of days or weeks, but may be given in a single treatment.

External beam radiotherapy can be delivered in many different ways using high energy radiation beams. These can either be photons, electrons or protons. Photons and electrons are delivered from a machine called a linear accelerator whilst protons are delivered from a machine called a cyclotron.

The Christie NHS Foundation Trust now provides a proton beam therapy (PBT) service. However, it is not appropriate to treat all kinds of cancers with proton beam therapy. This will be decided by your oncologist and discussed with you.



If it is appropriate to treat you with protons, there may be occasions when part of your treatment is given with photons. This will be discussed during the consent process.

The radiographers treating you are specially trained professionals. They will be able to answer any questions or concerns you may have.

## How does radiotherapy work?

Our bodies are made up of cells and all cells are able to divide. If radiation hits a cell that is dividing it will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed.

## When will radiotherapy begin?

The specialist doctor who is in charge of your treatment is a clinical oncologist. A team of doctors, radiographers and nurses will care for you. This team may not necessarily include the doctor who saw you first but a named consultant will be responsible for your treatment.

In choosing your treatment, your clinical oncologist at The Christie has carefully considered the nature of your illness and your particular needs with regard to your treatment plan.

During your initial radiotherapy planning appointment, the radiographers will be able to tell you exactly when you will start your treatment. As everybody's treatment varies the amount of time needed to plan the treatment varies. You may have between one and 20 treatment sessions.

## Agreeing to treatment

### Consent to treatment

The doctors, nurses and radiographers will give you some written information to support what they have said about your treatment. At the time your treatment is being planned, you will have a further opportunity to discuss anything that you do not understand or any anxieties you may have.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant to refer you or your GP.

Your consent may be withdrawn at any time before or during treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

**Radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period or suspect that you might be pregnant before you are exposed to any radiation.**

### What are the benefits of treatment?

The radiotherapy treatment for your cancer is intended to kill or reduce the number of cancer cells in your bladder and reduce the chance of the cancer recurring.

Radiotherapy is sometimes given with other medications at the same time to make the radiotherapy more effective. These can include chemotherapy agents or radio sensitising drugs.

GemX – is a combination of radiotherapy and a drug called Gemcitabine which is given once a week via a cannula in your hand/arm.

BCON – is a combination of radiotherapy and two drugs, one is a vitamin supplement called Nicotinamide which are tablets taken before radiotherapy daily, and you are asked to breathe a special type of oxygen (Carbogen gas) during the treatment daily.

Your doctor will discuss if these are suitable for you, as they may make you feel more poorly if you have other health problems or are on certain medications.

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

Surgery to remove your bladder may be an alternative to the radiotherapy treatment that has been discussed with you.

### **What will happen if I do not have this treatment?**

Without treatment to your bladder, the cancer will continue to grow, which may mean the development or worsening of symptoms. Some (but not all) cancers may then spread away from the bladder and become incurable.

## **Planning the treatment**

To help with the planning of your treatment, you will have a CT scan. The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately. These scans are not diagnostic and therefore do not give sufficient information to assess the status of your cancer or any other abnormalities.

The planning is very important and as a result can take up to a few weeks to complete. During this planning session the radiographers will draw some marks on your pelvis with

a skin pen. These marks do wash off and so some permanent marks, like tiny black freckles, will need to be made. These will help the radiographers set you up in the correct position for treatment every day.



## What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a radiotherapy care assistant may collect you from your ward and escort you to the department. On the treatment unit you will meet a radiotherapy support worker. They help patients plan their appointments for the treatment. The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen. The Christie is a training centre, so you may meet students in the radiotherapy department who may be involved in the delivery of your treatment. If you have any objections let the radiographers know.

The radiographers will have a chat with you and discuss the treatment and how to minimise side effects. They will also check whether you are still happy to go ahead with your treatment. This is the ideal opportunity to ask any questions you may have. The radiographers will take you into the treatment room and ask you to remove your shoes and loosen your clothing so that they can see the marks made during treatment planning. They will help you onto the treatment bed. The radiographers will then adjust the bed and your position so that you are in the correct position for the treatment. They will try to make you as comfortable as possible as you will be asked to keep still for the duration of the treatment.

The radiotherapy machines are quite large and you may find them a little frightening to begin with, but there is no need to worry – the treatment is painless. Each session may take about 15 minutes but the actual treatment only lasts a few minutes. The radiographers operate the machines from outside the room. When all the adjustments have been made and you are in exactly the right position, the radiographers will make sure you are all right and then leave the room to switch the machine on. There is nothing to feel and nothing to see. The machines make a buzzing noise when they are giving treatment.

During your treatment the radiographers will need to take images of the area you are having treated. This will be done at the same time as your treatment and you probably will not notice that the images have been taken. Some machines have the ability to complete a scan of the treatment area.

**These images are purely to check that you are in the correct position and not to check how the tumour is responding to treatment.**

A closed circuit television on the control desk gives the radiographers a clear view of you and they will be watching you all the time. If you feel you need to cough or sneeze the radiographers will tell you beforehand how to let them know this. They will switch off the machine and come in immediately. Once your treatment has finished they will help you off the bed and arrange your next visit.



It is very important that you do not miss treatment days as this may make your treatment less effective. If you feel you are unable to attend for any reason please telephone the staff on your treatment machine and discuss the problem with a radiographer.



## Some questions about radiotherapy

### *Will radiotherapy hurt?*

No. You will feel no pain at all while you are actually having your treatment.

### *Will I lose my hair?*

You may lose some pubic hair during and after treatment, but it usually starts to grow back some time after treatment is finished.

### *Is it safe?*

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to include all tissues that could possibly contain cancer cells while minimizing the dose to the normal tissue.

### *Will I be radioactive?*

No. Patients treated by X-rays do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women and to have visitors if you are on the wards.

### *I already have problems with my general health. Will radiotherapy treatment make them worse?*

Not usually. The treatment may make you feel more tired than normal. Please tell your treating team about any existing medical conditions and continue with any medication you may be taking. Ask your Christie doctor if you are worried about any other health problems.

### *Can I come for treatment at any time of the day?*

If you are having treatment as an outpatient, the radiographers will give you an appointment time for the first treatment when you attend for your planning session. After that you can arrange with your treating team the time

that suits you. Please try and be as flexible as possible. The time you prefer may not be available at the start of your treatment because of the large patient numbers on the unit. If you need a specific time with valid reasons, please give the radiographers at least 48 hours notice. The time we give you may vary slightly each day due to emergencies. Please check your appointment time for the following day before you leave, in case of any changes.

Once a week, you will meet your consultant or one of their team to check that you are coping with the side effects of treatment. You do not need an appointment for this. We will take you to the clinic before or after your radiotherapy treatment. We will give you a morning or afternoon appointment to fit in with your consultant's clinic.

### *Will I be treated as an outpatient or an inpatient?*

You will usually have your treatment as an outpatient. Some people continue to work during all or part of their treatment. However, after daily travel and treatment, you may feel tired and need to rest.

Your doctor will have discussed with you about travelling daily for your treatment as an outpatient. However, if you do become unwell during your treatment we will usually admit you as an inpatient to support you through your radiotherapy. You will not have to stay in bed, so bring suitable day wear. Treatment usually takes up only a small part of the day and, if you are well enough, you may be able to go out – check with the ward staff first.

### *What happens if I need transport for radiotherapy treatment?*

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a

radiotherapy support worker or radiographer on your first visit to the radiotherapy department. Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport.

There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not.

Hospital transport is provided by North West Ambulance Service and West Midlands Ambulance Service. Contact the transport liaison office at The Christie directly on **0161 446 8114** or **8143** for advice and bookings (Monday – Friday, 8.00am–6.00pm).

Patients attending The Christie at Salford can contact **0161 918 7800** and patients attending The Christie at Oldham can contact **0161 918 7700** for advice about transport.

## Side effects from treatment

Side effects from radiotherapy vary. Any side effects you get will depend on which part of your body is treated, and on the number of treatments you have. Even people who have had very similar treatments can have different side effects, so do not worry if you react differently.

Most people begin to notice the side effects during the second half of their course of treatment, but for some people, the side effects begin when treatment finishes. Usually, the first two weeks after treatment is the time when side effects can be at their worst. They should gradually fade over the first 4 to 6 weeks after treatment finishes.

## Bladder symptoms

- Your bladder will become irritable during the course of treatment so that you may pass urine more frequently, perhaps with burning. You may feel an urgent need to pass urine. Drink plenty of clear fluids each day. Try to drink more than normal by having extra glasses of water and fruit juices until these symptoms settle. Some people find a glass of cranberry juice helpful. (If you are on warfarin you should not drink cranberry juice). Avoid large quantities of tea, coffee and alcohol as these make the symptoms worse. If burning persists, you may need a course of antibiotics.
- You may notice some blood in your urine. Don't be alarmed – in most cases this settles within a month of finishing your treatment.

## Bowel symptoms

- You may have more frequent bowel motions during treatment and for several weeks afterwards. The staff will recommend dietary changes or suggest medication such as Fybogel to help. Whilst you are having treatment, please don't take any other bowel medicines without discussing it with your nurse, radiographer or Christie doctor. If diarrhoea is a problem, we recommend you follow the diet on page 18.
- You may develop tenesmus – the urge to open your bowels but without passing anything. If the Fybogel does not help to control this, then consult your Christie doctor or radiographer.
- If your bowels become stubborn whilst you are having treatment despite the Fybogel, discuss this with your nurse or radiographer. Please don't take laxatives without discussing it first with your radiographer, nurse or doctor.

- You may also notice an increase in the amount of 'wind' you pass.
- If opening your bowels becomes painful, we can give you some local anaesthetic cream to apply.
- You may have some spotting of blood or bleeding with bowel movements which can sometimes go on for a few months. Don't be alarmed as this bleeding is not uncommon.

### Skin reaction

- The extent of a skin reaction in the treatment area will vary for each person depending on the area being treated and the type of treatment you have. You may notice that your skin in the area being treated becomes more sensitive and can become slightly pink, feel tighter than usual and warm to the touch. Ask the radiographers for advice regarding skin care during your treatment. There is a Christie leaflet which you may find helpful 'Skin care during and after your radiotherapy treatment'.

### Tiredness

- Tiredness is one of the most common side effects of radiotherapy treatment. Some people describe feelings of extreme fatigue, although some continue to work and carry out busy lives as normal. You can help yourself by taking time to rest and relax. Do not be afraid of asking family and friends for help. Some patients find that it helps to have a short rest each day after having their treatment. However, it is beneficial to take gentle exercise as well as taking rest. There is a Christie booklet demonstrating a simple exercise programme. Please ask staff for a copy.

## Late or permanent reactions

Occasionally, some side effects after radiotherapy to the bladder don't completely go away, or side effects develop months to years later as a result of the radiotherapy. These are called long-term or late effects. The risk of developing late effects varies between patients, as shown in the visual below.



**1-10%** patients have ongoing symptoms e.g. rectal bleeding or urinary incontinence requiring referral to a specialist.

**10-20%** patients have mild ongoing symptoms e.g. increased frequency of urination or bowel motions but not requiring further treatment.

**70%** patients do not experience any long term effects.

Your doctor at The Christie will discuss any possible late effects with you, and give you further written information about them if they are at all likely to occur.

Other side effects may appear, depending on the part of the body that has been treated. The radiographers will tell you what to expect. If you have any queries after your treatment, before your follow-up appointment you can ring the radiotherapy department on **0161 446 3485** and ask to speak to a radiographer or nurse. The Macmillan booklet on the 'Pelvic radiotherapy: late effects' is available from the cancer information centre.

Long term risks of radiotherapy to the bladder may include the following:

- Radiotherapy to the pelvis is very likely to induce the menopause in women who are still having regular periods.
- Bleeding from the back passage, which on occasion may need medication or surgery.
- More urgent need to open the bowels and more frequently.
- More urgent need to pass urine and more frequently than before treatment. There are many reasons why this may occur, one is that your bladder is overactive and sends signals too frequently than is actually required. It can be useful to do bladder retraining to help reduce these signals by gradually increasing the amount of time you wait before emptying your bladder and keeping a bladder diary. Ask your specialist nurse for a copy of a bladder diary that you can use and how to do this. Some patients may struggle with urgency that can lead to urinary leakage or an inability to hold the urine when they need to urinate. Pelvic floor exercises can help give you better control of your bladder function. Ask your specialist nurse if you would like further information or a leaflet about pelvic floor exercises.
- Problems with erections for men having bladder radiotherapy can be variable and depend on many factors such as the pre-diagnosis function as well as other health conditions. This may be improved with drugs such as Viagra. Those men who are sexually active following treatment may notice a reduction or lack of semen.
- The sperm count may be reduced.
- It is rare, but some women may have vaginal stenosis. This is shrinking and narrowing of the vagina as a result of scar tissue which can form in the vagina following

this treatment. This can be prevented by the regular stretching of the vagina to prevent scarring and fibrosis forming. This is best done immediately after you have finished radiotherapy by using a vaginal dilator for five minutes a day. In the longer term, you can continue to use the dilator on alternate days or you can return to having sexual intercourse. Your specialist nurse can discuss using dilators with you and provide you with a set.

## What can you do to help?

### Skin care

- Wash the treated area gently with warm water using your normal shower or bath products. If preferred, you can wash with an aqueous cream, but this has not been shown to reduce the chance of skin reactions occurring. If your skin become irritated after using a product, it is advisable to stop using that product for the time being. Pat the skin dry with a soft towel.
- You can continue to moisturise your skin while you are having radiotherapy treatment with the moisturiser that you normally use. You do not need to change from this unless you find that it starts to irritate your skin. Your treating team may advise you to start moisturising the skin that is included within the treatment area. If they do, we recommend that you avoid products containing 'sodium lauryl sulfate' as this can irritate the skin. They can let you know about products that do not have this ingredient, or answer any questions you may have.
- Wear something loose and comfortable. Cotton is best next to the treated skin – better than man-made material.
- Keep the area of skin that has been treated away from direct heat, such as sunlamps and direct sunlight. You



should take extra care of your skin during treatment and as long as the reaction lasts. The skin in the treated area may always be more sensitive, so you will need to take care in the sun, even after your treatment has finished. You can use high protection sun cream on the treated area when the side effects have settled.

## Nutritional advice

It is important that you continue to eat nourishing food during and after treatment. Ask the nursing or radiotherapy staff for a copy of 'Eating – help yourself', which has information about coping with problems such as loss of appetite. If diarrhoea becomes a persistent problem you may need to follow a low fibre diet to ease your symptoms. Follow the diet for as long as side effects last, then gradually resume your normal diet.

If you have diabetes and you have developed diarrhoea, still follow the low fibre diet advice but make sure you eat meals and snacks containing low fibre starchy foods such as white bread, white rice and cereals from the 'Foods low in fibre' list. Once your symptoms have resolved, go back to your normal diabetic diet.

Fibre is the part of grains (flours and cereal), pulses, vegetables and fruit which is not digested and passes down the gut. To cut down the amount of fibre in your diet, try to follow the 'Foods low in fibre' list. For a more detailed list please ask for a copy of the booklet 'Eating well when following a low fibre diet'.

When you restrict the foods in your diet it may be hard to meet your vitamin and mineral requirement. If you are following this diet for more than a week, a complete multivitamin and mineral supplement is recommended daily such as Centrum, Boots A-Z, Lamberts A-Z Multi.

Foods high in fibre that may make your symptoms worse	Foods low in fibre
Peas, beans, lentils, pulses	Meat, fish (tinned, fresh, frozen), eggs, tofu. Quorn: quantities allowed per day: 1 x Quorn sausage or 50g Quorn pieces or 50g Quorn mince or 5 x Quorn meatballs
Wholemeal, granary or multi-grain bread and flours, high-fibre white bread, wholemeal chapatti or pitta bread, wholewheat crackers, matzos and paratha	White bread and flour, bread sticks, crumpets, plain rolls, white chapatti or pitta bread and cream crackers
Brown rice, whole-wheat pasta and whole-wheat noodles	White rice, pasta, spaghetti, noodles and couscous
High-fibre breakfast cereals e.g. Weetabix, Shredded Wheat, porridge, muesli, Fruit & Fibre, bran and oat cereals	Rice Krispies, Cornflakes, Special K, Coco Pops, Frosties
Biscuits and cakes made with wholemeal flour, oats or dried fruit e.g. flapjack, dried fruit biscuits, mince pies, fruitcake, fruit scones, plain or chocolate covered digestives, oat biscuits	Biscuits or cakes made with white flour e.g. Rich Tea, custard creams, shortbread, chocolate-coated plain biscuits, plain or cheese scones, doughnuts, Madeira cake
Vegetable skins and pips, potato skins, sweetcorn, salad, peppers, onions, leeks, karela, okra. All vegetables except those listed in 'foods low in fibre' section	Potatoes skinless, up to 2 tbsp per day of skinless courgette and cucumber, passata, carrot, turnip, aubergine, plantain, yam, pumpkin, butternut squash

Foods high in fibre that may make your symptoms worse	Foods low in fibre
Soups – lentil, vegetable	Soups – ‘cream of’ tomato, chicken, mushroom or oxtail
All fruit except those listed opposite. No fruit with pips, peel or skin such as strawberries, blackcurrants, passion fruit, kiwi or bananas. Dried fruit or olives. Fruit juice (‘with bits’): orange, prune, tomato juices	Fruit with all skin, peel and pips removed such as grapefruit or orange segments or peeled apple. Small portions of melon, seedless grapes (no skins), tinned peaches, fruit cocktail. Fruit juice 100ml (‘without bits’ or smooth) orange, apple, grapefruit, pineapple and grape juice
Build-up shake, soup, smoothies. Cheese or cottage cheese with added fruit and nuts. Fruit yogurt or fromage frais with added fruit/cereal (check the label)	Milk, cheese, plain cottage cheese, cheese spreads. Plain yogurt, fromage frais, ice cream, jelly, sorbet, ice-llolies, instant whips, crème caramel, milk puddings, custard and blancmange
Wholemeal savoury snacks, nuts, popcorn	Crisps, Bombay mix, chevdo, bonda, falafel
Marmalade or jam with peel or pips, peanut butter	Shredless marmalade, jelly jam, honey, lemon curd, yeast extract and tomato sauce
Fruit and nut chocolate, coconut	Plain or milk chocolate, boiled sweets, toffee, fudges, wine gums

## Stopping smoking

If you continue to smoke, **this will reduce the chance of the treatment being successful**. It will also make the reaction worse and will **significantly increase the risk of serious late side effects**. It also increases the risk of further cancers. We strongly advise you not to smoke.

The Christie complementary therapies team provides therapies to support smoking cessation, please ring **0161 918 7175**. You can also contact The Smokers' quitline on **0800 002200**.

## What can the staff do to help?

It is part of the staff's job to help you through any side effects you may have. If you feel uncomfortable in any way, do mention it to the doctor, the nurses or the radiographers. They all want you to be as comfortable as possible.

Please remember, do not hesitate to ask the staff if you have any problems or concerns – however trivial these may seem. If you have any queries after your treatment, before your follow-up appointment you can ring the radiotherapy department on **0161 446 3485** and ask to speak to a radiographer.

## Aftercare

We will arrange an appointment to call you at home, 6 to 8 weeks after treatment has finished to check that the side effects of the radiotherapy have settled. This is usually done via a telephone call from the specialist nurses. Providing all is well, we will usually discharge you to the care of your urologist.

After this, the urologist will see you at your local hospital. 3 to 4 months after treatment you will have a cystoscopy

when the urologist may also take a biopsy. The urologist will keep you under review with cystoscopies at regular intervals. The reason for these tests is to check that the cancer cells have gone.

### **What symptoms should I report or be worried by?**

If you have heavy blood loss in your urine, weight loss or new swelling in one or both legs contact your urologist or GP to ask for an early appointment.

### **Prescriptions**

NHS patients being treated for cancer are entitled to free prescriptions. Prescriptions from The Christie Pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Application forms are available from your GP.

### **Appointments**

Once you are having treatment, if you have a problem with your appointment time, please contact the radiotherapy department at The Christie on **0161 446 3485** as soon as possible. For The Christie at Oldham contact **0161 918 7700** and for The Christie at Salford, contact **0161 918 7800**. It is helpful if you can quote your hospital number – it will be on your appointment card or letter.

If you change your address, please let the health records department staff know your new address, and the address of your new GP.

### **Car parking**

The Christie at Oldham and Salford have designated areas for free parking for radiotherapy patients whilst on

treatment. It is accessible by code entry that is provided at your first appointment within the unit.

For parking at the main Withington site, please check the website ([www.christie.nhs.uk](http://www.christie.nhs.uk)) for the latest details, or ask at the information centre for a copy of the leaflet 'Travelling and car parking for patients and patient's visitors to The Christie'.

## Further information

### Macmillan Cancer Support

This is a national cancer information charity which runs a cancer information service. The cancer support service freephone number is **0808 808 00 00**. (Monday to Friday, 9am–8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available. You can speak to trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits is also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

There are booklets on bladder cancer and other information is available on cancer treatments – such as 'Understanding radiotherapy' and 'Understanding chemotherapy'. There are also booklets on living with cancer – some of these are listed below:

- Talking about your cancer
- Cancer and sexuality
- Talking to children and teenagers when an adult has cancer

- Cancer and complementary therapies
- Travel and cancer

The cancer information centres have a full range of booklets free to patients and their relatives or carers. There are information centres at The Christie at Withington, Salford and Oldham.

### Cancer information in your language

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on **0808 800 4040**. You can also view all patient information on The Christie website in many languages by using the BrowseAloud function.

### The Bladder and Bowel Community

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

Call: **01926 357220** or email: [help@bladderandbowel.org](mailto:help@bladderandbowel.org)

### Menopause Matters

Information about the menopause, menopausal symptoms and treatment options, including Hormone Replacement Therapy (HRT). [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

### Christie information

The Christie produces a range of patient information booklets and films, some of these are listed below:

- **Radiotherapy**

Available as a booklet and as a film to watch on The Christie website. English subtitles and auto-translate function available.

### ■ **Where to get help: services for people with cancer**

This discusses sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

### ■ **Eating: help yourself**

This gives advice on eating problems when you don't feel well and you are having treatment. Other booklets give helpful advice on diet: 'Advice about soft and liquidised foods' and 'Nutritional products'. Please ask staff for a copy.

### ■ **Your A-Z of pain relief**

This booklet has a list of commonly used medicines for pain relief, how and when to take them as well as advice on what to do if pain is a problem at home.

### ■ **Be Active, Stay Active: a guide for exercising during and after treatment for cancer**

A booklet with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise. A short film can be viewed on the website and is available with English subtitles and has an auto-translate function.

Booklets are free to patients coming to The Christie. If you would like a copy, please ask the ward staff. If you are an outpatient please ask your nurse, doctor or radiographer.

## Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA)



for new claimants. It's for people who need help either because of their disability or their illness.

You can apply if you are aged 16–64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- For DLA: If you were born on or before 8 April 1948 call **0345 605 6055**, if you were born after 8 April 1948 call **0345 712 3456**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email [manchester@maggiescentres.org](mailto:manchester@maggiescentres.org)  
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit [www.gov.uk](http://www.gov.uk) for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or [www.macmillan.org.uk](http://www.macmillan.org.uk)

## Student training

The Christie is a training centre for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors,

nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education. Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

## Contacts

### (Contacts via your consultant's secretary)

Dr Choudhury	0161 918 7939
Dr Coyle	0161 446 8323
Dr Conroy	0161 446 8574
Dr Elliott	0161 446 7107
Dr Logue	0161 446 3355
Dr Wylie	0161 446 3341
Dr Tran	0161 918 7197

### Nurse Clinician:

Jeanette Lyons/Kam Patel **0161 446 8594**

### Specialist Radiographer:

Hannah Nightingale **0161 918 2096**

## Nurse Specialists:

Cath Pettersen	0161 918 7328
Sharon Capper	0161 446 3856
Jane Booker	0161 446 8018
Helen Johnson	0161 918 7000
Stephen Booth	0161 446 2369

## For queries about appointments:

Radiotherapy department 0161 446 3485

## For queries about symptoms or side effects out of hours:

The Christie Hotline 0161 446 3658 (24 hours)



### Please note:

Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)

Contact The Christie Hotline for  
urgent support and specialist advice  
**The Christie Hotline: 0161 446 3658**  
Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check  
before making a special journey.

### The Christie NHS Foundation Trust

Wilmslow Road  
Manchester M20 4BX

**0161 446 3000**  
**[www.christie.nhs.uk](http://www.christie.nhs.uk)**

The Christie Patient Information Service  
October 2018 – Review October 2021

