PATIENT EDUCATION

Acute toxicity during endometrial and cervical radiation

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

Why these effects happen

Endometrial and cervical radiation treats the pelvis. Bladder, rectum, small bowel, and vagina sit next to the target. External beam and, for many cervix plans, brachytherapy (internal treatment) can both irritate those linings. This sheet is for adult endometrial and cervical care only. It is not a handout for rare pregnancy-related tumors.

What often shows up by week

- Weeks 2 to 5: urinary frequency or burning; loose stool or urgency.
- Vaginal discharge or soreness, more after brachytherapy days.
- Fatigue. Perineal skin can get red, especially in a fold.
- Nausea is less common than with upper-abdominal fields but can occur if much small bowel is in the field.

Confirm with your care team. Confirm bladder/rectum prep, diarrhea medicine, and vaginal care with your care team. Do not start a douche or a scented product. Use the Diarrhea and Sitz bath sheets if they map them.

What you can expect

- Weekly bowel, bladder, and skin checks. Brachytherapy days have their own written instructions.
- Irritation can peak shortly after the last external session or the last implant.

Self-care and medicine pointers

- Keep the daily prep they gave you. Sitz baths if approved. Pat dry. No scented pads on raw skin.
- A vaginal moisturizer they named — not an over-the-counter 'tightening' product.
- Drink fluids unless you are on a limit. Soft, lower-fiber meals if stools are loose.

Monitor for (named conditions)

- **Acute radiation cystitis** — frequency, burning, or pink urine.
- **Acute radiation proctitis or enteritis** — urgency, mucus, cramping, or blood on the stool.
- **Vaginal mucositis** — pain, discharge, or bleeding after an implant or late in the course.
- **Perineal radiation dermatitis.**
- **Dehydration** from diarrhea. **Urinary retention.**
- **Pelvic infection** — fever, foul discharge, or severe one-sided pain.
- **Neutropenic fever** if you are on chemo (common with many cervix plans).

When to call the clinic vs go to the ER

- Same-day clinic: six or more loose stools, you cannot complete prep, or discharge that smells new and foul.
- ER or 911: fever on chemo, you cannot pass urine, heavy vaginal or rectal bleeding, or fainting.

Questions to ask

- When do we start a dilator, if at all, and who teaches it?
- What is my diarrhea step today?
- Who do I call the night after brachytherapy?

How to schedule or learn more

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