PATIENT EDUCATION

Acute toxicity during prostate / pelvic GU 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

The prostate sits against the bladder and in front of the rectum. Daily radiation can irritate those linings even when the plan spares as much normal tissue as it can. A full-bladder or empty-rectum setup is about accuracy, not about 'toughing out' symptoms. Hormone therapy, if you are on it, can add hot flashes and fatigue.

What often shows up by week

- Weeks 1 to 2: little change, or a bit more urine at night.
- Weeks 2 to 5: urinary frequency, urgency, weak stream, or burning (acute cystitis).
- Bowel urgency, loose stool, or mucus (acute proctitis), especially after meals.
- Tiredness that builds mid-course. Skin at the perineum can get sore on some pelvic plans.

Confirm with your care team. Do not start extra Imodium, bladder pills, or supplements from the cabinet. Confirm the bladder/rectum prep and every medicine with your care team the same week symptoms change.

What you can expect

- Most urinary and bowel irritation eases in the weeks after the last session.
- A written bathroom plan and the Diarrhea / Sitz bath sheets are there if you need them.

Self-care and medicine pointers

- Keep the daily bladder and rectum prep they gave you. Tell therapists the same day if urgency makes it impossible.
- Caffeine, alcohol, and very spicy food can worsen urgency for some people — trial cuts, do not starve yourself.
- An alpha-blocker (tamsulosin-type) or a short anti-diarrheal course is only on their written plan.
- Barrier cream and lukewarm sitz baths if the anus is raw. No dry, harsh wiping.

Monitor for (named conditions)

- **Acute radiation cystitis** — frequency, urgency, burning, getting up at night.
- **Urinary retention** — you cannot pass urine, or you pass only dribbles with a full, painful bladder.
- **Urinary tract infection** — fever, flank pain, cloudy urine, or sudden confusion.
- **Hematuria** — pink or red urine, or clots.
- **Acute radiation proctitis** — urgency, mucus, cramping, or blood on the stool.
- **Dehydration** from frequent loose stool — dry mouth, dark urine, light-headedness.

When to call the clinic vs go to the ER

- Same-day clinic: you cannot complete daily prep, blood in urine or stool, or six or more loose stools.
- ER or 911: you cannot pass urine at all, heavy clots, fever with shaking chills, or fainting.

Questions to ask

- What is my exact bladder/rectum prep?
- Which medicine is first if stream weakens or stools loosen?
- When should frequency start to improve after the last beam?

How to schedule or learn more

CureRays Radiation MedicineÂ® â€" 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: (844) CURERAYS / (844) 287-3729 Â· Office: (530) 802-6400 Â· office@curerays.com Â· www.curerays.com

Important. Educational only â€" not a diagnosis, prescription, consent form, or guarantee. Confirm every detail with your care team. Radiation decisions require a clinician who knows your history, exam, and imaging.