PATIENT EDUCATION

Acute toxicity during rectal and anal 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 rectum and anus sit in a tight space with bladder, small bowel, and perineal skin. Daily radiation irritates those linings. Anal courses often include the groin nodes and the skin of the buttocks crease, so moist peel is common. Chemo (for example in anal cancer) usually adds diarrhea and a drop in blood counts.

What often shows up by week

- Weeks 1 to 2: more gas or a sense of incomplete emptying.
- Weeks 2 to 5: urgency, loose stool, mucus, or cramping (acute proctitis / enteritis).
- Perineal or crease skin turns red, then may open (moist dermatitis).
- Urinary frequency if the bladder is in the field. Pain with bowel movements in anal plans.

Confirm with your care team. Use the Diarrhea, Low-fiber diet, and Sitz bath printouts only as your nurse maps them. Confirm Imodium, Lomotil, and skin dressings with your care team. Do not wipe raw skin dry.

What you can expect

- A written bathroom and skin plan. Weekly checks of stool count and the crease.
- Skin and bowel irritation can peak in the week after the last session.

Self-care and medicine pointers

- Lukewarm sitz baths with baking soda if they approved them. Pat or air-dry. Cool hairdryer only.
- Barrier ointment on intact skin. Soft, lower-fiber meals if stools are loose — unless they want a different diet.
- Drink more than usual unless you are on a limit. Pain medicine before a bowel movement if they wrote it.

Monitor for (named conditions)

- **Acute radiation proctitis** — urgency, mucus, cramping, or blood on the stool.
- **Radiation enteritis** — watery diarrhea, cramping, or nighttime accidents.
- **Perineal radiation dermatitis** — moist peel, pain, or bleeding in the crease or on the anus.
- **Anal mucositis and pain** that stops you from sitting or passing stool.
- **Acute cystitis** — frequency, burning, or pink urine.
- **Dehydration. Neutropenic fever** if you are on chemo.
- **Urinary retention** or you cannot pass stool plus a hard, swollen belly.

When to call the clinic vs go to the ER

- Same-day clinic: six or more loose stools, moist skin you cannot keep clean, or blood more than streaks.
- ER or 911: fever on chemo, you cannot pass urine, fainting, or heavy rectal bleeding.

Questions to ask

- What is my Imodium or Lomotil step today?
- How should I care for the crease if it opens?
- Do I need a low-fiber plate through the last week?

How to schedule or learn more

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