PATIENT EDUCATION

Late toxicity after 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 late effects can appear

Vagina, bladder, rectum, ovaries (if they were still working), and pelvic lymphatics can change over months. Scar can narrow the vagina. Bowel and bladder urgency can last. This sheet is only for endometrial and cervical survivorship in adults. It does not cover rare pregnancy-related tumors.

What this sheet is for

Bring it to GYN oncology and primary care so dryness, leaking, or bleeding get named conditions — not a shrug. Follow the exam and imaging letter they gave you.

Confirm with your care team. New heavy bleeding, leaking urine or stool from the vagina, or a swollen leg needs a call. Confirm dilator use, hormone options, and who does the pelvic exam with your care team.

Who usually follows you

- GYN oncology and radiation oncology for exams and any brachytherapy follow-up.
- Primary care or endocrinology if you enter menopause from the pelvis.
- Pelvic-floor or sexual-health clinic if pain or narrowing is the main issue.

Monitor for (named conditions)

- **Vaginal stenosis and dyspareunia** — narrowing, pain with exam or sex, or you cannot complete a Pap or vault check.
- **Premature menopause / ovarian failure** if ovaries were in the field — hot flashes, bone loss risk, mood change.
- **Late radiation cystitis** and **hematuria. Ureteral stricture** — flank pain or a rising creatinine.
- **Late radiation proctitis**, **fecal urgency**, or **incontinence.**
- **Chronic radiation enteritis** or bowel obstruction symptoms.
- **Lower-limb or genital lymphedema. Pelvic insufficiency fracture.**
- **Fistula** (uncommon) — urine or stool leaking from the vagina.
- **Sexual dysfunction** beyond dryness — desire, pain, or body-image distress that deserves a referral.
- **Second pelvic cancer** (uncommon) — lasting bleeding or a new mass.

Usual surveillance cadence (your letter wins)

- Pelvic exams and any cytology on the interval they wrote.
- Ask about dilator or moisturizer technique at the first follow-up if the vagina was treated.
- Bone density if you become menopausal from treatment. Kidney labs if they worry about the ureters.

When to call

- Clinic: you cannot use the dilator, a swollen leg, or bleeding that is not your expected pattern.
- ER: heavy bleeding, leaking stool or urine from the vagina, or a hard belly with vomiting.

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