PATIENT EDUCATION

Late toxicity after 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 late effects can appear

The bladder neck, urethra, and rectum stay near the old high-dose region. Blood vessels and nerves that support erections can change over months. Hormone therapy, if used, has its own bone, muscle, and mood effects. Most men do not get every item here. Your dose, margins, and other treatments set your personal watch list.

What this sheet is for

Use it at PSA visits and with your primary clinician. It names conditions to monitor. It does not replace the follow-up letter they handed you.

Confirm with your care team. New rectal bleeding, inability to urinate, or a sudden rise in PSA still needs a call. Do not treat lasting blood as 'normal radiation' without an exam. Confirm tests with your care team.

Who usually follows you

- Urology and radiation or medical oncology for PSA and urinary symptoms.
- Primary care for heart, bone, and hormone-therapy side effects if ADT continues.
- GI or colorectal clinic if bleeding or urgency lasts.

Monitor for (named conditions)

- **Late radiation cystitis** — frequency, pain, or **hematuria** months or years later.
- **Urethral stricture** — a weak or split stream, straining, or retention.
- **Urinary incontinence** or leakage with cough or urge.
- **Erectile dysfunction** and, if you had pelvic nodes or long ADT, **hypogonadism** (low energy, low libido).
- **Late radiation proctitis** — rectal bleeding, urgency, or mucus. Bleeding needs a work-up (not only 'wait and see').
- **Fecal urgency or incontinence** that limits leaving home.
- **Pelvic insufficiency fracture** — new deep pelvic or hip pain.
- **Lower-limb lymphedema** if pelvic nodes were treated.
- **Second pelvic or bladder cancer** (uncommon) — new visible blood or a change in bowel habit that lasts.

Usual surveillance cadence (your letter wins)

- PSA on the interval they wrote (often every 3 to 6 months at first, then less often).
- Ask at each visit about stream, blood, erections, and bowel control — do not wait to be asked.
- Colon cancer screening continues on the usual adult schedule; bleeding is a separate reason to look sooner.
- Bone density if you are on long androgen-deprivation therapy.

When to call

- Clinic: blood you can see, a stream that stops, or erections you want help with.
- ER: you cannot pass urine, heavy rectal bleeding, or chest pain on hormone therapy.

How to schedule or learn more

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