PATIENT EDUCATION

Late toxicity after 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 late effects can appear

The rectum, anal sphincter, small bowel, bladder, and pelvic nerves stay near the old field. Scar, fragile blood vessels, and lymph change can show months to years later. Surgery plus radiation has a different mix than radiation plus chemo alone. This is a monitor list, not a prediction.

What this sheet is for

Use it at survivorship visits and with GI or colorectal clinic. Lasting blood is a reason to look — not a reason to stay home.

Confirm with your care team. New rectal bleeding, a change in bowel habit that lasts, or leaking that keeps you home needs a call. Confirm dilation, pelvic-floor therapy, and cancer checks with your care team.

Who usually follows you

- Colorectal or surgical oncology plus radiation or medical oncology.
- GI for bleeding or stricture. Pelvic-floor or sexual-health clinic if function is the issue.
- Primary care for bone and heart-risk items if you had wide pelvic treatment.

Monitor for (named conditions)

- **Late radiation proctitis** — rectal bleeding, urgency, or mucus. Bleeding needs a work-up.
- **Fecal urgency or incontinence** and **anal stenosis** — leakage, or stools that are pencil-thin and hard to pass.
- **Chronic radiation enteritis** — cramping, diarrhea, or bowel obstruction symptoms (no gas, vomiting, hard belly).
- **Small-bowel stricture. Pelvic insufficiency fracture** — deep pelvic or hip pain.
- **Chronic cystitis, hematuria, or urethral stricture.**
- **Sexual dysfunction** — pain, dryness, erectile change, or (if the vagina was in the field) **vaginal stenosis**.
- **Lower-limb or genital lymphedema** if groin or pelvic nodes were treated.
- **Fistula** (uncommon) — urine or stool leaking from the wrong opening.
- **Second pelvic cancer** (uncommon) — lasting blood or a new mass.

Usual surveillance cadence (your letter wins)

- Scopes and imaging on the oncology calendar they wrote.
- Ask at each visit about blood, control, sex, and sitting pain.
- Colon cancer screening continues as an adult; bleeding is a separate reason to look sooner.

When to call

- Clinic: visible blood, leaks, or pain with sex or sitting that is not easing.
- ER: you cannot pass stool or gas plus vomiting, heavy bleeding, or fever with a hard belly.

How to schedule or learn more

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