PATIENT EDUCATION

Ovarian cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Ovarian cancer often starts in the ovary or nearby fallopian tube lining. It may cause bloating, pelvic pressure, or be found at surgery. Care is led by gynecologic oncology: surgery and systemic medicines (chemotherapy, and maintenance drugs for some people). Radiation is not the main treatment for newly diagnosed ovarian cancer, but it can treat a stubborn pelvic mass, a painful metastasis, or a rare situation after multidisciplinary review.

What you may notice

- Bloating, early fullness, pelvic pain, or urinary frequency
- A mass on ultrasound or CT
- Family history of ovarian or breast cancer — mention BRCA or related testing
- Ascites (fluid) that makes the belly tight

Usual care — the big picture

Surgery plus medicines is the backbone. Genetic counseling is part of modern care. Radiation is a local tool, not a substitute for those steps.

Where CureRays may fit. CureRays may treat a selected pelvic or metastatic site when your gynecologic oncologist and radiation oncologist agree it will help control that spot or a symptom. We will be clear if radiation is not useful for your pattern of disease. Confirm with the whole team.

What radiation treatment usually involves

- Review of surgery, residual disease, and current systemic therapy
- Simulation focused on the agreed target
- A course length that matches the goal (short for a painful bone, longer for some pelvic fields)
- Nausea and bowel plans if the abdomen is in the field

Immobilization — why it matters

Pelvic or abdominal immobilization and, sometimes, a full bladder are for reproducibility. Tell us about ostomies, drains, or recent surgery wounds.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Bowel and nausea** if the abdomen or pelvis is treated.
- **Fatigue.**
- **Bone-site pain flare** if we treat a metastasis — we will warn you.
- **Rare / serious.** Fever, obstruction symptoms, or sudden shortness of breath.

What this means for you at CureRays

Ask us to explain why radiation is — or is not — on the list. You should leave with one sentence about the goal of any course we recommend.

Questions to ask

- Is radiation part of my plan, or only a backup for a symptom?
- How does this fit with chemotherapy timing?
- Should my family consider genetic counseling?
- What symptom would make you treat a spot now?

How to schedule or learn more

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