



PATIENT EDUCATION

Bowel urgency during pelvic radiation

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

What is bowel urgency?

Urgency means you have little warning before a bowel movement. Pelvic radiation can make the rectum more sensitive. You may also have looser stool, mucus, or a feeling of incomplete emptying. This is common in prostate, rectal, anal, gynecologic, and some bladder courses.

What you may notice

- Racing to the toilet after breakfast or coffee
- Clusters of trips in the hours after a session
- Sore skin or small tears from wiping
- Anxiety about leaving the house — a real quality-of-life issue we can address

Everyday bowel care

Keep a simple food log for a few days so we can see triggers. Smaller, lower-fat meals help some people. Know restroom locations. A peri bottle and barrier ointment protect skin. Medicines for cramping or loose stool are used on a plan — not from the cabinet at random.

Where CureRays may fit. Your daily setup (full bladder, empty rectum, or a full rectum for some rectal plans) is part of accuracy. Follow the sheet you were handed. If urgency makes that prep impossible, tell the therapists the same day so we can problem-solve. Confirm diet changes with your team.

What treatment usually involves

- Image guidance to keep the target in the high-dose region and spare extra bowel when possible
- Immobilization so you do not slide on the table
- Weekly questions about urgency, blood, and pain



Practical tips

- **Timing.** If mornings are worst, plan appointments and errands after your usual pattern.
- **Skin.** Do not wipe with dry toilet paper. Wash with water, pat dry, or air dry. See the sitz-bath sheet: lukewarm (not hot) water with baking soda, 10 to 15 minutes, 3 to 4 times a day or after each stool.
- **Pads.** Use them without embarrassment — they protect clothing and confidence.
- **Medicines.** Use the Imodium / Lomotil steps on the diarrhea sheet only as your team wrote them.

When to call the clinic

- Blood that is more than streaks, black stools, or severe pain
- Fever or you feel too weak to stand
- You cannot complete the daily bladder/rectum prep
- You are staying home solely because of fear of accidents — we can help sooner

Questions to ask

- What daily prep do you want for my plan?
- Which medicine is first-line for my urgency?
- When would you involve a dietitian or pelvic-floor therapist?
- What should I expect in the month after the last session?

How to schedule or learn more

CureRays Radiation Medicine® 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: (844) CURE RAYS / (844) 287-3729 • Office: (530) 802-6400 • office@curerays.com • www.curerays.com

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