



PATIENT EDUCATION

Urinary symptoms 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 happening?

Pelvic radiation can irritate the bladder lining (cystitis). You may feel the need to go often, rush to the toilet, or notice burning. Night trips can rise. This is usually a lining irritation, but a urine infection can look the same — so we take new fever or cloudy, foul urine seriously.

What you may notice

- Going more often, with smaller amounts
- Urgency — a short warning before you need a toilet
- Burning, a little blood, or discomfort at the end of the stream
- Getting up several times at night

Everyday bladder care

Drink steadily through the day unless you are on a fluid limit. Do not “hold it” for long stretches. Limit evening caffeine and alcohol if they worsen urgency. Cranberry products do not replace a urine test. Some people are asked to keep a comfortably full bladder for daily setup — follow **your** instruction sheet, not a general article.

Where CureRays may fit. If you have a prostate, bladder, rectal, gynecologic, or other pelvic course, tell us in the first week if urinary change starts. We can treat spasm, check for infection, and protect sleep. Confirm any new bladder pill with your clinician — some worsen dry mouth or confusion.

What treatment usually involves

- Daily positioning and, when used, a bladder-filling routine so the bowel is pushed aside
- A restroom near the vault — ask if you do not know where it is
- Weekly review of frequency, pain, and night waking



Practical tips

- **Map toilets** at home, work, and the drive to clinic.
- **Skin.** If you leak, use a pad and barrier cream; tell us — we can help.
- **Night.** A clear path to the bathroom reduces falls.
- **Medicines.** Phenazopyridine (if prescribed) can turn urine orange — that is expected.

When to call the clinic

- Fever, shaking chills, or back/flank pain
- You cannot pass urine at all — this is urgent
- Clots, heavy bleeding, or dizziness
- Confusion or new weakness, especially in older adults

Questions to ask

- Should my bladder be full, empty, or “comfortably full” for each session?
- Do I need a urine test this week?
- What medicine is safe for spasm with my other prescriptions?
- How long after the last session should frequency keep improving?

How to schedule or learn more

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

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

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