PATIENT EDUCATION

Uterine (endometrial) 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?

Most uterine cancers start in the lining (endometrium) and often cause postmenopausal bleeding — a symptom that should always be checked. Surgery (hysterectomy, with nodes as indicated) is the main treatment for many stages. Radiation to the pelvis and/or vaginal cuff is added when features raise the chance of local return. Medicines are used for higher-risk or advanced disease.

What you may notice

- Bleeding after menopause, or heavy irregular bleeding before
- Pelvic pressure or a thickened lining on ultrasound
- Some people are found at the time of surgery for something else
- Questions about hormones, fertility, and sexual health — raise them early

Usual care — the big picture

A gynecologic oncologist usually leads surgery. Pathology (type, grade, depth, nodes) decides whether radiation, brachytherapy (internal treatment), or medicines follow. Do not start unopposed estrogen without oncology clearance after this diagnosis.

Where CureRays may fit. CureRays provides external pelvic radiation and coordinates cuff brachytherapy when that is the plan. We will explain the difference between external treatments and internal treatments in plain words. Confirm the sequence after your pathology returns.

What radiation treatment usually involves

- Pathology review with your surgeon
- Simulation for external beam if needed; a separate short series for brachytherapy if used
- Bowel and bladder prep for pelvic fields
- Sexual-health and vaginal-dilator teaching when indicated (see intimacy handout)

Immobilization — why it matters

Pelvic immobilization and a consistent bladder keep the cuff and nodes where the plan expects. Brachytherapy uses a short internal applicator — we will walk you through that visit if it applies.

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 urinary** change during pelvic external beam.
- **Fatigue.**
- **Vaginal dryness or narrowing** over time — prevention teaching matters.
- **Rare / serious.** Heavy bleeding, fever, or inability to void.

What this means for you at CureRays

Radiation after hysterectomy is about lowering local return for selected features — not a judgment that surgery "failed." We will match the field to your report.

Questions to ask

- Do I need external radiation, brachytherapy, both, or neither?
- When is it safe to resume intimacy, and do I need dilators?
- How will you follow me (exam, imaging, CA-125 if used)?
- Should I avoid hormone therapy?

How to schedule or learn more

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