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PATIENT & CAREGIVER EDUCATION

# About Image-Guided, Intensity-Modulated Radiation Therapy (IG-IMRT) to Your Prostate

This information will help you get ready for your IG-IMRT to your prostate at MSK. It will help you know what to expect and how to care for yourself before, during, and after your radiation therapy.

Read this resource before you start radiation therapy. Use it as a guide in the days leading up to your treatments. It will help you get ready.

## About radiation therapy

Radiation therapy uses high-energy radiation to treat cancer. It works by damaging the cancer cells and making it hard for them to multiply. Your body can then naturally get rid of the damaged cancer cells. Radiation therapy also affects normal cells, but they can fix themselves in a way cancer cells can't.

You'll have a treatment planning procedure called a simulation before your first radiation treatment. During your simulation, your radiation therapists will take imaging scans and make a mold of your lower body. They'll also mark your skin with little tattoo dots. These things are done to:

- Map your treatment site.
- Make sure you get the right dose (amount) of radiation.
- Limit the amount of radiation that gets to your nearby healthy tissues.

## **What is IG-IMRT?**

IG-IMRT is a type of targeted external beam radiation therapy.

During external beam radiation, a treatment machine aims beams of radiation directly to the tumor. The beam passes through your body and destroys cancer cells in its path. You will not see or feel the radiation.

## **What does the “image-guided” part of IG-IMRT mean?**

Image-guided means images taken during your radiation treatments help guide the radiation beams.

Your body's normal movements can make your prostate move slightly during or between your treatments. Because of that, IG-IMRT uses images taken in real time to mold the radiation beams to your tumor.

Your healthcare team will also put fiducial (fih-DOO-shul) markers in your prostate before you start radiation therapy. The markers help your doctors see your prostate during your treatments.

## **What does the “intensity-modulated” part of IG-IMRT mean?**

Intensity-modulated means the radiation beams' intensity can change during your radiation treatments.

The radiation machine will move around your body during your treatments. This lets it aim the radiation beams at the tumor from many angles. The machine can also change the shape of the beam during your treatments. This changes the beam's intensity so your doctor can target your tumor and avoid your healthy tissue.

## **About hormone therapy with radiation**

You may get radiation therapy either alone or with hormone therapy. Whether your doctor recommends hormonal therapy depends on the cancer's stage.

The goal of hormonal therapy is to shrink your prostate and stop the cancer from growing. This helps the radiation treatments work better. To learn more, read *Hormonal Therapy During Radiation Therapy to Your Prostate*

([www.mskcc.org/pe/hormonal\\_therapy\\_prostate\\_cancer](http://www.mskcc.org/pe/hormonal_therapy_prostate_cancer)).

## **Your role on your radiation therapy team**

Your radiation therapy care team will work together to care for you. You're part of that team, and your role includes:

- Getting to your appointments on time.
- Asking questions and talking about your concerns.
- Telling someone on your care team if you have side effects.
- Telling someone on your care team if you're in pain.
- Caring for yourself at home by:
  - Quitting smoking, if you smoke. MSK has specialists who can help. For more information about our [Tobacco Treatment Program](#), call 212-610-0507. You can also ask your nurse about the program.
  - Drinking liquids based on your care team's instructions.

- Avoiding certain foods and drinks based on your care team's instructions.
- Taking your bowel prep medicines based on your care team's instructions.
- Staying around the same weight.

## **What happens before IG-IMRT to your prostate**

### **Fiducial marker placement**

Before you start IG-IMRT, you'll have 3 fiducial markers placed in your prostate. Fiducial markers are tiny objects made of gold. They help a computed tomography (CT) scanner identify your prostate and the tumor.

Your care team in the Urology Service will place your fiducial markers in your prostate. You'll have them placed at least 5 days before your simulation appointment.

A nurse will call you to review the procedure with you. You'll also get the resource *About Your Prostate Fiducial Marker Placement* ([www.mskcc.org/pe/fiducial\\_markers](http://www.mskcc.org/pe/fiducial_markers)). It has more information about the procedure.

## **Sperm banking before radiation therapy**

During your radiation therapy, your testes will be exposed to radiation. This can affect your sperm production and your ability to have biological children after radiation therapy. If you think you may want to have biological children, we recommend banking your sperm before you start treatment.

To learn more, read *Sperm Banking* ([www.mskcc.org/pe/sperm\\_banking](http://www.mskcc.org/pe/sperm_banking)) and *Building Your Family After Cancer Treatment: For People Born With Testicles* ([www.mskcc.org/pe/building\\_family\\_born\\_testicles](http://www.mskcc.org/pe/building_family_born_testicles)).

## **Bowel preparation before and during radiation therapy**

You'll need to clear extra stool (poop) from your body for your simulation and radiation treatments. This is called bowel preparation or bowel prep. Bowel prep helps lower your risk of side effects.

### **How bowel prep lowers risk of side effects**

Your bowels are your small intestine, large intestine (colon), and rectum. Your rectum is where stool is stored before it leaves your body.

Your bowels get bigger or smaller based on how full they

are. When they change size, they also move the tissue and organs around them, including your prostate and bladder.

Bowel prep empties your bowels. It helps the tumor and nearby healthy tissues be in the same place for your simulation and treatments. This helps keep healthy tissues safe from too much radiation and lowers your risk of side effects.

## **Bowel prep supplies**

You'll need these supplies:

- Methylcellulose dissolvable fiber supplement, such as Citrucel<sup>®</sup> powder.
- Simethicone 125 milligram (mg) tablets, such as Gas-x<sup>®</sup> Extra Strength.
- A saline enema, such as a Fleet<sup>®</sup> saline enema.

You can buy these at your local pharmacy without a prescription.

## **Bowel prep instructions**

**It's very important to follow your bowel prep instructions.** If your bowel isn't empty before your simulation and treatments, you may need an extra enema. It can also delay your simulation or treatment.

A member of your radiation therapy team will tell you exactly when to start your bowel prep. You'll start at least 3 days before your simulation appointment.

- Take 1 tablespoon of methylcellulose powder every day. Dissolve it in liquid following the instructions on the package.
- Take 2 (125 mg) simethicone tablets the night before your simulation and treatment appointments.
- Take 2 (125 mg) simethicone tablets about 2 hours before your simulation and treatment appointments.

### **Diet guidelines to minimize bloating**

During your radiation therapy, gas or fluid can build up in your bowels and cause bloating. When your bowels are bloated, they can expand into the treatment area and be exposed to radiation. This can cause side effects or make your side effects worse.

Follow the guidelines below to lower your risk of bloating during radiation therapy. It's best to start 2 to 3 days before your simulation and continue until you have finished your radiation therapy.

- Chew your food well.
- Limit or avoid foods that release gas when they're

digested, such as:

- Asparagus
  - Beer
  - Broccoli
  - Brussels sprouts
  - Cabbage
  - Cauliflower
  - Corn
  - Dried beans, peas, and other legumes
  - Garlic
  - Leeks
  - Milk and other dairy products with lactose (if you're lactose-intolerant)
  - Onions
  - Prunes
- Avoid carbonated (fizzy) drinks, such as sodas and sparkling waters.
  - Limit or avoid sugar alcohols, such as xylitol, sorbitol, and mannitol. Sugar-free foods often have sugar alcohols. If you're not sure, check the ingredients list on the food's Nutrition Facts label.
  - Choose cooked vegetables instead of raw vegetables.
  - Depending on your symptoms, your healthcare provider may tell you to eat more or less fiber. Follow their instructions.

If you're bloated, keeping a food journal can help you

see which foods may be causing it. Write down your foods and drinks, the time you have them, and the time you start feeling bloated. Bring your food journal to your appointments. Your healthcare provider will use it to help you manage the bloating.

A clinical dietitian nutritionist can talk with you about your diet and help you design an eating plan that meets your needs. If you'd like to meet with a clinical dietitian nutritionist, ask your radiation oncologist or nurse for a referral.

### **Simulation appointment**

Remember to take 2 (125 mg) simethicone tablets the night before your simulation appointment.

The day of your simulation:

- Take 1 tablespoon of methylcellulose powder like usual.
- Use a saline enema 3 hours before your simulation. Follow the instructions on the box.
- Take 2 (125 mg) simethicone tablets about 2 hours before your appointment.
- Take your usual medicines.

During the simulation, you'll stay in one position for a

long time. If you think this will be hard for you, take acetaminophen (Tylenol®) or your usual pain medicine 1 hour before your appointment.

## **Take devices off your skin**

You may wear certain devices on your skin. Before your simulation or treatment, device makers recommend you take off your:

- Continuous glucose monitor (CGM)
- Insulin pump

If you use one of these, ask your radiation oncologist if you need to take it off. If you do, make sure to bring an extra device to put on after your simulation or treatment.

You may not be sure how to manage your glucose while your device is off. If so, before your appointment, talk with the healthcare provider who manages your diabetes care.

## **What to expect when you arrive**

A member of your radiation therapy team will check you in when you arrive. Your radiation therapists will greet you and take a photo of your face. This picture will be used to identify you throughout your treatment. They'll

also review what to expect during the simulation.

If you haven't already signed a consent form, your radiation oncologist will review it with you. They'll give you time to ask questions. Once your questions are answered, they'll ask for your signature.

Your radiation therapists may also ask you to drink water so your bladder is full before your simulation. They will tell you how much to drink. Having a comfortably full bladder and empty bowel helps move your healthy tissue away from the radiation beams. This helps lower your risk of side effects.

When it's time for your simulation, you'll change into a hospital gown. Keep your shoes on.

### **What to expect during your simulation**

Once you're ready, your radiation therapists will help you lie on your back on the simulation table. The table will have a sheet on it, but it's hard and has no cushion. If you haven't taken pain medicine and think you may need it, tell your radiation therapists before your simulation starts. Also, the room is usually cool. If you feel uncomfortable at any time, tell your radiation therapists. They'll do everything they can to make sure you're comfortable and have privacy.

Throughout your simulation, you'll feel the table move into different positions. The lights in the room will be turned on and off. You'll also see red or green laser lights on each wall. Your radiation therapists use these as a guide when they position you on the table. **Don't look directly into the laser.** If you do, it may damage your eyes.

Do not move once your simulation starts. It's important that you stay in the same position. If you're uncomfortable or need help, tell your radiation therapists. They'll walk in and out of the room, but there will always be someone who can see and hear you.

Your simulation will take about 2 hours but can be shorter or longer depending on your specific treatment. Your radiation therapists can play music for you to help pass the time. You'll also hear your radiation therapists talking to each other as they work. They'll tell you about what they're doing.

## **Positioning and mold**

Your radiation therapists will help you get into the correct position on the simulation table. Once you're in the right position, they'll make a mold of your lower body.

To make the mold, your radiation therapists will place a warm sheet of plastic over your pelvic area. It will go from your lower abdomen to your upper thighs. They'll press on it to shape it to fit around your body. As the mold cools, it hardens. Making the mold takes about 15 minutes.

You'll use this mold for your simulation and all your treatments. Your radiation therapists will place it over you and attach it to the simulation or treatment table. The mold helps make sure you're in the exact same position for every treatment.

## **Imaging scans**

You'll get imaging scans of the treatment area while you are lying in your treatment position (see Figure 1). Your care team will see the fiducial markers in your prostate on these images. The imaging scans may be done on an x-ray machine called a simulator or on a CT scan machine.

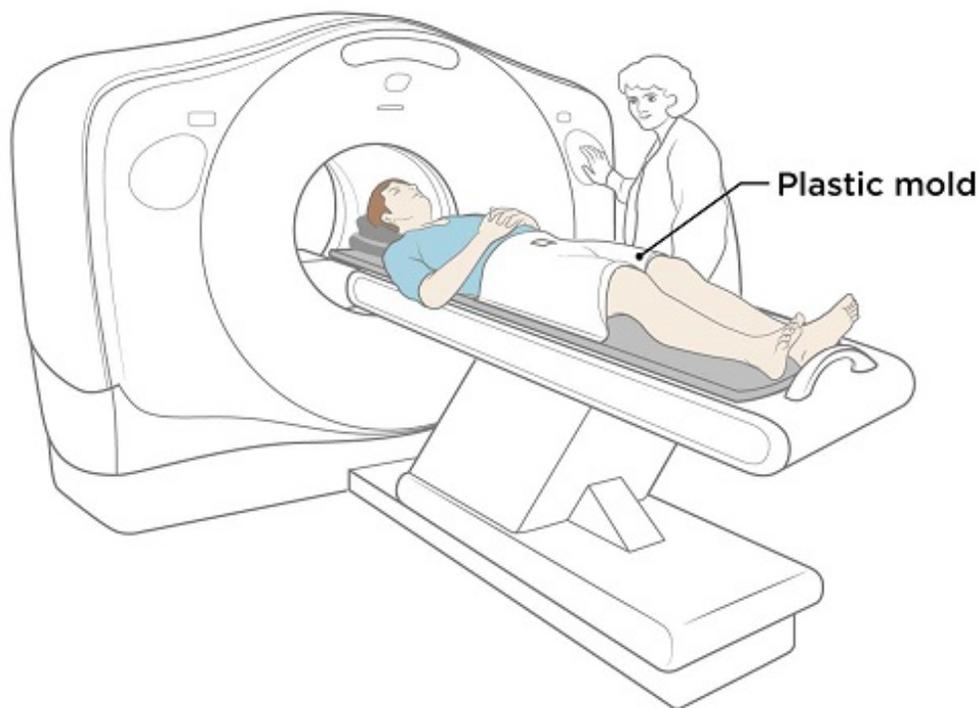


Figure 1. Computed tomography (CT) scan machine

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These scans are only used to map your treatment. **They are not used for diagnosis or to find tumors.** If you need other imaging, your nurse will explain this to you.

Your scans will take about 45 minutes. You'll hear the machine turn on and off. Even if the noise seems loud, your radiation therapists will be able to hear you if you talk to them.

## **Magnetic resonance imaging (MRI)**

Your doctor may order an MRI to be done on the day of simulation. You'll lie on a flat table with the mold made during simulation in place over your pelvis.

## **Skin markings (tattoos)**

Your therapists will use a felt markers to draw on your skin in the treatment area. Then, they'll make about 4 to 6 tattoos using a clean needle and a drop of ink. Each tattoo will feel like a pinprick. The tattoos will not be bigger than the head of a pin.

After they make the tattoos, your radiation therapists will take several photos of you in your simulation position. They'll use the photos and tattoos to position you correctly on the table each day of your treatment.

You can wash off the felt markings after your simulation.

**The tattoos are permanent. They will not wash off.**

If you're concerned about having tattoos as part of your radiation treatment, talk with your radiation oncologist.

## **Scheduling your IG-IMRT treatments**

You'll schedule your treatment appointments before you leave your simulation appointment. Radiation treatments can be given Monday through Friday. You'll get treatments for about 5 weeks. Each treatment appointment will take about 30 to 60 minutes.

It's important to come in every day you're scheduled for treatment. Your treatment may not work as well if you skip or miss appointments. If you can't come in for

treatment for any reason, call your radiation oncologist's office. If you need to change your schedule for any reason, speak with your radiation therapist.

## **IG-IMRT treatment planning**

Between your simulation and first treatment, your radiation oncologist will work with a team to plan your treatment. They'll use your simulation imaging scans to carefully plan and check the angles and shapes of the radiation beams. They'll also figure out the dose of radiation you'll get. This can take up to 2 weeks.

Your treatment plan is based on your body shape and size at the time of your simulation. Try to keep your weight within 5 to 10 pounds (2.3 to 4.5 kilograms) of your usual weight. This helps make sure your radiation treatment plan stays accurate.

## **What happens during IG-IMRT to your prostate**

### **Vitamins and dietary supplements during radiation therapy**

It's OK to take a multivitamin during your radiation therapy. Do not take more than the recommended daily allowance (RDA) of any vitamin or mineral.

Do not take any other dietary supplements without

talking with a member of your care team. Vitamins, minerals, and herbal or botanical (plant-based) supplements are examples of dietary supplements.

## **Bowel prep**

- Keep taking 1 tablespoon of methylcellulose powder every day until you finish your IG-IMRT.
- Take 2 (125 mg) simethicone tablets the night before each of your treatment appointments.
- Take 2 (125 mg) simethicone tablets about 2 hours before each of your treatment appointments.

If your care team gives you other instructions, follow those instead.

## **Treatment appointments**

Check in at the reception desk and have a seat in the waiting room. When your radiation therapists are ready for you, a staff member will show you to the dressing room. They will give you a hospital gown to change into. Keep your shoes on.

Many people will need to have a full bladder for their treatment. If you do, your radiation therapist will tell you how much water to drink and when to start drinking it.

## Set-up procedure

You'll have a set-up procedure before your first treatment. Some people have their set-up procedure and first treatment on the same day. If you do, your appointment will take a little longer than usual. Other people have their set-up procedure and first treatment on different days. Your care team will tell you what to expect.

For your set-up procedure, your radiation therapists will bring you to the room where you'll get your treatments. They'll help you lie on the treatment table and get into your position. This will be the same position as during your simulation.

Once you're in your position, you'll have special imaging scans (X-rays or CT scans) called beam films. They're done to make sure your position and the treatment area are correct. The fiducial markers in your prostate will show on the beam films and will help us position you correctly.

The beam films will be repeated throughout your treatment. **They are not used to see how your tumor is responding to treatment.**

## During your IG-IMRT treatments

Your radiation therapists will bring you into the treatment room. They'll help you lie on the table and get into your position (see Figure 2). This will be the same position as during your simulation and set-up procedure.

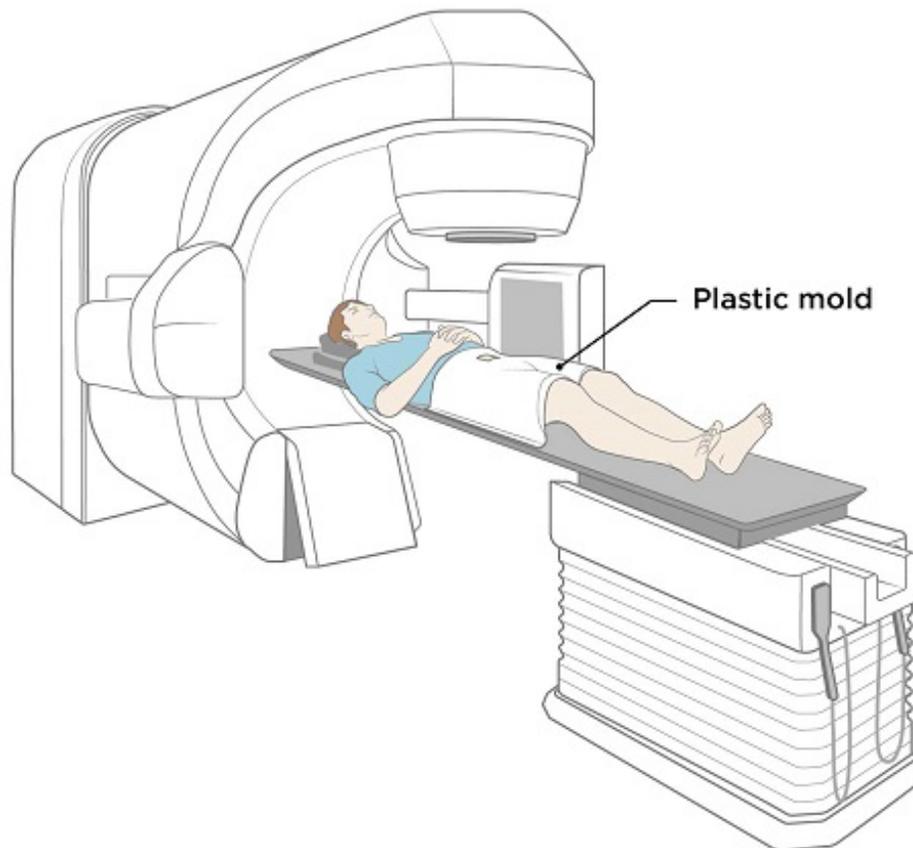


Figure 2. During your treatment

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Once you're in the right position, your radiation therapists will leave the room, close the door, and start your treatment. They'll take beam films to make sure you're in the right position. Your radiation oncologist may use these to adjust your treatment.

You will not see or feel the radiation. You may hear the machine as it moves around you and is turned on and off.

You'll be in the treatment room for 15 to 45 minutes, depending on your treatment plan. Most of this time will be spent putting you in the correct position. The IG-IMRT treatment only takes about 10 to 15 minutes.

**Breathe normally during your treatment, but do not move.** If you're uncomfortable and need help, tell your radiation therapists. They will be able to see and hear you. They can turn off the machine and come in to see you at any time, if needed.

You will not be radioactive during or after treatment. It's safe for you to be around other people.

### **Status check visits**

Your radiation oncologist and nurse will see you each week. They'll check how your treatment is going, ask about any side effects you're having, and answer your questions. This is called a status check visit. Plan to be at your appointment for about 1 extra hour on those days.

Your status check visit will be before or after your treatments each \_\_\_\_\_.

If you need to speak with your radiation oncologist or nurse between status check visits, call your radiation oncologist's office. You can also ask another member of your care team to contact them when you come in for treatment.

## **Side effects of IG-IMRT to your prostate**

Some people have side effects from radiation therapy. This section lists the most common side effects of IG-IMRT to the prostate.

You may have all, some, or none of these side effects. Everyone's experience is different. Your healthcare provider will talk with you about what to expect based on your medical history and treatment plan.

It's important to tell us if you have side effects and update us about how you're doing. We can give you more information and help you manage them.

### **Urinary changes**

About 2 weeks after your first treatment, you may:

- Have trouble starting to urinate (pee).
- Need to urinate more often than usual.
- Need to urinate at night more often than usual.

- Have sudden urges to urinate.
- Leak urine.
- Feel burning when you urinate.

Tell your radiation oncologist or nurse if you have any urinary changes. They can recommend a change in your diet or prescribe medicine that can help. You can also try following the guidelines below.

- Drink 6 to 8 (8-ounce) cups of water throughout the day.
- Avoid drinking after 8 pm.m
- Avoid foods and drinks that may irritate your bladder, such as:
  - Caffeine, such as tea, coffee, and soda.
  - Alcohol.
  - Acidic foods and drinks, such as tomatoes, citrus fruits and juices, and carbonated (fizzy) drinks.
  - Spicy foods, especially if you feel burning when you urinate.
- Do pelvic floor muscle (Kegel) exercises. Read *Pelvic Floor Muscle (Kegel) Exercises for Males* ([www.mskcc.org/pe/kegels\\_males](http://www.mskcc.org/pe/kegels_males)) to learn how. A member of your care team will tell you how many to

do and how often to do them.

To learn more about managing urinary changes, read *Improving Your Urinary Continence* ([www.mskcc.org/pe/improving\\_urinary\\_continence](http://www.mskcc.org/pe/improving_urinary_continence)).

## **Bowel changes**

About 2 weeks after your first treatment, you may:

- Have bowel movements (poop) more often than usual.
- Have softer stool than usual.
- Feel discomfort in your rectum.
- Have mucous discharge from your anus. Your anus is the opening of your rectum where stool leaves your body.
- Have a small amount of bleeding from your rectum. For example, you may see bright red blood on your toilet paper or stool.
- Pass more gas than usual.
- Feel like you need to have bowel movements more urgently than usual.

If you have hemorrhoids, radiation therapy can also make your hemorrhoid symptoms worse.

These symptoms are usually mild.

If you have any of these side effects, tell your radiation nurse. They can talk with you about how you can change your diet to manage them. If you're still uncomfortable, tell your radiation oncologist or nurse. Your radiation oncologist can prescribe medicine to help.

## **Sexual and reproductive health**

You can be sexually active during radiation treatment, unless your radiation oncologist gives you other instructions. You will not be radioactive or pass radiation to anyone else. It's safe to be in close contact with others.

You may have discomfort or feel a burning sensation during ejaculation. For most people, this goes away 1 to 2 months after finishing radiation therapy.

If you're sexually active with someone who can get pregnant, it's very important to use birth control (contraception) during and for 1 year after your treatment. During your radiation therapy, your sperm may be damaged by the radiation. If you conceive a baby with this sperm, the baby might have birth defects. Using birth control helps prevent this.

To learn more about sexual health during cancer treatment, read *Sex and Your Cancer Treatment*

([www.mskcc.org/pe/sex\\_cancer\\_treatment](http://www.mskcc.org/pe/sex_cancer_treatment)). The American Cancer Society also has resources about sexual health issues during cancer treatment. The one for males is called *Sex and the Adult Male with Cancer*. You can search for it at [www.cancer.org](http://www.cancer.org) or call 800-227-2345 for a copy.

## **Male Sexual and Reproductive Medicine Program**

MSK's [Male Sexual and Reproductive Medicine Program](#) helps people address their disease and treatment's impact on their sexual health. You can meet with a specialist before, during, or after your treatment. We can give you a referral, or you can call 646-888-6024 for an appointment.

## **Fatigue**

Fatigue is feeling very tired or weak. When you feel fatigue, you may not want to do things. You may have trouble focusing, feel slowed down, or have less energy than usual.

You may start to feel fatigue after 2 to 3 weeks of treatment. It can range from mild (not bad) to severe (very bad). It may be worse at certain times of day. Fatigue may last 6 weeks to 12 months after your last treatment.

There are lots of reasons you may feel fatigue during your radiation therapy. They include:

- The radiation's effects on your body.
- Traveling to and from your treatment appointments.
- Not getting enough restful sleep at night.
- Not getting enough protein and calories.
- Having pain or other symptoms.
- Feeling anxious (nervous) or depressed (unhappy).
- Side effects of some medicines.

## **Ways to manage fatigue**

- If you're working and are feeling well, it's OK to keep working. But working less may help you have more energy.
- Plan your daily activities. Pick the things you need or really want to do. Do them when you have the most energy. For example, you may choose to go to work but not do housework. You may choose to watch your child's after-school event but not go out to dinner.
- Plan time to rest or take short (10- to 15-minute) naps during the day, especially when you feel more tired.
- Try to sleep at least 8 hours every night. This may be

more sleep than you needed before you started radiation therapy. You may find it helpful to:

- Go to sleep earlier and get up later.
- Be active during the day. For example, if you're able to exercise, you could go for a walk or do yoga.
- Relax before going to bed. For example, read a book, work on a puzzle, listen to music, or do another calming hobby.
- Ask family and friends to help with chores and errands. Check with your health insurance company to see if they cover home care services.
- You might have more energy when you exercise. Ask your radiation oncologist if you can do light exercise, such as walking, biking, stretching, or yoga. Read *Managing Cancer-Related Fatigue with Exercise* ([www.mskcc.org/pe/fatigue\\_exercise](http://www.mskcc.org/pe/fatigue_exercise)) to learn more.
- Eat foods that are high in protein and calories. Read *Eating Well During Your Cancer Treatment* ([www.mskcc.org/pe/eating\\_cancer\\_treatment](http://www.mskcc.org/pe/eating_cancer_treatment)) to learn more.

Some things can make your fatigue worse. Examples are:

- Pain

- Nausea (feeling like you're going to throw up)
- Diarrhea (loose or watery poop)
- Trouble sleeping
- Feeling depressed or anxious

If you have these or any other symptoms or side effects, ask your radiation oncologist or nurse for help.

## **Emotional health**

Cancer diagnosis and treatment can be very stressful and overwhelming. You may feel:

- Anxious or nervous
- Depressed
- Numb
- Afraid
- Helpless
- Uncertain
- Alone
- Frustrated
- Worried
- Angry

You might also worry about telling your employer you have cancer or about paying your medical bills. You may worry about how your family relationships may change, or that the cancer will come back. You may worry about how cancer treatment will affect your body, or if you will still be sexually attractive.

It's normal and OK to worry about all these things. All

these kinds of feelings are normal when you or someone you love has a serious illness. We're here to support you.

## **Ways to cope with your feelings**

**Talk with others.** When people try to protect each other by hiding their feelings, they can feel very alone. Talking can help the people around you know what you're thinking. It might help to talk about your feelings with someone you trust. For example, you can talk with your spouse or partner, close friend, or family member. You can also talk with a chaplain (spiritual advisor), nurse, social worker, or psychologist.

**Join a support group.** Meeting other people with cancer will give you a chance to talk about your feelings and learn from others. You can learn how other people cope with their cancer and treatment and be reminded you are not alone.

We know that all cancer diagnoses and people with cancer are not the same. We offer support groups for people who share similar diagnoses or identities. For example, you can join a support group for people with breast cancer or for LGBTQ+ people with cancer. To learn about MSK's support groups, visit [www.msk.org/vp](http://www.msk.org/vp). You can also talk with your radiation oncologist, nurse, or social worker.

**Try relaxation and meditation.** These kinds of activities can help you feel relaxed and calm. You might try thinking of yourself in a favorite place. While you do, breathe slowly. Pay attention to each breath or listen to soothing music or sounds. For some people, praying is another way of meditation. Visit [www.msk.org/meditations](http://www.msk.org/meditations) to find guided meditations lead by our Integrative Medicine providers.

**Exercise.** Many people find that light movement, such as walking, biking, yoga, or water aerobics, helps them feel better. Talk with your healthcare provider about types of exercise you can do.

We all have our own way of dealing with difficult situations. Often, we use whatever has worked for us in the past. But sometimes this is not enough. We encourage you to talk with your doctor, nurse, or social worker about your concerns.

## **After IG-IMRT to your prostate**

If you're sexually active with someone who can get pregnant, remember to use birth control for 1 year after finishing radiation therapy.

## **Follow-up appointments**

It's important to come to all your follow-up appointments with your radiation oncologist. During these appointments, they will check how the tumor and your body are responding to your radiation therapy. You may have blood tests, X-rays, and other imaging scans during these visits.

Write down your questions and concerns before your follow-up appointments. Bring this and a list of all your medicines with you. You can also call your radiation oncologist or nurse any time after you finish radiation therapy or between follow-up appointments.

## **Vitamins and dietary supplements after radiation therapy**

- You might be getting other cancer treatments along with your radiation therapy. If you are, ask the doctor managing that treatment when it's safe to start taking dietary supplements again. Some dietary supplements are not safe to take before surgery or during chemotherapy.
- If you are not getting other cancer treatments, you can start taking dietary supplements again 1 month after your last radiation treatment.

If you want to talk with a clinical dietitian nutritionist about your diet or supplements, tell your radiation nurse.

## **Urinary and bowel changes**

Some people develop side effects 4 months or more after treatment. These may be similar to the ones you had during treatment. There's a very small chance you may develop other side effects. For example:

- The opening of your bladder may become more narrow.
- You may have blood in your urine.
- You may have bleeding from your rectum.

These side effects are rare. They may come and go over time. Or, they may be persistent and chronic. Your care team will help you manage them.

Even if you don't develop any late side effects, remember that your radiation therapy affected the tissues in your bladder and rectum. Call your radiation oncologist if you:

- Have any new urinary, bladder, or bowel symptoms.
- Need to have a colonoscopy. Avoid having a colonoscopy for the first year after treatment.

- Need any type of urological or rectal procedure.

## **Sexual changes**

Some people develop sexual changes after finishing treatment. For example:

- It might be more difficult or not possible to get or keep an erection. This is called erectile dysfunction (ED).
- Your orgasms may feel different.
- When you ejaculate, the amount or thickness of your semen may be different.

These changes may happen many months or even years after radiation therapy. If you notice any of them, tell your healthcare provider. They can give you a referral to a healthcare provider who treats these problems.

## **MSK support services**

### **Counseling Center**

[www.msk.org/counseling](http://www.msk.org/counseling)

646-888-0200

Many people find that counseling helps them. Our counseling center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a

member of your care team for a referral or call the number above to make an appointment.

## **Integrative Medicine Service**

[www.msk.org/integrativemedicine](http://www.msk.org/integrativemedicine)

646-608-8550

Our Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

## **Male Sexual & Reproductive Medicine Program**

646-888-6024

This program helps male patients who are dealing with cancer-related sexual health challenges, including erectile dysfunction.

## **Nutrition Services**

[www.msk.org/nutrition](http://www.msk.org/nutrition)

212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

## **Rehabilitation Services**

[www.msk.org/rehabilitation](http://www.msk.org/rehabilitation)

Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. To learn more, call Rehabilitation Medicine (Physiatry) at 646-888-1929.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend

tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. To learn more, call Rehabilitation Therapy at 646-888-1900.

## Contact information

If you have questions or concerns, talk with a member of your radiation therapy team. You can reach them Monday through Friday from 9 a.m. to 5 p.m. at these numbers.

Radiation oncologist: \_\_\_\_\_

Phone number: \_\_\_\_\_

Radiation nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

After 5 p.m., during the weekend, and on holidays, call 212-639-2000. Ask for the radiation oncologist on call.

## Questions to ask your radiation oncologist

Before your appointment, it's helpful to write down questions you want to ask. Examples are listed below.

Write down the answers during your appointment so you can review them later.

What kind of radiation therapy will I get?

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How many radiation treatments will I get?

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What side effects should I expect during my radiation therapy?

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Will these side effects go away after I finish my radiation therapy?

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What kind of late side effects should I expect after my radiation therapy?

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For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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About Image-Guided, Intensity-Modulated Radiation Therapy (IG-IMRT) to Your Prostate - Last updated on March 22, 2024

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