

# Radiotherapy treatment to the

## Limb

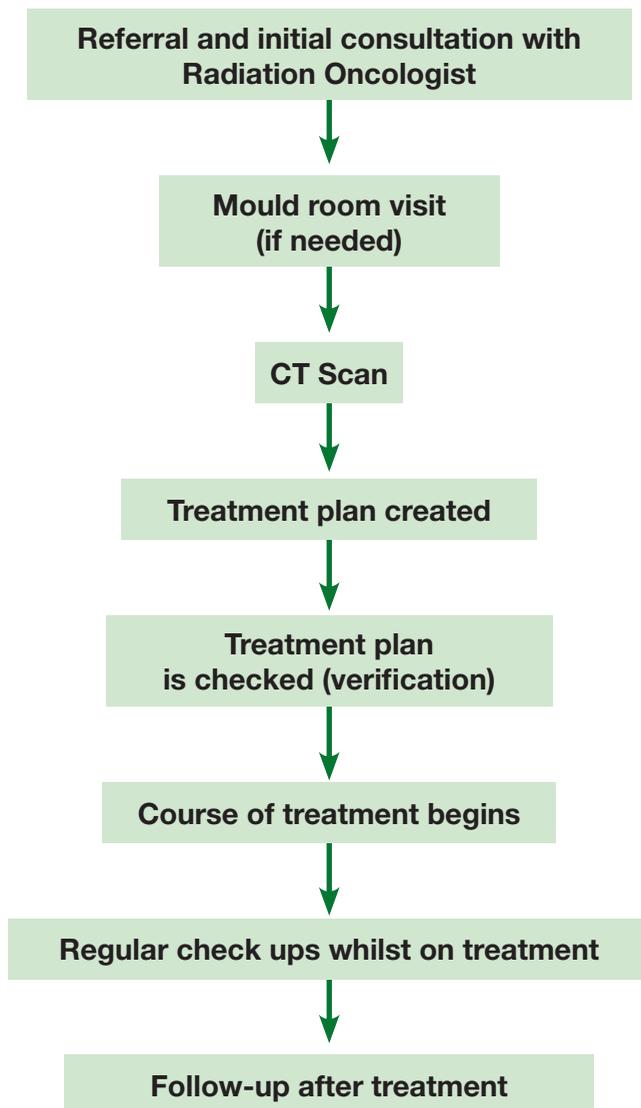
A guide for patients

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# Patient journey for limb radiotherapy



## About this guide

The information in this guide has been written to give you a better understanding about **radiotherapy** and its use to treat cancer. It contains general information about radiotherapy, as well as more specific detail about the treatment that has been planned for you. It has been prepared with input from doctors, radiation therapists, nurses and patients.

**This guide is specifically aimed at people requiring radiotherapy before or after surgery for sarcomas of the arm or leg.**

Please share this guide with your family and friends – they have an important role in helping you. It is important that they feel well informed and understand what is happening. There are also DVDs on radiotherapy which you can take home to watch.

It is impossible to include everything you may need to know in this guide. However, your medical team (doctors (radiation oncologists), nurses and radiation therapists) will give you more precise information about your specific treatment.

We hope you find this guide helpful and we welcome your comments so that the next edition can be improved.

You will be attending the ‘**St Luke’s Radiation Oncology Network**’ for treatment. The network is spread over three hospital sites;

- St Luke’s Hospital, Dublin 6
- St James’s Hospital, Dublin 8
- Beaumont Hospital, Dublin 9

You will receive your radiotherapy at whichever one of these three sites is most suitable for you.

### **What is radiotherapy and why is it given?**

**Radiotherapy** uses carefully measured doses of radiation to treat many conditions, most of which are cancers. Radiotherapy beams damage cancer cells and stop them from dividing and growing. The beams can be directed very accurately to any area of the body using sophisticated machines. The most commonly used machines are called ‘linear accelerators’ (or linacs). There are other machines called ‘cobalt’, ‘orthovoltage’ or ‘superficial’ depending on the energy of the X-ray beams required (**external radiotherapy**).

### **How does radiotherapy work?**

A high dose of radiation damages cells and stops them from growing and dividing. Cancer cells, which are abnormal cells, tend not to recover. Normal cells usually recover or repair themselves quite quickly. Any side effects which occur during treatment are usually temporary.

## How is it given?

Radiotherapy is given to the same part of the body each day and each treatment takes a few minutes. **It does not hurt.** The machine does not touch you and it is very much like having an ordinary X-ray. When receiving radiotherapy you are usually lying on your back. Any variation from this is explained later in the guide or will be discussed with you by your medical team.

Radiotherapy is given as out patient treatment unless you live too far from the centre to travel each day. The duration of radiotherapy may vary but it is usually between five and seven weeks. Your medical team will talk to you about which treatment is best for you.

Sometimes you might miss a treatment due to a public holiday or a machine service. This will be taken into consideration by your medical team. However, we encourage you not to miss any other treatments unless it has been discussed and agreed with your medical team.

If you are about to start (or you have already started) a course of radiotherapy please do not make any holiday plans for the immediate future. Talk to your medical team and take their advice about when it will be suitable for you to plan your break.

## What are the benefits of radiotherapy?

The purpose of radiotherapy is to destroy the cancer cells while causing as little damage as possible to normal cells. It can be used to treat many kinds of cancer in almost any part of the body.

## What are the side effects of radiotherapy?

Radiotherapy can damage or destroy normal cells and cause treatment side effects. These are discussed in more detail later in this guide.

The side effects of radiotherapy can generally be split into two categories:

- **Early or acute side effects** develop during or shortly after treatment. These are usually temporary.
- **Late side effects** are those which can develop months or even years after your radiotherapy is finished. The risk of these side effects occurring is small but, whilst they are rarely severe, they may be permanent.

Your doctor will not advise you to have any treatment unless the benefits are greater than the side effects.

**Men:** If the area that requires radiotherapy is in the buttock, groin or top of your thigh there is a risk that the treatment may permanently damage the testis ability to make sperm. Your doctor will talk to you about sperm donation or freezing and it is very important that this happens **before** your treatment starts.

**Women:** If the area that requires radiotherapy is in the buttock, groin or top of your thigh there is a risk that the treatment may permanently damage the ovaries' ability to make eggs. Your doctor will talk to you about freezing your eggs and it is very important that this happens **before** your treatment starts.

If you are a **woman** of childbearing age you **should not become pregnant** before or during radiotherapy because the treatment may harm the baby, especially in the first three months of a pregnancy. Please discuss with your doctor, nurse or radiation therapist if you think you may be pregnant. Your doctor will also be able to advise you on how long you should wait before becoming pregnant.

Receiving external radiotherapy **does not make you radioactive or dangerous to be around**. Once you have left the treatment room each day it is **completely safe** for you to mix with children and pregnant women.

### Consent to treatment

You will be asked to sign a consent form but only when you are happy that you have all the information you need and your questions are answered. This is a written record stating that you have agreed to the planned radiotherapy. **There is a copy of the consent form in the back of this guide for your reference.**

## Your medical team

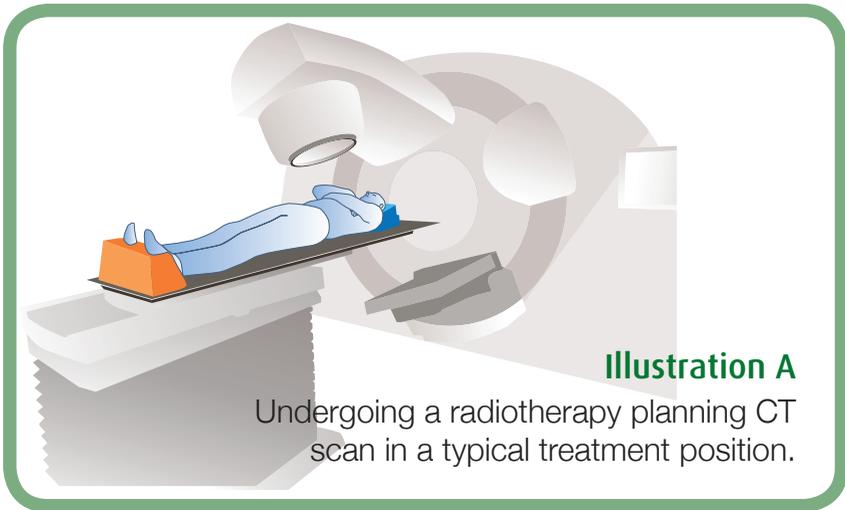
Over the course of your treatment at the radiotherapy centre you will meet various members of the medical team. The team is often referred to as the 'multidisciplinary team'. The team will have a consultant radiation oncologist, specialist registrars, radiotherapy nurses or clinical nurse specialists and radiation therapists. The radiation therapists operate the treatment machines and give you your radiotherapy. You will not meet the planning and physics staff but they are part of the team that plan your radiotherapy treatment.

All members of your multidisciplinary team work closely together. They can give you help and advice about any aspect of your treatment. Don't be embarrassed or afraid to ask them anything you are concerned or anxious about.

## Planning your treatment

We have to make sure that the area of your body to be treated includes all of the cancer cells and any areas that might be hiding cancer cells. We try as much as possible to avoid targeting healthy cells.

When you arrive at the treatment centre you should report to the reception desk and show your appointment letter.



**Illustration A**

Undergoing a radiotherapy planning CT scan in a typical treatment position.

Radiotherapy planning usually takes place in the **CT scanner**, which is a special X-ray machine that takes a scan of your body. The scans help the doctor decide the exact area within the body that needs treatment.

When you are receiving treatment it is very important that you are in exactly the same position each day. In order to achieve this we often use a variety of **immobilisation** devices. These are made either in the CT scanner or in a place known as the mould room. They may take the form of a plastic shell that fits snugly around your foot, hand, leg or arm. To make this type of shell, warm plastic material is moulded directly onto your skin and allowed to set. This may be slightly warm but it will not feel too hot. It may also be necessary to lie on a special bag (vacuum bag) – filled with polystyrene beads from which the air is removed so that it holds your limb in exactly the right position. This whole process can take up to one hour.

We may also need to make one or more small **permanent** skin marks (the size of a small freckle). These marks help us to line up the radiation equipment accurately when you're being treated. We put a drop of dark purple ink into the skin with a small needle. This is at worst slightly uncomfortable. These marks are called **tattoos**.

Once all the scans, pictures and measurements are taken, the rest of the treatment planning will happen behind the scenes over the next few weeks with the help of a **physicist** or **planner**. They assist the doctors in deciding the best way of giving you the amount of radiotherapy you need.

### When will treatment begin?

Your treatment will usually start 2-4 weeks after your radiotherapy planning appointment. If you are given a different timeframe the reason for this will be explained by one of the team at your consultation.

### During the treatment

At each treatment the radiation therapists will take you into the treatment room and make sure you are in the right position. When they are satisfied with the position, they will leave the room for a short while so that the treatment can be delivered. You will not feel anything but you may hear a bleeping sound. This is quite normal and means that the treatment is happening. During the treatment, the radiation therapists will watch you on a television screen and can talk to you over an intercom. **They can also hear you.** You are welcome to bring a favourite CD to listen to while you are being treated. Each treatment may take 10-20 minutes.

During your treatment, scans or X-rays will be taken regularly at the treatment unit to monitor your position and the treatment area.

It is very important that you lie still in exactly the same position for each treatment. This will nearly always be on your back.

Some days you might notice some changes in the way the radiation therapists give you your treatment. For example, they might take a scan, a measurement or change the angles of the machine. Every effort will be made to make sure that changes are explained to you beforehand but if you are concerned about anything please just ask.

You will probably meet many other patients in the waiting area each day. Even though you might think your treatment is similar to someone else's, each patient's treatment is often very different. Therefore, if you are comparing stories and hear something that worries you, please just ask one of the professional staff.

Although your treatment only takes about 20 minutes each day you may be delayed longer on the days that you see the doctor, nurse or any other health care professional.

Please be assured that we make every effort to keep your waiting times to a minimum. If your treatment is cancelled any day due to a machine service or a machine break down, you will get this treatment session again i.e., you will always get the exact number of treatments your doctor prescribed for you.

You will be seen every one to two weeks by your doctors or a nurse and on a daily basis by your radiation therapists. In between, you may also be seen by one of our Clinical Nurse Specialists.

## Side effects

In general, the body can handle radiotherapy well. It can destroy cancer cells and it may affect normal cells within the treatment area. Side effects are generally limited to the area being treated. Radiotherapy affects people in different ways and not all the side effects mentioned below will occur. Your medical team will discuss these with you on an individual basis. Side effects are described as 'early' or 'late'.

**Early** – side effects which occur during or shortly after treatment.

**Late** – side effects which occur months to years after treatment.

You will be fully informed about what to expect and about potential side effects when you sign your consent form.

**Remember:** your medical team are all available to answer any questions that you may have during your course of radiotherapy.

**Please inform any of the medical team as soon as possible if you notice any change in yourself or your normal routine, such as a change in diet, weight, sleeping habits, increased discomfort or pain.**

## Early side effects (during and shortly after radiotherapy)

### Skin Irritation

A skin reaction is a common side effect of radiotherapy. This occurs because the radiation must pass through the skin in order to treat the part of the limb that needs treatment. Only the skin within the treatment area will be affected and this usually occurs from the second week of treatment up to four weeks after you finish radiotherapy. The type of reaction that is likely to be seen is a visible reddening of the area being treated. This may become sore and itchy and may even form a blister in areas.

The severity of the reaction varies from person to person and there are a variety of different creams, gels and dressings that are available if required. There are also measures you can take to keep your skin in good condition to help it to tolerate the radiotherapy.

Your medical team might recommend that you bathe the limb in salt water if the area receiving radiotherapy gets red or sore. Please discuss this with them.

**Remember:** a skin reaction will only affect the part of your body being treated, so you only need to follow the Dos and Don'ts for the part of your body in question.

### Dos

- Wash your skin, but only use simple, non-perfumed soap. Perfumed soaps might make the reaction worse. The area should be washed gently and patted dry with a soft clean towel.
- Use lukewarm water to wash with.

### Don'ts

- Do not use perfumed soaps or shower gel. These might make your skin sore.
- Do not scrub at the area - scrubbing will make the irritation worse.
- Do not scratch the area.
- Avoid exposure to extreme temperatures, for example ice packs and hot water bottles.

## Dos

- Use an aqueous cream (a water-based cream) such as E45 twice a day from the start of your treatment. Increase the number of uses if necessary.
- Wear loose cotton clothing to avoid friction.
- Make sure you tell us if the area becomes sore or uncomfortable. We will be able to provide you with different creams, gels, dressings or painkillers if required.
- Try to get air to the affected area as this will aid the healing process.

## Don'ts

- Do not expose your skin to the sun during treatment.  
**Note:** your skin will always be more sensitive to the sun after radiotherapy so high SPF or even total sun block is advisable.
- Do not swim in chlorinated water during your radiotherapy. Even when your treatment is finished wait until your skin has fully healed.

## What about sun exposure?

The skin that has been exposed to radiation therapy might be more sensitive to the sun than it was in the past. You can go out in the sun, but be sure to use a sunblock that is rated SPF 50 or higher on the area that has been treated. Also, try to wear a hat and clothing that will cover the skin.

## Hair loss

You will only lose hair in the area being treated. Hair loss will occur approximately 2-3 weeks into treatment. This loss may be temporary or permanent. Your doctor will advise you if the hair will grow back.

## Swelling of the limb

You may experience swelling and tenderness in your limb as treatment progresses. This is normal. It is due to inflammation of the tissues caused by the radiotherapy. This will settle after treatment has finished, but in a few patients this may persist.

## Stiffness

You may experience stiffness in your limb. This is a normal reaction. This is due to the effects of the radiotherapy causing slight swelling to the underlying muscle tissue.

## Pain

Some people receiving radiotherapy to a limb will experience soreness or pain as a result of the side effects caused by the treatment.

It is important that you inform your radiation therapists, nurse or doctor if you are experiencing any pain. We will be able to provide you with adequate pain relief to make you feel as comfortable as possible. The pain medication you will require can vary from paracetamol to morphine, depending on your need.

### **Fatigue (tiredness)**

You might feel more tired than usual during your radiotherapy. This is at its worst towards the end of your treatment and immediately after treatment is finished. It is important that you get enough sleep and rest, but there should be no reason to drastically change your lifestyle.

The fatigue you will feel with radiation therapy is not the same kind of tiredness that comes after 'overdoing it' which goes away after a good night's sleep. This treatment-related fatigue might feel like an overall lack of energy and might persist for many weeks or even months.

You might become fatigued during radiation treatment because of a combination of factors, including:

- > the effect of radiation on your body
- > the demands of keeping to the routine of daily treatments
- > the emotional toll of the months since your diagnosis
- > lingering physical effects from chemotherapy or surgery
- > changes in diet and lifestyle because of the disruption the treatment causes

## Combating fatigue

- > **Listen to your body.** You should expect to feel fatigued now and then during your radiation treatment. If you acknowledge and expect it, you will better be able to deal with it when it happens.
- > **Re-establish a reasonable routine.** You will minimise the stress associated with fatigue if your daily routine is realistic and organised.
- > **Try to exercise.** A little bit of exercise should give you more energy. Try to establish a regular routine of walking. If you feel more energetic afterwards, you might be able to increase the amount you do each day. Just don't overdo it!
- > **Get more rest.** Many patients find that short 'cat naps' during the day give them more energy overall. Save your energy for only the most important activities during the day.
- > **Ask for and accept help.** When you are undergoing treatment for any serious illness, it is a good time to ask for help—at home and in the workplace.

## Late side effects (months to years after radiotherapy)

### Swelling of the limb (lymphoedema)

There is a possibility that the limb may swell in the future. This is due to the build up of lymphatic fluid (a clear fluid that helps fight infection and disease), which flows through your lymphatic vessels. The lymphatic vessels are part of the lymphatic system, which helps to fight infection and maintains a balance of fluids in your body.

Radiotherapy increases the risk of swelling, especially in the leg, by causing scar tissue to form which interrupts the normal flow of the lymphatic fluid. The chances of this happening depend on several factors – not only the size and position of the tumour and the extent of your surgery, but on how much of your limb the radiotherapy has to treat. Prolonged standing and being overweight will increase the tendency to swell. If your ankle tends to swell, elevation of your limb when you are sitting down, massage or supportive stockings may help. You can reduce the risk of lymphoedema by avoiding injury to the affected limb. Treat any cuts or scratches immediately to avoid infection or inflammation to the affected limb. Your doctor may suggest that you be seen by our lymphoedema team for advice and treatment.

## Limb movement

Radiotherapy treatment to part of a limb or to a joint, such as a knee or elbow, can make it stiff by causing scar tissue (fibrosis). Scar tissue makes the muscles and soft tissues tight and less elastic and can cause stiffness in the limb over time. It is important to keep using the limb for normal everyday activities. Regular exercise will also help you to maintain movement and strength. You may experience the delayed effects of muscle tightness and loss of movement at any time for up to two years after radiotherapy. While you are attending for radiotherapy, you may be referred to a physiotherapist who will teach you stretching exercises to reduce the stiffening effects of radiotherapy and strengthening exercises to improve muscle strength and function, which may be helpful.

## Skin

Occasionally patients develop an ulcer (a broken area of skin) in part of the limb that has received radiotherapy. Sometimes these are painful and can take many months to heal. Some patients may experience long term fibrosis (scar tissue) in the area that has been treated. The skin may feel “leathery” due to loss of elasticity and suppleness. Good skincare, the use of water-based moisturisers and avoiding sun exposure can minimize these effects.

## Fracture

There is a small risk that the bone in the area treated will be at an increased risk of fracture, and there may be problems with subsequent healing of that bone.

## Fertility and sexual issues

Depending on which part of your body is treated there is a possibility that your fertility (ability to have children) may be affected by radiotherapy. This is only usually a risk if the buttock or upper thigh area is treated. Your doctor will discuss this with you before treatment.

If you are a woman and radiotherapy has to treat the upper thigh or groin, some of the treatment may affect the vagina. This may result in inflammation of the walls of the vagina. As the tissue heals scar tissue can form, which can make the vagina narrower, shorter and less elastic. These vaginal changes can make the vagina sore or uncomfortable during intercourse. To help keep the vagina supple and to prevent scar tissue from forming your clinical nurse specialist will advise you on the use of vaginal dilators and vaginal lubricants.

## Other effects

In very rare cases (one in a thousand people treated), radiotherapy might result in the development of another cancer within the treatment area many years later.

During your follow-up care we will be looking out for all of these problems. Please feel free to talk to us about any concerns you have when you come for your follow-up appointments.

## Your feelings

After your cancer diagnosis and treatment, it's normal for you to have a range of very mixed feelings including anger, anxiety, fear and sadness. These are all normal reactions that many patients go through. Everyone has their own way of coping. Some find it helpful to talk things over with other people who have been through similar experiences as themselves. Other patients prefer to keep their feelings to themselves.

There is no right or wrong way to cope, but help is there if you need it. Please feel free to talk to a team member about getting support if you feel it would help you. You might find it helpful to contact another **support group** or **organisation**.

### The Irish Cancer Society

43/45 Northumberland Road,  
Dublin 4

**Tel: 01 231 0500**

### National Cancer Helpline

**1800 200 700**

**[www.cancer.ie](http://www.cancer.ie)**

The Irish Cancer Society Information Service offers free, confidential advice, support and information on cancer and related issues to anyone worried about any aspect of cancer prevention, early detection, diagnosis, treatment or follow-on care. Through the Cancer Information Service, people can also access patient support groups and counselling services.

### ARC House

65 Eccles Street,  
Dublin 7

**Tel: 01 8307333**

**[www.arccancersupport.ie](http://www.arccancersupport.ie)**

559 South Circular Road,  
Dublin 8

**Tel: 01 7078880**

ARC is a registered charity offering professional support to people affected by cancer and those who care for them. They are based in Eccles Street and the South Circular Road in Dublin.

## Who you'll meet

### Consultant and their team

Your consultant is a Radiation Oncologist who will decide on the type and amount of treatment you will have. In general, you will have been referred to them by another hospital doctor or GP. The most senior doctor is the **Consultant** who has overall responsibility for your care. Your consultant will have a **Senior Registrar** or a **Registrar** working with them. If you are admitted to the hospital, you will also meet the SHO (Senior House Officer), who works with your consultant.

### Radiation Therapist

Radiation therapists are specialists who are trained to give you your radiotherapy treatment and to operate the machines that are used to give you your treatment. They are completely involved with your treatment from helping to plan your treatment right through to monitoring all aspects of your daily treatment. They work closely with the doctors and other staff within the department. As they see you every day while you're having treatment they can answer any questions you have about any aspect of your radiotherapy treatment.

## **Clinical Nurse Specialist**

A Clinical Nurse Specialist is a nurse in clinical practice who has undertaken additional education relevant to their area of specialist practice. Clinical Nurse Specialists provide support for the patient and their family throughout treatment and after discharge from the hospital if necessary. They have up-to-date information about treatment, possible side effects and any other problems or issues that may arise. If you would like to be seen by a Clinical Nurse Specialist please talk to a member of your medical or nursing team to arrange this.

## **Radiotherapy Nurse**

Each consultant has a radiotherapy nurse attached to their team. These are nurses who are specially trained in caring for people with cancer. You will meet one of them when you first attend your treatment centre and then you'll see them on a very regular basis during your radiation treatment. They are available throughout the working day if you have any concerns.

## **Physicist and Planner**

These people are highly trained scientific specialists in the subject of radiotherapy planning. They help the doctors to decide the best way of delivering the radiotherapy you need.

## Diagnostic Imaging Department

The Diagnostic Imaging, or X-ray department as it is often called, carries out a variety of imaging examinations for both in patients and out patients. These examinations can include plain film X-rays, ultrasound scans, CT Scans (Computed Tomography), a process called Fluoroscopy or Image Guided Biopsies. The imaging examinations play a large part in planning your treatment and they are also used to see how the treatment is working for you. These examinations are carried out by trained radiographers and are viewed and reported by a Consultant Radiologist.

## Social Worker

A social worker is assigned to each consultant's team in your treatment centre and they are available to you and your family throughout the course of your treatment. The social worker can provide counselling and emotional support to you and your family in relation to your illness and also in relation to any other issues that might arise while you are on treatment.

They can also help with planning your discharge from hospital and setting up support services in the community. Also, they can give you advice about benefits. Please do not hesitate to ask one of the team to refer you to the social worker.

## **Lymphoedema Specialist Nurse**

Your medical team may refer you to the lymphoedema specialist nurse. This specialist nurse can identify early symptoms of lymphoedema (swelling of the limb) and offer appropriate intervention, information and support. Early intervention may help to reduce limb size, improve the shape of the limb, improve movement and functional skills and help to prevent further swelling and complications.

## **Physiotherapist**

During or as a delayed effect of the radiotherapy you received, you may experience stiffness, muscle weakness or difficulty with normal everyday activities, such as dressing or walking. Referral to a physiotherapist for assessment, a specific programme of exercises and advice may be helpful.

## **Palliative Care or Symptom Control Team**

During treatment some patients may be seen by our palliative care or symptom control team. These doctors (Consultant or Registrar) and specialist nurses are specialists in dealing with the symptoms associated with cancer and also its treatment.

## **Psycho Oncology Service**

The emotional impact of a cancer diagnosis and treatment is very difficult. It is normal to feel stress, anxiety, sadness, anger or a sense of losing control. People deal with their emotions differently. Some people find inner strength and draw support and comfort from friends and family, others might need additional help. Your multidisciplinary team plays an important role in helping you to cope but occasionally you might feel you need additional help from a psychologist.

Psychologists have specialist training in psychological therapies that help people and families who are particularly distressed, anxious or feeling low. You can choose to see a psychologist for a one-to-one session or you can attend relaxation classes, 'coping' talks or you could sign up for a group therapy session which are available in St Luke's Hospital, Rathgar, Dublin 6. Please do not hesitate to ask for the psycho oncology information leaflet or to ask for a referral. Details of services available can be provided by your medical team.

### **Dietitian**

Dietitians are health professionals trained to give accurate advice on all aspects of nutrition and diet. During radiotherapy some people might need help with their diet to manage side effects and prevent them losing weight. If you have any concerns about your diet, please ask one of your team to refer you to the dietitian for nutritional advice and support.

### **Clinical Research Nurse or Research Radiation Therapist**

Clinical Research Nurses or Clinical Radiation Therapists are trained in caring for patients with cancer who take part in a clinical research study. You might be approached by a member of the research team who will discuss your standard treatment and study related treatment options.

Clinical research studies are carried out in order to try and find new and better treatments for diseases. A cancer clinical research study is a highly organised study designed for people with cancer; to answer specific questions about a new treatment or a new way of using a known treatment. Each research study aims to increase medical knowledge and to find new ways to treat patients.

# Useful contacts

**Consultant Radiation Oncologist**

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**Consultant's Secretary**

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**Clinical Nurse Specialist**

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**Other**

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**Contact information for  
St Luke's Radiation Oncology Network  
is listed on back cover**

St Luke's Radiation Oncology Network would like to acknowledge the assistance of our patients and staff in producing this guide.

*Edited by Dr Charles Gillham*

## St Luke's Radiation Oncology Network

St Luke's, Beaumont and St James's Centres

### Patient or Guardian Consent to Radiotherapy

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

ID Number: \_\_\_\_\_

Type of Treatment: .....

.....  
.....  
.....  
.....

#### Statement of Patient or Guardian

I agree to the above treatment. I understand what is involved in radiotherapy planning and treatment and I have been given enough time to ask questions.

**For females only: I have no reason to think I am pregnant now. I understand there is a risk to the foetus if I become pregnant during treatment.**

Signed: ..... Date: .....

Name (PRINT): ..... Relationship to patient (if applicable): .....

#### Statement of Interpreter (where appropriate)

I have communicated the above information to the patient or their guardian to the best of my ability and in a way in which I believe they can understand.

Signed: ..... Date: ..... Name (PRINT): .....

#### Statement of Health Professional

(to be completed by a health professional with appropriate knowledge of the proposed treatment)

I have explained the treatment to the patient or their guardian or their interpreter. I have outlined the potential benefits as well as the potential acute and late side effects of treatment. I have discussed the procedures involved in radiotherapy treatment planning and delivery and have provided appropriate written information.

Signed: ..... Date: .....

Irish Medical Council No: .....

Data Protections Acts 1988 apply

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# **St Luke's Radiation Oncology Network at**

St Luke's, Beaumont and St James's Hospitals  
Dublin

## **St Luke's Hospital, Dublin 6**

Tel: (01) 406 5000

Email: [radiotherapy.stlukes@slh.ie](mailto:radiotherapy.stlukes@slh.ie)

St Luke's Radiation Oncology Centre at

## **Beaumont Hospital, Dublin 9**

Tel: (01) 704 5500

Email: [radiotherapy.beaumont@slh.ie](mailto:radiotherapy.beaumont@slh.ie)

St Luke's Radiation Oncology Centre at

## **St James's Hospital, Dublin 8**

Tel: (01) 420 6900

Email: [radiotherapy.stjames@slh.ie](mailto:radiotherapy.stjames@slh.ie)