Understanding prostate cancer

This booklet has been written to help you understand more about prostate cancer. It has been prepared and checked by urologists, cancer doctors, other specialists, nurses and patients. The information here is an agreed view on this cancer, its diagnosis and treatment, and the main aspects of living with it.

If you are a patient, your doctor or nurse may go through the booklet with you and mark sections that are important for you.

**Important telephone numbers**

<table>
<thead>
<tr>
<th>Specialist nurse</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family doctor (GP)</td>
<td>Tel:</td>
</tr>
<tr>
<td>Surgeon/urologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Radiation oncologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Radiation therapist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Medical oncologist</td>
<td>Tel:</td>
</tr>
<tr>
<td>Emergency</td>
<td>Tel:</td>
</tr>
</tbody>
</table>

Treatments

Review dates

If you like, you can also add:

Your name

Address
The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

EDITOR
Antoinette Walker

HEALTHCARE ADVISERS
Prof John Armstrong, Consultant Radiation Oncologist
Dr John McCaffrey, Consultant Medical Oncologist
Mr Michael Butler, Consultant Urologist
Prof John Fitzpatrick, Consultant Urologist
Angela Kissane, Clinical Nurse Specialist in Urology

SERIES EDITOR
Joan Kelly, Nursing Services Manager

ILLUSTRATOR
Michael H. Phillips

Next revise: 2010

Product or brand names that appear in this booklet are for example only. The Irish Cancer Society does not endorse any specific product or brand.

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

ISBN 0-95323-690-1

Contents

4 Introduction
5 What does that word mean?

Before diagnosis
7 What is cancer?
9 What is the prostate gland?
10 What causes prostate cancer?
10 What are the symptoms of prostate cancer?
12 How does the doctor make the diagnosis?
16 Grading and staging of prostate cancer

Treatment and side-effects
19 What type of treatment do I need?
24 Surgery
30 Radiotherapy
42 Hormone therapy
47 Chemotherapy
49 Relief of symptoms
52 General side-effects of treatment
56 Research – what is a clinical trial?
57 Cancer and complementary therapies
59 What follow-up do I need?

Coping and emotions
61 How can I cope with my feelings?
62 How can my family and friends help?
63 How can I talk to my children?
64 What else can I do?

Support resources
67 Who else can help?
68 Health cover
76 Irish Cancer Society services
79 Useful organisation
83 Helpful books
84 Questions to ask your doctor
85 Your own questions
Introduction

This booklet has been written to help you understand more about prostate cancer. It covers the symptoms of prostate cancer, how is diagnosed, how it is treated and any side-effects of treatment. It also looks at how to cope with any of side-effects if they happen.

The treatment for prostate cancer can vary a little between doctors and hospitals. As a result, you may have questions and concerns about your own treatment which this booklet does not answer. We also cannot advise you about which treatment to choose. It is best to discuss details of your own treatment with your doctor. If you are unsure about any aspect of your treatment, call the Prostate Cancer Information Service 1800 380 380.

At the back of the booklet, you will also find lists of useful organisations, books and websites.

Reading this booklet

We hope you find this booklet of help. There is a lot of information on prostate cancer to take in. But remember you do not need to know everything straight away.

Read a section about a particular item as it happens. Then when you feel relaxed and want to know more, read another section. Some of the information may not be relevant to you.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the Prostate Cancer Information Service 1800 380 380. If reading this booklet helps you, you could pass it on to your family and friends who might find it helpful too.

What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>Not cancer.</td>
</tr>
<tr>
<td>Biopsy</td>
<td>Removing a small amount of tissue from your body to find out if cancer cells are present.</td>
</tr>
<tr>
<td>Catheter</td>
<td>A long flexible tube that is passed into your bladder. It drains urine into a bag.</td>
</tr>
<tr>
<td>Cells</td>
<td>The building blocks that make up your body. They are tiny and can only be seen under a microscope.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>The treatment of cancer using drugs.</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>When you are unable to have an erection.</td>
</tr>
<tr>
<td>Malignant</td>
<td>Cancer.</td>
</tr>
<tr>
<td>Medical oncologist</td>
<td>A doctor who specialises in treating cancer patients using chemotherapy and other medications.</td>
</tr>
<tr>
<td>Metastasis</td>
<td>When cancer spreads from one part of the body to another. Also called secondaries.</td>
</tr>
<tr>
<td>Oncology</td>
<td>The study of cancer.</td>
</tr>
<tr>
<td>Orchidectomy</td>
<td>An operation that removes one or both testicles.</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>An operation that removes the prostate gland.</td>
</tr>
<tr>
<td>Protein</td>
<td>A basic part of living cells needed for them to grow and repair themselves.</td>
</tr>
</tbody>
</table>
Protein specific antigen (PSA)  A protein made by the prostate gland. It turns semen into a liquid.

Radiotherapy  The treatment of cancer using high-energy X-rays.

Rectum  The lower part of the bowel (back passage).

Radiation oncologist  A doctor who specialises in treating cancer patients using radiotherapy.

Staging  A series of tests that measure the size and extent of cancer.

Urinary incontinence  Loss of bladder control.

Urologist  A surgeon who specialises in treating kidney and bladder problems and also of the male sex organs.

Before diagnosis

What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer, and breast cancer. Each has its own type of treatment and chance of being cured.

All the tissues and organs in the body are made up of tiny building blocks called cells. All cancers are a disease of the body’s cells. In healthy tissue, these cells repair or replace themselves when they get worn out or injured. When cancer occurs, the cells do not behave as normal and keep on growing even when there is no need.

These abnormal cells can form a lump called a tumour. Tumours can be either benign or malignant. In general benign tumours do not spread to other parts of the body, so are not called cancer. Malignant tumours are sometimes called primary tumours. They are made up of cancer cells that can spread from where they first grew and harm other tissues and organs. This may happen when a cell or group of cells breaks away and enters the bloodstream or lymphatic system to form a new tumour somewhere else in the body. This is called a metastasis (meh-tas-teh-sis) or secondary tumour.
What is the lymphatic system?

The body defends itself against infection in many ways. The lymphatic system is one way. Like the bloodstream it carries material around the body. It is made up a network of tiny tubes that pass through most of the tissues in your body. These tubes carry a clear watery fluid called lymph. Along the network are hundreds of small glands shaped like beans. These are called lymph nodes and they remove unwanted material from the lymph like a sieve. They also help white blood cells called lymphocytes to protect the body against infection.

Lymph nodes are found in groups throughout your body, such as in your neck, armpits and groin. Sometimes you may notice these glands if they become swollen. More of these lymph nodes are found in larger groups in your chest and abdomen. Other parts of the lymphatic system include your spleen, thymus, tonsils and bone marrow.

What is the prostate gland?

The prostate is a gland found only in men. It is about the size of a walnut. It lies below your bladder and just in front of your rectum (back passage). Running through the prostate is a tube that carries urine to the penis. This tube is known as the urethra.

The prostate makes a thick white fluid that mixes with sperm. This fluid is known as semen. It also makes a protein called prostate specific antigen (PSA). This protein turns the semen into liquid.

Prostate cells depend on the male sex hormone, testosterone, to grow. This is made in the testicles. Near the prostate are small groups of lymph nodes.

To sum up

- Cancer is a disease of the cells of the body.
- With cancer, the cells do not behave as normal and keep on growing even when there is no need.
- These abnormal cells can form a tumour.
- If a tumour is malignant, cells can break away and enter the bloodstream or lymphatic vessels to form a new tumour somewhere else. This is called a metastasis or secondary tumour.

Prostate cancer

In general, prostate cancer affects men over the age of 50. Small areas of cancer in the prostate gland are very common in men. They may not grow at all or else grow slowly during a man’s lifetime and often do not cause any problems. Most men over the age of 80 will have some cancer cells in the prostate that they may never know they have.

In other cases, the cancer grows more quickly and may spread to other parts of the body, such as the bones.
What causes prostate cancer?

The exact cause of prostate cancer is unknown. Research goes on all the time to see if genetics, diet, infection, smoking, exercise, surgery, etc. are risk factors. Research has found that some people may be at higher risk. You may be more at risk if there is a history of prostate cancer in your family. For example, this could be your grandfather, father, uncle or brother. African-American and Afro-Caribbean men seem to be more at risk than other ethnic groups. Asian men have a lower risk of prostate cancer. Prostate cancer is not infectious and cannot be passed on to other people.

What are the symptoms of prostate cancer?

As men get older the prostate gland can get bigger. This is usually due to a condition not caused by cancer. It is known as benign enlargement of the prostate. It can also be called benign prostatic hypertrophy (BPH). Sometimes the symptoms of this benign condition can be the same as that for cancer. They may include the following:

- Pain or difficulty when passing urine
- Trouble starting or stopping the flow of urine
- Passing urine more often, especially at night
- The feeling of not having emptied your bladder
- Painful ejaculation
- Blood in the urine or sperm (very rare).

If you have any of the above symptoms, you must get them checked out by your doctor. But remember that most symptoms are not due to cancer and can be easily treated.

Because prostate cancer often grows slowly, symptoms may not occur for many years. This is especially true with older men. In some cases, the symptoms are caused by the spread of the cancer to other parts of the body. These symptoms may include pain in your back, hips or pelvis caused by the cancer spreading to the bones.

Screening

In recent years, screening for cancer has become an important part of cancer care. In Ireland, there is no screening programme for prostate cancer. A screening programme is when you visit your doctor regularly and checks for prostate cancer are done free of charge.

There is no screening in this country as medical experts are unsure if finding prostate cancer early increases your chances of a cure. Many prostate cancers grow very slowly over many years. The side-effects from treatment may be worse than the effects of early prostate cancer.

At present, there is no single test that can diagnose prostate cancer. A number of tests must be done to get a firm diagnosis. Research is ongoing to see if screening can help. If there is a history of prostate cancer in your family, you should talk to your family doctor. He or she will advise you on what to do. You may have to be screened for prostate cancer. The tests will include a rectal examination and a blood test to check your PSA levels.

Prostate specific antigen (PSA)

PSA is a protein made by the prostate gland. This protein is needed to turn semen into liquid. The amount of the protein in your body can be raised by both prostate cancer and benign enlargement of the prostate. A blood test can be done to check your PSA levels. Men with prostate cancer tend to have higher levels of PSA than those with benign enlargement of the prostate. There are many other things that can raise PSA levels. These include urine infections, inflammation, trauma, and biopsies.

If your blood test shows you have a raised PSA level, you may need more tests. In men with prostate cancer, the PSA levels may show if the cancer has spread or not. That way it can help to measure the effects of treatment.

Is the PSA test reliable?

Remember there is no one test that can diagnose prostate cancer. The PSA test is not fully reliable. A raised PSA test does not always mean you have prostate cancer. And a PSA may be normal, even when cancer is present.
The test cannot tell the difference between prostate cancers that grow quickly or those that grow slowly and do not need treatment. For more information about the PSA test, call the Prostate Cancer Information Service 1800 380 380 for a free copy of the booklet, *Understanding the PSA Test*.

There is no one test that can diagnose prostate cancer.

How does the doctor make the diagnosis?

Most men visit their family doctor (GP) if they have problems. Your doctor will first ask you some questions about your health and then do a physical exam.

It may involve the following:

- **Blood tests**: Samples of blood are taken to check the level of PSA in your blood. A high level of PSA can be a sign of cancer, although the level can be raised in benign conditions too. The higher the PSA level, the more likely it is to be cancer. If your doctor is concerned, he or she will send you to hospital for more tests.

- **A digital rectal examination**: Here your doctor puts a gloved finger into your back passage. This is to feel the prostate and check its size, shape and texture. Your doctor can feel for any tenderness, lumps or swelling as well. The test is quick, not painful but may be slightly uncomfortable.

Hospital tests

You may need all or some of the following tests. Your doctor will explain and discuss these tests with you beforehand. The tests may include:

**Transrectal ultrasound (TRUS)**

This test is done in the urology department of the hospital. An ultrasound builds up a picture of the tissues inside your body using sound waves. First a nurse will ask you to lie on your side and a probe is placed in your back passage. The probe is a small lubricated metal tube. Next a tool like a microphone is used to take the scan. The scan is then changed into a picture by a computer.

**Biopsy**

You may have a small sample of cells (biopsy) taken at the same time. These will be checked under a microscope later.

This test usually shows if you have prostate cancer, and also how quickly it may develop. The test may be uncomfortable but only lasts a few minutes.

There is a very small risk of infection after a biopsy. To help prevent it your doctor may give you antibiotics for a few days beforehand. This may continue for a day after the biopsy. After the test you may notice a small amount of blood in your urine or some bleeding from your rectum. You may get blood in your semen for up to a month afterwards. These are all very common side-effects. Most go away after a few days. But let your doctor or nurse know if they persist or if you get a high temperature or pain in your back passage. He or she will advise you what to do.
Tests for staging

If the tests show you have prostate cancer, you may need other tests. This is known as staging. These extra tests are important as they can find out if the disease has spread to other parts of your body. The results will help your doctors to decide on the best treatment for you.

The tests may include all or some of the following:

**Bone scan**: Prostate cancer often spreads to the bones. Bone scans can find cancer cells before they show up on an X-ray. For this test a tiny amount of a radioactive liquid is put into one of your veins. Usually it is a vein in your arm. After the injection, you must wait for up to 3 hours. A scan is then taken of all the bones in your body. Abnormal bone takes up more radioactive liquid than normal bone. These areas will show up on the scan and are known as ‘hot spots’. It can also show bone changes like arthritis.

Bring a book or magazine to help you pass the time while waiting for the scan. Or you may prefer to bring a friend for company. Don’t worry about the amount of radioactivity used in these scans. It is very low and safe. It disappears from your body within a few hours, but it is best to avoid pregnant women and children for 24 hours.

**X-rays**: You may need bone X-rays if the bone scan shows up hot spots. These X-rays will help to confirm if the cancer has spread or not. A chest X-ray may be done to check your general health.

**MRI scan**: This special type of scan uses magnetic energy to build up a picture of the tissues inside your body. It does not hurt but it can be noisy. But you will be given earplugs to wear during the scan. You may have an injection beforehand to show up certain areas of your body. You cannot wear metal jewellery during the scan. If you have medical devices in your body, like a pacemaker, you are not suitable for the test. Your doctor in the hospital will advise you on this. Most people can go home afterwards.

**CT scan (CAT scan)**: This is a special type of X-ray that builds up a detailed picture of the tissues inside your body. It does not hurt. Before the scan you may have to fast for 4 hours. You may be given a special drink or injection which helps show up parts of your body on the scan. Before you take the drink or injection, let the radiographer know if you are allergic to iodine or have asthma. The injection may make you feel hot all over for a few minutes. Preparation for a CT scan can vary between hospitals. The doctor or nurse will tell you what to do. This test is usually done as an outpatient.

Waiting for results

In general, it can take about a week for all the test results to come back. The waiting can be an anxious time for you. It may help to talk things over with a relative or close friend. You may also wish to call the Prostate Cancer Information Service 1800 380 380 to speak to one of our specially trained nurses.

To sum up

Some tests need to be done to diagnose prostate cancer. They may include:

- PSA blood test
- Rectal examination
- Transrectal ultrasound and a biopsy of the prostate

If you have prostate cancer, further tests might include:

- Bone scan
- Bone X-rays
- MRI scan
- CT scan
Grading and staging of prostate cancer

Grading

Grading refers to how the cancer cells look under the microscope. It describes how normal or abnormal the cells are. The grade helps doctors to predict how quickly the cancer may grow and behave.

The **Gleason scale** is the most common scale used for grading prostate cancer. It looks at how the cancer cells are arranged within the prostate and grades them as a result. Grade 1 is the lowest grade or most normal looking. Grade 5 is the highest grade or the least normal looking. The two most common patterns of prostate cancer are considered and the grades added together to give an overall score from 2 to 10. The lower the score, the lower the grade of cancer.

Grades 2–4 are low-grade tumours. They are usually slow growing and less likely to spread. A score of 5–7 is a moderate grade. Grades 8–10 are high-grade tumours. They tend to grow more quickly and are more likely to spread.

Staging

The stage of a cancer describes its size and if it has spread to other parts of the body. By knowing the stage and the grade of your cancer, it helps your doctors to decide the best treatment for you. There are many staging systems for prostate cancer but the one below is used most often.

Prostate cancer is generally divided into four stages depending on the tumour size. If the tumour is within the prostate, this is known as T1 and T2. Tumours that have spread beyond the prostate are known as T3 and T4. If the cancer has spread to other parts of the body, this is known as secondary or metastatic prostate cancer.

| T1 | The tumour is within the prostate gland. But it is too small to be found during a rectal exam. It may be found by tests like the PSA test, a biopsy or by any surgery to the prostate. Usually there are no symptoms. |
| T2 | The tumour is still within the prostate gland. It is large enough to be felt during a rectal exam or can be seen on an ultrasound. Often there are no symptoms. |
| T3 to T4 | The tumour has spread outside the prostate gland into nearby tissues. This is known as locally advanced prostate cancer. |

To sum up

- T1 and T2 tumours are known as early prostate cancer.
- T3 and T4 are known as locally advanced prostate cancer.
- If the cancer has spread to other parts of the body, this is called secondary or metastatic disease.
What type of treatment do I need?

Surgery, radiotherapy and hormone therapy are all used for the treatment of prostate cancer. These treatments can be used on their own or in combination. Chemotherapy is used more often with advanced disease. It can also be given to reduce the size of the tumour and to relieve symptoms.

The type of treatment you need will depend on a number of factors. These will help your doctor decide which treatment is best for you. They include:

- The size and grade of your tumour
- The stage of your tumour – if it has spread nearby or to other parts of your body
- Your PSA level
- Any likely side-effects and how they might affect you
- Your age
- Your general state of health
- Your own wishes and preferences.

Early prostate cancer

If the cancer is found only within the prostate gland, it is known as early prostate cancer. The treatment options for early prostate cancer include:

- Watchful waiting – no treatment
- Active surveillance
- Radical prostatectomy (removal of the prostate gland)
- Radiotherapy
- Hormone therapy
- Newer treatments – keyhole surgery, cryotherapy, HIFU.

A combination of treatments may be used to give you the best results.
Newer treatments
Some newer treatments for early prostate cancer are available in Ireland. But not all hospitals may offer these treatments. Surgery to the prostate can now be done by laparoscope. It is also called keyhole surgery. This is when the surgeon looks inside your abdomen using a special camera. A small cut is made in your abdomen, which means there are less side-effects of surgery. Keyhole surgery to the prostate can also be done using robotic arms. Robotic surgery means there is greater precision, less side-effects like blood loss, and a shorter stay in hospital.

For those who might want to avoid open surgery, cryotherapy may be an option. Cryotherapy is a way of killing cancer cells by freezing them using special gases. It is also known as cryosurgery. It can also be used for men whose disease has come back after radiotherapy.

Another new treatment is called high-intensity focused ultrasound (HIFU). This acts in the opposite way to cryotherapy. With HIFU the prostate cancer cells are killed by heat using ultrasound waves.

Locally advanced prostate cancer
If the cancer has spread outside the prostate to nearby tissues, it is called locally advanced cancer. Most of these cancers can be controlled. This can be done by using hormone therapy and radiotherapy to the prostate and nearby area. A combination of both can also be used. Some of these cancers are cured after treatment.

Sometimes it may be best to given no treatment at all. This is true for some elderly men who have no symptoms of prostate cancer or who have other medical problems. In this case your doctor may decide to do regular check-ups instead and control any symptoms that happen. This is done because the cancer may grow so slowly that it is not worth risking the side-effects that may come with treatment.
Secondary prostate cancer
If the cancer has spread to other parts of the body, hormone therapy can work well for many months or years. It can often shrink tumours and improve symptoms like tiredness, problems passing urine, discomfort or pain. A range of hormone therapies is available nowadays.

Chemotherapy may be given if hormone therapy is no longer working. It may reduce the size of the tumour and ease symptoms. More and more men are now suitable for chemotherapy for prostate cancer to improve their quality of life. In general chemotherapy is well tolerated, leaving few side-effects.

Your doctor may advise a course of radiotherapy to relieve pain if the cancer has spread to the bones or elsewhere. This is known as palliative radiotherapy. The treatment is only given to the affected bone or area.

Treating symptoms of cancer
Symptoms of cancer like bone pain can also be treated. Drugs like Aredia or Zometa can be given into a vein to help pain or strengthen the bones. If the bones in the spine are affected, this can sometimes lead to weakness, tingling or numbness in the legs or arms. This is due to pressure on the spinal nerves. If you develop any feelings of weakness, numbness or pins and needles in your legs or arms, contact your cancer specialist straight away. By receiving treatment quickly, it may prevent the nerves from being permanently damaged.

Individual treatment
You may notice that other men at the hospital are having different treatment to you. Don’t let this worry you as their cancer may not be at the same stage as yours. Their treatment needs may be different. At this time you may be anxious about what is going to happen next. Do not be afraid to ask your doctor or nurse for information.

Before any treatment your doctor and nurse should discuss all the possible side-effects of treatment with you. This includes temporary and permanent ones. You may want to use the fill-in page at the back of this booklet to write down your questions and the answers you receive.

Your doctor will tell you about your treatment choices too. He or she may suggest that there is more than one treatment option open to you. In this situation, it is very important that you are aware of the side-effects of each treatment before you decide which one to choose. Some treatments may be equally effective but the possible side-effects may vary and can be more severe, depending on the treatment you receive.

If you have concerns about the various treatments available, discuss them with your doctor. He or she will be happy to answer any questions and advise you on the treatment most suitable for you.

Should I get a second opinion?
It is natural to feel anxious about making the right treatment choice. For some people, getting another medical opinion puts their mind at ease. It can reassure them about their treatment choice. Most doctors will refer you to another specialist if you think it would be helpful.
Surgery

Surgery for prostate cancer usually involves a total prostatectomy. This is where the prostate is fully removed from your body. Before agreeing to this treatment, make sure you understand why you need it done and its chance of success. You will also need to know about the side-effects of surgery and how long they will last.

Ask your doctor or nurse to explain the operation to you in detail. Write down your questions if you wish. No operation can take place without your consent.

Total prostatectomy

In this operation the prostate is removed through your abdomen. It is also known as a radical prostatectomy. It is only done if the cancer is within the prostate gland. This is because the entire tumour can be removed and the cancer cured.

Getting ready for surgery

You will need some extra tests to make sure you are fit for surgery.

ECG and blood tests: The tests may include a heart test (ECG) and some more blood tests. An anaesthetist may examine you to make sure you are fit for surgery.

Exercises: If you are having a total prostatectomy, there are simple exercises that you can do in the days beforehand. These will help to strengthen the muscles that control your bladder. As a result, it may reduce the risk of urinary incontinence after surgery. A physiotherapist or nurse will show you how to do these exercises. He or she will also show you how to do deep breathing and leg exercises. These will help prevent you getting a chest infection or blood clot after your operation.

Fasting: You will not be allowed to eat anything from the night before your operation.

Preventing clots: Depending on your surgeon or the hospital, you may get an injection of heparin before surgery. You will also get a course afterwards. This is to prevent a clot forming in your legs after surgery.

Sedation: Before you go to theatre, your nurse may give you a tablet to make you feel more relaxed and sleepy.

After your operation

When you wake up, there may be some tubes attached to your body. They may look scary but they are normal after an operation like this.

Wound: There will be a plastic tube near your wound site to drain away fluid like blood. The wound itself will be in the middle of your abdomen and have surgical clips to help heal it.

Fluids: A drip will be put into a vein in your neck or in your arm. You will be given fluids through this until you can drink again.

Oxygen: You may be wearing an oxygen mask or nose prongs. These will give you extra oxygen to help you breathe.

Catheter: A small tube called a catheter will be put into your bladder to drain your urine into a bag. This will save you having to get out of bed to go to the toilet.

Pain: There may be a small pump attached to the drip. This may contain medication to relieve pain if needed.

Short-term side-effects of surgery

Pain: You may have some pain after surgery for prostate cancer. Your nurse can give you pain-killing injections or tablets if you need them. Always ask for help before the pain gets too bad. If the medication does not work, let your nurse know as it can be changed.

If you have a special pump for relieving pain, your nurse will show you how to use it. There are different types: either a patient controlled analgesia pump (PCA) or a patient controlled epidural analgesia pump (PCEA). There is a button on the pump that you can press to release the medication when you need it. You may have mild discomfort for several weeks. Your doctor will give you a prescription for painkillers to take home with you if needed.

Sluggish bowel: The anaesthetic during your operation will slow down your bowels. As a result, it will take a day or two before you can start eating and drinking again. But you will quickly be able to take sips of water. The amount of fluids you can take will then be increased. Most
men can manage a light meal within 1 or 2 days of surgery. As soon as you begin to drink again, the drip will be removed. All other tubes and drains will be taken out as you get better, except for the urinary catheter. You will go home with this tube for 2 weeks.

**Infection and blood clots:** A physiotherapist will help you with your breathing exercises. He or she will also show you how to cough and turn in the bed. By doing these exercises you will help to prevent a chest infection. Even when you are in bed, you should move your legs and do your deep breathing exercises at least once an hour. This will prevent leg clots. On the day after surgery, the nurses will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you get better. Soon you will be able to go for walks on your own.

**Passing urine:** The urinary catheter will stay in place for about 10 days to 3 weeks after your operation. Any urine you make will pass through the catheter into a drainage bag. While the catheter is in place, you must drink plenty of clear fluids. It is best to drink about 2/3 litres a day. By doing this, you will keep the urine flowing and reduce the risk of getting an infection.

Before you go home, a nurse will show you how to use a drainage bag. You may experience bladder spasm while you have a catheter in place, but this is normal. This may occur when your bowels move. Your doctor can prescribe medication if this becomes a problem.

You may have to come back to the hospital or the outpatients to have the urinary catheter removed. Removing it only takes a moment or two. You can go home as soon as you are passing urine normally. You should continue to do the bladder exercises as often as possible.

**Urinary incontinence**

Urinary incontinence means you cannot control your bladder. Long-term problems controlling the bladder are less common than short-term ones. It can be hard to tell who will have problems and for how long. Most men have urinary problems when the catheter is first removed. Usually this improves over time but it can be frustrating.

Talk to your urologist or nurse about the possible risk of urinary incontinence before you consent to surgery. A very small number of men will have long-term problems with leakage of urine. Very few men will experience the occasional dampness or drop of urine. Very rarely do men have to wear a permanent catheter.

**Possible long-term side-effects**

- **Urinary incontinence**
- **Erectile dysfunction (impotence)**
- **Infertility**

**Going home**

Most men are ready to go home 5 to 7 days after surgery. If you live alone or have problems getting around the house, talk to your nurse or medical social worker on your ward. It is best to do it as early as possible, as soon as you are admitted to the hospital. He or she can prepare in advance the community services you may need once you leave hospital. On the day you go home you will be given a date to come back. Usually it is about 2 weeks’ later so that the catheter can be removed. If you have a worry or symptom before this date, contact your doctor, cancer nurse specialist or hospital ward for advice.

**Possible long-term side-effects**

- **Urinary incontinence**
- **Erectile dysfunction (impotence)**
- **Infertility**

**There is help available if you develop urinary incontinence.**

There is help available if you have urinary incontinence. But remember it usually improves with time. There are pelvic floor...
exercises that can be learnt to improve the problem. Talk to your doctor, nurse or local public health nurse. Your doctor may be able to prescribe medication or suggest other surgical options.

All the HSE areas (former health boards) have continence advisers who will show you ways to cope. Contact your local HSE office for more information. See page 74 for more details. A factsheet on urinary incontinence is available from the Prostate Cancer Information Service. Call 1800 380 380 for a free copy.

Tips & Hints – urinary incontinence

- Cut down on drinks such as tea, coffee, fizzy drinks and alcohol, as these can irritate your bladder.
- Keep a healthy weight for your height.
- Drink enough fluids every day to prevent dehydration.
- Eat a healthy balanced diet. It should be rich in fibre to avoid constipation, as this can put pressure on your bladder and make urinary problems worse.
- Exercise regularly, as it will help your bowels to work well.
- Do pelvic floor exercises regularly. These exercises can help to strengthen the muscles around your bladder and in the pelvic floor.
- Avoid skin irritation and/or odour with regular hygiene. Use a mild soap and gently pat the area dry.
- Make sure that you can reach the toilet easily and that your clothing can be easily undone.

Erectile dysfunction (impotence)

Surgery to the prostate gland can lead to problems having an erection. This is called erectile dysfunction or sexual impotence. It is caused by a reduced blood flow to the penis due to damage to arteries or nerves near the prostate. Often the need to remove all the cancer cells makes it impossible to avoid nerve damage. Even a small amount of damage can lead to the failure of erections, especially in older men.

About 7 in 10 men are impotent after a total prostatectomy. It can take at least a year after the operation to find out if the impotence is permanent or not. In some cases, your urologist may be able to spare the nerves near the prostate. It is a special type of operation called a nerve-sparing prostatectomy. If this can be done, the risk of impotence is much less.

After a prostatectomy, an orgasm during sex will cause the ejaculation of semen. The semen pass into your bladder instead and not out through your penis. The next time you pass urine, the urine may be cloudy, but this is harmless.

It may be possible to get an erection using medication. This can be discussed with your doctor when you go for check-ups. See page 52 for more details. A useful factsheet on erectile dysfunction is also available from the Prostate Cancer Information Service. Call 1800 380 380 for a free copy.

Infertility

Surgery for prostate cancer will cause infertility. This means you will no longer be able to father a child. You may find this effect of surgery very distressing. Your doctor will discuss this with you before your operation. If you have a partner, you may find it helpful to see the doctor together so that you can both talk about your concerns. If your sperm count is good, it may be possible to store sperm before surgery. These can then be used later. In Ireland, this is done at the HARI Unit at the Rotunda Hospital in Dublin. For more information on sperm banking, see page 54.

Prostate Cancer Information Service 1800 380 380
Other surgery you may need

Orchidectomy (removal of the testes)
The testes can be removed to reduce the level of testosterone (male hormone) in your body. Although this involves an operation, it is discussed in the section on hormone therapies (see page 42).

To sum up
- The aim of surgery is to remove the entire tumour.
- This operation is only done when the cancer is found within the prostate.
- Most men are ready to go home 5 to 7 days after surgery.
- Surgery for prostate cancer may cause short or long-term side-effects.

Radiotherapy

Radiotherapy is a treatment where high-energy X-rays are aimed at a cancer to cure or control it. The X-rays usually come from a machine called a linear accelerator. This is known as external radiotherapy. For men with early prostate cancer, sometimes radiotherapy in the form of small radioactive seeds can be put into the tumour. This is known as brachytherapy. Some men may have both types of radiotherapy.

In early prostate cancer, the radiotherapy is aimed at the tumour in the prostate gland. The aim is to destroy the cancer cells, while doing as little harm as possible to normal cells. This is known as radical radiotherapy.

Radiotherapy may be given if the cancer has spread to other parts of the body, such as the bones. In this situation, the treatment cannot get rid of all the cancer cells and cure the cancer. But it can reduce symptoms like pain and make you more comfortable and feel better. This is known as palliative radiotherapy. It is usually not used for general pain because painkillers are better in this case. Radiation can help single areas of pain best.

A booklet called Understanding Radiotherapy is available from the Irish Cancer Society. It gives more details about the types of radiotherapy and possible side-effects. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.

External radiotherapy

Planning your treatment
Before radiotherapy, your radiation oncologist will plan how best to give your treatment. He or she will decide how much radiotherapy is needed to treat the cancer while limiting any damage to normal cells.

On your first visit to the radiotherapy unit you will have an MRI/CT scan that will show the area to be treated. It will take a few visits before your treatment can go ahead.

The radiation therapist will mark the area on your skin where you are to receive treatment. This is done so that the X-rays can be aimed at the same area each day. Before starting radiotherapy, your nurse will tell you how to look after your skin during and after treatment.

Getting your radiotherapy
Having radiotherapy is quite straightforward. You will have to visit the unit every day during the week with a rest at weekends. A course of radical radiotherapy may continue for 7–8 weeks or more. Each treatment session only takes a few minutes. You will not feel any pain during treatment, but you will have to lie still. How much treatment you receive will depend on the extent of the cancer. Your doctor will discuss your treatment with you.
Each time you go for treatment you will go into a radiotherapy room. The radiation therapist will ask you to lie in a certain position under a machine. When you are ready, he or she will leave the room. The machine will be turned on and your treatment given. Even though you are on your own in the room, your radiation therapist can see you all the time through a closed-circuit camera. You can talk to the staff through an intercom if you need to.

Will I have any side-effects?
Radiotherapy is given directly to the site of the cancer. This means that any side-effects that happen are related to the part of the body being treated. The severity of these side-effects will vary from person to person and depend on the amount of radiotherapy received. Some side-effects will go away after treatment has ended or soon after. Other side-effects may persist and develop into long-term problems. Before you start your treatment, your doctor or nurse will explain how these effects can be managed.

The short-term side-effects of radiotherapy may include:

- Passing urine more often
- Diarrhoea
- Discomfort at back passage
- Skin changes
- Erectile dysfunction
- Infertility
- Weight loss
- Tiredness
- Hair loss

Passing urine more often
During radiotherapy your bladder may become irritated. This can make you pass urine more often. It can also cause a burning feeling when you do pass urine. You may have a trace of blood in your urine too. If you have problems passing urine or notice blood there, discuss it with your doctor. He or she will give you medication to reduce these effects. It rare cases, a catheter may need to be put in for the rest of your treatment.

These side-effects usually go away gradually a few weeks after treatment is over.

If you have problems passing urine or notice blood in your urine, discuss it with your doctor.

Diarrhoea
You may develop diarrhoea towards the end of treatment. This is because the prostate gland is very close to the back passage (rectum). Passing watery bowel motions more than twice a day is known as diarrhoea. You may also have cramping and/or abdominal pain. If this happens, drink lots of clear fluids to replace the fluids you are losing. Let your doctor know if the diarrhoea lasts for over 24 hours. There is medication that can stop this side-effect.

Discomfort at back passage
Radiotherapy to the prostate area may irritate the back passage and cause discomfort. It can also cause soreness around the anus. You may notice some blood on toilet tissue after passing a bowel motion. Indeed it may feel as if you have piles. If this happens, tell your doctor or nurse. Your doctor can prescribe medication that will help this problem.

Skin changes
During radiotherapy, the skin in the treated area may become red and sore. It may look like sunburn. You can use a special cream to treat this problem. Only use creams recommended by your nurse or radiation therapist. If you need to wash the area, use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. Avoid perfumed creams or powders. Check with your radiation therapist or nurse before applying anything to your skin.

Erectile dysfunction
Radiotherapy to the prostate can make it harder to get an erection (impotence). After radiation, some men find that an orgasm has less semen than usual. For some men impotence may become a long-term problem after radiotherapy. There are various treatments that can help. See page 52 for more information.
Infertility
Radiotherapy for prostate cancer is likely to cause infertility. This means you will no longer be able to father a child. You may find this effect of treatment very distressing. Your doctor will talk to you about this effect before your treatment. If you have a partner, you may find it helpful to see the doctor together so that you can both talk about your concerns. If your sperm count is normal, it may be possible to store sperm before radiotherapy. These can then be used at a later date. For more information on sperm banking, see page 54.

Weight loss
If you have problems eating, you may begin to lose weight. It is best to try to eat as well as you can while on treatment. Eating small meals more often can help. Ask to see a dietitian if you are losing weight. He or she will give you advice on the best foods to eat. A booklet called Diet and Cancer is available from the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a free copy. You may find this booklet helpful.

Tiredness
Tiredness can build up over the course of your treatment. You may feel tired because of the treatment itself or perhaps you have to travel long distances for treatment. Rest as much as you can and continue to do the things you like. But remember you may have less energy than before treatment.

Hair loss
You may have some hair loss in and around the pubic area. If this happens, it will fall out quickly. But try not to worry, as the hair will start to grow again when treatment is over. You may find that the hair is thinner or finer than it was before. These or any other effects you develop will be watched carefully during your radiotherapy.

Information on how to prevent side-effects and medication will be prescribed, if needed. Most of these side-effects should go away when treatment is over. But do let your doctor know about them if they continue.

Possible long-term side-effects
Radiotherapy to the prostate area can sometimes lead to long-term side-effects. But better planning and methods of giving treatment have made these side-effects less likely now. If you have radiotherapy to the prostate, it may not be possible to have surgery to remove the cancer if it recurs. This is because there is a high risk of getting complications.

The long-term side-effects of radiotherapy may include:
- Erectile dysfunction
- Infertility
- Bladder symptoms and urinary incontinence
- Lymphoedema
- Diarrhoea or bowel problems

Erectile dysfunction
In about one-third of men, radiotherapy can make you unable to have an erection. It can be up to 1 year after treatment before this power can return. It may develop into a long-term problem and may be permanent.

You may find this side-effect of treatment very hard to deal with. It can affect your relationship with your partner and your sex life. But you should not feel embarrassed to talk to your doctor or nurse about this problem. They can give you practical advice on ways to help overcome it. See page 52 for more information.

Bladder symptoms and urinary incontinence
In a small number of men, the bladder may be permanently affected by radiotherapy. The blood vessels in the bladder can become more fragile after radiotherapy and this can cause blood to appear in the urine. This can take many months or years to happen. If you notice any bleeding, tell your doctor so that tests can be carried out and proper treatment given.

Sometimes radiotherapy can cause leakage of urine due to damage to the nerves that control the bladder muscles. But this is unlikely unless
you have had prostate surgery as well. If this happens, discuss it with your doctor or nurse.

**Diarrhoea or bowel problems**

In rare cases, diarrhoea or bowel problems may persist. Occasionally, bowel movements may become more urgent and frequent after radiotherapy. But only rarely, will you find it hard to control your bowels. The blood vessels in the bowel can become more fragile after radiotherapy and this can cause blood to appear in your bowel motions.

Tell your doctor or nurse if you develop any of these symptoms so that suitable treatment can be given. These side-effects usually disappear about a month after treatment has ended. If you have ongoing problems with diarrhoea or rectal bleeding, make sure to contact your doctor without delay.

**Lymphoedema**

If radiotherapy is given to the lymph glands in the pelvic area as well as the prostate, it can cause some swelling of the legs. This is known as lymphoedema. More information is available in a booklet, *Understanding Lymphoedema*, from the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.

---

### Tips & Hints – radiotherapy

- Drink plenty of water.
- Cut down on tea, coffee and alcohol.
- Drink cranberry juice or fruit juices.
- Rest as much as you can.
- Keep your energy for doing the things you most enjoy.

---

**Brachytherapy (internal radiotherapy)**

Sometimes radiotherapy for prostate cancer is given internally. This is called brachytherapy. Here the radiation comes from small seeds put into the tumour under general anaesthetic. The reason for this is that radiation can be released slowly over a number of months, usually about 6 months. The seeds are not taken out but the radiation fades away over time. It is a safe therapy with no risk to other people. Depending on the size of the tumour, brachytherapy may be given with external radiotherapy.

**Tests before treatment**

A study of the prostate must be done first. This can take place some weeks or days before the seeds are put in. The study is called a volume study. It uses an ultrasound to find out the exact size and shape of the prostate.

It will also help your doctors to decide if you are suitable for a seed implant. Because you need a light anaesthetic for the test, it takes place in the operating theatre. A transrectal ultrasound is used to take pictures of the prostate. These pictures will show the number of seeds needed for treatment and where they should be placed.

For this test, your bowels must be empty. This is so the best possible pictures of your prostate can be taken. You will be given an enema
beforehand and advice about taking a clear liquid diet to make sure your bowels are empty.

**How are the seeds put in?**
In the days before the seeds are put in (implanted), you must follow a special diet and have an enema to clear your bowels again. You will be given advice on any medication to avoid beforehand as well. You will need to fast from midnight the night before. Implanting the seeds takes place in theatre and you will get a general anaesthetic.

It takes about 1 to 2 hours to implant the seeds. An ultrasound probe is first put in your back passage to show the prostate. Then around 80 to 100 radioactive seeds are put in through the skin between your prostate and your anus. They are then guided into the prostate gland. You may get some swelling of the prostate, so a catheter is put in your bladder to drain any urine. It may be left in for a couple of hours or overnight.

After implanting the seeds
You will be given antibiotics to prevent infection afterwards. Most men go home the day after the implant. Others leave hospital as soon as they have recovered from the anaesthetic and can pass urine normally. It is best to take the following advice:
- Do not drive for 24 hours after your implant, as you have received an anaesthetic.
- Avoid heavy lifting and straining for 2 or 3 days.
- Avoid horse riding or bicycling for 2 weeks to prevent any bleeding.

- It is safe to bathe or shower any time after your implant.
- Return gradually to your regular diet.

**How safe is the radiation?**
Most of the radiation is released into the prostate gland over the first 3 months. This radiation is absorbed within the prostate. After about 9 months, the seeds are longer active and can stay in the prostate without doing any harm.

In general, the seeds are not harmful. It is safe for you to be around other people and pets during this time. But it is best that you do not make physical contact for long periods of time with small children or pregnant women for the first 2 months after treatment. It is also safe for you and your partner to sleep in the same bed. Wait a few weeks after treatment before having sex again, however.

**How long do the seeds remain?**
The seeds remain permanently in the prostate gland. There is a slight chance that one seed could be passed in the semen during sex. So it is best to use a condom for the first few weeks after the implant. During this time, the semen may be black or brown in colour. This is normal and due to bleeding when implanted. Double wrap condoms after use and put them in the dustbin.

**Will I have any side-effects?**
Brachytherapy may cause the same side-effects as external beam radiotherapy. But some of the side-effects are less likely. It is common to feel mild soreness and some bruising and discoloration between your legs for a few days afterwards. Your doctor can prescribe mild painkillers to relieve this. If you have brachytherapy to the prostate, it may not be possible to have surgery to remove a cancer that recurs. This is because the surgery has a high risk of complications.

Prostate Cancer Information Service 1800 380 380
Understanding prostate cancer

any likely side-effects. You may get relief from the pain within a few days or else a few weeks, depending on your situation. Many men are able to reduce their dose of painkillers afterwards, but you can still take them as you need them.

**Strontium 89 / Samarium**

There is treatment available if your prostate cancer has spread to your bones. This type of radiotherapy uses strontium 89 or samarium. Strontium is a chemical that tends to collect in bones like calcium. Strontium 89 is its radioactive form. It shrinks the bone cancer and prevents it growing. It can also help to ease bone pain due to cancer. It may take up to 3 weeks for the pain to reduce but it can last for several months.

You can have this treatment as an outpatient. The radiation is usually injected into a vein in your arm. Then it travels to your bones, where it affects the cancer cells. After the injection, a small amount of radiation remains in your urine and blood. It is best to use flush toilets instead of urinals. This will reduce the risk of others being exposed to the radiation. Do flush the toilet a couple of times after passing urine as well. Be careful of any spills of urine or blood. But it is quite safe to be around people and pets. The radiation usually lasts about 7 days.

Your doctor or nurse will discuss any special precautions with you before you go home. Not everyone is suitable for this treatment. Your doctor can give you more advice on this.

---

### To sum up

- Radiotherapy is the treatment of cancer using high-energy X-rays.
- It can be given in different ways and for all stages of prostate cancer.
- The amount of treatment you receive will depend on the extent of the cancer.
- Radiotherapy for prostate cancer may cause short or long-term side-effects.
Hormone therapy

Hormones are made naturally in the body. They control how normal cells grow and work. Cancer of the prostate depends on the male hormone testosterone for its growth. By reducing the amount of testosterone in the body, the growth of cancer cells can be slowed down or stopped. It can shrink the tumour and urinary symptoms can often disappear fully.

In the body, the testes make testosterone. The amount of testosterone in the body can also be lowered by removing the testes or by using drugs. These drugs can be given as tablets or injections. For more advice, call the Prostate Cancer Information Service 1800 380 380 for a free copy of its factsheet on hormone therapy.

Early prostate cancer

For some men with early prostate cancer, a short course of hormone therapy before and during radiotherapy improves the results of the radiotherapy. The drugs may be continued for 2 to 3 years after radiotherapy, if the cancer is advanced and there is a high risk it has spread to other parts of the body.

Locally advanced prostate cancers

In cancers that have broken through the outer layer of the prostate gland, a 3-year course of treatment with hormone therapy may be advised. This is done to reduce the risk of the cancer spreading. This treatment may last for an indefinite period.

Hormone therapy can also be given before radiotherapy or before surgery. This is known as neo-adjuvant therapy.

Advanced prostate cancer

Hormone therapy is the standard treatment for prostate cancer that has spread. Often the cancer shrinks well and symptoms disappear like poor urine flow, bone pain or tiredness. Hormone therapy can work well for many years.

During this time, you will have regular check-ups and your doctor will watch your response to treatment. He or she can check any symptoms and examine you as well. Your PSA level can be measured too. This test is usually a good guide to the success of the treatment.

Types of hormone therapy

Pituitary-down-regulators

Some drugs ‘turn off’ the making of male hormones in the testes. These are called pituitary-down-regulators. The drugs commonly used include goserelin (Zoladex), leuprorelin (Prostap) and triptorelin (Decapeptyl). These drugs are usually injected as a pellet or liquid under your skin or muscles. Injections are given monthly or every 3 months. It is not unusual for the symptoms to get worse before they get better. This is known as a ‘tumour flare’. Your doctor may prescribe drugs known as anti-androgens for 2 weeks before and after starting treatment to help prevent this problem.

Anti-androgens

Other hormone drugs attach themselves to proteins on the surface of cancer cells. They then block the testosterone from entering the cells. This prevents the cancer cells from growing. These drugs are called anti-androgens and are often given as tablets. Common anti-androgens are flutamide (Drogenil), bicalutamide (Casodex) and cyproterone acetate (Androcur).

Combination therapy

Hormone injections or tablets can be given on their own. This is known as monotherapy. Less often, a combination of the injections and tablets may be used. This is known as combination therapy or complete androgen blockade (CAB) or maximum androgen blockade (MAB). Combination therapy prevents testosterone working and also small amounts made by the adrenal glands.
W hataretheside-effectsofhormonetherapy?

Erectile dysfunction
Unfortunately, most hormone therapies usually cause erectile dysfunction and loss of sexual desire. With an orchidectomy this is permanent. With drugs or tablets it normally continues for as long as the treatment is given. If the treatment is stopped, the problem may disappear. But you should not stop any treatment unless advised by your doctor. Some types of anti-androgens are less likely to cause erectile dysfunction than others.

Lossofsexualdesire (libido)
The loss of sexual desire may affect your relationship with your partner. It is best to discuss your concerns with your partner and talk things over. Do get advice from your doctor, nurse or a professional psychosexual counsellor, if needed.

Ho tflushes and sweating
One of the most distressing side-effects of hormone therapies is hot flushes and sweating. Once treatment is over, flushes tend to stop. But there are some medications that can help in the meantime.

Orchidectomy (removal of the testicles)
An orchidectomy is operation to remove the testicles. Most testosterone is made in the testicles, so removing them will block the release of testosterone straight away. Usually both testicles are removed. Sometimes just the area of testicle that makes testosterone is removed through a small cut in the scrotum. The scrotum is the sac that holds the testicles. This operation is called a subcapsular orchidectomy.

By removing the testes, it avoids the use of drugs and possible side-effects like breast swelling and tenderness. Elderly men often choose this option, if they no longer want an active sex life.

If the surgeon does remove the testicles, he or she may replace them with implants to give a more realistic appearance. This type of surgery is not used very often, as it is permanent and cannot be reversed.

Many men find the idea of this operation very distressing. They may feel it makes them less of a man. Some men do not find this a problem but for those who do, drugs are an alternative to surgery. Removing the testes can control the cancer and reduce symptoms for 8 out of 10 men.

What happens during the operation?
The operation is done under general anaesthetic. A small cut is first made in your scrotum, then the testicles are removed. The scrotum will be smaller than before. You may have some pain for a day or two after the operation. But your doctor will prescribe painkillers if needed. Your stay in hospital could last for 2 or 3 days after the operation.

At first, you may get some pain and often swelling and bruising of the scrotum. But this heals quickly. Later the side-effects of hot flushes and sexual impotence are similar to those of hormone therapy.

What are the side-effects of hormone therapy?

The common side-effects of hormone therapy include:

- Erectile dysfunction
- Loss of sexual desire (libido)
- Hot flushes and sweating
- Weight gain
- Fatigue
- Breast swelling and tenderness
- Osteoporosis

Erectile dysfunction
Unfortunately, most hormone therapies usually cause erectile dysfunction and loss of sexual desire. With an orchidectomy this is permanent. With drugs or tablets it normally continues for as long as the treatment is given. If the treatment is stopped, the problem may disappear. But you should not stop any treatment unless advised by your doctor. Some types of anti-androgens are less likely to cause erectile dysfunction than others.

Loss of sexual desire (libido)
The loss of sexual desire may affect your relationship with your partner. It is best to discuss your concerns with your partner and talk things over. Do get advice from your doctor, nurse or a professional psychosexual counsellor, if needed.

Hot flushes and sweating
One of the most distressing side-effects of hormone therapies is hot flushes and sweating. Once treatment is over, flushes tend to stop. But there are some medications that can help in the meantime.

Tips & Hints – coping with hot flushes and sweating

- Wear cotton clothing as it absorbs moisture better.
- Wear layers of clothes or bedclothes to allow you to remove clothing as needed.
- Note when the hot flushes occur to see if there is a pattern or if certain things such as spicy food trigger them off.
Chemotherapy

Chemotherapy is a treatment using drugs that control cancer. Even though it is often used to treat some types of cancer, it has only recently been used to treat prostate cancer. Its aim is to prolong life rather than improve quality of life.

Chemotherapy may be used for men whose cancer has spread beyond the prostate and is no longer controlled by hormone therapy. In some cases, chemotherapy will improve quality of life with better control of symptoms.

The drugs used in chemotherapy travel through the bloodstream to almost every part of your body. They are often given in cycles such as once every 3 weeks or once weekly with a rest period between treatments. The rest period allows your body to recover from the effects of the drugs. The number of cycles you receive will depend on how well the cancer is responding to treatment.

Chemotherapy may be given directly into a vein as an injection or by infusion (drip). It may also be given in tablet form. Depending on the...
Relief of symptoms

Sometimes when you have cancer it can be hard to know if the symptoms you are having are part of your illness or a side-effect of treatment. The symptoms can vary from time to time and be either mild or severe. If you have symptoms that are troubling you, it is important to let your doctor or nurse know. He or she can give you treatment that will help. The most common symptoms of secondary prostate cancer are pain and fatigue.

Pain

For some men with prostate cancer, pain is one of the main symptoms that make them go to their doctor in the first place. The pain may be constant or only present now and then. If you do have aches and pain in your bones, contact your doctor.

Before you start your treatment, ask your doctor about any side-effects that may happen. Do tell your doctor about the way you are feeling during your treatment as most side-effects can be eased with medication. Hair and nail changes, diarrhoea and mouth soreness, fatigue and blood count changes are common side-effects. But often no side-effects are seen.

In most cases, the side-effects go away once treatment ends or soon after. Your doctor or nurse can give you something to stop most of them or make them easier to cope with. If you would like more details about chemotherapy, a booklet called Understanding Chemotherapy is available from the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.

To sum up

- Chemotherapy is a treatment using drugs to cure or control cancer.
- The drugs can be given in tablet form, directly into a vein as an injection or through an intravenous infusion (drip).
- The side-effects can vary and depend on the drugs used. Most side-effects are well controlled with medication.
that comes over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may be helpful to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse as it may help to explain your problem.

**Take painkillers when needed:** If you only have pain from time to time, take the painkillers when you need them. But if the pain is there most of the time or all of the time, take your painkillers regularly. This is most important to keep your pain under control. Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up. Discuss this with your doctor or nurse. You can get extra medication to help with ‘breakthrough pain’.

**Side-effects:** Some painkillers have side-effects, especially the strong ones. These side-effects may include constipation (unable to pass a bowel motion), feeling sick (nausea) and drowsiness. If you have constipation, it’s a good idea to take a laxative every day. A laxative and drinking plenty of clear fluids such as water and fruit juice will help keep your bowels working. Your doctor or nurse will give you something stronger if your bowels have not opened for 2 or 3 days.

**Feeling sick:** If you are feeling sick, your doctor may give you anti-sickness tablets. These should be taken 30 minutes before your painkillers. This nausea often improves as you get used to your medication.

**Drowsiness:** Drowsiness may occur when you take a stronger painkiller. It usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

**Fatigue**

Fatigue is a common symptom of cancer and often described as an extreme tiredness. You may find it hard to concentrate or make decisions. The reason for the fatigue can be hard to identify. Fatigue may be caused by anxiety when a diagnosis of cancer is made and the added stress caused by treatment. Remember that even though you may find it hard to identify the reasons for your tiredness, there are things you can do to help.

**What you can do**

**Treatment:** For many men, treatment may help by easing symptoms such as pain and urinary problems. It can then allow you to get back to your normal routine. Ask your doctor before you start treatment what side-effects you can expect.

**Sleep:** If you are feeling worried and find it hard to sleep at night, tell your doctor or nurse. He or she may be able to help.

**Sharing worries:** Try talking to your close family or friends about your concerns. If you find this hard, ask to see a counsellor. He or she will help you to find ways to relax.

**Exercise:** If your illness allows you to take part in physical exercise, do some regularly. For example, a 10-minute walk 3 days a week might be a realistic goal and will boost your morale when you do it.

**Eating and drinking:** You may notice that you have lost weight. This may be due to the cancer or the treatment you are getting. Sometimes when you are feeling weak and tired you may lose interest in your food. Ask for help in preparing your meals. Eat your favourite foods. Drink lots of clear fluids such as water and fruit juice.

**Involve others:** Get others to help you around the house, with travelling to hospital, at work or with the children. Use the extra free time to do something that you especially enjoy.

A booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a copy.
General side-effects of treatment

Unfortunately, treatment for cancer of the prostate can cause unpleasant and distressing side-effects. This can be in both the short and long term. Before you have any treatment it is important that you are fully aware of them.

It is not possible for doctors to predict accurately who is going to be affected by the side-effects of each treatment. That is why it is best to be fully informed about the risks beforehand and have plenty of time to discuss them.

Urinary incontinence

Urinary incontinence may be caused by the cancer itself or following surgery. In rare cases it can be caused by radiotherapy. In recent years, a lot of progress has been made in dealing with incontinence. There are now several ways of coping with the problem and help is available. First talk to your doctor or nurse. Your local public health nurse may also be able to help you. All the HSE offices (local health boards) have continence advisers who will show you ways to cope. See page 74 for more details on HSE offices.

It is important to say that these problems do not affect all men. You can ask your doctor as many questions as you like about your treatment and the possible side-effects, so that you are better prepared to cope if problems do arise.

Sexual problems/erectile dysfunction

Any type of treatment can make you too tired to be interested in sex. This is known as loss of libido and it is common to many illnesses, not just cancer.

You may find it difficult to talk about such personal subjects as erectile dysfunction, particularly with your doctor or other medical staff. Try not to be embarrassed as the doctor and other medical staff looking after you will be happy to discuss any concerns you may have. Impotence may not be permanent and can sometimes be brought on by anxiety rather than the treatment. Depending on the treatment you receive, it can take up to a year before you find out if the erectile dysfunction is permanent or not.

You may find it hard to talk to your partner for fear of rejection — but these fears are often unfounded. Sexual relationships are built on many things, like love, trust and common experiences. It can help to talk to your partner about your fears and worries.

If you find the loss of your sex life upsetting, you could discuss this with your doctor or nurse. There are practical ways to overcome erectile dysfunction and your doctor can give you further information about these.

Medication

Tablets such as tadalafil (Cialis), sildenafil (Viagra) and vardenafil (levitra) are available to help produce an erection. They work by increasing and keeping the blood supply to the penis. They are normally taken about 1 hour before sex, and then, following direct stimulation, an erection will occur. However, men who take nitrate-based medicines for heart problems cannot use Viagra.

A small pellet known as MUSE that contains alprostadil can be put into the tip of the urine tube (urethra) using a special applicator. The pellet melts into the area and after a few minutes produces an erection. Drugs such as alprostadil (Caverjet) can be injected into the penis, using a small needle, to cause an erection. The drug restricts blood flow and traps blood in the penis, causing an instant erection. These work for many men, although the injection can be sore and alprostadil can sometimes cause a prolonged painful erection. A prolonged erection longer than 3 hours needs urgent medical attention.

Vacuum pumps

Vacuum pumps can also be used to cause an erection. The pump is a simple device with a hollow tube, into which you put your penis. The pump has a handle and sucks blood into the penis by creating a
vacuum. The blood then gets caught in the penis by a rubber ring placed around the base. This ring then allows you to have sex without losing the erection.

Most men who become impotent after prostatectomy or radiotherapy will probably gain some benefits from the treatments described above. However, everyone is different and specialist advice and counselling can be useful for many men. If you need more help, talk to your doctor. He or she will refer you for special counselling if you think this might be helpful.

If you need more help, talk to your doctor.

Infertility

Most treatments for cancer of the prostate are likely to cause infertility. This means you will no longer be able to father a child. This may or may not concern you. For some men the prospect of infertility can be a hard issue to come to terms with. It may help to talk to a member of your family or a close friend. Ask your doctor or nurse for advice on what you should do before you start treatment.

If tests show that your sperm count is satisfactory, it may be possible to store sperm before treatment begins. They can then be used at a later date. In Ireland sperm banking takes place in the HARI Unit at the Rotunda Hospital in Dublin. You will be asked to give several sperm samples. Between each sample there will be a couple of days’ break to make sure good samples are got. The sperm will then be frozen and stored until needed.

If you want to find out more about sperm banking, talk to your doctor or nurse. He or she will give you more information. Call the Prostate Cancer Information Service 1800 380 380 for advice in confidence or for details about the HARI Unit.

If you want to find out more about sperm banking, talk to your doctor or nurse.

---

### Side-effects of treatment

<table>
<thead>
<tr>
<th>Side-effect</th>
<th>Surgery</th>
<th>External beam radiotherapy</th>
<th>Brachytherapy</th>
<th>Hormone therapy</th>
<th>Chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence</td>
<td>●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year after treatment</td>
<td>●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary problems like passing urine more often, hard to pass urine, etc.</td>
<td>●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year after treatment</td>
<td>●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual problems/erectile dysfunction/loss of libido</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year after treatment*</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel problems (diarrhoea/discomfort in back passage)</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Infertility</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Fatigue</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Hair loss (general or pubic)</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Sore skin</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Lymphoedema (leg swelling)</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Hot flushes/sweating/breast tenderness</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Weight gain</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>●●●</td>
<td>●●●●●</td>
<td>●●●●●</td>
<td></td>
<td>●</td>
</tr>
</tbody>
</table>

* Treatment may or may not have been given for erectile dysfunction.

- Common side-effect, occurs in 3–6 in 10 patients (30–60%).
- Likely side-effect, occurs in 1–3 in 10 patients (10–30%).
- Possible side-effect, occurs in less than 1 in 10 patients (1–10%).
- Rare side-effect, occurs in 1 in 100 patients (1%).
Research – what is a clinical trial?

Research into new ways of treating prostate cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating cancer. Many cancer patients take part in research studies today. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and find out which cancers can be treated.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:
- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
- Compare the new treatment with current best standard treatments.

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be followed closely during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you and you know what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available.

Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

If you would like more information, a booklet called Understanding Cancer Research Trials (Clinical Trials) is available. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.

Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Lots of people find them helpful and beneficial during their illness. The way cancer is treated often depends on the culture and environment of the country in which you live. In Ireland cancer treatments are based on scientific research. This allows the response to treatment, side-effects and the general effect of treatment to be predicted.

You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments which doctors use most often to treat people with cancer. These standard treatments include surgery, radiotherapy, chemotherapy and biological treatments. They use tried and trusted methods where the experience with patients is over a long period of time. Many of these treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:
- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy.

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that cancer can often bring. Some complementary therapies also focus on the spiritual dimension of a person. This can aid healing and promote a sense of well-being. Nowadays complementary therapies are often provided in hospitals, cancer treatment centres and support centres and can be given safely.
Understanding prostate cancer

What follow-up do I need?

Once your treatment is over, you will have to come back for regular check-ups. This will happen no matter what type of treatment you have. These check-ups may include seeing your doctor and having some tests such as blood tests, digital rectal exams, X-rays and scans. These visits are very important as they will allow your doctor to check for signs of prostate cancer and to follow up on any ongoing side-effects that you may have. He or she will also be able to check for new side-effects that may develop. It is better to be aware of these as early as possible so that further treatment can be given.

If you are between check-ups and you have a symptom or problem that worries you, let your doctor know without delay. Make an appointment to see him or her as soon as possible.

Alternative therapies

Alternative therapies are not conventional cancer treatments used by doctors. Generally they are treatments used instead of conventional treatments. Alternative therapies include:

- Diet therapy
- Megavitamin therapy
- Herbalism.

Because these therapies are not based on scientific evidence it is very hard to prove if they are generally effective or not. Most doctors do not believe that such treatments can cure or control cancer. They believe they should not be taken instead of conventional treatments.

Alternative treatments can interfere with standard treatment and may not be managed properly.

If you decide to have complementary or alternative treatments...

Before you decide to change your treatment or add any methods of your own, be sure to talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP or oncologist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present, this area is not fully regulated in Ireland. Ensure that the practitioners you plan to visit are qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Cancer and Complementary Therapies. If you would like a copy or more advice, call the Prostate Cancer Information Service 1800 380 380.

Prostate Passport

If you would like to keep track of all your PSA results, dates of treatment, any side-effects, etc., there is a useful pocket diary available called the Prostate Passport. It is produced by Men Against Cancer (MAC) and the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.
Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have prostate cancer. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

Common reactions include:
- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation.

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. It may take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer, but also the physical effects of chemotherapy.

If you would like more information or would like to talk in confidence, call the Prostate Cancer Information Service 1800 380 380. You can also ask for copies of our booklets, Understanding the Emotional Effects of Cancer and Who Can ever Understand? Talking about your Cancer.
How can my family and friends help?

Families and friends can support people through their cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what their loved one can expect and what they are going through. Others may prefer to help in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your friend or relative best.

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Don’t withdraw because you’re afraid of what might happen to your relative or friend in the future.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may not think you are doing much by just listening. In fact, it is one of the best ways to help.

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words – How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer. It is available from the Irish Cancer Society. Call the Prostate Cancer Information Service 1800 380 380 for a free copy.

How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to changes in their lives.

Every family deals with cancer in a different way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you’re letting the children down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible then someone else close to your children should break the news.

Being honest with your children really helps.
How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more. Talk to children in language they will understand and without going into the details of your illness.

It is best to prepare children for what to expect from the side-effects of treatments and to answer their questions simply and honestly. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

**Coping with children’s emotions**

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer. If you would like a copy, call the Prostate Cancer Information Service 1800 380 380.

**What else can I do?**

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person.

Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends:** Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.
- **Live one day at a time:** Don’t think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.
- **Live well:** Try to eat as well as you can. Eat little and often, including lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do, as you feel stronger.
- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while to adjust to your new routine but keep an open mind. Change may bring new opportunities and blessings.
- **Keep an open mind:** Don’t feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don’t feel guilty about it, as it will pass.
- **Seek information:** Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones.
Find what works for you: It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable talking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it’s not working, be open to finding a new way to cope.

Build a support network: Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses, or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.

Seek professional help: If you have any low moods or strong emotions talk to your close friends and family – or someone who is a good listener. If they are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.

Spiritual care: When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. Sometimes spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation can help you focus on what has value and meaning in your life. Even if you don’t consider yourself a religious or spiritual person, it is still possible to get support from any belief system that has importance for you. Some complementary medicines that have a spiritual dimension may also help you to focus on being positive and hopeful.

Express yourself: Keep a diary or journal if you need to express yourself without holding back. It can help you make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Oncology liaison nurses
- Cancer nurse co-ordinators
- Psycho-oncology services
- Community welfare officer and community health services
- Support groups
- Prostate Cancer Information Service

The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and advice on benefits, entitlements and services available when you go home.

Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses can support you and your families from the time of diagnosis and throughout treatment. These people along with other members of your medical team work together to meet your needs.

In some larger hospitals there are special units that provide psycho-oncology services. This means that you are given psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

When you go home, there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live in an area which is remote or far from the hospital where you have been treated, your
community welfare officer can also help with practical issues such as financial worries, etc. All these people in community health services can provide advice and support. You can get more information on the services available either from the social worker in the hospital before you go home or at your local health centre.

Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer. You may find it easier to share your thoughts and feelings with someone who has a similar experience than with anyone else. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. A list of support groups is given at the back of this booklet.

The staff of the Prostate Cancer Information Service at the Irish Cancer Society will be happy to discuss any concerns you or your family may have, at any stage of your illness. Call 1800 380 380 for information about any of the services outlined above or for support services in your area.

Health cover

Health cover falls into two categories. This is cover for medical card holders and for all other categories. Details of the following are given:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital as a result of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services, and outpatient services and medical appliances.

To qualify for a medical card depends on a means test for most people. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office, i.e. the former health board. If your means are above but close to the guidelines, you should apply for a card anyway as a card is granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case your spouse and children will not be covered if your means are over the limit.

GP visit card

If you do not qualify for a full medical card, you may be eligible for another type of medical card. The GP visit card was introduced in 2005. It covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work.
Check with the medical social worker at the hospital or your HSE office to see if you are eligible.

**Drugs Payment Scheme**
Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependent children pay a limit of €100 each month to cover the cost of prescribed drugs, medicines and appliances. If you have not already received a DPS card for yourself and your family, you can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

**Private healthcare cover**
Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland this is available through the VHI, Quinn Healthcare, Hibernian Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

**Benefits and Allowances**
Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer's Allowance
- Carer's Benefit
- Appliances
- Travel to hospital

**Illness Benefit**
This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment.

**Disability Allowance**
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. For this allowance you must satisfy a means test, normally live in Ireland and be medically suitable. To be medically suitable you should have an illness that has continued or may continue for at least 1 year. This means that you are unlikely to be able to work for at least 1 year due to your illness. You are allowed a free travel companion pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

**Invalidity Pension**
This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions and you must normally live in Ireland. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance.

Prostate Cancer Information Service 1800 380 380
Appliances
For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.

Travel to hospital
Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, e.g. hardship.

Further information
Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries contact:

Information Service
Dept of Social and Family Affairs
Oisín House
212–213 Pearse Street
Dublin 2

Tel: 1850 662 244
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 704 3314, Ext. 48728.

Carer’s Allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, normally live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. You cannot get this allowance if you are receiving another social welfare payment.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or Dublin (01) 704 3000.

Carer’s Benefit
Under carer’s leave legislation, you may be entitled to unpaid temporary leave from your employment. Or if you are employed but wish to care for a sick relative full time, you may qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, normally live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 / Dublin (01) 704 3000.
If you have queries about health and social services, contact the HSE office in your area. In 2005 the health boards became the Health Service Executive based in four regions: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

**HSE infoline:** 1850 241 850; **Email:** info@hse.ie; **Website:** www.hse.ie

**HSE East Coast Area**
[Co Wicklow, South East Dublin]
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 2014 200

**HSE Northern Area**
[North Dublin]
Swords Business Campus
Balheary Road
Swords
Co Dublin
Tel: 01 8131 800

**HSE South Western Area**
[Co Kildare, West Wicklow, South Dublin]
Oak House
Millennium Park
Naas
Co Kildare
Tel: 045 880 400

**HSE Midland Area**
[Counties Laois, Offaly, Longford, Westmeath]
Head Office
Arden Road
Tullamore
Co Offaly
Tel: 057 9321 868

**HSE Mid-Western Area**
[Counties Clare, Limerick, Tipperary North]
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

**HSE North Eastern Area**
[Counties Cavan, Monaghan, Louth and Meath]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 9280 500

**HSE North Western Area**
[Counties Donegal, Sligo, Leitrim and West Cavan]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400 / 1850 636 313

**HSE South Eastern Area**
[Counties Carlow, Kilkenny, Wexford, Waterford, South Tipperary]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 7784 100

**HSE Southern Area**
[Counties Cork and Kerry]
Head Office
Wilton Road
Cork
Tel: 021 4545 011

**HSE Western Area**
[Counties Galway, Mayo and Roscommon]
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131

Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

**Citizens Information Board** (formerly Comhairle)
7th Floor, Hume House, Ballsbridge, Dublin 4
Tel: 01 605 9000
Citizen Information Service: 1890 777 121
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

There are also some booklets available that may help you. These include:

- **Information Guide to Health Services** published by the Dept of Health and Children. Copies available from your local HSE area office. Tel: 01 671 4711 for local HSE numbers or see page 74.
- **Guide to Social Welfare Services** published by the Dept of Social and Family Affairs. Tel: 1850 662 244. Email: info@welfare.ie; Website: www.welfare.ie
- **Entitlements for People with Disabilities** published by the Citizens Information Board. Tel: 1890 777 121 / 01 605 9000. Email: information@ciboard.ie; Website: www.citizensinformationboard.ie
Irish Cancer Society services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- Prostate Cancer Information Service (CIS)
- Action Breast Cancer
- Counselling
- Night nursing
- Oncology liaison nurses
- Homecare nurses
- Cancer support groups
- Cancer information booklets
- Patient grants

Cancer Information Service (CIS)

The Society provides a Cancer Information Service (CIS) with a wide range of services. The Prostate Cancer Information Service 1800 380 380 gives confidential information, support and guidance to people concerned about prostate cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. People can also be put in contact with the various support groups that are available. The service operates Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm. The National Cancer Helpline 1800 200 700 also operates at the same hours. This can answer any queries about other forms of cancer.

All queries or concerns about prostate cancer can be emailed to prostate@irishcancer.ie. The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private. CancerForum is a bulletin board on our website (www.irishcancer.ie) that gives people a chance to post their comments. The CancerChat service is a live chatroom with a link to a CIS nurse.

Action Breast Cancer

Action Breast Cancer (ABC) is a project of the ICS that provides breast cancer information and support and also funds breast cancer research. Its services are free and confidential. They include a national helpline, publications, one-to-one support, breast awareness talks and advocacy. The ABC helpline 1800 90 30 40 runs weekdays from 9am to 5pm.

Counselling

Coping with a cancer diagnosis can be very stressful at times. Patients and their families sometimes find it difficult to come to terms with the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Prostate Cancer Information Service to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing

The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly night hours) to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

Oncology liaison nurses

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Homecare nurses

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local
hospitals, health centres and hospices, they can be contacted through your GP or public health nurse. The Irish Cancer Society contributes financially to this service.

**Cancer support groups**
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards.

Men Against Cancer (MAC) is the support group for men with prostate cancer. MAC provides men and their relatives and friends with information, advice and emotional support from time of diagnosis and for as long as it is needed. This support group consists of volunteers who have had treatment for prostate and prostate cancer. These men are carefully selected following recovery and are trained to provide information and reassurance at a time when you are most in need. This service is provided on a one-to-one basis and is confidential.

**Cancer information booklets**
These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

**Patient grants**
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial assistance to patients in need. If you would like to request this kind of help, contact your oncology or medical social worker at the hospital where you have been treated. He/she should then make the request in writing to the Irish Cancer Society.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.

---

**Useful organisations**

**Action Prostate Cancer**
Prostate Cancer Information Service
43/45 Northumberland Road
Dublin 4
Freefone: 1800 380 380
Email: prostate@irishcancer.ie
Website: www.cancer.ie

**Irish Cancer Society**
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
Fax: 01 231 0555
Email: helpline@irishcancer.ie
Website: www.cancer.ie

**Men Against Cancer (MAC)**
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

**Citizens Information Board** (formerly Comhairle)
7th Floor, Humo House
Ballsbridge
Dublin 4
Citizen Information Service:
1890 777 121
Tel: 01 605 9000
Email: information@citboard.ie
Website: www.citizensinformationboard.ie

**Continence Promotion Unit**
Dr Steeven’s Hospital
Dublin 8
Tel: 01 635 2775
Email: customerservices@erha.ie

**Dept of Social and Family Affairs – Information Service**
Oisin House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

**Everyman Clinic**
4 Lower Mount Street
Dublin 2
Tel: 01 678 8010

**HARI Unit (Human Assisted Reproduction Ireland)**
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732

**Health Promotion HSE**
Website: www.healthpromotion.ie

**Irish Society of Chartered Physiotherapists (ISCP)**
Royal College of Surgeons in Ireland
St Stephen’s Green
Dublin 2
Tel: 01 402 2148
Email: info@iscp.ie
Website: www.iscp.ie

**Sexual Dysfunction Information Bureau**
PO Box 8064
Dublin 2
Confidential helpline: 1850 923 098
Website: www.impotenceireland.com

**Wellman Clinic**
10 Patrick Street
Dún Laoghaire
Tel: 01 280 3206
Understanding prostate cancer

Dundalk Cancer Support Group
Community Office
Dundalk Partnership Court
Park Street
Dundalk
Tel: 042 39693
Website: www.dconroy@actioncancer.org

Éist – Carlow Cancer Support Group
Tel: 087 767 3240 / 086 316 3838 / 085 144 0510

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Fax: 041 980 5101
Email: info@garykellycentre.org
Website: www.garykellycentre.org

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: kk@kathleenkelleher.com

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weaper Street
Enniscorthy
Co Wexford
Tel: 053 923 8555

Inis Aoiibhinn – Cancer Care West
Costello Road
University College Hospital Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Callsave 1850 719719
Email: info@larc.ie
Website: www.larc.ie

Little Way Cancer Support Centre
4 Woods Way College Road
Clane
Co Kildare
Tel: 046 294 199
Email: littlewayclane@eircom.net
Website: www.littlewaycancersupport.com

Listowel Cancer Support Group
Co Kerry
Tel: 068 21741 / 087 237 0766

Living Beyond Cancer
c/o Oncology Department
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 912 5888 (Bleep 674)

Macmillan Support & Information Centre
Belfast City Hospital Trust
79–83 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Fax: 028 9069 9203
Email: belfast@macmillan.org.uk

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Useful contacts outside Republic of Ireland

**Action Cancer**
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Fax: 028 9080 3356
Email: info@actioncancer.org
Website: www.actioncancer.org

**American Cancer Society**
1599 Clifton Road NE
Atlanta, GA 30329-4251
Website: www.cancer.org

**Cancerbackup**
3 Bath Place
Riverting Street
London EC2A 3JR
Tel: +44 207 606 9003
Helpline: +44 207 7392280
Website: www.cancerbackup.org.uk

**Cancer Research UK**
Website: www.cancerresearchuk.org

**The Continent Foundation**
307 Hatton Square
16 Baldwins Gardens
London EC1N 7RU
Helpline: 0845 345 0165
Mon–Fri, 9.30am to 1pm
Email: continence.foundation@dial.pipex.com
Website: www.continence-foundation.org.uk

**Macmillan CancerLine**
Website: www.macmillan.org.uk

**Memorial Sloan-Kettering Cancer Center (US)**
Website: www.mskcc.org

**National Cancer Institute (US)**
Website: www.nci.nih.gov

**Royal Marsden Hospital Foundation**
NHS Trust
Website: www.royalmarsden.org

**Sexual Dysfunction Association**
Windmill Place Business Centre
2–4 Windmill Lane
Southall, Middlesex UB2 4NJ
Tel: +44 0870 7743571

Helpful books

**Coping with Prostate Cancer**
Robert H. Phillips
Avery Publishing Group, 1994
ISBN 0-89529-564-4

**Guide to Surviving Prostate Cancer**
Patrick Walsh & Janet Farrar Worthington
Time Warner Books, 2001
ISBN 0-44667-914-3

**Living with Prostate Cancer**
David Wynn
Blueberry Books, 2003
[Available by mail order from 257 Oxford Road, Macclesfield, Cheshire, SK11 8JY. Price £5.95 plus postage and packing. Tel: +44 1625 431182 or +44 7976 693 641]

**Prostate and Cancer: A Family Guide to Diagnosis, Treatment and Survival**
Sheldon Marks
Da Capo Press, 2003
ISBN 978-0738208398

**Prostate Cancer: A Comprehensive Guide for Patients**
Kieran Jefferson
TFM Publishing Ltd, 2004
ISBN 1-9033-7810-9

**The Prostate: An Owner’s Manual**
Dr Peter Scardino
Michael Joseph Ltd, 2005
ISBN 0-71814-694-8

**The Prostate Cancer Book: The Definitive Guide to the Causes, Symptoms and Treatments**
Jonathan Waxman
Vermilion, 2002
ISBN 0-09185-712-0

**The Key Model – A New Strategy for Cancer Recovery**
Dr Sean Collins & Rhoda Draper
Ardagh Clinic, 2004
Questions to ask your doctor

Here is a list of questions people often want to ask. There is also some space for you to write down your own questions if you would like. Never be shy about asking questions. It is always better to ask than to worry.

- What are the signs and symptoms I should look out for?
- What tests are you going to do?
- Will the tests definitely show whether I have cancer?
- How long will I have to wait before the tests?
- How is prostate cancer confirmed?
- Do I need treatment straight away? If not, how will you know when I should have treatment?
- If I need treatment, what are my treatment choices?
- How successful is this treatment for my cancer?
- If my treatment is not successful, can I still have other treatments?
- Can I have surgery after radiotherapy?
- Do some treatments have more side-effects than others?
- Are the side-effects of treatment short or long term?
- Will I have problems with urinary incontinence after my treatment?
- Will treatment affect my fertility? Will I develop erectile dysfunction?
- Why is follow-up so important? Why do I need regular blood tests?
- How does follow-up impact on how long I live?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer
Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:
Sonya Bowen, Cancer Information Service Manager
Sheila Kiely, Prostate Cancer Information Nurse
Angela Kissane, Clinical Nurse Specialist in Urology
Sinead Farrell, Cancer Nurse Co-ordinator
Judy Taylor, Clinical Nurse Specialist
Men Against Cancer (MAC)

Would you like more information?

We hope this booklet has been of help to you. After reading it or at any time in the future, if you would like more information or someone to talk to, please phone our Prostate Cancer Information Service 1800 380 380.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome.

Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes our patient booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4.
Tel: 01 231 0500; Email: info@irishcancer.ie; Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life, with three programme areas to achieve them: advocacy, cancer services and research.