



**University  
Hospitals Sussex**  
NHS Foundation Trust

# Having stereotactic ablative radiotherapy treatment to lymph nodes or bones

Sussex Cancer Centre

Patient information

## What is SABR?

SABR stands for stereotactic-ablative radiotherapy. It can also be referred to as SBRT, or stereotactic body radiotherapy.

Your oncologist has advised that you would benefit from a course of SABR treatment to a lymph node or bone in your body.

Radiotherapy is the use of high energy x-rays to treat cancer. It destroys the cancer cells in the area that we are treating and aims to stop cancer cells growing by either shrinking the tumour or completely destroying it.

SABR is an effective way of giving focused radiotherapy to try to control the tumour whilst sparing normal healthy tissue by:

- Small precise beams of radiation
- High dose of radiation at each treatment.

## How often will I have radiotherapy?

You will have 3 or 5 radiotherapy treatments on alternate days over a period of up to two weeks. The rest days between treatments allow for normal cells to recover and repair.

Your appointments will generally be on the same machine. Specific appointment times cannot always be adhered to due to the skills mix of the team that is required to deliver the treatment. We will try our best to accommodate where possible.

Your treatment will be planned around any bank holidays or scheduled maintenance on the machines during that time period, this will not affect your treatment.

It is very important that you attend all of your radiotherapy appointments. If you are feeling unwell or think that you may be unable to attend for any other reason, please contact the radiotherapy department as soon as possible on **01273 664901**, as you may require an urgent medical review.

# How do I prepare for radiotherapy?

## Computer tomography (CT) planning scan

Your first appointment will be a CT scan, which will take around 30-40 mins. It may be necessary for you to have an injection of special dye known as contrast to make some areas show up better on the scan. The CT staff will let you know if you need this.

You will be asked to lie in the position we need you to be in for your treatment. This will depend where in your body we want to treat. If the position of the treatment area is in your abdomen you will be positioned on your back with your arms up above your head holding onto handles. If it is in your pelvis your arms will be on your chest. There will be cushions under your head, knees and feet. We may need to use a small breathing monitoring device in the form of a belt around your abdomen/chest which is linked to the CT scanner.

The aim is to find a position that is comfortable and reproducible for the treatment sessions, as these can take up to 45 minutes to deliver. It is very important you let staff know if the position is too uncomfortable as adjustments can be made.

After the CT scan the radiographers will have to have make three permanent tattoo dots on stable points close to the area of treatment. These allow us to position you accurately during treatment. They are about the size of a pinpoint, but are permanent and are only made with your permission. If you are concerned by this please let the CT radiographers know and they can discuss other options with you.

**If you are taking any medication, particularly for pain, please bring it with you to the hospital. It is a good idea if you take regular pain relief to aim to take a dose before the planning scan appointment (approximately 30 minutes prior) as this will make it more comfortable when we position you for your scan.**

## Moulds and masks

If the tumour is in the head or neck region, as part of the CT scan process, a mould or mask may be required to help you stay still for the treatment.

## Having your radiotherapy treatment

Please report to radiotherapy reception when you arrive. On the first day the treatment radiographers will have a brief discussion with you and answer any questions which you may have.

You may need to remove some clothing and will then be asked to lie down on the treatment bed. The radiographers will position you carefully on the treatment couch, adjusting the height and position of the bed to align the tattoo dots on your skin.

We will also be making pen marks on your skin to monitor your position throughout. These will wash off. It is important for you to remain as still and relaxed as possible, and to breathe normally.

When you are in the correct position the radiographers will leave the room. They will be watching on CCTV just outside the room whilst the treatment is delivered. They can see you at all times, and talk to you, so if you need them they can be back in the room very quickly.

The radiographers will be in and out of the treatment room moving panels attached to the machine and adjusting the bed position but we want you to remain still and in position. The radiographers take a number of scans to confirm treatment is being delivered accurately. The radiographers will inform you when the treatment has been completed and you are able to move freely again.

The treatment will take between 30 and 45 minutes to complete. After this the radiographers will come and help you off the treatment couch.

**Radiotherapy treatment is completely painless, you will not see or feel anything while it is being delivered.**

The radiographers will monitor your side effects through the treatment. If you have any questions or queries please discuss this with the team treating you.

## Possible side effects of SABR to bone or lymph nodes

Side effects can vary between patients. Not everyone will experience all of the side effects but it is important you are aware of them.

**It is important to tell the radiographers how you are feeling when they ask, particularly if you feel symptoms worsen so we can get you the care that you need.**

These side effects can be split into acute short-term effects (up to 12 weeks after treatment). They are usually temporary and gradually resolve by themselves without intervention. Others can be long term (months or years after treatment). The area and amount of radiation you are given will affect which side effects you may experience and the severity of them. Your oncologist will discuss this with you in the consenting stage before treatment.

## Early side effects of treatment

### Tiredness

It is common to feel more tired than usual following radiotherapy. Your energy levels may take weeks or months to return to normal.

### To help manage this:-

- Ensure you drink plenty of fluids and keep up nutritional intake.
- Prioritise tasks and try to keep as active as possible but listen to your body and rest when needed.

### Skin reaction

Skin reactions are uncommon but may occur where you are having treatment across your chest: it may look pink/red or darker and become dry and itchy.

## **To avoid developing a skin reaction:**

- When washing avoid extremes of temperature and avoid vigorous rubbing with a towel. Instead, pat skin dry gently.
- Use your normal washing products. If this causes a reaction we may ask you to use something else (e.g. E45 or Aveeno).
- Wear loose-fitting, breathable clothing (e.g. cotton/wool).
- Avoid exposing the skin in the area we are treating to the sun or cold wind (If you are going to be in the sun wear a high factor sun cream).

## **Loss of appetite or nausea**

During treatment your appetite might be altered and you might experience nausea, especially if treatment is targeted at your abdomen. Please tell us if you have significant nausea as we can get anti-sickness medication prescribed for you.

## **Bowel symptoms**

Radiotherapy to your pelvis may irritate or upset your normal bowel habits and cause you to experience diarrhoea and the urge to open your bowels without passing anything.

## **Urinary symptoms**

- Radiotherapy can cause irritation to the bladder resulting in needing the toilet more frequently, with more urgency and side effects you would associate with a water infection.
- Staying well hydrated can help to minimise these effects as well as avoiding caffeinated (tea, coffee, coca cola etc.) and acidic drinks (fruit juices).

## **Bone Pain**

- Patients having treatment to an area of bone may experience a pain flare during and following radiotherapy.
- You are able to take some pain relief in order to manage this with regular over the counter medication (such as paracetamol).

- If despite taking regular pain relief you are still suffering from pain please speak to a member of the team.

## Late side effects of treatment

### Continued bone pain or bone fractures

- For tumours in or close to bone SABR treatment weakens the bone and makes them more at risk of fractures.
- For most patients this does not cause any symptoms and is discovered when you have a scan after the treatment.
- A small number of patients may experience a fracture needing surgical intervention to fix or they may sometimes need pain relief for a long period of time to help manage the discomfort.

### Damage to the bowels

- The risk is small but long-term serious damage to the bowel can occur.
- Possible effects may be a more permanent change in bowel habit, bleeding from the bowel or diarrhoea.
- Other rare but potentially life threatening complications are narrowing of the bowel, perforation of the bowel or severe bleeding which, again may need treatment with surgery.

### Damage to the bladder

- SABR could cause permanent damage to the bladder. The bladder size can be restricted so you have to go to the toilet more frequently. You may experience increased urgency and bleeding that may need further investigation.

### Secondary malignancies

- As with any dose of ionising radiation the treatment does carry a small risk of causing another cancer in the area that has been treated, many years after treatment. The risk of this is small and if relevant the team will discuss this with you.

## SABR re-irradiation risks

- If SABR treatment is being given to an area that has already received radiotherapy this is known as re-irradiation.
- Re-irradiation increases the risk of more severe or long term side effects and these may only become apparent during the planning stage. The number of sessions may be altered or treatment may not go ahead if risks cannot be reduced to an acceptably low level.

## Who to contact if you have concerns

### SABR specialist radiographer: [Danielle Payne](#)

It is the role of the SABR specialist to support you throughout treatment and to give practical advice and information. They will be your key worker and your main point of contact with the hospital.

They can be reached by calling through to reception number overleaf or via e-mail: [UHSussexSABRsupport@nhs.net](mailto:UHSussexSABRsupport@nhs.net)

### Consultant clinical oncologist

If you have questions relating to your medical care you can contact your consultant oncologist.

They can be contacted through their medical secretaries

## Student radiographers / staff training

We are a teaching hospital and sometimes we may have students or other members of staff observing or taking part in your treatment. Please tell the treatment staff if you would prefer not to have an observer with you.

## How do I know if the treatment has worked?

The radiotherapy treatment continues to work for weeks or months after treatment ends so your oncologist won't be able to tell you straightaway how the cancer is responding. However, they can help you manage any side effects.

After treatment finishes, you will have regular check-ups. Your oncologist will do a physical examination and arrange tests or scans to check whether the cancer has responded to treatment. You may not know the full benefit of having radiation therapy for some months.

## What happens after radiotherapy?

You will be reviewed 2-6 weeks after completing your treatment. You will then generally be seen at 3 monthly intervals for the first year after treatment. If at this point you do not require any further support/intervention from us the reviews with your consultant will become less frequent over subsequent years (most likely annually).

## Using your information / clinical trials

To keep improving our radiotherapy services, audits are regularly carried out in the department. This may involve using patient notes. Any data collected will have all personal and identifiable details removed to ensure patient confidentiality.

However, if this is unacceptable to you, and you would prefer that your notes are not seen, please let your consultant know and your wishes will be respected.

Clinical trials are undertaken within the department, which you may be eligible to take part in. If necessary and appropriate, your doctor will discuss this with you.

## Useful contact numbers:

Sussex Cancer Centre radiotherapy reception: **01273 664901**

Eastbourne Radiotherapy Unit: **01273 938900**

## Clinical nurse specialists

Your clinical nurse specialist is there for you to discuss any aspect of your treatment and you will usually see them during the consultation period.

They can offer you advice and help on the practicalities of your treatment, and they can help sign-post you to other support services that may be beneficial to you.

If you do not know the contact information of your CNS, let one of the radiotherapy team know and we can find out this information for you.

## Further contacts:

### Get more local support from:

#### Macmillan Horizon Centre (Opposite SCC entrance)

##### Services on offer:

- Cancer information
- Complementary therapies
- Professional counselling
- Benefits advice
- Self-help and support groups
- Sign-posting to other services.

**Telephone:** **01273 468770** (09.00 - 16.30 weekdays)

**Email:** [horizoncentre@macmillan.org.uk](mailto:horizoncentre@macmillan.org.uk)

**Website:** [www.macmillan.org/horizoncentre](http://www.macmillan.org/horizoncentre)

A text-phone service is available for deaf and hard of hearing people on: **18001 0808 808 0000**



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**This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath**

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