

YOUR TREATMENT TOOLKIT

GI (Rectal & Anal) Radiotherapy
Supportive Care Guide

Anthony Ricco, MD
Radiation Oncology
Main Line Health — Lankenau Medical Center & Riddle Hospital

Version 1.1 | March 2026

Evidence-based protocols from NCCN guidelines, MSK patient education,
Anal Cancer Foundation RESET program, and peer-reviewed literature

Welcome to Week 1

You are about to start a challenging but survivable journey. GI radiotherapy typically lasts 5–7 weeks, and side effects are **cumulative** — they start mild and build over time, often peaking *during* treatment and 1–2 weeks after before gradually improving.

This guide contains the evidence-based protocols we use to protect your skin, manage diarrhea, handle pain, and support your overall health through treatment. **Read it. Follow it. Ask questions.**

The Treatment Timeline

Phase	Timing	What to Expect
The Setup	Weeks 1–2	Minimal symptoms. Establish preventive routines now.
The Ramp Up	Weeks 3–4	Diarrhea begins. Skin irritation starts. Fatigue increases.
The Peak	Weeks 5–7	Diarrhea, skin reaction, pain at maximum. Lean on your team.
The Recovery	2–6 weeks post-RT	Side effects often persist briefly, then slowly improve.

The Golden Rules

1. Protect Your Skin Down There

Perineal hygiene is the #1 priority. No dry toilet paper. Use sitz baths, peri-bottles, or bidets. Barrier creams prevent breakdown and infection.

2. Stay Ahead of Diarrhea

Do not wait until diarrhea is severe. Start a low-residue diet in week 1. Take loperamide proactively after loose stools. Track frequency and consistency.

3. Hydrate Aggressively

Diarrhea + concurrent chemotherapy = dehydration risk. Drink 8–12 cups of fluid daily. Use Pedialyte or electrolyte solutions, not just water.

4. Keep Moving

Walking 20–30 minutes daily reduces fatigue and improves GI symptoms. Light activity is medicine during this time.

Section 1 — Perineal & Skin Care

Perineal skin care is critical. The perineum is warm, moist, and prone to breakdown. Aggressive prevention now means fewer complications later.

The No Dry Toilet Paper Rule

This is non-negotiable. Dry toilet paper causes microabrasions and irritation.

- **Baby wipes:** Unscented, alcohol-free (Pampers Swaddlers, Water Wipes)
- **Peri-bottle:** Plastic squeeze bottle filled with lukewarm water (available at any pharmacy)
- **Bidet or bidet attachment:** Affordable bidet seats (\$30–100) attach to your toilet
- **Tucks medicated pads:** Witch hazel-soaked pads, for after bowel movements

Sitz Baths

Warm water soaking is a comfort care measure that reduces pain and promotes healing. While evidence is largely experiential rather than from randomized trials, sitz baths are widely recommended by colorectal surgeons and radiation oncologists for symptom relief.

- **How often:** 2–4 times daily, especially after bowel movements
- **Temperature:** Warm (not hot), comfortable to touch
- **Duration:** 15 minutes per soak
- **Timing:** Start from day 1 of treatment, not just when problems arise

Tip: Fill a basin in your bathtub, or buy a sitz bath kit (\$10–15). The repetitive soaking is remarkably soothing and therapeutic.

Barrier Cream Protocol

Apply barrier cream after **every** bowel movement and before bed:

- **Zinc oxide cream:** Classic, effective, inexpensive (~\$12)
- **Calmoseptine barrier cream:** Formulated for this purpose (~\$12)
- **Aquaphor:** Gentle moisturizer, apply liberally 2–3x daily

Clothing & Moisture Management

- **Underwear:** Loose, cotton only. No thongs. Consider going commando at home.
- **Cornstarch powder:** In skin folds (groin, gluteal folds) to prevent moisture breakdown. Use sparingly to avoid caking.
- **Avoid:** Tight pants, synthetic fabrics, prolonged sitting

Gentle Washing

Keep the area clean but not over-washed.

- **Soap:** Dove Sensitive or Cetaphil only. Fragrance-free.
- **Technique:** Hands only, lukewarm water, gentle pat dry
- **Frequency:** Once daily, plus after bowel movements with peri-bottle

When Skin Breaks Down

If the skin becomes raw, blistered, weepy, or has open sores: **Tell your nurse immediately.** We may prescribe:

- Silver sulfadiazine cream (for bacterial prevention)
- Hydrogel dressings
- Mepilex foam pads (advanced wound care)

Do NOT use hydrocortisone or other topical steroids without prescription. Do NOT apply home remedies (honey, tea tree oil, etc.) without asking us first.

Exit Site Awareness

Radiation beams pass through your body. The skin on the **opposite side** (front if treating from behind, or vice versa) may also become sore. Apply the same skin care to exit sites as to the main treatment area.

Practical Tips

- **Adult protective pads:** If you experience rectal bleeding or incontinence, use absorbent pads (Depends, Poise, or similar). No shame — this is temporary.
- **Cushioned seating:** Use a soft donut cushion or memory foam pad for sitting. Prolonged sitting on hard surfaces worsens perineal irritation.
- **Sun protection:** If treated skin will be sun-exposed, use **SPF 45+** sunscreen permanently or cover with clothing.

Section 2 — Diarrhea Management

Diarrhea is the #1 side effect of pelvic radiation. It is almost always treatable. The key is staying ahead of it with diet, hydration, and medications.

Dietary Strategy: Low-Residue/Low-Fiber Diet

Start a low-residue diet in **week 1**, not after diarrhea begins. Low-residue foods reduce stool bulk and frequency.

Safe Foods (eat these):

- White rice, pasta, white bread, plain bagels
- Bananas, applesauce, canned peaches (no skin)
- Boiled potatoes **WITHOUT** skin, sweet potatoes (small amounts)
- Chicken, fish, turkey, eggs
- Plain oatmeal, Cream of Rice (not whole grain)
- Broth-based soups (not dairy)

Avoid (increases diarrhea):

- Raw vegetables and salads
- Whole grains, bran, seeds, nuts

- Beans, legumes, lentils
- Dairy products (milk, ice cream, yogurt) if lactose intolerant
- Spicy foods, fried foods, high-fat foods
- Caffeine (coffee, tea, chocolate, cola)
- Alcohol
- Artificial sweeteners (sorbitol, xylitol)

The BRAT Diet When Diarrhea Strikes

If diarrhea starts or worsens, switch immediately to BRAT:

- **B**ananas
- **R**ice (white, plain)
- **A**pplesauce
- **T**oast (white bread only)

Loperamide (Imodium) Protocol

Loperamide is the first-line over-the-counter antidiarrheal. Use it proactively:

- **Dose:** 4 mg after the first loose stool of the day
- **Then:** 2 mg after each additional loose stool
- **Maximum:** 16 mg per day
- **Escalation if loperamide is insufficient:** Contact your team. Options include Lomotil (diphenoxylate/atropine), cholestyramine for bile salt diarrhea, or octreotide for refractory cases. Do not escalate on your own.

Important: Do NOT use loperamide if you have fever or blood in stool (may indicate infection). Call us first.

***Note on sucralfate enemas:** While sometimes prescribed for radiation proctitis, a 2005 Cochrane review found insufficient evidence to recommend sucralfate enemas for prevention or treatment of acute radiation proctitis. Your team will discuss evidence-based options if rectal symptoms develop.*

Hydration Strategy

Diarrhea + chemotherapy = severe dehydration risk.

- **Daily fluid intake:** 8–12 cups minimum
- **Electrolyte replacement:** Pedialyte, Gatorade, or coconut water (better than water alone)
- **Broth:** Warm chicken or vegetable broth provides fluid + sodium
- **Avoid:** Caffeine, alcohol, sugary drinks (makes diarrhea worse)

Probiotics (Evidence-Supported)

Lactobacillus-based probiotics have the strongest evidence for preventing pelvic radiation diarrhea. A randomized trial (Linn et al., 2019) found that Lactobacillus + Bifidobacterium reduced diarrhea incidence from 82% to 54% and significantly reduced need for anti-diarrheal medications.

- **Best options:** Culturelle (~\$20) or a multi-strain Lactobacillus/Bifidobacterium product. The original VSL#3 formulation studied in clinical trials is no longer commercially available under that name (now sold as Visbiome); generic “VSL#3” products may differ in composition. Lactobacillus-based strains have stronger evidence than yeast-based (*S. boulardii*).
- **When to start:** Begin on the first day of treatment. Continue throughout.
- **How to use:** Follow package directions. Keep refrigerated.

*Note: A 2025 RCT found yeast-based probiotics (*S. boulardii*) were NOT effective for pelvic RT diarrhea. Stick with Lactobacillus/Bifidobacterium strains.*

Tracking Bowel Movements

Keep a simple log:

- **Frequency:** How many bowel movements per day?
- **Consistency:** Formed, loose, or watery?
- **Blood or mucus:** Yes or no?
- **Urgency:** Can you control it?

Bring this log to each visit. It helps us adjust your medications.

Red Flag: When Diarrhea Needs Urgent Intervention

Call immediately if: 6+ watery stools per day, unable to leave home, blood in stool, severe abdominal pain, or signs of dehydration (dizziness, dark urine, extreme thirst).

Section 3 — Nausea Management

Nausea often accompanies pelvic radiation, especially with concurrent chemotherapy (5-FU, capecitabine, or mitomycin per RTOG 0529/RTOG 9811 regimens). It is highly treatable.

Prevention Strategy

- **If receiving concurrent chemo (CRT):** Take anti-nausea meds on schedule, not just when nausea occurs. Ondansetron (Zofran) is standard; dexamethasone may be added for cisplatin-based regimens.
- **If receiving RT alone:** Nausea is less common and often milder. Ondansetron or Prochlorperazine (Compazine) as needed may be sufficient.
- **Eat small, frequent meals** instead of large meals
- **Eat cold or room-temperature foods** — hot food smells trigger nausea
- **Avoid greasy, spicy, or high-fat foods**

Home Remedies

- **Ginger:** Ginger tea or ginger chews, 3–4 times daily
- **Flat ginger ale** in small sips
- **Peppermint tea** or peppermint aromatherapy

- **Rest position:** Stay upright for 30 minutes after eating

Hand-Foot Syndrome (If on Capecitabine)

If you are taking capecitabine (Xeloda), you may develop redness, swelling, tingling, or peeling on the palms and soles (hand-foot syndrome/palmar-plantar erythrodysesthesia).

- **Prevention:** Moisturize hands and feet frequently. Avoid friction, hot water, and tight shoes.
- **Treatment:** Topical urea cream (10–20%). Some centers use topical diclofenac gel based on small studies suggesting benefit, though evidence is preliminary. Dose reduction of capecitabine is the primary management for grade 2+ HFS.
- **Report immediately:** Blistering, cracking, or pain that limits daily activities.

Section 4 — Pain Management

Rectal and anal pain often begins in weeks 3–4 and peaks in weeks 5–6. Pain is predictable and treatable. Do not suffer in silence.

The Pain Ladder

Level	Symptoms	Treatment
Mild (Weeks 1–2)	Mild soreness or irritation	Tylenol (acetaminophen) 500–1000 mg every 6 hours. Sitz baths for comfort.
Moderate (Weeks 3–5)	Pain with bowel movements	Topical lidocaine 5% ointment before BM. Gabapentin 300–900 mg at bedtime for burning pain. Sitz baths before and after BM.
Severe (Weeks 5–7+)	Cannot have bowel movement without pain	Opioid medications (liquid or suppository). Call us immediately — do not suffer.

The Poor Man’s Pain Relief

For moderate pain, this 3-step routine is remarkably effective:

1. **Sitz bath:** Warm water soak, 15 minutes
2. **Topical lidocaine 5%:** Apply ointment to the perianal area
3. **Tylenol:** 500–1000 mg by mouth

Do this 30 minutes before you expect a bowel movement. The pain will be manageable.

Topical Lidocaine

Prescription-strength topical lidocaine 5% ointment numbs the area without systemic side effects.

- **How to use:** Apply a small amount to the perianal area before bowel movements

- **Frequency:** As needed, up to 4–6 times daily
- **Onset:** Works within 5 minutes

Gabapentin for Neuropathic Pain

If pain is burning or tingling (neuropathic), gabapentin is highly effective.

- **Typical dose:** 300–900 mg at bedtime (adjusted by us based on your response)
- **Note:** Takes 3–7 days to build up in your system, so start early

Constipation Warning with Opioids

If prescribed opioids, constipation will follow. Start preventive measures immediately:

- **Docusate (Colace):** 100 mg twice daily (stool softener)
- **Miralax:** 1 capful (17g) daily in any beverage
- **Avoid:** Loperamide (Imodium) with opioids — increases constipation risk

Section 5 — Bladder Care

Urinary frequency and burning are common by weeks 2–3 of pelvic radiation.

Hydration & Dilution

Dilute urine reduces irritation. Drink plenty of water (but not so much you become overhydrated).

- **Daily fluid:** 8–10 cups

Bladder Irritants to Avoid

- Caffeine (coffee, tea, cola, chocolate)
- Alcohol
- Spicy foods
- Artificial sweeteners (aspartame, sucralose)
- Acidic foods (tomatoes, citrus)

Cranberry Supplements

Limited scientific evidence, but commonly used. May help prevent UTI. No harm in trying.

Pyridium (Phenazopyridine)

If prescribed for severe burning: **Your urine will turn bright orange or brown. This is normal** and not dangerous. It stains underwear and clothing, so plan accordingly.

Red Flags: When to Call

- Blood in urine
- Inability to urinate for 8+ hours

- Fever with urinary symptoms
- Severe abdominal or pelvic pain with urinary symptoms

Section 6 — Nutrition & Hydration

Protein Requirements

High protein intake (1.0–1.2 g/kg body weight daily) is required to repair radiation damage.

- A 150-lb person needs 68–82 grams of protein daily
- Protein shakes, eggs, chicken, fish, yogurt (if tolerated)

Weight Tracking

Weigh yourself weekly. Report any loss of 5+ pounds to your team.

Nutritional Supplements

If eating solid food becomes difficult:

- **Ensure Max Protein:** ~\$28 for 12-pack
- **Boost VHC (Very High Calorie):** ~\$55 for 27-pack

These are not optional — they prevent malnutrition during treatment.

Do NOT Take Certain Supplements

During treatment, avoid:

- **High-dose antioxidants** (vitamin C >1000 mg/day, vitamin E, beta-carotene) — may interfere with radiation
- **Herbal supplements** unless approved by your oncologist

Ask us before starting any new supplement or vitamin. Some interact with chemotherapy or radiation.

Electrolyte Replacement

- Pedialyte, Gatorade, or coconut water
- Broth-based soups

Freezer Meal Prep Tip

Weeks 4–6 are the hardest. Before treatment, prepare and freeze small portions of low-residue foods (rice, chicken, pasta, etc.). It is much easier to reheat than to cook when fatigued and in pain.

Section 7 — Fatigue & Exercise

Walking is Medicine

Daily walking reduces fatigue, improves GI symptoms, and lifts mood.

- **Target:** 20–30 minutes daily, or as tolerated
- **Intensity:** Gentle — not exhausting
- **Timing:** Morning or early afternoon (avoid late evening if sleep is an issue)

Pacing & Rest

- **Don't overcommit.** Cancel non-essential activities during weeks 4–7.
- **Naps are OK.** 20–30 minute power naps can recharge you.
- **Ask for help.** Delegate cooking, childcare, household tasks.

Sleep Hygiene

- Maintain a regular sleep schedule
- Dark, cool, quiet bedroom
- Avoid screens 1 hour before bed
- If pain wakes you, use sitz bath + topical lidocaine before returning to bed

Section 8 — Sexual Health & Fertility

Are You Radioactive?

No. You are NOT radioactive. You can be sexually active, hug your children, share meals, and sleep in the same bed. External beam radiation does not make you radioactive.

Vaginal Changes (if applicable)

Pelvic radiation can affect vaginal tissue:

- **Dryness and discomfort:** Use **vaginal moisturizers** (Replens, Hyalo GYN) nightly — these are different from lubricants. Lubricants (Astroglide, K-Y Jelly) are for use during sexual activity.
- **Narrowing (stenosis)** — prevented by vaginal dilator use starting 2–4 weeks post-RT
- **Discharge or odor** — usually temporary, resolves in 1–2 months

Vaginal dilator protocol (critical for long-term health):

- Start 2–4 weeks after radiation ends
- Use dilator 3–5 times weekly, 10–15 minutes per session
- Start with the smallest size. Progress to the next size when comfortable.
- **Lifelong maintenance** — skip more than 2 weeks and stenosis returns
- We provide dilators or recommend dilator sets (~\$30–50)

Anal Stenosis Prevention (if applicable)

Anal cancer treatment can cause narrowing of the anal canal from scar tissue. This makes bowel movements difficult and painful.

- **Stool softeners:** Docusate (Colace) and fiber supplements (Metamucil) may help keep stools soft and reduce straining against narrowed tissue. Note: evidence for fiber supplementation during pelvic RT is mixed—some studies (Wedlake et al.) suggest benefit but results are not consistent across trials. Discuss with your dietitian.
- **Anal dilators:** Your doctor may prescribe graduated anal dilators if stenosis develops. Start small, progress slowly, use with lubricant.
- **Finger dilation:** Some patients use gentle digital dilation as an alternative — your care team can instruct you.

Report increasing difficulty with bowel movements or pencil-thin stools. Early intervention prevents severe stenosis.

Pelvic Floor Physical Therapy

Pelvic floor PT can be transformative for both sexual health and bowel/bladder function after pelvic radiation. A specialist can help with:

- Muscle relaxation techniques (radiation causes tightness, not weakness)
- Coordinated movement for easier bowel movements
- Pain during intercourse
- Urinary urgency and frequency

Ask your team for a referral. Look for therapists certified through the APTA Pelvic Health or Pelvic Pain Society directories.

Erectile Changes (if applicable)

Pelvic radiation can affect blood flow and nerve function. Erectile dysfunction may develop months or years after treatment.

- **Medications available:** Sildenafil (Viagra), tadalafil (Cialis)
- **Referral:** We will refer you to urology if this becomes an issue

Fertility & Contraception

If you want children: Discuss fertility preservation (egg/sperm banking, ovarian transposition) **BEFORE treatment starts.** We can refer you to reproductive specialists.

Birth control required: During treatment and for 1–2 years after, use reliable contraception. Radiation and chemotherapy are teratogenic (harmful to pregnancy).

Section 9 — Emotional Support & Resources

Cancer in an Intimate Area is Uniquely Stressful

Many patients with rectal or anal cancer experience shame, embarrassment, or emotional distress. These feelings are normal. **You are not alone.**

Resources Available

- **Social worker:** Ask for referral to oncology social work — they specialize in cancer counseling
- **Support groups:** In-person or online groups for rectal/anal cancer survivors
- **Anal Cancer Foundation:** RESET program — peer support and educational resources (www.analcancerfoundation.org)
- **Therapist or counselor:** Cancer-focused therapy helps many patients
- **Spiritual support:** Chaplain or spiritual advisor available

Caregiver Support

If a loved one is helping you:

- **Communicate your needs clearly.** Say what you need, not just “I’m fine.”
- **Accept help with household tasks.** Cooking, cleaning, childcare — let them handle it.
- **Reassure them.** Remind your caregiver that perineal skin breakdown and incontinence are temporary side effects, not a reflection on you or your hygiene.
- **Give yourself grace.** Mood changes, irritability, and emotional fatigue are expected during treatment.

Section 10 — Red Flags: When to Call Us

Do not wait. Call immediately if you experience any of these:

Red Flag	Why It Matters
Fever over 100.4°F	May indicate infection
Bright red blood in stool (>1 tablespoon)	Requires evaluation
Unable to keep liquids down for 24 hours	Dehydration risk
6+ watery stools per day	Severe diarrhea — needs intervention
Blood in urine	Hemorrhagic cystitis
No urination in 8+ hours	Severe dehydration
Uncontrolled pain	Stronger medications available
Skin breakdown with pus or foul odor	Possible infection
Severe rectal bleeding	Come in immediately
Fecal or urinary leaking from unexpected location	Possible fistula — URGENT

Section 11 — Long-Term Follow-Up

Bowel Habit Changes

Many patients notice permanent changes in bowel habits after pelvic radiation. This is called the “new normal.”

- Frequency may increase (2–4 stools/day instead of 1–2)
- Consistency may be looser
- Urgency may persist

These changes are usually mild and manageable. If chronic diarrhea becomes severe, we refer you to gastroenterology.

Chronic Diarrhea Management

If diarrhea persists beyond 3 months post-treatment, we may recommend:

- Gastroenterology referral

- Cholestyramine or other advanced medications
- Dietary modifications tailored to your “new normal”

Bladder and Urinary Changes

Urinary frequency or urgency may persist. Most improve over months to years.

- **Urology referral** if symptoms significantly impact quality of life

Sexual Health Rehabilitation

Vaginal stenosis prevention and erectile dysfunction treatment require ongoing attention.

- **Vaginal dilator use:** Lifelong, 3–5 times weekly
- **Pelvic floor physical therapy:** May improve sexual function and bladder control
- **Urology referral:** If erectile dysfunction affects quality of life

Bone Health

Pelvic radiation can weaken bones in the pelvis and hips (insufficiency fractures). This is especially important for older women and anyone with osteoporosis risk.

- **DEXA scan:** We may order a baseline bone density scan
- **Calcium + Vitamin D:** Discuss supplementation with your team (do not self-prescribe high doses)
- **Weight-bearing exercise:** Walking, dancing, stair climbing. These trigger bone growth.
- **Report:** New hip, groin, or pelvic pain — may indicate a stress fracture

Lymphedema (Leg Swelling)

Pelvic radiation (especially combined with lymph node dissection) can cause lymphedema in one or both legs. This may appear **months to years** after treatment.

- **Warning signs:** Heaviness in one leg, tight/hard skin, new aching, reduced joint movement, or clothing/shoes fitting tighter on one side
- **Urgent signs:** Fever over 100.5°F with leg swelling, new unexplained pain, or signs of infection (redness, warmth) — call immediately
- **Treatment:** Compression garments, manual lymphatic drainage therapy, specialized physical therapy. Early treatment is more effective.
- **Prevention:** Avoid prolonged standing/sitting, elevate legs when resting, stay active, maintain healthy weight

Secondary Cancer Screening

Pelvic radiation slightly increases the risk of secondary malignancies in the pelvis (usually after 10+ years). Maintain regular screening:

- Annual colonoscopy (if you had rectal cancer)
- Annual gynecologic exams (if applicable)
- Discuss with your oncologist at follow-up visits

Recommended Products & Costs

These are approximate retail costs as of March 2026. Most are available at pharmacies or Amazon.

Category	Product	Cost
Perineal Care	Calmoseptine barrier cream	~\$12
	Peri-bottle (squeeze bottle)	~\$10–20
	Bidet attachment	~\$30–100
	Sitz bath basin	~\$15
	Tucks medicated pads (100ct)	~\$8
	Baby wipes (fragrance-free)	~\$15/case
Skin Care	Aquaphor (14 oz)	~\$12
	Zinc oxide cream	~\$10
Pain Relief	Lidocaine 5% ointment (Rx)	Varies (covered by insurance)
Diarrhea	Imodium (loperamide, OTC)	~\$10–15
	Pedialyte (8-pack)	~\$8
Probiotics	Visbiome/Culturelle	~\$50–60
	Culturelle	~\$20
Nutrition	Ensure Max Protein (12-pack)	~\$28
	Boost VHC (27-pack)	~\$55
Sexual Health	Vaginal dilator set	~\$30–50
	Astroglide lubricant	~\$8

Contact Information & Resources

Anthony Ricco, MD
 Radiation Oncology
 Main Line Health

Lankenau Medical Center & Riddle Hospital

Phone: 1.866.CALL.MLH (1.866.225.5654)

Address 1: 100 East Lancaster Ave · Rosengarten Bldg, Basement · Wynnewood, PA 19096

Address 2: 1078 West Baltimore Pike · Health Center 1, Ground Floor · Media, PA 19063

Evidence Sources

- NCCN Anal Cancer Guidelines (2025)
- NCCN Rectal Cancer Guidelines (2025)
- Memorial Sloan Kettering pelvic radiation patient education
- Anal Cancer Foundation RESET Program
- OncoLink survivorship resources
- Peer-reviewed literature: toxicity management, diarrhea prevention, sexual health

My Treatment Journal

A place to notice patterns, remember questions, and track what helps.

You do not need to fill this out perfectly. Even a few notes can help you see patterns, remember what worked, and tell your care team what is actually happening at home.

This Week

Week of / goals / anything I especially want help with

Daily Check-In

Day / Date	Energy (0-10)	Pain (0-10)	Eating / Drinking	Sleep	Main note
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Symptoms I Want to Watch

<input type="checkbox"/> Diarrhea / bowel frequency	<input type="checkbox"/> Rectal or pelvic pain	<input type="checkbox"/> Skin irritation
<input type="checkbox"/> Bladder symptoms	<input type="checkbox"/> Eating and hydration	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____		

What I Tried / What Helped

Use this page to test small changes and keep track of what helps, what does not, and what you want to ask about next.

Problem or symptom	What I tried	Did it help?	Next step / question

Examples: taking pain medicine before meals, changing skin care timing, drinking earlier in the day, using a humidifier, adjusting fiber, walking after treatment, or asking for a refill.

Questions for My Care Team

Bring this page to visits. Small questions are worth writing down, especially when treatment days start to run together.

Symptoms or side effects I want to mention

Medication, refill, or product questions

Eating, drinking, bowel, bladder, skin, sleep, or activity questions

Logistics: appointments, transportation, work, family, forms

One thing I keep forgetting to ask
