

YOUR TREATMENT TOOLKIT

GYN (Cervical, Uterine & Vulvar) Radiotherapy
Supportive Care Guide

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Evidence-based protocols from NCCN guidelines, ABS/ASTRO consensus statements,
MSK sexual health rehabilitation, and Cancer Research UK pelvic radiation guides

Welcome to Week 1

You are about to start a challenging but survivable journey. GYN radiotherapy typically lasts 5–7 weeks (external beam plus brachytherapy boost), and side effects are **cumulative** — they start slowly and build over time, often peaking in weeks 4–5 and continuing into the recovery period.

This guide contains the evidence-based protocols we use to protect your vaginal health, manage side effects, and support your long-term quality of life. **Read it. Follow it. Ask questions.**

The Treatment Timeline

| Phase | Weeks | What to Expect |
|---------------------|-------------|--|
| The Setup | 1–2 | Minimal symptoms. Begin vaginal dilation planning. |
| The Ramp Up | 3–4 | Diarrhea begins. Vaginal irritation starts. Fatigue increases. |
| The Peak | 5–7 | Side effects strongest. Brachytherapy procedures. Lean on your team. |
| The Recovery | 2–6 post-RT | Side effects often persist briefly, then slowly improve. |

The Golden Rules

1. Vaginal Dilator Use is Strongly Recommended

Radiation causes scar tissue that can narrow the vagina. ABS/ASTRO consensus and international guidelines recommend regular dilator use to prevent stenosis. Without dilation, vaginal exams may become difficult and intimacy painful. Aim for 3–5 times weekly, long-term.

2. Stay Ahead of Diarrhea

Start a low-residue diet in week 1, not after diarrhea begins. Take loperamide proactively. Track frequency.

3. Hydrate Aggressively

Cisplatin + diarrhea = severe dehydration risk. Drink 8–12 cups daily. Use Pedialyte for electrolyte replacement.

4. Talk About What's Uncomfortable

Sexual health, menopause, body image, and intimacy concerns are normal. We've heard it all. Ask for support.

Section 1 — Vulvar & Groin Skin Care

The vulva and groin are warm, moist, and prone to breakdown. Aggressive prevention now means faster healing and better comfort during treatment.

The No Dry Toilet Paper Rule

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
- **Bidet attachment:** Affordable bidet seats (\$30–100) attach to your toilet
- **Tucks medicated pads:** Witch hazel-soaked pads for comfort

Sitz Baths

Warm water soaking reduces pain, promotes healing, and prevents infection.

- **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

Barrier Cream Protocol

Apply barrier cream after every bowel movement and before bed:

- **Calmoseptine barrier cream:** Formulated for sensitive skin (~\$12)
- **Zinc oxide cream:** Classic, effective, inexpensive (~\$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.
- **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 skin becomes raw, blistered, weepy, or has open sores: **Tell your nurse immediately.**

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

Long-Term Sun Protection

Your treated skin remains **permanently sun-sensitive**. Use SPF 45+ sunscreen on treated areas for life, or cover with clothing.

Section 2 — Vaginal Health

This is one of the most important sections of this guide. Vaginal dilation helps prevent stenosis. Reported rates of vaginal stenosis after pelvic RT range from 30–88% without intervention. Consistent dilation significantly reduces this risk. This requires long-term commitment.

The Vaginal Dilator Protocol

Why Dilators Matter

Radiation causes scar tissue that can narrow and shorten the vagina. Without regular dilation, vaginal stenosis may develop within weeks to months, making exams difficult and intimacy painful. Dilators help prevent this process, though some degree of change may still occur.

When to Start

Begin 2–4 weeks after all radiation (including brachytherapy) ends. Your care team will tell you the exact timing.

Choosing Your Size

Dilator sets come in 3–4 progressive sizes. Start with the smallest size that feels snug but not painful. Gradually progress to larger sizes over weeks.

Technique

1. Lie on your back with knees bent and feet flat.
2. Apply water-based lubricant generously to the dilator and your vaginal opening.
3. Insert slowly, angling slightly toward your spine.
4. Hold in place for 10–15 minutes while taking deep breaths to relax your pelvic floor.
5. Remove slowly. Breathe. Relax.

Frequency & Duration

- **Frequency:** 3–5 times weekly, minimum. More is better.
- **Duration:** Long-term (ideally lifelong). If you skip more than 2–3 weeks, stenosis risk increases. Consistency is key.
- **Intercourse counts:** Regular vaginal intercourse (3+ times/week) can substitute for dilator use.

Cleaning

Wash with mild soap and warm water after each use. Dry with a clean towel. Store in a cool, dry place.

Vaginal Moisturizers (Different from Lubricants)

Moisturizers: For Daily Dryness

Apply nightly for ongoing vaginal dryness:

- **Replens:** Hyaluronic acid-based, long-lasting
- **Hyalo GYN:** Hyaluronic acid formulation
- **Good Clean Love Restore:** Plant-based option

Lubricants: For Sexual Activity

Use during intercourse only. Water-based options:

- **Astroglide, K-Y Jelly, Sliquid, Good Clean Love**
- Avoid silicone-based; they can degrade dilators over time

Vaginal Estrogen

Your oncologist may prescribe vaginal estrogen (cream, ring, or tablet) if appropriate for your cancer type. Discuss safety with your team — it depends on your diagnosis.

Vaginal Discharge

Watery, pink, or blood-tinged discharge is common during and after treatment. Use panty liners (NOT tampons). **Report:** Heavy bleeding, foul odor, or fever (may indicate infection).

When to Avoid and Resume Intercourse

- **Avoid intercourse:** During external radiation and brachytherapy
- **Resume:** 2–4 weeks post-treatment (ask your team for exact timing)
- **Resume slowly:** Use plenty of lubricant, choose comfortable positions, communicate with partner
- **Counts as dilation:** Regular vaginal intercourse (3+ times/week) prevents stenosis

Section 3 — Brachytherapy: What to Expect

Brachytherapy is internal radiation therapy delivered directly to your cervix or uterus via a specialized applicator. It is a key part of your treatment and is highly effective.

What Happens During the Procedure

You will lie on a treatment table with your legs in stirrups (similar to a gynecology exam). A speculum allows the doctor to place the applicator. You may feel pressure, cramping, or mild discomfort. The procedure typically lasts 30–60 minutes.

Cramping & Pain Management

Cramping is normal and expected. Pain does not mean something is wrong.

- **Before the procedure:** Take Tylenol (acetaminophen) 500–1000 mg and eat a light meal
- **If prescribed:** Take anti-anxiety medication (Ativan) 30 minutes before if you're nervous
- **After the procedure:** Cramping usually subsides within a few hours. Heating pad helps.

Vaginal Discharge After Brachytherapy

You may have increased discharge, blood-tinged fluid, or spotting for 1–2 days after. This is normal. Use panty liners. If heavy bleeding occurs, call your team.

Section 4 — 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 Diet

Start a low-residue diet in **week 1**, not after diarrhea begins.

Safe Foods (eat these):

- White rice, pasta, white bread
- Bananas, applesauce, canned peaches (no skin)
- Boiled potatoes without skin
- Chicken, fish, turkey, eggs
- Plain oatmeal, Cream of Rice
- Broth-based soups

Avoid (increases diarrhea):

- Raw vegetables, salads, whole grains, bran, seeds, nuts
- Beans, legumes, lentils
- Dairy if lactose intolerant
- Spicy, fried, or high-fat foods
- Caffeine, alcohol, artificial sweeteners

The BRAT Diet When Diarrhea Strikes

If diarrhea starts or worsens, switch immediately to **B**ananas, **R**ice (white, plain), **A**pplesauce, **T**oast (white bread only).

Loperamide (Imodium) Protocol

Use loperamide 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

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

Hydration Strategy

Diarrhea + chemotherapy = severe dehydration risk.

- **Daily fluid intake:** 8–12 cups minimum
- **Electrolyte replacement:** Pedialyte, Gatorade, or coconut water
- **Broth:** Warm chicken or vegetable broth for fluid + sodium
- **Avoid:** Caffeine, alcohol, sugary drinks

Probiotics (Evidence-Supported)

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

- **Best options:** VSL#3 (~\$50–60) or Culturelle (~\$20)
- **When to start:** Begin on the first day of treatment. Continue throughout.

*Note: Yeast-based probiotics (*S. boulardii*) are NOT effective for pelvic RT diarrhea. Stick with Lactobacillus/Bifidobacterium strains.*

Tracking Bowel Movements

Keep a simple log: frequency, consistency, blood/mucus, urgency. Bring to each visit.

Section 5 — Bladder Care

Urinary symptoms are common but treatable. Frequency, urgency, and burning usually peak in weeks 5–6.

Urinary Frequency & Urgency

You may urinate more frequently and with greater urgency. This is temporary.

- **Hydrate normally** despite frequency (dehydration makes symptoms worse)
- **Avoid bladder irritants:** Caffeine, alcohol, spicy foods, artificial sweeteners
- **Urinate on a schedule:** Every 2–3 hours during the day to maintain comfort

Urinary Burning (Dysuria)

If urination burns, try:

- **Pyridium (phenazopyridine):** Over-the-counter pain reliever; turns urine orange
- **Cranberry juice or supplements:** May help prevent UTI
- **Sitting sitz baths:** 15 minutes 2–3 times daily

- **Urinating after intercourse:** Flushing bacteria reduces UTI risk

Signs of Urinary Tract Infection (UTI)

Call if you have: Fever over 100.4°F, painful urination with urgency, blood in urine, cloudy or foul-smelling urine, or inability to urinate for 8+ hours.

Section 6 — Pain Management

Pain from GYN radiation is real and expected. Uncontrolled pain makes eating, sleeping, and daily life impossible. We adjust your regimen at every visit.

Pelvic & Vulvar Pain

Localized pain peaks in weeks 5–7. Management options:

- **Topical lidocaine cream:** Apply to vulva 3–4 times daily for numbing
- **Sitz baths:** 2–4 times daily with warm water
- **Gabapentin:** Prescription nerve pain medication; ask your doctor

Brachytherapy Cramping

Cramping is expected and manageable:

- **Tylenol:** 500–1000 mg every 6 hours, scheduled
- **Ibuprofen:** 400–600 mg every 6–8 hours (if not contraindicated)
- **Heating pad:** 15 minutes at a time, several times daily

Constipation Warning

Opioid pain medications cause constipation. If prescribed opioids:

- Start Colace (docusate) and MiraLAX on the same day
- Increase fiber and fluids
- Do NOT wait for constipation — prevent it

Section 7 — Premature Menopause

If your ovaries are in the treatment field, periods may stop and menopause symptoms may develop. This can be sudden and more intense than natural menopause.

Will My Periods Stop?

If ovaries receive significant radiation, periods often stop during or shortly after treatment. Periods may return months or years later, or may never return. Ask your team about your individual risk.

Menopause Symptoms

If periods stop, you may experience:

- **Hot flashes & night sweats**
- **Mood changes, anxiety, depression**
- **Vaginal dryness & low libido**
- **Fatigue, bone loss, thinning skin**

These occur suddenly and can be more intense than natural menopause.

Managing Hot Flashes

Non-medication strategies:

- Wear layered, breathable clothing
- Keep your bedroom cool; sleep with lightweight blankets
- Avoid caffeine, alcohol, spicy foods, hot drinks
- Stay hydrated; keep cool water nearby

Medication options (discuss with your oncologist):

- **Venlafaxine (antidepressant):** Reduces hot flashes by 50–70%
- **Gabapentin:** Effective for hot flashes and nerve pain
- **Clonidine:** Blood pressure medication that helps some women

Mood Changes & Emotional Support

Mood changes are a normal reaction to sudden menopause plus cancer treatment. Seek support:

- Counseling or therapy (individual or support groups)
- Antidepressants if recommended by your oncologist or psychiatrist
- Support groups (Foundation for Women's Cancer, CancerCare)

Bone Health

Sudden menopause increases osteoporosis risk. Your oncologist may recommend:

- **DEXA scan:** Baseline bone density testing
- **Calcium + vitamin D:** Daily supplementation
- **Weight-bearing exercise:** Walking, resistance training

Hormone Replacement Therapy (HRT)

HRT can significantly improve menopausal symptoms (hot flashes, vaginal dryness, bone loss). Safety depends on your cancer type:

- **Cervical cancer (squamous cell):** HRT is generally considered safe and is often encouraged, as these tumors are not hormone-driven.
- **Endometrial cancer:** HRT is more controversial. Some oncologists allow it for low-grade, early-stage disease after treatment, but this requires careful discussion with your team.

- **Discuss with both your oncologist and gynecologist** to weigh benefits vs. risks for your specific situation.

Ovarian Preservation

If you had **ovarian transposition** (surgical relocation of ovaries out of the radiation field) before treatment, your ovarian function may be preserved. Ask your team if this was done.

Immunotherapy: Pembrolizumab (If Prescribed)

The KEYNOTE-A18 trial demonstrated that adding pembrolizumab to chemoradiation improved progression-free survival in locally advanced cervical cancer. If your team prescribes pembrolizumab, be aware of potential **immune-related adverse events (irAEs)**:

- **Thyroid dysfunction:** Fatigue, weight changes, feeling cold or hot. Blood tests will monitor this.
- **Skin rash:** Can range from mild to severe. Report any new rash promptly.
- **Colitis:** Diarrhea beyond what is expected from radiation. Report if diarrhea worsens suddenly.
- **Hepatitis:** Liver inflammation detected on blood work. Regular labs will monitor.
- **Pneumonitis:** New cough or shortness of breath not explained by other causes.

***Key point:** irAEs can occur weeks to months after starting immunotherapy and may mimic radiation side effects. Report ANY new or worsening symptoms promptly—early detection is critical for safe management. Most irAEs are reversible when caught early.*

INTERLACE: Induction Chemotherapy Timing

The INTERLACE trial showed that giving induction chemotherapy (carboplatin + paclitaxel) **before** chemoradiation (rather than concurrent chemo alone) improved survival in locally advanced cervical cancer. If your team uses this approach, expect 6 weeks of induction chemo before starting radiation. Side effects of induction (nausea, neuropathy, hair thinning) will be managed before radiation begins.

Brachytherapy: Types and What to Expect

Most patients receive intracavitary brachytherapy (applicator placed in the uterus/vagina). Some patients with bulky or parametrial disease may need **hybrid interstitial/intracavitary** brachytherapy, which uses additional needles placed through the perineum under anesthesia. Your team will explain which approach is planned for you.

Section 8 — Nutrition & Hydration

Good nutrition fuels healing. Poor nutrition slows recovery and increases side effects.

Weight Tracking

Weigh yourself weekly and report any loss of 5+ pounds to your team. Unintended weight loss may indicate inadequate nutrition or hidden complications.

Protein Targets

Aim for 1.2–1.5 g protein per kg body weight daily. Protein repairs radiation damage.

- **Easy sources:** Greek yogurt, eggs, cheese, chicken, fish, nuts, seeds, protein shakes
- **Protein supplements:** Boost VHC (24g protein, ~\$55/27pk) or Ensure Max Protein (30g, ~\$28/12pk)

Hydration

Drink 8–12 cups of fluid daily. On cisplatin chemo days: drink 3 liters.

- **Water:** Preferred, but boring
- **Pedialyte or electrolyte drinks:** Better than water alone for dehydration
- **Broth:** Warm and nourishing
- **Herbal tea:** Decaffeinated only (caffeine dehydrates)

Freezer Meal Prep

When fatigue peaks (weeks 5–7), home-cooked meals disappear. Before treatment starts:

- Cook and freeze single-serving portions of low-residue meals
- Reheat in microwave when too tired to cook
- Include: chicken + rice, pasta with mild sauce, lean ground turkey

Avoid During Treatment

- **Herbal supplements:** Interactions with chemotherapy are unknown
- **Raw or undercooked foods:** Immunosuppression increases infection risk
- **High-dose vitamin C or antioxidants:** May interfere with chemo efficacy

Section 9 — Fatigue, Exercise & Emotional Support

Fatigue often feels worse than the pain. It's real, expected, and temporary. Light activity (not rest) helps.

Exercise During Treatment

Walking 20–30 minutes daily reduces fatigue and improves GI and mood symptoms.

- **Pace yourself:** 20 minutes is better than nothing; 10 minutes is still valuable
- **Walking partners:** Bring a friend for accountability and company
- **Paced exertion:** If exhausted, rest. If energized, do a little more.

Sleep Hygiene

Sleep quality often suffers due to diarrhea, hot flashes, or anxiety.

- **Consistent bedtime:** 10:30 pm or 11 pm nightly
- **Cool, dark room:** Especially if having hot flashes
- **Avoid screens:** 1 hour before bed
- **Bathroom plan:** If diarrhea wakes you, have a comfortable routine set up

Body Image & Femininity

Cancer in intimate areas, plus menopause symptoms, hair loss, and surgical scars can profoundly affect self-image. This is normal. Seek support:

- **Professional counseling:** Individual therapy or psychology services
- **Support groups:** Foundation for Women’s Cancer, CancerCare, local hospital programs
- **Partner communication:** Honest conversations about fears and needs
- **Gradual intimacy:** Rebuilding sexual confidence takes time; rushing is unhelpful

Not Radioactive

After external radiation ends (and always during brachytherapy), you are **not radioactive**. You are safe to be hugged, kissed, and held by anyone — partners, children, grandchildren.

Caregiver Support

Caregivers often experience anxiety, fatigue, and helplessness. Include them in visits. Suggest they:

- Attend appointments to hear directly from your team
- Help with meal prep, medication timing, and symptom tracking
- Listen without judgment about fears and discomfort
- Care for themselves — burnout does not help you

Section 10 — Fertility & Contraception

Radiation can damage eggs and sperm. Birth control is essential during treatment. Discuss fertility preservation BEFORE treatment if it’s important to you.

Fertility Preservation BEFORE Treatment

If you want future pregnancies, discuss options with a reproductive endocrinologist **before** radiation begins:

- **Egg freezing (oocyte cryopreservation):** Harvest eggs, freeze for future use
- **Embryo freezing:** Fertilize eggs with partner’s sperm, freeze embryos
- **Ovarian transposition:** Surgically move ovaries out of radiation field to preserve function

These options are time-sensitive. Discuss immediately if you’re of reproductive age.

Birth Control During & After Treatment

Effective contraception is mandatory during treatment and for 1–2 years after (depending on cancer type). Discuss best options with your oncologist and gynecologist.

- **Intrauterine device (IUD):** Copper (non-hormonal) is safe for most cancers
- **Hormonal methods:** Discuss safety with your oncologist — depends on cancer type

Permanent Menopause

If permanent menopause occurs (no periods for 12 months), you are unlikely to have future pregnancies. Referral to a reproductive endocrinologist can discuss remaining options.

Red Flags: When to Call Immediately

Do NOT wait if you experience any of the following:

| Red Flag | Why It Matters |
|--|--|
| Fever over 100.4°F | May indicate serious infection |
| Heavy vaginal bleeding (soaking pad/hour) | Needs immediate evaluation |
| Unable to keep liquids down for 24 hours | Severe dehydration |
| 6+ watery stools per day | Severe diarrhea; dehydration risk |
| Blood in urine or stool | Hemorrhagic cystitis or rectal bleeding |
| No urination for 8+ hours | Severe dehydration or urinary retention |
| Uncontrolled pain | Stronger medications available; don't suffer |
| Foul-smelling vaginal discharge with fever | Possible infection |
| New leg swelling (one side only) | Possible DVT or lymphedema |
| Severe abdominal pain | May indicate serious complication |

When in doubt, call. We'd rather hear from you and reassure you than have you suffer in silence.

Section 11 — Long-Term Follow-Up

Survivorship planning begins now. Your long-term quality of life depends on proactive care.

Vaginal Dilation (Lifelong)

Continue vaginal dilation 3–5 times weekly for life. Skipping more than 2 weeks risks stenosis.

Pelvic Floor Physical Therapy

Your oncologist may refer you to a pelvic floor PT specialist (typically a physical therapist with specialized training). PT can address pain, tension, and sexual dysfunction.

Sexual Health Rehabilitation

Sexual function rarely returns spontaneously after treatment. Rehabilitation strategies include:

- Gradual exposure (touching, non-penetrative intimacy, then intercourse)
- Adequate lubrication (always)
- Communication with partner
- Professional sex therapy if dysfunctions persist

Lymphedema Monitoring

Pelvic radiation and lymph node dissection can damage lymphatic drainage, increasing risk of lower-extremity swelling (lymphedema). Prevention and early detection are key:

- **Prevention:** Regular walking, leg elevation when resting, avoid prolonged standing/sitting, maintain healthy weight.
- **Early signs:** Heaviness, tightness, or mild swelling in one or both legs. Shoes feeling tight.
- **Treatment:** Compression garments, manual lymphatic drainage (specialized PT), and elevation. Tell your team immediately if you notice any swelling.

Bowel Habits

Your “new normal” bowel habit (frequency, consistency) may differ from pre-treatment. Report persistent diarrhea or constipation to your team — management options exist.

Bone Health

If premature menopause occurred: DEXA scan, calcium + vitamin D supplementation, weight-bearing exercise.

Cancer Surveillance

Follow your oncologist’s surveillance schedule (pap smears, imaging, exams). Early detection of recurrence significantly impacts outcomes.

Recommended Products & Costs

| Category | Product | Cost | Where to Buy |
|------------------|----------------------------|-------|--------------------|
| Skin Care | Calmoseptine barrier cream | ~\$12 | pharmacies, Amazon |
| Skin Care | Aquaphor ointment | ~\$12 | drugstores |
| Perineal | Peri-bottle kit | ~\$10 | pharmacies |
| Perineal | Tucks medicated pads | ~\$8 | drugstores |
| Perineal | Sitz bath basin | ~\$15 | Amazon, drugstores |

| Category | Product | Cost | Where to Buy |
|----------------|-----------------------------------|-------------|---------------------------|
| Vaginal Health | Vaginal dilator set (progressive) | ~\$35 | medical suppliers, Amazon |
| Vaginal Health | Replens moisturizer | ~\$15 | pharmacies |
| Vaginal Health | Astroglide lubricant | ~\$8 | drugstores |
| Diarrhea | Imodium (loperamide) | ~\$10 | OTC |
| Diarrhea | Pedialyte electrolyte drink | ~\$8 | pharmacies |
| Probiotics | Culturelle (Lactobacillus) | ~\$20 | pharmacies |
| Probiotics | VSL#3 (multi-strain) | ~\$55 | pharmacies, Amazon |
| Nutrition | Boost VHC | ~\$55/27 pk | Amazon, drugstores |
| Nutrition | Ensure Max Protein | ~\$28/12 pk | Amazon, drugstores |
| Menopause | Cooling towels (evaporative) | ~\$10 | Amazon |
| Menopause | Memory foam wedge pillow | ~\$30 | Amazon |

Prescriptions (pain medications, anti-nausea, gabapentin, antiemetics) will be sent to your pharmacy by your care team.

Important Contact Information

Main Line Health — Radiation Oncology

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

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

Phone

Appointment Line: 1.866.CALL.MLH (1.866.225.5654)

If you are experiencing a life-threatening emergency, call 911.

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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 symptoms | <input type="checkbox"/> Bladder symptoms | <input type="checkbox"/> Vaginal or pelvic irritation |
| <input type="checkbox"/> Skin irritation | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Hot flashes / mood |
| <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 |
|--------------------|--------------|--------------|----------------------|
| | | | |
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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
