Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Radiation Therapy After Prostate Surgery

This information will help you get ready for your radiation therapy after prostate surgery (post-prostatectomy radiation therapy). It explains what to expect. It also explains how to care for yourself before, during, and after your radiation therapy.

This resource has a lot of information. Different sections may be helpful at different times. We suggest reading through this resource once before you start radiation therapy, so you know what to expect. Then, refer back to it during your radiation therapy.

This information is general. Your radiation therapy team will design a treatment and care plan just for you. Because of that, some parts of your treatment may be different than what's described here. Your radiation therapy team will talk with you about what to expect.

About radiation therapy

Radiation therapy uses high-energy radiation to treat cancer. It works by damaging the cancer cells, making it hard for them to multiply. Your body can then naturally get rid of the damaged cancer cells. Radiation therapy also affects normal cells, but they can fix themselves in a way cancer cells can't.

Radiation therapy takes time to work. It takes days or weeks of treatment before cancer cells start to die. They keep dying for weeks or months after radiation therapy ends.

You'll have a treatment planning procedure called a simulation before your first radiation treatment. During your simulation, your radiation therapists will take imaging scans and mark your skin with little tattoo dots. The imaging scans and tattoos help to:

- Map your treatment site.
- Make sure you get the right dose (amount) of radiation.
- Limit the amount of radiation that gets to nearby healthy tissues.

About external beam radiation therapy

You'll have a type of radiation therapy called external beam radiation therapy. During your treatments, a machine will aim beams of radiation directly at the tumor. The beams will pass through your body and destroy cancer cells in their path. You will not see or feel the radiation.

Radiation therapy with hormone therapy

You may have radiation therapy alone or along with hormone therapy. The goal of hormonal therapy is to kill prostate cancer cells. It's often done along with radiation therapy.

Read *Hormonal Therapy During Radiation Therapy to Your Prostate* (www.mskcc.org/pe/hormonal-therapy-prostate-cancer) to learn more about hormone therapy.

Your role on your radiation therapy team

Your radiation therapy care team will work together to care for you. You're a part of that team, and your role includes:

- Getting to your appointments on time.
- Asking questions and talking about your concerns.
- Telling us when you have side effects.
- Telling us if you're in pain.
- Caring for yourself at home by:

- Quitting smoking if you smoke. MSK has specialists who can help. To learn more about our Tobacco Treatment Program, call 212-610-0507. You can also ask your nurse about the program.
- Taking your bowel prep medicines based on our instructions.
- Drinking liquids based on our instructions.
- Eating or avoiding the foods and drinks we suggest.
- Staying around the same weight.

What happens before radiation therapy after prostate surgery

Sperm banking

Your testicles (testes) will be exposed to radiation during your radiation therapy. This can affect your sperm and your ability to have biological children after radiation therapy.

We recommend banking your sperm before you start treatment if you think you may want to have biological children. To learn more, read *Sperm Banking* (www.mskcc.org/pe/sperm-banking) and *Building Your Family After Cancer Treatment: For People Born With Testicles* (www.mskcc.org/pe/building-family-born-testicles).

Bowel preparation

You'll need to clear extra stool (poop) from your body for your simulation and radiation treatments. This is called bowel preparation, or bowel prep. Bowel prep helps lower your risk of side effects.

It is very important to follow your bowel prep instructions. You may need an enema if your bowel is not empty before your simulation and treatments. It can also delay your simulation or treatment.

How bowel prep lowers risk of side effects

Your bowels are your small intestine, large intestine (colon), and rectum. Your rectum is where stool is stored before it leaves your body.

Your bowels get bigger or smaller based on how full they are. When they change size, they also move the tissue and organs around them. This includes your bladder.

Bowel prep empties your bowels. It helps the tumor and nearby healthy tissues be in the same place for your simulation and treatments. This helps keep healthy tissues safe from too much radiation and lowers your risk of side effects.

Bowel prep supplies

Buy these supplies at your local pharmacy. You do not need a prescription.

- Simethicone 125 milligram (mg) tablets, such as Gas-X® Extra Strength.
- Bisacodyl 5 mg tablets, such as Dulcolax®.

Bowel prep instructions

Starting 3 days before your simulation:

- Take 2 (125 mg) simethicone (Gas-X) tablets after breakfast and after dinner every day. This will help prevent gas and bloating.
- Take 1 (5 mg) bisacodyl (Dulcolax) tablet every night. This will help you have regular bowel movements.

If your care team gives you different instructions, follow those instead.

Bisacodyl is a laxative (medicine that makes you poop). Tell your care team if you start to have diarrhea (loose, watery poop). We will help you adjust the dose (amount) you take.

Diet guidelines to limit bloating

Gas or liquid can build up in your bowels and cause bloating. When your bowels are bloated, they can expand into the treatment area and be exposed to radiation. This can cause side effects or make your side effects worse.

Follow these guidelines to lower your risk of bloating during radiation therapy. It's best to start 2 to 3 days before your simulation and keep following them until you finish radiation therapy.

- Eat slowly and chew your food well. This will help you avoid swallowing air.
- Avoid using drinking straws and drinking directly from bottles and cans. This will also help you avoid swallowing air.
- Limit or avoid foods that release gas when they're digested, such as:

○ Asparagus ○ Beer ○ Broccoli ○ Brussels sprouts ○ Cabbage ○ Cauliflower ○ Corn	○ Dried beans, peas, and other legumes ○ Garlic ○ Leeks ○ Milk and other dairy products with lactose, if you're lactose-intolerant ○ Onions ○ Prunes

- Avoid carbonated (fizzy) drinks, such as sodas and sparkling waters.
- Limit or avoid sugar alcohols, such as xylitol, sorbitol, and mannitol. Sugar-free foods often have sugar alcohols. Check the ingredients list on the food's Nutrition Facts label if you're not sure.
- Choose cooked vegetables instead of raw vegetables.
- Your healthcare provider may tell you to eat more or less fiber, depending on your symptoms. Follow their instructions.

If you're bloated or feel gassy, keeping a food journal can help you see which foods may be causing it. Write down your foods and drinks, the time you have them, and the time you start feeling bloated. Bring your food journal to your appointments. Your healthcare provider will use it to help you manage the bloating.

A clinical dietitian nutritionist can talk with you about your diet and help you design an eating plan that meets your needs. Ask your radiation oncologist or nurse for a referral if you want to meet with a clinical dietitian nutritionist.

Drink water to stay well-hydrated

Most people need to have a comfortably full bladder during their simulation and radiation treatments. Having a full bladder can help push your small intestine out of the treatment area. This helps keep side effects from starting or getting worse.

Your care team will tell you how much water to drink before each of your appointments. They will also tell you when to start drinking it.

Stay well-hydrated in the days before and the day of your appointments. Aim to drink about 64 ounces (8 cups) of water throughout the day, unless your care team told you to limit how much you drink. This helps the water your care team told you to drink before your appointment fill your bladder more quickly. It takes about 30 to 60 minutes for a bladder to fill when your body is properly hydrated. It takes longer if you're dehydrated.

It's important to drink water to stay hydrated. Other liquids (such as coffee, hot chocolate, and tea) don't fill your bladder as well as water does.

Simulation appointment

Medicines to take

Take your usual medicines.

You'll be lying still in one position during your simulation. If you think you'll be uncomfortable, take an over-the-counter pain medicine or your usual pain medicine 1 hour before your simulation. Talk with your healthcare provider ahead of time.

If you think you may get anxious during your simulation, talk with your healthcare provider ahead of time. They may suggest medicines to help.

What to eat and drink

It's OK to have a light meal, unless your healthcare provider tells you otherwise.

Your care team may have given you instructions for drinking water before your appointment. If they did, follow those instructions.

What to wear

Wear comfortable clothes that are easy to take off. You will need to change into a hospital gown.

Take devices off your skin

You may wear certain devices on your skin. Before your simulation or treatment, some device makers recommend you take off your:

- Continuous glucose monitor (CGM)
- Insulin pump

If you use one of these, ask your radiation oncologist if you need to take it off. If you do, make sure to bring an extra device to put on after your simulation or treatment.

You may not be sure how to manage your glucose (blood sugar) while your device is off. If so, before your appointment, talk with the healthcare provider who manages your diabetes care.

What to expect when you arrive

A member of your radiation therapy team will check you in when you arrive. They'll give you an identification (ID) wristband with your name and date of birth. During your appointment, many staff members will check your ID wristband and ask you to say and spell your name and date of birth. This is for your safety. People with the same or a similar name may be getting care on the same day.

Your radiation therapists will review what to expect during the simulation. If you haven't already signed a consent form, they will go over the form with you. They will answer any questions you have and ask for your signature.

Your radiation therapists may also ask you to drink water so your bladder is full before your simulation. They will tell you how much to drink.

You'll change into a hospital gown when it's time for your simulation. Keep your shoes on.

What to expect during your simulation

Your radiation therapists will help you onto the simulation table. The table will have a sheet on it, but it's hard and doesn't have a cushion. If you haven't taken pain medication and think you might need it, tell your radiation therapists before your simulation starts. You can also tell your radiation therapists if you feel uncomfortable at any time. They'll do everything they can to make sure you're comfortable and have privacy.

Your radiation therapists will help you get into position for your simulation. You will lie on your back with your head on a headrest. Your radiation therapists will move your legs and feet into lower body immobilization cushions (see Figure 1). These are hard cushions that keep your legs and feet in place. You'll use them for your simulation and all your treatments so you're in the exact same position every time. If you need a higher headrest or knee cushion to be comfortable, please ask.

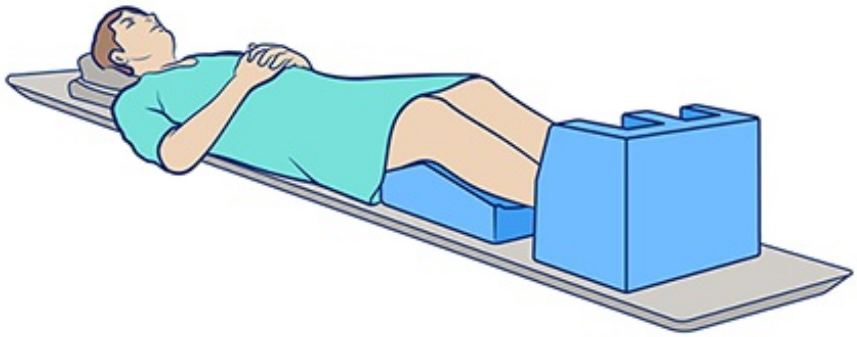


Figure 1. Lower body immobilization cushions

Your simulation will take about 1 hour but can be shorter or longer depending on your specific treatment. Your radiation therapists can play music for you to help pass the time.

Do not move once your simulation starts. It's important that you stay in the same position. If you're uncomfortable or need help, tell your radiation therapists.

Imaging scans and positioning

Your radiation therapists will use imaging scans to check and adjust your positioning throughout your simulation. They will also check that your bladder is full and your bowels are empty. If there's not enough liquid in your bladder or too much stool or gas in your bowels, your radiation therapists will help you off the simulation table. They will give you time to fill your bladder or empty your bowels. They'll bring you back to the simulation room later.

Your radiation therapists may be able to help if you have too much gas in your bowels and can't release it yourself. They can place a small, lubricated rubber tube into your rectum to remove the gas if it's easy to reach.

The imaging scans may be done on an x-ray machine called a simulator or on a computed tomography (CT) scan machine. You may also have a magnetic resonance imaging (MRI) scan. **These scans are only used to plan your treatments. They are not used for diagnosis or to find tumors.**

You'll feel the simulation table move into and out of the scanner and hear the scanner turn on and off. You will see red or green laser lights on the walls. Your radiation therapists use the lasers to help position you on the table.

Even if it seems loud, your radiation therapists will be able to hear you if you need to speak with them. They will walk in and out of the room during the scans, but the room has a microphone, speaker, and camera. Someone will always be able to see and hear you.

Skin markings (tattoos) and photographs

Your radiation therapists will use a felt marker to draw on your skin in the treatment area. Once they're sure you're in the right position, they'll make a few tiny tattoos using a clean needle and a drop of ink. Each tattoo will feel like a pinprick. The tattoos will not be bigger than the head of a pin.

Your radiation therapists will also take several photos of you in your simulation position. Your care team will use the photos and tattoos to position you correctly on the table each day of your treatment.

You can wash off the felt markings after your simulation. **The tattoos are permanent and will not wash off.** Talk with your radiation oncologist if you're concerned about having tattoos as part of your radiation therapy.

Scheduling your radiation treatments

We will schedule your set-up procedure and first treatment before you leave your simulation appointment.

Radiation treatments can be given on weekdays. Most people get treatments for about 8 weeks. Your care team will talk with you if you'll get treatments for more or less time.

Call your radiation oncologist's office to tell your care team if you can't come in

for a treatment for any reason. Talk with your radiation therapists if you need to change your schedule for any reason.

Checking your treatment schedule

You can see your treatment schedule in your patient portal, MSK MyChart. If you do not have a MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

It's very helpful to use MSK MyChart to keep track of your appointment times. We will call you if we need to reschedule any of your treatment appointments.

What happens during radiation therapy after prostate surgery

If you stopped taking simethicone (Gas-X) and bisacodyl (Dulcolax) tablets after your simulation, start taking them again 3 days before your first radiation treatment. Keep taking them every day until you finish radiation therapy.

Keep following the diet guidelines to limit bloating until you finish your radiation therapy.

Radiation treatment appointments

Try to poop within 1 hour before your radiation treatment appointments.

Medicines to take

Take your usual medicines.

You'll be in the same position for your radiation treatments as you were for your simulation. If pain or anxiety medicine was helpful for your simulation, you may want to take it before your radiation treatments too. Take it about 1 hour before your appointment.

What to wear

Wear comfortable clothes that are easy to take off. You will need to change into a hospital gown.

What to eat and drink

It's OK to have a light meal, unless your healthcare provider tells you otherwise.

Your care team may have given you instructions for drinking water before your appointment. If they did, follow those instructions.

What to expect when you arrive

Each day you have treatment, check in at the reception desk and have a seat in the waiting room. If you need a full bladder for your treatment, your radiation therapist will tell you how much water to drink and when to start drinking it.

A staff member will bring you to the dressing room when your radiation therapists are ready for you. The staff member will give you a hospital gown to change into. Keep your shoes on.

Your radiation therapists will bring you into the treatment room and help you onto the treatment table. They will position you exactly how you were lying during your simulation.

Set-up procedure and first treatment

When you come in for your first treatment appointment, you'll have special imaging scans before your treatment starts. This is called a set-up procedure. This appointment will take slightly longer than your other treatment appointments.

Radiation treatments

Your radiation therapists will help you get into your treatment position. Then, they will leave the room, close the door, and start taking imaging scans. You will have X-ray scans, CT scans, or both.

You will have these imaging scans daily throughout your treatment. Your radiation therapists will use them to check and adjust your position. They will also check that your bladder is full and your bowels are empty. Your radiation oncologist may also use these imaging scans to adjust your treatment plan. **They are not used to see how your tumor is responding to treatment.**

Breathe normally during your treatment, but do not move. You will not see or feel the radiation. You may hear the machine as it moves around you and is turned on and off. If you're uncomfortable and need help, tell your radiation therapists. They will be able to see and hear you. They can turn off the machine and come in to see you at any time, if needed.

You'll be in the treatment room for 15 to 45 minutes, depending on your treatment plan. Most of this time will be spent putting you in the correct position. The treatment only takes about 10 to 15 minutes.

You will not be radioactive during or after treatment. It's safe for you to be around other people and pets.

Status check visits

Your radiation oncologist or radiation nurse will check in with you at least once during your treatment. They'll talk with you about any concerns, ask about any side effects you may be having, and answer your questions. This status check visit may be a telemedicine visit or a visit before or after your treatment.

If you need to speak with your radiation oncologist or nurse outside your status check visits, call your radiation oncologist's office. You can also ask another member of your care team to contact them when you come in for treatment.

Vitamins and dietary supplements during radiation therapy

Vitamins, minerals, and herbal or botanical (plant-based) supplements are examples of dietary supplements.

It's OK to take a multivitamin during your radiation therapy. Do not take any other dietary supplements without talking with a member of your care team.

Side effects of radiation therapy after prostate surgery

Some people have side effects from radiation therapy. The type and severity of side effects varies from person to person. Your healthcare provider will talk with you about what to expect based on your medical history and specific treatment plan.

This section explains the most common side effects of radiation therapy after prostate surgery. You may have all, some, or none of these. Most of these side effects will go away several weeks to months after you finish radiation therapy. If you have any of these side effects, your healthcare provider will give you more information and help you manage them.

Urinary changes

About 2 weeks after your first treatment, you may:

- Have trouble starting to urinate (pee).
- Need to pee more often than usual.
- Need to pee at night more often than usual.
- Have sudden urges to pee.
- Leak urine.
- Feel burning when you pee.

Tell your radiation oncologist or nurse if you have any urinary changes. They can recommend a change in your diet or prescribe medicine that can help. You can also try following the guidelines below.

- Drink 6 to 8 (8-ounce) cups of water throughout the day.
- Avoid drinking after 8 p.m.
- Avoid foods and drinks that may irritate your bladder, such as:
    - Caffeine, such as tea, coffee, and soda.

    - Alcohol.
    - Acidic foods and drinks, such as tomatoes, citrus fruits and juices, and carbonated (fizzy) drinks.
    - Spicy foods, especially if you feel burning when you pee.
- Do pelvic floor muscle (Kegel) exercises. Read *Pelvic Floor Muscle (Kegel) Exercises for Males* (www.mskcc.org/pe/kegels-males) to learn how. A member of your care team will tell you how many to do and how often to do them.

To learn more about managing urinary changes, read *Improving Your Urinary Continence* (www.mskcc.org/pe/improving-urinary-continence).

Bowel changes

About 2 weeks after your first treatment, you may:

- Poop more often than usual.
- Have softer poop than usual.
- Feel discomfort in your rectum.
- Have mucous discharge from your anus. Your anus is the opening of your rectum where poop leaves your body.
- Have a small amount of bleeding from your rectum. For example, you may see bright red blood on your toilet paper or poop.
- Pass more gas than usual.
- Feel like you need to poop more urgently than usual.

If you have hemorrhoids, radiation therapy can also make your hemorrhoid symptoms worse.

These symptoms are usually mild.

Tell your radiation nurse if you have any of these side effects. They can talk with you about how you can change your diet to manage them. If you're still uncomfortable after adjusting your diet, tell your radiation oncologist or nurse.

Your radiation oncologist can prescribe medicine to help.

Sexual and reproductive health

You can be sexually active during radiation treatment, unless your radiation oncologist gives you other instructions. You will not be radioactive or pass radiation to anyone else. It's safe to be in close contact with others.

You may have discomfort or feel a burning sensation when you ejaculate. For most people, this goes away 1 to 2 months after finishing radiation therapy.

If you're sexually active with someone who can get pregnant, it's very important to use birth control (contraception) during and for 1 year after your treatment. During your radiation therapy, the radiation may damage your sperm. If you get someone pregnant with this sperm, the baby might have birth defects. Using birth control helps prevent this.

Read *Sex and Your Cancer Treatment* (www.mskcc.org/pe/sex-cancer-treatment) to learn more about sexual health during cancer treatment. The American Cancer Society also has resources about sexual health issues during cancer treatment. You can find it online at www.cancer.org/cancer/side-effects/sexual-side-effects or call 800-227-2345 to ask for printed information.

Male Sexual and Reproductive Medicine Program

MSK's Male Sexual and Reproductive Medicine Program helps people address sexual health changes caused by cancer and cancer treatment. You can meet with a specialist before, during, or after your treatment. We can give you a referral, or you can call 646-888-6024 for an appointment.

Fatigue

Fatigue is feeling very tired or weak. When you feel fatigued, you may not want to do things. You may have trouble focusing, feel slowed down, or have less energy than usual. Fatigue can range from mild (not bad) to severe (very bad). It may be worse at certain times of day.

You may start to feel fatigued after 2 to 3 weeks of treatments. You may still feel

fatigued for a few weeks to several months after finishing radiation therapy. Fatigue usually gets better over time.

There are lots of reasons you may feel fatigued during your radiation therapy. They include:

- The radiation's effects on your body.
- Traveling to and from your treatment appointments.
- Not getting enough restful sleep at night.
- Not getting enough protein and calories.
- Having pain or other symptoms.
- Feeling anxious (nervous) or depressed (unhappy).
- Side effects of some medicines.

Ways to manage fatigue

- If you're working and are feeling well, it's OK to keep working. But working less may help you have more energy.
- Plan your daily activities. Pick the things you need or really want to do. Do them when you have the most energy. For example, you may choose to go to work but not do housework. You may choose to watch your child's after-school event but not go out to dinner.
- Plan time to rest or take short (10- to 15-minute) naps during the day, especially when you feel more tired.
- Try to sleep at least 8 hours every night. This may be more sleep than you needed before you started radiation therapy. You may find it helpful to:
    - Go to sleep earlier and get up later.
    - Be active during the day. For example, if you're able to exercise, you could go for a walk or do yoga.
    - Relax before going to bed. For example, read a book, work on a puzzle, listen to music, or do another calming hobby.

- Ask family and friends to help with chores and errands. Check with your health insurance company to see if they cover home care services.
- You might have more energy when you exercise. Ask your radiation oncologist if you can do light exercise, such as walking, biking, stretching, or yoga. Read *Managing Cancer-Related Fatigue with Exercise* (www.mskcc.org/pe/fatigue-exercise) to learn more.
- Eat foods that are high in protein and calories. Read *Eating Well During Your Cancer Treatment* (www.mskcc.org/pe/eating-cancer-treatment) to learn more.

Some things can make your fatigue worse. Examples are:

- Pain
- Nausea (feeling like you're going to throw up)
- Diarrhea (loose or watery poop)
- Trouble sleeping
- Feeling depressed or anxious

Ask your radiation oncologist or nurse for help if you have these or any other symptoms or side effects.

What happens after radiation therapy after prostate surgery

Follow-up appointments

After you finish your radiation therapy, a member of your radiation therapy team will tell you how often to see your doctor or nurse practitioner for follow-up appointments. You may have follow-up blood tests (such as PSA tests) during these appointments. Keeping your follow-up appointments will also help your healthcare provider identify and treat any late side effects (side effects that happen 4 or more months after treatment).

Vitamins and dietary supplements after radiation therapy

- You might be getting other cancer treatments along with your radiation therapy. If you are, ask the doctor managing that treatment when it's safe to start taking dietary supplements again. Some dietary supplements are not safe to take before surgery or during chemotherapy.
- If you are not getting other cancer treatments, you can start taking dietary supplements again 1 month after your last radiation treatment.

Tell your radiation nurse if you want to talk with a clinical dietitian nutritionist about your diet or supplements.

Urinary and bowel changes

Radiation therapy can cause permanent urinary and bowel changes. Many people don't notice any changes or have any symptoms. However, some people have late side effects.

Late side effects may be similar to the ones you had during treatment. There's a very small chance you may develop other side effects. For example:

- The opening of your bladder may become narrower.
- You may lose your ability to control your bladder.
- You may have blood in your urine.

- You may have bleeding from your rectum.
- Your rectum may be injured.

These side effects are rare. They may come and go over time or be persistent and chronic. Your healthcare team will help you manage them.

Even if you don't develop any late side effects, remember that the tissues in your bladder and rectum were affected by your radiation therapy. Call your radiation oncologist if you:

- Have any new urinary, bladder, or bowel symptoms.
- Need to have a colonoscopy. Avoid having a colonoscopy for the first year after radiation therapy.
- Need any type of urological or rectal procedure.

Sexual changes

Some people develop sexual changes after radiation therapy. For example:

- It may be more difficult or not possible to get or keep an erection. This is called erectile dysfunction (ED).
- Your orgasms may feel different.
- When you ejaculate, the amount or thickness of your semen may be different.
- You may not ejaculate when you orgasm.

These changes may happen many months or years after radiation therapy. They may be permanent. If you notice any of them, tell your healthcare provider. They can give you a referral to a doctor who treats these problems.

Bowel prep quick guide

3 days before your simulation

Date: _____

- Start taking 2 (125 mg) simethicone (Gas-X) tablets after breakfast and after dinner. Take them every day.
- Start taking 1 (5 mg) bisacodyl (Dulcolax) tablet at night. Take it every night.

It's OK to stop taking the simethicone and bisacodyl tablets after your simulation while your care team plans your treatments.

3 days before your first radiation treatment

Date: _____

- Restart taking 2 (125 mg) simethicone (Gas-X) tablets after breakfast and after dinner every day.
- Restart taking 1 (5 mg) bisacodyl (Dulcolax) tablet every night.

Keep taking simethicone (Gas-X) and bisacodyl (Dulcolax) every day until you finish radiation therapy. If your care team gives you other instructions, follow those instead.

During your radiation therapy

Try to poop within 1 hour before your radiation treatment appointments.

Tell your care team if you start to have diarrhea. We can help you adjust your bisacodyl dose.

Tell your care team if you're following these instructions but still can't poop before each treatment. We can adjust your bowel prep to find something that works better for you.

Helpful reminders

To reduce gas and bloating:

- Eat slowly, chew your food well, and avoid using drinking straws or drinking from bottles and cans. This will help you avoid swallowing air.
- Avoid carbonated drinks, such as seltzer, soda, and beer.
- Limit foods and drinks that produce gas when they're digested. Examples include broccoli, Brussels sprouts, cabbage, cauliflower, kale, onions, garlic, dried fruits, and milk and dairy if you're lactose intolerant. Read the section "Diet guidelines to limit bloating" for the full list.
- Choose cooked vegetables instead of raw vegetables.

To help fill your bladder:

- It's important to stay well hydrated. Most people need to have a comfortably full bladder for their simulation and radiation treatments.
- We suggest you drink about 64 ounces (8 cups) of water each day leading up to your appointments, unless another healthcare provider has told you to limit the amount you drink.
- Your radiation therapist will give you more instructions during your simulation appointment.

Contact information

If you have questions or concerns, contact a member of your radiation therapy team. You can reach them at the numbers below.

Radiation oncologist: _____
Phone number: _____

Radiation nurse: _____
Phone number: _____

A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Radiation Therapy After Prostate Surgery - Last updated on October 21, 2025
All rights owned and reserved by Memorial Sloan Kettering Cancer Center