

A Patient's Guide to Chemotherapy at Mount Vernon Cancer Centre

The chemotherapy you will receive is called:

You may be given a specific information sheet about these drugs; if not, please ask if one is available.

Consent

It is a legal requirement to have a signed Consent Form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet and your hospital name band each time you attend.

You must wear your name band at all times whilst in hospital.

This leaflet has been written in collaboration with oncologists, health professionals, patients and carers at Mount Vernon Cancer Centre.

If you have difficulty reading this size of print, a version of this leaflet or any of our leaflets can be produced for you in a larger print.

A Patient's Guide to Chemotherapy at Mount Vernon Cancer Centre

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Introduction

Your cancer specialist¹ has recommended that your cancer is treated with a course of chemotherapy.

This leaflet is a simple guide to chemotherapy treatment. While it does not deal with every issue, we hope it will answer some of your questions.

If you have any questions before, during or after your treatment, please speak to one of the team treating you - there are also some useful contact telephone numbers at the end of this leaflet.

Who will be looking after me?

A specialist cancer doctor is known as an oncologist.

The oncologist will plan and oversee your treatment, which will be carried out by chemotherapy nurses.

You will be seen each time you come for your treatment by either the doctor or a nurse before you have your chemotherapy.

In addition, the team looking after you during your treatment may include:

- other specialist nurses
- health care assistants
- counsellors
- dieticians
- pharmacist

¹ Throughout this leaflet we will refer to your cancer specialist/oncologist and any doctors working within his/her team as your doctor or hospital doctor

What is chemotherapy?

Chemotherapy is a word that simply means drug treatment, which is normally given to treat or control cancer.

Chemotherapy is frequently combined with surgery or radiotherapy and, if it is recommended in your particular case, the doctor will explain the details.

You will be asked to attend a pre-chemotherapy consultation on a separate day before starting your treatment. At this visit you will be given information about the process involved in giving your chemotherapy and side-effects. You may ask questions and talk to the chemotherapy nurses about anything that is worrying you.

Many patients have found these visits to be extremely helpful. It is important to keep this appointment if possible.

How do the drugs work?

There are many drugs which kill cancer cells and control the disease. Individual drugs attack the cells in different ways; some break down parts of the cell and some disrupt the cell's growth cycle at different stages.

Chemotherapy is most effective against rapidly dividing cells, such as in cancer, but the drugs may affect some normal cells as well. The effect on the normal cells is usually temporary, as they have the ability to repair at a faster rate than cancer cells.

How is chemotherapy given?

Chemotherapy is given in many ways, including:

- by mouth - as tablets or capsules
- by injection directly into a vein - this can be given by using a syringe or by an infusion (drip)
- by continuous infusion using a special infuser
- by injection into a muscle (intramuscularly) or beneath the skin (subcutaneously)

Injected treatment may be given through a small catheter (cannula) inserted into the hand or arm via a Hickman line, PICC or a Port. These will be explained (if relevant to you) by the nurse.

You may have one drug, several drugs together or different drugs at specific times. The doctor, nurse or ward staff will explain your drug treatment to you.

Chemotherapy can be given in conjunction with other drug therapies and/or supportive medication. For specific information on these, please ask the nurse treating you.

Who will give me my treatment?

Your chemotherapy treatment will be given by a specially qualified chemotherapy nurse.

Will chemotherapy hurt?

Chemotherapy should not hurt. Therefore if pain, stinging, burning or any unusual sensation occurs while you are having treatment, it is very important to tell the nurse giving you the drugs, as soon as it happens. The nurse will check that the cannula is working well. She will also check the area for any redness or swelling.

Occasionally the drugs can leak into the tissue surrounding your vein. This is called an 'extravasation'.

An extravasation can often be resolved very easily with little or no damage to the skin. However some drugs called 'vesicants' can cause painful skin ulcers if they leak into the tissues (your doctor or nurse will tell you if the drugs you are having are vesicants). It is very important that you tell the staff treating you straight away if you have any discomfort at all whilst having your chemotherapy, as immediate treatment can help stop or limit any further damage.

Sometimes damage to the tissues does not appear straight away. It can develop over the days following the chemotherapy. When you go home, if you have any pain, swelling or redness around the area where the chemotherapy was given, it is very important that you contact the hospital at once.

Must I always be admitted to a ward?

Some patients will attend the Chemotherapy Suite for their treatment. The Chemotherapy Suite operates as a day unit. This means you will not normally need to stay in hospital overnight to have your chemotherapy. However you will spend most of the day in the Chemotherapy Suite in order to receive your treatment. The length of time it takes to give your treatment will depend on the type of chemotherapy you are receiving.

If you are having chemotherapy overnight or longer, you will be admitted to one of the inpatient wards. The length of stay depends on the kind of treatment your oncologist has prescribed.

How often must I have chemotherapy?

This will depend on the drug treatment selected specifically for you.

Generally, each course of treatment will be followed by a 'rest' period so that normal cells have a chance to repair themselves. However, this rest period will not be long enough for the cancer cells to recover.

Treatment schedules vary and may be given:

- once a week
- once every 2, 3 or 4 weeks
- daily for up to 10 days
- continuously with a drip over a period of 1 - 5 days
- continuously through an infuser system

How long will my treatment last?

The length of time for a chemotherapy cycle depends on your particular type of cancer and the drugs you receive.

How often must I have blood tests?

You will usually require a blood test before each cycle of chemotherapy.

What are the possible side-effects?

Please remember that everyone reacts differently to chemotherapy. Some people have no side-effects at all.

Bone marrow depression

The chemotherapy drugs can affect the blood cells which are made in your bone marrow causing your blood cell count to drop during your course of treatment. This is called bone marrow depression.

Blood cell counts may drop if they do not have enough time to multiply properly and for this reason the treatment has rest periods. Chemotherapy may have to be delayed if your blood cell counts are too low.

The kinds of blood cells which may be affected by the chemotherapy are:

- White blood cells

These cells help you to fight infection. If your white blood cell count drops after chemotherapy, you are more likely to get an infection and your body may not be able to deal with it normally.

Signs of infection may be a raised temperature, feeling hot and sweaty or a general feeling of being unwell.

If you have any of these signs, **contact the hospital immediately** as a blood test and/or antibiotic treatment may be needed (see contact numbers at the end of this leaflet). **Do not** be tempted to leave this until the next day.

If possible during your course of chemotherapy, try to avoid people with coughs, colds or obvious infections.

- Platelets

Platelet cells help your blood to clot. If your platelet count falls, you may notice that you bruise more easily than usual. Small red-purple spots may appear under the skin, or your nose or gums may bleed.

- Red blood cells

These cells carry oxygen to all parts of your body. If they are affected by the drugs, you may notice you feel tired and look pale or you may be short of breath. Occasionally this may require a blood transfusion.

If any of these symptoms occur, **you must contact the hospital straightaway**.

You will be given a chemotherapy Alert card to carry with you at the start of your treatment. If you have to attend hospital for any other reason, such as an emergency, please take the card with you and show it to the reception staff or to whoever is treating you.

Skin

Occasionally we find some drugs cause slight discolouration along the veins. Some drugs can cause dryness of the skin. If this happens you can use a moisturising cream. If you develop a rash, please call your healthcare team, see page 22.

Hair

Not all chemotherapy drugs cause loss of hair, but some do. Any loss is usually gradual. Sometimes there is no loss of hair, sometimes only thinning and sometimes complete loss of scalp hair and maybe even all body hair. This could be accompanied by scalp tenderness.

If you experience any hair loss, remember that for almost all patients this is only temporary. Your hair will grow again when the drugs are stopped; in fact it sometimes shows signs of regrowth during treatment. During this time some patients like to wear a wig, hat or headscarf. The Lynda

Jackson Macmillan Centre (JMC) has information on hair loss, headscarves and (a Helpful Hint sheet on) wigs.

Urine

Some chemotherapy drugs cause your urine to change colour temporarily (normally for 24 - 48 hours) to red, green or blue; this is harmless and should not worry you. If, however, you notice any blood or blood clots in your urine you should tell your nurse or doctor.

As chemotherapy can be present in your urine for a few days following your treatment, if there is any spillage outside the toilet, it is important to clean the area and wash your hands.

Digestive tract

You may experience:

- Soreness of the mouth and gums (stomatitis)
Keeping your mouth clean is very important. If possible, brush your teeth twice daily, floss daily and rinse after each meal to remove debris and to reduce the risk of infection. Use a soft toothbrush to help to prevent bleeding gums. You may use mouthwash, but avoid those which contain alcohol. Your local pharmacist will be able to advise you.

The signs of infection are:

- redness or soreness of the gums or mouth
- bleeding gums
- white patches on the tongue or inside the mouth
- mouth ulcers

If you experience a sore mouth, try to avoid eating

spicy, very hot or cold food or acidic food such as citrus fruits. Smoking and alcohol can also increase the soreness.

If you need dental treatment during chemotherapy, please contact the hospital before arranging an appointment.

- Taste and smell changes

You may notice changes to your taste and smell with some chemotherapy drugs. This may continue throughout the treatment.

Sucking a strongly flavoured sweet at the time of injection may help. Your taste may change constantly throughout your treatment, but this should not be permanent.

- Nausea and sickness

Some drugs cause more side-effects than others.

Feeling sick or being sick is not a side-effect of every drug, although it is possible that you may feel sick after your treatment.

There are many anti-sickness drugs that can be used to try to prevent this from becoming a problem. You may be given the anti-sickness treatment before the start of chemotherapy and then regularly afterwards.

Nausea may last for a few days and we have listed overleaf simple ways to help yourself. However if the nausea goes on for more than a few days, or you are being sick even though you are taking your medication, you must tell your nurse or doctor.

- Try to drink plenty of fluids

- It may be better to eat small meals

- You may find it easier to eat low-fat foods

- If you feel sick, avoid spicy and strong-smelling food.
- If you have nausea, you may find it helps to eat dry crackers or toast.

- Fizzy drinks help to settle the stomach
- Foods containing ginger may also help

Some people find that reading or watching television can take their mind off the feeling of sickness.

Relaxation techniques, reflexology or aromatherapy may also help in managing nausea or any other symptoms associated with chemotherapy. Contact the Lynda Jackson Macmillan Centre for further information about these therapies.

- Diarrhoea

This can occur with a few of the drugs but can usually be controlled with medicines. It is important that you drink plenty of fluids during this time, to stop you becoming dehydrated.

If the diarrhoea continues for more than two days, even though you are taking anti-diarrhoea medication, please contact the staff treating you.

- Constipation

If you have constipation during your course of treatment, please ask the staff for advice, as constipation can make you feel unwell if you don't treat it.

Do contact the Lynda Jackson Macmillan Centre to get extra help on other therapies or counselling, which can help you with physical and emotional problems connected with chemotherapy. You will find the address, and other information, on the back cover of this leaflet.

Tiredness (fatigue)

You may feel tired and lethargic during your treatment, especially towards the end of the course and after it has finished.

Tiredness is very common. It can last for different lengths of time. Try to stay as active as possible, but it is important to take breaks and not do too much at one time. You should plan rest breaks. Try to take sleep breaks, as long as they do not stop you sleeping at night.

Tiredness usually follows a pattern. A leaflet called 'How did you Feel during Your Chemotherapy? Your Personal record (PI 52)' can help you identify a pattern and aid management. Please ask for a copy of the leaflet.

Please note that the Lynda Jackson Macmillan Centre produces 'Helpful Hints' factsheets to help you deal with different side-effects and with other issues associated with cancer.

What about my work and leisure activities?

Some patients find that they can manage to continue working between cycles of treatment, but it is important that you try to pace yourself and plan your work and other activities according to how you feel.

As we have said earlier, if possible try to avoid contact with people with coughs, colds or obvious infections.

What about my holidays?

You should discuss your holiday plans in good time before the date you wish to go. This is so that, if possible, your treatments can be arranged for before or after it.

Be careful not to spend long periods in the sun or sunbathing, because you can have certain skin reactions if you do this while you are receiving some chemotherapy drugs. Speak to your hospital doctor if you are not sure about what to do.

Use a high factor sun cream (factor 20 or above). Don't stay in the sun during the hottest part of the day between 11am - 3pm. Wear a hat if you go in the sun for any length of time. If you are planning an overseas holiday, you must first speak to your hospital doctor to make sure it is safe for you to go abroad.

You must also speak to your hospital doctor before having any special vaccinations which are recommended for the place you hope to visit. (Also read Macmillan's travel insurance fact sheet).

What about my nutrition and diet?

It is important for your body to receive the right kind of food so you should try to eat well all the time you are having your treatment. If you have problems when eating, or you have any difficulties with your digestion, there is a dietician at the centre who can help you work out an eating plan.

Will the chemotherapy affect my sex life?

You should be able to continue your normal sex life while you are having treatment unless you have been told you should not - for example, if your platelet count is low. You may find your interest in sex (libido) is not so strong during your treatment. This may be because you feel tired. However, your interest in sex should return to normal when your treatment is finished.

It is important for women not to become pregnant, both while they are having chemotherapy treatment, and for at least one year after finishing chemotherapy treatment. As the length of time to avoid being pregnant can be different for each patient, you need to discuss this subject with your hospital doctor.

While patients, or their partners, are receiving chemotherapy treatment, we recommend using a barrier method of contraception (a condom) following treatment. This is so that your partner is not in contact with the small amount of chemotherapy which may be passed in body fluids. The length of time will depend on your particular chemotherapy treatment and can be discussed with your oncologist or nurse.

If you think there is a chance, however small, of you or your partner becoming pregnant during chemotherapy treatment, it is important to inform the medical team as soon as possible.

If you are taking the contraceptive pill or using another hormonal method of contraception, please check with your hospital doctor that it is safe for you to do so.

This is only a general leaflet and we strongly advise you to discuss these important issues with your hospital oncologist or chemotherapy nurse to understand what you should do with regards to contraception in your case.

What about my fertility?

All patients need to know that chemotherapy may make them sterile, either temporarily or in some cases permanently.

Men

It is possible for men to arrange to store their sperm before the chemotherapy begins. Please discuss this with your hospital doctor before your treatment begins.

Women

Women whose menstrual periods are regular before chemotherapy begins, may find that they are not so regular, or may even stop during treatment.

However, even if your periods stop, it is still possible to become pregnant, so barrier contraception must continue.

You should avoid becoming pregnant for at least one year after your chemotherapy has finished. However, this is a very individual subject, so each woman should discuss it with her oncologist before starting treatment.

Everyone's situation is different so, if you have any concerns relating to fertility issues, do not hesitate to discuss them with your healthcare team.

(The LJM has information available on Cancer Treatment and Fertility for men and women.)

What about my other medicines?

It is important that you tell your doctor or pharmacist about any other tablets, injections or medicines you are taking. This includes any vitamins, herbal medicines and 'over the counter' preparations.

If you have any questions about your medication, please ask. If you have to come into hospital, please bring all your medicines with you.

Should I have a flu vaccination?

It is important that all patients having chemotherapy have their seasonal flu vaccination before they start their chemotherapy treatment. For full details about this read our Helpful Hint No 257 Seasonal Flu Vaccination.

It is important to remember that anybody having chemotherapy must not have any live vaccinations.

Am I allowed alcohol during treatment?

Usually it is quite safe for you to have a small glass of alcohol, such as wine or beer while you are having chemotherapy treatment. However, there are some chemotherapy drugs which do not go well with alcohol. Please ask your doctor or pharmacist about this subject.

What about smoking?

Your consultant will discuss this with you and will recommend that you give up smoking both during treatment and afterwards.

This is important as giving up smoking will ensure you give yourself the best opportunity to recover from cancer. This is because nicotine in cigarettes causes the blood vessels to shrink (vasoconstriction). This may make your treatment less effective.

You may want to consider not re-starting to smoke after your treatment has finished. If you do smoke there may be an increased risk of some long term side effects. If you want more information about your situation, please ask your consultant or nurse.

Leaflets to help you give up smoking are freely available from the Lynda Jackson Macmillan Centre (LJMC). You can also contact the NHS smoking helpline: 0800 808 0000 (7am – 11pm) www.smokefree.nhs.uk

What if I feel unwell?

Please call Mount Vernon Cancer Centre straightaway if you experience signs of infection, including:-

- a serious cough
- feel breathlessness
- a raised temperature (37.5°C or above lasting for over 1 hour).

If you experience any of the following symptoms, you may ring one of the telephone numbers at the end of this leaflet for advice.

- easy bruising or bleeding
- soreness of the mouth or throat
- diarrhoea or constipation
- tingling or numbness in your fingers or toes

What can I do to help myself while receiving chemotherapy?

- Drink plenty of fluids
- Maintain a balanced diet (little and often)
- Continue to maintain as normal a lifestyle as possible including light exercise
- Maintain good mouth care
- Avoid exposure to the sun
- Keep a thermometer in your home (temperature above 37.5°C call one of the contact numbers on page 22)
- Call if you feel unwell or have questions and concerns

Is there anything else I need to know?

We also produce a range of information leaflets for patients having chemotherapy:

- Introduction to the Chemotherapy Suite at Mount Vernon Hospital (PI 42)
- Guide to Wards 10, 11 and Marie Curie (PI 4)
- How did you Feel during your Chemotherapy? (PI 52)
- Coping now that your Chemotherapy is Finished (PI 41)
- Series of Helpful Hints for Side-effects
- Patient's Guide to Neutropenia (PI 22)
- Specific chemotherapy drug information

If you have not been given a copy, please ask your nurse. Copies are also available from the Lynda Jackson Macmillan Centre.

Parking

A Pay & Display parking scheme operates 24 hours a day. You may park free for 30 minutes only, by pressing the green button on the Pay & Display machine. Patients attending the Cancer Centre can buy tokens at a reduced rate for the day, available from the Car Park office located near the main hospital entrance. Follow the signs from the Oak Tree Restaurant or ask at Patient Affairs.

You will need to show your appointment card/letter. Each token entitles you to park for up to ten hours.

Blue badge holders may park in a designated disabled bay or in any bay in a car park. They do not need to display a parking ticket but MUST display their badge for free parking.

Getting help with paying for transport

If you are on a low income, you may be eligible for help with paying for the cost of transport to and from the hospital. This includes bus and train fares and car mileage but not taxi costs.

For further information about eligibility, please speak to Patient Affairs (01923 844292) or visit www.direct.gov.uk and search for 'Travel costs'.

If you normally pay for NHS prescriptions

People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate.

To get an exemption certificate, ask your GP for an application form.

Contact numbers

The name of your consultant is:

Your Clinical Nurse Specialist is:

Your Chemo Clinical Nurse Specialist:..... 01923 844207

(Alternatively call the hospital switchboard on 01923 826111 and ask them to bleep 6073)

If at any time throughout your course of chemotherapy treatment you become unwell you must contact one of the numbers below:

If you received your chemotherapy at Mount Vernon Hospital as an **outpatient**, telephone the Chemotherapy Suite for:

Treatment-related enquiries: 01923 844527
[Mon-Fri 8.00am-5.00pm]

Reception for all other enquiries: 01923 844639
[Mon-Fri 8.00am-5.00pm]

[Outside these hours patients may call any of the wards below]

If you received your chemotherapy at Mount Vernon Hospital as an **inpatient**, telephone the ward you were in:

Marie Curie Ward: 01923 844225 [Mon 7.30am-Fri 8pm]

[Outside these hours patients may call any of the wards below]

Ward 10 (mainly for men) 01923 844042 [24 hours]

Ward 11 (mainly for women) 01923 844043 [24 hours]

Between 9pm - 8am you may also call the Senior Nurse on 01923 826111 and ask for bleep 6113

Contact numbers continued...

Pharmacy: 01923 844443 [Mon-Fri 9am-5pm]

If you have any questions or would like further information about your chemotherapy:

Lynda Jackson Macmillan Centre: 01923 844014
[Mon-Fri 9.30am - 1pm & 2pm - 4.30pm]

This leaflet forms part of a series of publications produced by the Lynda Jackson Macmillan Centre (LJMC).

If you would like further information about any aspect of cancer and its treatments, please drop in to the centre or call the Helpline.

The LJMC is staffed by healthcare professionals and trained volunteers and is part of the Mount Vernon Cancer Centre.

- Drop-in centre for support and information
- Telephone Helpline
- Benefits Advice *
- Pre-treatment visits*
- Complementary therapies *
- Relaxation classes
- Counselling *
- Support groups
- Look Good...Feel Better™ beauty workshops

* These services are available to patients under the care of an NHS oncologist based at Mount Vernon Cancer Centre.

Opening hours: Mon - Fri: 9.30am - 1.00pm & 2.00 - 4.30pm

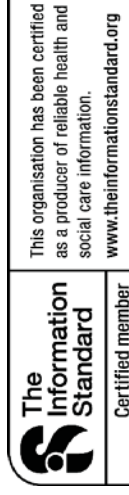
Lynda Jackson Macmillan Centre

situated between the Cancer Centre and Gate 3 (White Hill)

Mount Vernon Hospital, Northwood, Middlesex HA6 2RN

Telephone Helpline: **01923 844014**

www.ljmc.org



This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org