

A Patient's Guide to Radiotherapy to the Breast at Mount Vernon Cancer Centre

Consent

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

If you have already been given one of these forms by the oncologist who first advised radiotherapy, 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 every time you attend.

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.

Radiotherapy to the Breast

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Pregnancy

Female patients must not be pregnant or become pregnant at any time during a course of radiotherapy, or for up to 4 months afterwards.

If you think you may be pregnant at any time during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

Female Patients will be asked to confirm their pregnancy status prior to radiotherapy. This applies to all women between the ages of 12 - 55 years.

This is a legal requirement.

Please read all of this leaflet before starting treatment.

Introduction

This booklet is designed to provide a general guide for patients receiving radiotherapy to the breast at Mount Vernon Cancer Centre.

We hope it will provide answers to a number of commonly asked questions. However, if anything in this leaflet is unclear or if there are questions which it does not answer, please contact a member of the team caring for you, to get more advice.

Radiotherapy is one of a number of treatments which may be offered to patients in the management of breast cancer.

The choice of treatment is determined by a number of individual factors, and it is important that you discuss your specific treatment with your Consultant Oncologist¹. As there are many different forms of breast cancer, the length of treatment and ways in which radiotherapy is given can vary.

The type of radiotherapy used to treat breast cancer in this centre is called external beam radiotherapy. This means that a programmed course of radiation therapy is applied at regular intervals to your breast.

Some patients will have a 'boost treatment' at the end of their external beam therapy. This is known as electron therapy and is given to the site of the original tumour.

¹ A Consultant Oncologist is a cancer specialist. Throughout this leaflet the term 'Oncologist' will refer to both your cancer specialist and any doctors working within his / her team.

External beam radiotherapy and electron therapy do not make you radioactive. It is perfectly safe for you to be with people, including children, as usual.

What happens during planning?

Before you begin your radiotherapy, you will be asked to visit the Radiotherapy Department to have your treatment planned. This appointment may take some time, and waiting times at this stage may vary. You may be in the department for a few hours.

If you have had surgery to your breast, it is important that your scar has healed and that you can manage to raise your arms comfortably above your head. If this is not the case for you, please contact your oncologist's secretary prior to your planning appointment.

The planning session will take place in either a CT Simulator or another simulator which imitates the treatment machine.

For this appointment you may find it easier to wear separates as you will be asked to undress to the waist.

You will be asked to get on the treatment bed and lay back on the back rest so you are partially sitting up with your arms resting above your head. This position should be comfortable enough to maintain for around 30 minutes. It is therefore important to mention if any aspect of this position is too uncomfortable.

The radiographers and Oncologist will draw some marks on your chest. These are made with felt tip pens and will wash away.

Then, with your permission, the radiographers will make a few tiny permanent marks on the skin. These are very small and are done by pinpricking the skin with some special dye. The permanent dots are important as they enable accurate positioning and treatment delivery each day.

Once all the required measurements have been recorded, a short CT scan of the chest will be done. Some special markers will be placed on your skin for this scan, which should last approximately five minutes.

Many patients have a 'boost' area treated. This is usually planned at the same time as the breast treatment. The 'boost' area is a smaller area of the breast i.e. the site of the original tumour or the scar. This may be treated on a different machine using electron therapy, and at a different appointment time.

Before you leave the Centre on your planning day, you will be given details of your treatment appointments (see page 15) and some aqueous cream (see page 8). If you are not given any aqueous cream, please ask for some. Alternatively, you can buy it cheaply at any pharmacy.

What happens during treatment?

A member of the treatment team will talk to you before you go into the treatment room and will explain clearly what will happen. You will have a chance to ask questions.

Please bring a dressing gown with you if possible. This will enable you to change in the changing room beforehand and will speed up the process.

You will be asked to undress to the waist and lie on the treatment couch in the same position as you did when you were in the simulator. The room light will be dimmed and then the radiographers will position the machine to line up with the permanent marks put on your skin when your treatment was planned.

When all the adjustments have been made and you are in the correct position, the radiographers will make sure you are comfortable before leaving the room to deliver your treatment. You will be asked to breathe normally during treatment.

The treatment will last only a few minutes and, although you will be alone in the room during that time, the radiographers will be able to see you at all times through closed circuit television.

The radiographers will explain in advance how to alert them if you have a problem during treatment such as needing to sneeze. It is possible to switch off the machine and interrupt your treatment at any time if necessary.

Radiotherapy treatment is completely painless. It's similar to having an X-ray picture taken, except instead of taking a picture, the machine delivers X-ray treatment.

What special care should I take during treatment?

Skin care

We recommend that you take special care of your skin before, during and for two to four weeks after radiotherapy (depending on your skin reaction).

Washing

You may bath or shower, but try to avoid having the water very hot or cold. If you have a bath, you should not soak in it or add bubble bath, salts, oils or any other substance to the water.

We recommend you use either baby soap or a simple unperfumed soap when washing the area being treated. It is important that you apply the soap gently, using your hand (rather than a sponge/flannel), and that you rinse the area well with warm water. Aqueous cream can also be used for washing. The tiny dots made by the radiographers during your planning are permanent and will not be washed off.

When drying, use a very soft towel to 'pat dry'. Try not to rub the skin, and pay extra attention to skin folds under the arm and under the breast.

Aqueous cream

You will be given aqueous cream at the planning session. Apply it twice daily, morning and evening, for the week before treatment, during treatment and for up to two to four weeks after your treatment is completed. It is not necessary to wash it off prior to treatment, as the cream will soak in to the skin.

Whilst having treatment, try wearing loose, comfortable clothing containing natural fibres such as cotton.

We recommend that you do not use talcum powder, deodorants or perfume in the area being treated. However, there may be certain products you can use. Please ask your radiographer or staff at the Lynda Jackson Macmillan Centre (LJMC).

You may notice that the sweat glands under your arm stop working as a result of the radiotherapy, especially if you are having your armpit treated. You may also notice that you lose your underarm hair on the side being treated (because it is in the line of the radiotherapy). Do not use any method of removing hair under your arm during treatment.

Also, throughout your treatment do not swim in chlorinated water or have any steam baths or jacuzzis, as these may irritate your skin (see page 13 for when you can go back to swimming).

If you have had a mastectomy you may find it more comfortable to wear a soft lightweight bra and a temporary lightweight prosthesis (an artificial breast form) during the treatment stage and for about six weeks afterwards.

Exercises

If you have had a lumpectomy, it is very important that you continue with your arm exercises, both during and for a couple of months after treatment. However, if you have had a mastectomy, these exercises need to become part of your daily routine for life. This will help reduce the chance of lymphoedema.

What are the side-effects of radiotherapy?

The most common side effects are discussed below, and these may not all apply to you. If you have any worries please talk to the staff treating you.

- Skin reactions**

Towards the end of treatment some people experience changes to the skin in the area being treated. The skin may become reddened, similar to a sunburn reaction. Aqueous cream moisturises the skin, and its use is aimed at minimizing side-effects.

Some people complain of itchiness or a prickling sensation within the breast. Your skin will be examined during your radiotherapy, and you will be given advice on how to continue to care for it. Skin reactions may persist for up to four to six weeks after treatment has finished.
- Breast changes**

If you have had a mastectomy, you may notice some slight swelling along the mastectomy scar. If you have had a lumpectomy or a partial mastectomy, you may notice a change in the size, shape or sensation of the breast, and it may feel a little swollen and more tender in the first few weeks or months after radiotherapy.
- Numbness**

You may experience numbness to the upper part of the inner arm on the treatment side. For most women this feeling should be temporary. Occasionally some numbness may remain.

Tiredness

Most women find that the commitment of attending the hospital regularly and having treatment causes them to become generally tired and lethargic, and this can continue for many weeks after treatment has finished. Please see the factsheet 'Helpful Hints on Fatigue'.

Arm lymphoedema (swelling)

If you are having radiotherapy to the breast only, lymphoedema is rare, depending on the number of nodes removed during your surgery.

If you are having radiotherapy to the supraclavicular lymph nodes (the area above the collar bone) or to the axilla (armpit), then the risk of developing lymphoedema is higher.

If you feel you would benefit from extra support in coping with lymphoedema, please speak to your Breast Care Nurse (BCN) or Clinic Review Radiographer.

For more information on lymphoedema you can phone or drop in to the Lynda Jackson Macmillan Centre (LJMC) at any time before, during or after your treatment.

Less common and rare side-effects

These side-effects are not common, and most patients will not be affected by them. If you have any concerns, or wish to clarify if you are at risk, please discuss them with your Oncologist, Clinic Review Radiographer or Breast Care Nurse.

Fibrosis

Radiotherapy to the breast and armpit can cause hardness of the tissue. This is known as fibrosis and is caused by the build-up of scar tissue. If the fibrosis becomes severe, the breast can become noticeably smaller as well as harder.

Dry cough or shortness of breath

Sometimes, in order to deliver radiotherapy effectively to the breast, it is necessary to treat a small part of the lung (although we take steps in the planning process to limit this as much as possible). Very rarely the lung can become inflamed, causing a dry cough or shortness of breath. These symptoms usually resolve without any treatment.

Telangiectasia

You may also be able to see tiny dilated blood vessels under the skin as a late side effect of radiotherapy. This is known as telangiectasia.

Breast lymphoedema

Very occasionally patients may develop lymphoedema across the chest following radiotherapy treatment.

- Heart damage
If you receive treatment on your left side, there is a small risk of damage to your heart. Your treatment will be carefully planned to minimise the risk. Please discuss any concerns with your Consultant or Clinic Review Radiographer.
- Effects on the bones
A rare delayed side effect following breast radiotherapy can be a weakening of the ribs and collar bone within the treatment area. If you have any discomfort in these areas please tell your Oncologist.

What special care should I take after treatment?

- Exercises
If you have had breast surgery, it is very important to continue with your arm exercises both during and following treatment (see page 9).
- Diet
Radiotherapy to the breast area should not affect your diet or digestion of food. It is important that you eat well, and drink more fluids than usual during and after your treatment. Please see the factsheet 'Helpful Hints on Healthy Eating'.
- Swimming
It is perfectly safe to resume swimming after treatment once your skin reaction has settled down (normally by six weeks after your last treatment).

- Emotions
There may be times when you feel a little anxious or concerned, or generally more emotional. This is quite normal, especially if taking hormonal therapy.
If you feel you would benefit from extra support in coping with these feelings, please speak to your Breast Care Nurse (BCN) or Clinic Review Radiographer. You can also phone or drop in to the Lynda Jackson Macmillan Centre (LJMC) for advice at any time before, during or after your treatment.
- Sunbathing when treatment is finished
It is unwise to become sunburnt on any part of your body. Do not expose the treated area to the sun until the area has fully recovered. This may be up to six weeks after treatment has finished. It will be necessary to apply a high protective factor sun cream to the treated area for life, as the skin will remain more sensitive to the sun.
If you have had the area above your collar bone, and/or your armpit treated, you should take care when exposing your back to the sun. If you require specific guidance regarding sunbathing check with your radiographer.

Choosing your appointment time

Please ring the Radiotherapy booking line on 01923 844300 within 48 hours of receiving this leaflet to tell us the treatment time you would prefer. If your preferred appointment time is not available, we recommend you accept the first available appointment to avoid any possible delays in your treatment.

Please note that this booking line telephone number is an answering machine, so please speak slowly and clearly leaving the following details:

- your full name (please spell your family name)
- your date of birth
- your daytime telephone number (in case we need to contact you)

Please let us know your preference for appointment times:

- 9am to 11am
- 11am to 1pm
- 1pm to 3pm
- 3pm to 5pm

Appointment times will be confirmed at your planning session.

Please also let us know if you have any holidays booked and we will try to accommodate your request to the nearest possible time.

Follow-up care

You will be seen regularly during your treatment by a Clinic Review Radiographer or nurse. Your Oncologist's team will also see you during your treatment.

When your treatment is over, you will have regular follow-up appointments. Details of how to make your first follow-up appointment, which will be about 6 weeks following your treatment, will be given to you on your last day of radiotherapy. If you do not receive this information please contact your oncologists secretary. This appointment may be with your Mount Vernon Oncologist or a doctor within his/her team at either the Cancer Centre or the District General Hospital nearer your home. In some cases your own family doctor (GP) will take on the routine monitoring of your condition.

If, between your follow-up appointments, you are worried by any skin changes, lumps, arm swelling or any pains that you cannot explain, then make a special appointment to see your own GP, Breast Care Nurse, your Oncologist or the Clinic Review Radiographer at the Cancer Centre.

Additional help and support

People who have had cancer will say that throughout their illness they experienced a range of emotions, expected and unexpected. Many find it to be a stressful, anxious and confusing time, both as individuals and within relationships.

Some patients find it helpful to meet and discuss their experiences with other patients who have been through similar treatment. If you would like to meet another patient, please speak to a team member.

Some patients find it harder to make decisions or to face up to things, feeling overwhelmed and unable to focus on positive aspects within their lives.

If you have difficulty making sense of your feelings or can relate to any of these experiences, you may find it helpful to talk it through with a trained health care professional, who may refer you for counselling. You can also go to the Lynda Jackson Macmillan Centre (LJMC) and ask to meet with a counsellor.

Counselling aims to provide individuals and families with an opportunity to understand and manage these new experiences.

The LJMC provides support and information. It also offers a range of services including counselling, complementary therapies and relaxation sessions.

To find out more see the back of this leaflet.

Contacts

Your Oncologist:

Your Breast Care Nurse (BCN):

Radiotherapy Clinic Nurses: 01923 844267

Radiotherapy Clinic Radiographers: 01923 844548

Radiotherapy 24hr Booking Line: 01923 844300

Lynda Jackson Macmillan Centre: 01923 844014

The Helpful Hints series includes:

- Radiotherapy Planning
- Radiotherapy Treatment
- Fatigue
- Healthy Eating
- Menopausal Symptoms

Further Information

New Perspectives

A six-week course run by Macmillan Cancer Support for people with, or recovering from, cancer.

The informal sessions take place in the Lynda Jackson Macmillan Centre, and are led by two tutors who have had cancer themselves.

The sessions will help you to share experiences, gain confidence and manage symptoms and stress.

Look Good...Feel Better™

A make-up workshop for women living with cancer. With the help and encouragement of the beauty consultants, the two-hour sessions in the Lynda Jackson Macmillan Centre are enjoyable, morale boosting and informative.



Look Good...Feel Better®

Support Groups

A breast cancer support group (Trojans) is held monthly on the Mount Vernon Hospital site. There are also other support groups locally.

For more information on any of these please drop into the Lynda Jackson Macmillan Centre or call 01923 844014.

Glossary

Axilla: the technical name for the armpit.

Chemotherapy: a treatment that uses chemicals called drugs to destroy cancer cells.

CT scan (Computerised Tomography): a scan using a special kind of X-ray machine. Instead of sending out a single X-ray through your body (as with ordinary X-rays), a CT scanner sends several beams from different angles at the same time.

Fibrosis: the formation of an abnormal amount of fibrous tissue which can cause tissue hardness.

Lumpectomy: an operation that removes a small lump from your breast.

Lymph: a clear liquid that flows around your body. Lymph keeps your cells healthy and free from infection.

Lymphatic system: the network of lymph vessels (small tubes) and lymph nodes, that carry lymph around your body.

Lymphoedema: a swelling caused by the build-up of lymph. It happens when the tubes carrying lymph are damaged or blocked in some way. It might also happen if some of your lymph nodes have been removed.

Lymph nodes (lymph glands): part of the lymphatic system; they filter or trap anything that might cause harm. For example, when you have a sore throat the lymph nodes (glands) in your neck become tender and swollen.

Mastectomy: an operation that removes all of your breast.

