

A Patient's Guide to  
coping with a short course of  
Radiotherapy to the head, neck,  
mouth and throat  
Mount Vernon Cancer Centre

Patient Information Series No 25

**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 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.

# A Patient's Guide to Coping with a short course of Radiotherapy to the head, neck, mouth and throat

## Contents

Introduction	4
What happens before treatment can begin?	4
What happens in the planning session?	5
What happens during treatment?	5
What are the common side-effects of radiotherapy?	6
How should I look after my skin?	7
How should I look after my mouth?	8
What can I eat or drink?	9
What if I wear dentures?	9
What if I smoke?	10
How will I feel once my treatment has finished?	10
Physiotherapy and Lymphoedema Service	10
Follow-up	11
Getting to hospital	12
Finances	13
Additional help and support	14
Contacts	16

## Introduction

It has been agreed by you and your oncologist<sup>1</sup> to treat you with a short course of radiotherapy. The aim of this treatment is to control your cancer and ease your symptoms, therefore making you feel more comfortable.

During your radiotherapy there will be a team of oncologists, specialist nurses, dieticians, speech and language therapists (SLT), radiographers and other hospital staff caring for you.

This leaflet is intended as a guide to help you to understand the most common side-effects that some people get from this kind of treatment. Remember we are all different, and we all respond and recover at different rates.

## What happens before treatment can begin?

The process of planning your treatment can take two weeks. Your treatment will be planned very carefully so only the necessary area is treated.

All patients having radiotherapy to the head, mouth or throat will need to have a special mask made called an 'immobilisation shell'. This shell is made specially for you, and will hold you in the correct position lying flat, helping you to keep still to ensure accuracy during your treatment.

If you are going to need a shell, the staff will show you an example of what it looks like and explain the process of making it. You should be given the factsheet 'Helpful Hints on Having an Immobilisation Shell made') which

<sup>1</sup> Throughout this leaflet the term 'oncologist' will refer both to your cancer specialist and any doctors working within his/her team

explains the procedure. Once your shell is made, the lines marking the treatment areas will be drawn on the shell.

Don't worry if these fade or wash off. There will be a tiny permanent mark (tattoo) which will never fade. This tattoo will be made at your first radiotherapy appointment to accurately plan exactly where the treatment is going to be applied.

### **What happens in the planning session?**

Planning takes place in a simulator (a machine to allow the doctors to plan your radiotherapy). You will lie flat on a couch with your mask on and will be left alone in the room for short periods of time, but you are monitored constantly on a television screen or through a window. You will not receive any radiotherapy during your planning session.

Planning sessions can last a long time, so be prepared to attend the hospital for most of the morning or afternoon. See 'Helpful Hints on Having your Radiotherapy Planning'.

### **What happens during treatment?**

Your first day of treatment may take about 20 minutes but after that your radiotherapy appointment normally lasts for about 10 - 15 minutes. It takes about 5 minutes for the treatment to be given.

See 'Helpful Hints on Having your Radiotherapy Treatment'.

The number of treatment sessions you have depends on several factors which the oncologist will discuss with you.

Your treatment will last:

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### **What are the common side-effects of radiotherapy?**

Radiotherapy causes side-effects by damaging normal cells. The side-effects you may experience will depend on which part of your head, mouth, neck or throat, is being treated.

The most common side-effects include some soreness of the skin, sore mouth, discomfort on swallowing, some taste changes, and possibly some hair loss in the area being treated. You may also experience tiredness towards the end of, and after, treatment.

These side-effects develop gradually over about two weeks, and once your treatment is completed they gradually improve over the following 4 - 6 weeks.

During your treatment you will be reviewed weekly by your doctor, nurse, dietician and if appropriate SLT. At these appointments you will be given medication to help you cope with side-effects. Please see page 10 for advice on prescription charges.

The day for your review clinic is:

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Please bring a list of any medications you need and a new prescription will be given

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We all react and respond in different ways, so your team treating you will advise you about what you might expect. The following pages will help to explain your side-effects.

### **How should I look after my skin?**

Your skin may become red and itchy during your course of radiotherapy. We suggest you follow these instructions to help you cope with the skin reaction.

- ◇ Wash the treated area very gently using tepid water (warm but not hot) and a simple soap, then pat your skin dry, using a soft towel.
- ◇ Do not use make-up, creams, perfumes, lotions or aftershave in the area being treated.
- ◇ Whenever possible, let the area being treated get as much air as possible. Avoid wearing tight collars.
- ◇ You will be given some aqueous cream to put on your treated skin to prevent it from becoming too dry. Some patients find it more soothing if the cream is cool, so you could store it in your fridge.

Please use this cream as instructed from the start of treatment, do not wait for the skin to get dry.

Do not put anything else on your skin in the treated area unless your oncologist has recommended it. If you are in any doubt, your treatment team will be happy to advise you.

- ◇ Men wishing to shave should use an electric razor.
- ◇ Facial and head hair may stop growing if it is included in the area you are having treated. This hair is likely to regrow once the side-effects of your treatment have settled.
- ◇ Avoid exposing the treated area to strong sunlight both during and after your radiotherapy. This is because your skin will damage more easily and take longer to heal. The radiographer or nurse will advise you about using a sun block cream after treatment.

In the summer we recommend that you wear a wide brimmed sun hat to shade you from strong sunlight.

### **How should I look after my mouth?**

- ◇ Brush your teeth with a soft toothbrush after food. You may find this difficult as your treatment continues. If so, stop brushing your teeth and use mouthwashes.
- ◇ Brush dentures after food and soak them overnight in denture cleaning solution.
- ◇ Rinse your mouth with 'Tellodont' mouthwash after food and drink.
- ◇ Do not use mouthwashes which contain alcohol.

- ◇ Avoid hot spicy foods.
- ◇ Try to avoid drinking alcohol, especially spirits.
- ◇ Do not smoke. If you feel this is difficult please speak with a member of the team treating you. Smoking during treatment will make your side-effects worse, and take them longer to heal.
- ◇ If advised do your 'jaw opening' exercises regularly. If this becomes difficult please discuss it with the SLT.

### **What can I eat or drink?**

It is important that you are well nourished throughout your treatment. The hospital dietician will advise you on the best ways of maintaining your nutrition.

If you have a feeding tube, the dietician will advise you on how much prescription feed and fluids you will need.

A SLT will be able to offer advice on consistencies and textures of food. See Helpful hints on Chewing and Swallowing problems.

### **What if I wear dentures?**

Although this may be difficult for you, it may be much better to avoid wearing dentures during your course of radiotherapy. If this is not possible, then be sure to keep your dentures clean, brush them after all food, and soak them in denture cleaning solution, preferably overnight. We do not advise you to use denture adhesive.

### **What if I smoke?**

Try not to smoke during the period of your treatment or whilst you are experiencing any soreness in your mouth or throat as smoking will make your mouth more sore.

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 (see page 12).

### **How will I feel once my treatment has finished?**

Within 4 - 6 weeks of completing your radiotherapy, your side-effects will mostly have settled.

You may have ongoing difficulty chewing and swallowing your food. If this happens a SLT will be able to offer advice on consistency and textures of food (see Helpful Hints on 'Chewing and Swallowing Problems'). A dietician is also available for continued nutritional advice and support.

Most patients feel tired and lethargic at some stage during and after their radiotherapy. This is quite normal, so try to pace yourself realistically and try not to overdo things (see 'Helpful hints on Dealing with Fatigue').

### **Physiotherapy and Lymphoedema Service**

We advise patients who have had surgery and/or radiotherapy to attend for physiotherapy. You will be given instructions on exercises to improve neck and shoulder movement. Your doctors will refer you to the physiotherapist.

Once you have recovered from the initial side-effects of your treatment, some patients may notice swelling around the neck area or under the chin. This happens because the drainage of fluid from the head and neck area may be affected by the surgery and or radiotherapy.

If this happens to you please let your oncologist or nurse know and we will arrange for you to be seen by a lymphoedema therapist who will use special massage techniques to improve the circulation of fluid in these areas. This usually settles over time.

## Follow-up

Depending on your treatment and side-effects it is usual that you will be seen at Mount Vernon hospital weekly during your treatment. Once you have completed your treatment you will be referred back to your original hospital to see your oncologist, surgeon, SLT, dietician and nurse.

However follow-up arrangements can vary from person to person, your oncologist or nurse will explain to you how and where your follow up appointments will be arranged.

You should be contacted with a date for this appointment within two weeks of your last appointment at Mount Vernon. If you have not heard from us, please contact your consultants secretary (see contacts on page 12).

## Getting to hospital

We would recommend that people provide their own transport to hospital. This means you may start your treatment sooner and you do not have long waits at the hospital for your transport to take you back home.

You might like to be accompanied by a friend or relative.

If you provide your own transport you can get help with your travel costs (bus, train or car mileage) if you are getting the following:

- ◇ Income Support
- ◇ Job seekers allowance
- ◇ Working Families Tax Credit
- ◇ Disability Working Tax Credit
- ◇ Pension Credit Guarantee (not pension credit saving)
- ◇ or if you have an HC2 or HC3 certificate.

The Hospital Cashiers will pay your travelling expenses. They will also provide you with a token for the car park if you bring proof that you are eligible (income support or family credit book or exemption certificate). The hospital cashiers are located at main reception near the canteen.

DSS rules state we cannot refund taxi fares. However your Head and Neck Nurse can apply for a Macmillan grant which can be used towards travel costs.

If you are on a low income, or travelling long distances but not getting any of the above benefits you still be able to get some help. Get the HC1 claim form from your local DSS office. This grant is means tested. If you are unable to do this hospital transport can be requested.

If you have a morning radiotherapy appointment you would need to be ready for pick up from 8.30 am onwards, if you have an afternoon appointment you would need to be available from 12.30pm onwards. Unfortunately we cannot give an exact pick up time.

If you need hospital transport we need 48 hours notice to book it likewise should you wish to cancel your transport please give as much notice as possible.

## **Finances**

Your specialist nurse will be able to give you advice on Macmillan grants and give you information about their benefits service (see contacts on page 12). A benefits advisor is available at the Lynda Jackson Macmillan Centre (LJMC). Please ask your nurse to refer you.

### **If you normally pay for NHS prescriptions**

From 1st April 2009, people undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate.

Apply for an exemption certificate by collecting an application form from your GP or cancer clinic.

## **Additional help and support**

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 to a trained health professional, who may refer you for counselling.

Counselling aims to provide individuals and families with an opportunity to understand these new experiences in a way that can help them feel more manageable.

The Lynda Jackson Macmillan Centre (LJMC) provides support and information. It offers a range of services including counselling, complementary therapies and relaxation sessions.

To find out more, either drop in or call them on 01923 844014. There are more details about the LJMC on the back of this leaflet.

The LJMC also produces a series of helpful hints on a variety of topics including side-effects of radiotherapy.

Listed below are some of the titles in our 'Helpful hints' series which you may find helpful:

- ◇ Alcohol issues
- ◇ A patients guide to Chemotherapy
- ◇ Chewing and swallowing
- ◇ Fatigue
- ◇ Giving up smoking
- ◇ Having an immobilisation shell made
- ◇ Loss of appetite
- ◇ Preventing weight loss
- ◇ Radiotherapy planning
- ◇ Radiotherapy treatment
- ◇ Taste change
- ◇ Voice loss

Please drop in to the LJMC for a copy of any of these or download them from the LJMC website: [www.ljmc.org](http://www.ljmc.org)

## Contacts

My hospital number is: .....

My oncologist is: .....

Oncologist Secretary's tel no: .....

Mount Vernon Hospital: ..... 01923 826111

Cancer Clinic Nurses tel no : ..... 01923 844267  
weekdays 9.00am - 5.00pm

Macmillan Specialist Nurse is: .....

tel no: .....

Radiotherapy Support Nurse is: .....

tel no: .....

Speech & Language Therapist (SLT): .....

tel no: .....

Dietician: .....

tel no: .....

Macmillan Benefits Helpline: ..... 0800 500 800

NHS Smoking Help line: (7am - 11pm) ... 0800 169 0169  
[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

Social Worker: .....

tel no: .....



