

# Chemotherapy

Patient Information Series PI 02



## Contacts

If at any time during your course of chemotherapy you become unwell you must contact:

**24 hour Acute Oncology Service**  
**Mount Vernon Cancer Centre: 07825 028855**

Questions about your medications:

Pharmacy (Chemotherapy Suite): ..... 020 3826 2238  
[Mon - Fri, 10am - 4pm]

or for non-urgent queries, ENHT Pharmacy Helpline email:  
..... Medinfo.enhtr@nhs.net

Questions about your appointments:

Appointment enquiries (ask for your Consultant's secretary)  
..... 020 3826 2020

## Recording your appointment

You may want to record your discussion with the doctor or nurse on a smartphone to help you remember information. If you would like to do this, please say at the start of the appointment that you will be recording so the staff are aware. We will make a note that the consultation was recorded and who was present, to make it easier if you need to refer to it later. Please be aware that we do not allow video recording.

# Guide to Chemotherapy

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## Introduction

Your cancer specialist<sup>1</sup> has recommended that your cancer is treated with a course of chemotherapy.

Chemotherapy is a type of Systemic anti-cancer treatment (SACT). It can be used with other SACT treatments or on its own. This leaflet is a simple guide to chemotherapy. We hope it will answer some of your questions.

If you have any further 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 beginning of this booklet.

## Who will be looking after me?

A specialist cancer doctor is called an oncologist.

They work with a multidisciplinary team (MDT) to plan and oversee your treatments.

The MDT looking after you can include:

- specialist nurses
- dietitians
- pharmacist
- surgeons (if needed)
- histologists
- allied health professionals (physiotherapists, speech therapists, occupational therapists and social workers)

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

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<sup>1</sup> During 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 drug treatment, which is normally given to treat or control cancer.

Chemotherapy is often given before or after surgery or with radiotherapy. If it is recommended for you 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, how to manage possible side-effects and a tour of the hospital. You may ask questions and talk to the chemotherapy nurses about anything that is worrying you.

## How does chemotherapy work?

There are many drugs which kill cancer cells and control the disease. Chemotherapy drugs attack the cells in different ways: some break down parts of the cell, some disrupt the cell's growth cycle at different stages and some use up the energy needed by the cancer cells.

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?

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

Chemotherapy is given in many ways, including:

- by mouth - as tablets or capsules
- by infusion directly into a vein - this can be given by using a syringe or by an infusion bag (drip)
- by continuous infusion using a special infuser (polyfusor)

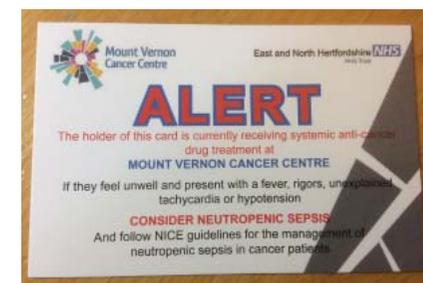
Injected treatment may be given through a small catheter (cannula) inserted into the hand or arm, via a Hickman line, PICC or a Port. These will be explained (if relevant to you) by the nurse.

Chemotherapy can be given along with other drug therapies and/or supportive medication.

## Your chemotherapy ALERT CARD

At the start of your treatment you will be given a chemotherapy ALERT CARD to carry with you.

If you have an appointment with any health care professional including your GP or dentist or to attend hospital for any reason, please take the card with you and show it to whoever is treating you.



## Serious and potentially life-threatening side effects

**Very rarely**, complications of treatment with anti-cancer medicines can be life-threatening or even result in death. The risks are different for every individual. Please talk to your doctor or nurse about what this means for you.

## Will the chemotherapy infusion hurt?

Chemotherapy should not hurt. If you have any pain, stinging, burning or any unusual sensation as you are having treatment into the vein, it is **very important** to tell the nurse giving you the drugs, when it happens. The nurse will check that the cannula is working well. She will also check the area for any redness or swelling.

Sometimes the drugs can leak into the tissue around your vein. This is called an 'extravasation'.

An extravasation can be resolved very easily with little or no damage to the skin, but some drugs called 'vesicants' can cause painful skin ulcers if they leak into the tissues. It is very important that you tell the staff treating you straightaway if you have any discomfort at all whilst having your chemotherapy. This is because treatment can be given to help stop or limit any damage if there is an extravasation.

Sometimes pain and damage to the tissues does not happen straightaway. They can develop after the chemotherapy. When you are home, if you have increased pain, swelling or redness around the area where the chemotherapy was given you must contact the Acute Oncology Service, see page 2.

## Must I always be admitted to a ward?

If you are having chemotherapy overnight or longer, you will be admitted to a ward. The length of time it takes to give you your treatment and number of visits will depend on the type of chemotherapy you are receiving.

If you are having chemotherapy as a day patient you will have this in the Chemotherapy Suite or the Supportive Care Unit. They are open Monday to Friday. You will need either one or two visits for your treatment. Your team will discuss this with you.

## Two visit outpatient treatment

You will receive two appointments. The first is your medical review when you will be assessed by your doctor or clinical nurse. The second appointment is to receive your chemotherapy.

### First appointment

Check in at the Cancer Centre Reception. You will be sent to the pathology department for a blood test if you have not already had one. After your blood sample has been taken you may see your consultant or one of the doctors on the team.

**If you need more medication ask the team to prescribe it at this appointment so it will be ready for you on your treatment day.**

If your blood count (test result) is not high enough for you to have your chemotherapy, you will be asked to come back another day (probably the following week). This is to give the blood cells time to recover. In this case, please make sure you see the receptionist to book another appointment before you go home.

You may not need to see your doctor before each chemotherapy. If this is the case, you may still need to have your blood sample taken and a nurse will contact you a day before your chemotherapy for a telephone assessment.

### Second appointment (chemotherapy)

This appointment will be for your chemotherapy in the Chemotherapy Suite. When you arrive you will need to check in with the Chemotherapy Suite receptionist.

Your chemotherapy drugs will have been prepared ready for your appointment, so you should not usually have to wait more than an hour for your chemotherapy.

A cannula (a fine, flexible tube) will be placed in one of the veins in your arm unless you have a port, PICC or Hickman Line.

If needed, you will be given some anti-sickness medication, either to take by mouth or as an injection through the cannula.

The length of time it takes to give your chemotherapy can vary. This depends on the type of treatment you are having. Your nurses will explain how long your treatment will take.

While you are having your chemotherapy, a member of the pharmacy team or your nurse will give you any drugs **that have been prescribed** which you need to take home. They will explain what they are and when to take them. There is more information about the drugs you may be given to take home later in this booklet.

### **When your chemotherapy is finished**

When you have finished your chemotherapy, your nurse will take the cannula out of your arm and you can go home.

**Before you leave, check that you have a form for your next blood test and make your next chemotherapy appointment with the Chemotherapy Suite receptionist or nurse. If you need medication to take home, check that you have it with you.**

## **One visit treatment**

### **When you arrive**

After your blood sample has been taken you may see your consultant or one of the doctors on the team in clinic. If you do not need to see a doctor, you will be assessed by a chemotherapy nurse.

If your blood count (test result) is not high enough for you to have your chemotherapy, you will be asked to come back another day. This will probably be the following week. This is to give the blood cells time to recover. In this case, please make sure you see the receptionist to book another appointment before you go home.

If your blood results show that you are able to have your chemotherapy, it will be prepared by the specialist unit. This process can take up to 3 hours as it is made specially for each patient. You will then have to wait for your chemotherapy drugs to be checked by the pharmacist and delivered, which may take up to another hour.

### **Whilst waiting**

You are welcome to bring a book, Kindle, iPod or laptop. During this time you can get some food and drinks, visit the Lynda Jackson Macmillan Centre (LJMC) or visit the Comfort Fund's shop, book shop or charity shop on the Mount Vernon Hospital site.

Please check with your nurse first but you may be able to leave the hospital to have a break if you wish. There are local pubs which serve lunch and shops you could visit in Northwood.

If you have a mobile phone, please leave your number with your nurse or the receptionist. If you live nearby you can go home, but please make sure we have your phone number. We will ring you when your drugs are ready.

## Having your treatment

A cannula (a fine flexible tube) will be placed in one of the veins in your arm unless you have a port, PICC or Hickman line. Whilst you are receiving your chemotherapy, a member of the pharmacy team or your nurse will give you any other drugs you need to take home. They will explain what they are and when to take them.

When your treatment is finished the cannula will be removed and you can go home.

**Remember to get a form for your next blood test and to make your next appointment with the nurse/receptionist before you leave. If you need medication to take home, check that you have it with you.**

## How often must I have chemotherapy?

This will depend on the drug treatment selected for you.

Each course of treatment is usually followed by a 'rest' period. This is so that normal cells have a chance to repair themselves but not long enough for the cancer cells to recover.

Treatment schedules vary and may be given:

- once a week
- once every two, three or four weeks
- daily for up to 10 days
- continuously with a drip over a period of one - five days
- continuously through an infuser system

## How long will my treatment last?

A course of treatment including the rest period is called a cycle of treatment. Your type of cancer and the drugs you receive will determine how many cycles of chemotherapy you have.

## How often must I have blood tests?

You will usually require a blood test before each cycle of chemotherapy. This may vary if you have weekly treatments.

## What are the possible side-effects?

Please remember that everyone reacts differently to chemotherapy. Some people do not notice any side-effects.

After your first cycle of chemotherapy, you will have an idea of which side effects (if any) may affect you.

### Bone marrow suppression

Chemotherapy can affect the blood cells which are made in your bone marrow, causing your blood cell count to drop during your treatment. This is called bone marrow suppression.

Blood cell counts may drop too low 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, to give your body extra time to recover.

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 (of 37.5°C or higher) or low temperature (below 36°C), shaking chills, 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. (Use the 24 hour Acute Oncology Service line number on page 2 and your Alert card). **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

Platelets 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. Please let your healthcare team know if you experience these symptoms by calling the Acute Oncology Service, see page 2.

○ Red blood cells

These cells carry oxygen to all parts of your body. If they are affected by the drugs, you may feel tired and look pale or you may be short of breath. Please let your team know at your next appointment or contact them using the numbers on page 2. Sometimes this may mean you will need to have a blood transfusion.

## Urine

Some chemotherapy drugs are coloured red or blue and 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 you notice any blood or blood clots in your urine you should tell your nurse or doctor.

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

## Hair

Not all chemotherapy drugs cause hair loss, but some do. Your team will be able to let you know if you are at risk. 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. The scalp may also be tender or sore.

If you experience any hair loss, remember that for most patients this is only temporary and your hair should grow again when the drugs are stopped. During this time some patients like to wear a wig, hat or headscarf. The Lynda Jackson Macmillan Centre has information on hair loss, headscarves and wigs.

Recent research is showing that some chemotherapy drugs may cause permanent hair loss for some patients. Please speak with your team to see if this is a risk and if you have any concerns. They can also discuss if scalp cooling is an option.

## Skin<sup>2</sup>

Sometimes some drugs can cause slight discolouration along the veins or dryness of the skin. If this happens you can use any moisturising cream. If you develop a rash, please call your healthcare team.

Your skin can be more sensitive to the sun while you are having chemotherapy and for some time after. Be careful not to spend long periods in the sun and use a high factor sun screen (factor 20 or above). Do not 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.

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<sup>2</sup> If you are taking Capecitabine tablets, please refer to your blue Capecitabine information sheet about this side effect.

## Digestive tract

You may experience:

- Soreness of the mouth and gums (stomatitis)<sup>2</sup>

Keeping your mouth clean is very important. If possible, brush your teeth twice daily and rinse after each meal to remove debris and to reduce the risk of infection. You may use mouthwash, but avoid those which contain alcohol. Your local pharmacist will be able to advise you.

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 ensure your dentist sees your ALERT CARD and is aware you are receiving chemotherapy.

If you develop mouth ulcers or white patches on the tongue or inside of your mouth, call your healthcare team for advice or the Acute Oncology Service.
- Taste and smell changes

You may notice changes to your taste and smell with some chemotherapy drugs. This may continue during the treatment. Sucking a strongly flavoured sweet during the chemotherapy infusion may help. Your taste may change during your treatment, but this should not be permanent.
- Nausea and sickness<sup>2</sup>

Some chemotherapy drugs can cause you to feel sick or be sick. Not all chemotherapy causes this side-effect. If nausea is a side-effect of your treatment, your doctor will prescribe anti-sickness medicine.

The anti-sickness medicine will be given before the start of chemotherapy by the nurse. You will be given some to take regularly at home for three days. It is important to take this medicine as directed to help prevent nausea and sickness. You will also be sent home with additional anti-sickness medicine to take at home if needed.

You must tell your nurse or doctor if the nausea goes on for more than a few days, or you are being sick even though you are taking your medication. There are many different anti-sickness medicines that can be used to try to prevent this from becoming a problem.

Nausea may last for a few days and listed below are some simple ways to help yourself.

- 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 can help to settle the stomach
- foods containing ginger may also help
- some people find that keeping busy, 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 from having your chemotherapy. Contact the LJMC for further information about these therapies

## Diarrhoea<sup>3</sup>

Passing loose stool four times or more than your normal routine.

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 or is not controlled by your medication, please contact the Acute Oncology Service.

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<sup>3</sup> If you are taking Capecitabine tablets, please refer to your blue Capecitabine information sheet about this side effect.

## **Constipation**

Some of the anti-sickness medication (Ondansetron and Granisetron) given with your chemotherapy can slow your bowels (constipation). If you are having difficulty opening your bowels, please ask your treatment team which laxatives to use in the first few days following treatment.

Constipation can make you feel unwell if you don't treat it. Please contact the Acute Oncology Service if you need advice.

## **Tiredness (fatigue)**

You may feel tired and lethargic during your treatment, especially towards the end 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 short naps, as long as they do not stop you sleeping at night.

Tiredness usually follows a pattern. A leaflet called 'Now that you have started your chemotherapy? (PI 76)' can help you record any pattern and help you to manage your tiredness.

The LJMC also produces leaflets which may help you to deal with different side-effects and with other issues associated with cancer (see back cover).

## **What about my work and leisure activities?**

Some patients find that they can manage to carry on working between treatments. It is important that you try to pace yourself and plan your work and other activities according to how you feel.

It is important to try and avoid contact with people with coughs, colds or obvious infections.

## **What about my holidays?**

You should discuss your holiday plans well before the date you wish to go. This is so that, if at all possible, your treatments can be arranged for before or afterwards.

If you are planning an overseas holiday, you must first speak to your oncologist to make sure it is safe for you to have any special vaccinations which may be recommended for the place you hope to visit. Macmillan Cancer Support have a booklet on Travel and Cancer that you may find helpful.

## **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 while you are having your treatment. If you have problems when eating, or you have any difficulties with your digestion, there is a dietitian at the cancer centre who can help you work out an eating plan to try to prevent weight loss. Some chemotherapies can result in weight gain. Please ask your healthcare team if you are worried so that they can refer you to the dietitian.

## **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 less during your treatment. This may be because you feel tired.

It is important for women **not** to become pregnant and for men **not** to father a child, while they are having chemotherapy. The length of time to avoid being pregnant or fathering a child can be different for each patient. Please discuss this subject with your oncologist.

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

Please use a barrier method of birth control. 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. We strongly advise you to discuss these important issues with your oncologist or chemotherapy nurse.

## **What about my fertility?**

Chemotherapy may make you 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 oncologist before your treatment begins.

### **○ Women**

It may be possible for women who were hoping to have a child in the future to be referred to a fertility clinic. Please discuss this with your oncologist before your treatment begins.

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

Even if your periods stop it is still possible to become pregnant, so you must continue using barrier contraception.

Everyone's situation is different so, if you have any concerns relating to fertility issues, please discuss them with your oncology team. The LJMC has information available from Macmillan Cancer Support about '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 as they may interact with your treatment.

If you have any questions about your medication, please ask. If you have to come into hospital overnight, please bring all your medicines with you. If you are a day patient, please bring any medicines you normally take during the day with you.

For any questions on your medicines you have been given to take home or their interactions with other medicines, call the Pharmacy, see page 2 for contact numbers.

## **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, if you feel like it. However, there are some chemotherapy drugs which do not go well with alcohol. Please ask your oncologist or pharmacist about this subject.

## **What about smoking?**

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

Giving up smoking will ensure you give yourself the best chance to recover from cancer. This is because nicotine in cigarettes causes the blood vessels to shrink (vasoconstriction) and this may make treatment less effective.

You may want to consider not restarting 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, please ask your oncologist or nurse.

Leaflets to help you give up smoking are available from the LJMC.

You can also contact the  
NHS smoking helpline: 0300 123 1044  
[www.nhs.uk/smokefree.uk](http://www.nhs.uk/smokefree.uk)

## Should I have a flu vaccination?

It is important that all patients having chemotherapy have their seasonal flu vaccination if possible, before they start their chemotherapy. Any people living in the same house should also have the flu vaccination. For full details about this read our leaflet **HHC257 - Seasonal Flu Vaccination**.

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

## What if I get a blood clot?

Cancer patients' blood cells tend to clump together more easily. When having some cancer treatments or being admitted to hospital, patients tend to be less active and do not move around as much as they would normally. This can allow blood to pool and cells to clump together forming a blood clot.

A blood clot in the leg, hip or thigh (known as deep vein thrombosis or DVT) may cause lower leg pain, swelling and redness in the overlying skin. However a blood clot in the leg can also form without any symptoms. If part of a blood clot breaks off and travels to the lungs it can cause a blockage. This is called a pulmonary embolism or PE.

A PE can cause chest pain (especially when you breathe in) and breathlessness. You may become very unwell and feel light-headed and sick.

Please contact the Acute Oncology Service number straightaway if you are concerned that you have developed a blood clot.

## What can I do to help myself while receiving chemotherapy?

- drink plenty of fluids
- wash your hands to help prevent infections
- 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 and check your temperature if you feel unwell
- call if you feel unwell or have questions and concerns

## What if I feel unwell?

Please call the 24 hour Acute Oncology Service at Mount Vernon Cancer Centre **straight away** if you experience signs of infection, including:

- a serious cough
- feeling breathless
- a raised temperature of 37.5°C or higher, or a temperature below 36°C
- shaking chills
- nosebleeds that are difficult to stop
- widespread red purple spots under the skin or easy bruising

## Car parking at the hospital

A Pay & Display parking scheme operates 24 hours a day. Cancer patients have a £1 concessionary parking rate but must register for this.



Registration forms are on the back of appointment letters or are available at the Cancer Centre Reception desk.

On your first visit, take your registration form to one of the following offices (Mon - Fri), where you will be given a yellow Concessionary Parking Pass:

- **Facilities Office:** 8am - 4pm
- **Car Parking Office:** 8am - 1pm and 2pm - 4pm
- **Post Room:** 8.30am - 12pm and 1pm - 4pm

Get a Concession/Blue Badge ticket for £1 at the Pay and Display machine and display this and your yellow pass on the car dashboard. Your yellow pass can be used in any car.

**Blue badge holders** do not need to register. Pay £1 at the Pay & Display machine. Please display your ticket and blue badge on your dashboard.

## 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 (020 3826 2343) or visit [www.direct.gov.uk](http://www.direct.gov.uk) and search for 'Travel costs'.

## Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

People who have cancer often say that during their illness they experience a range of emotions. Many find it to be a stressful, anxious and confusing time. Please feel free to drop in before, during or after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

### 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.



