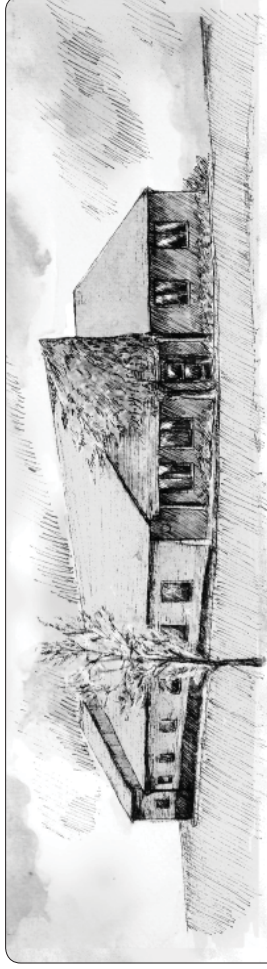


a patient's guide



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies*
- ① Counselling*
- ① Benefits advice*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Monday–Friday: 9.30am–4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN

Telephone Helpline: **020 3826 2555**

Website: www.ijmc.org

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre

Radiotherapy to the breast

Patient Information Series PI 10



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East and North Hertfordshire
NHS Trust



Mount Vernon
Cancer Centre

Contacts

Your oncologist:

Your breast care nurse (BCN) / keyworker:

.....

Radiotherapy clinic nurses: 020 3826 2186

Radiotherapy clinic radiographers: 020 3826 2612
or 07825 024058

Lynda Jackson Macmillan Centre: 020 3826 2555

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

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.

Pregnancy/fathering a child

Female patients must not be pregnant or become pregnant and male patients must not father a child during a course of radiotherapy or for some months afterwards. **Please discuss this with your cancer specialist.**

If you think there is a chance, however small, of you or your partner being pregnant 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.

This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the



Lynda Jackson
Macmillan Centre
LJMC on 020 3826 2555.

Prosthesis: a specially made replacement for a part of your body which has been removed (for example, an artificial leg or breast).

Supraclavicular nodes: lymph nodes above the clavicle (collar bone).

Telangiectasia: an abnormal dilation of blood vessels producing blotched red spots.

Radiotherapy to the breast

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Please read all of this leaflet before starting treatment.

Introduction

This booklet provides a general guide for patients having radiotherapy to the breast at Mount Vernon Cancer Centre.

It will provide answers to a number of commonly asked questions. If anything in this leaflet is unclear or if you have any questions, please ask a member of the team caring for you.

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

The choice of treatment is determined by a number of 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.

Radiotherapy will not make you radioactive. It is perfectly safe for you to be with people, including children.

You could be seen by both male and/or female radiographers when you have your radiotherapy planning and treatment.

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

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 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.

Oncologist: a doctor who specialises in treating cancer. A clinical oncologist specialises in treating cancer with radiation and/or drugs, while a medical oncologist specialises in treating cancer with drugs only.

Further Information

HOPE

(Help Overcome Problems Effectively)

This is a course that helps people who have had cancer to move on with life after treatment.

It runs for six weeks, 2½ hours a week, at the Lynda Jackson Macmillan Centre (LJMC).

The course aims to enable people to cope emotionally, psychologically and practically by focusing on building on their existing strengths.

**WE ARE
MACMILLAN.
CANCER SUPPORT**

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 LJMC are enjoyable, morale boosting and informative.



look good
feel better
SUPPORTING WOMEN WITH CANCER

For more information on any of these or support groups, please drop into the Lynda Jackson Macmillan Centre or call 020 3826 2555.

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 raise your arms easily above your head. If this is not the case for you, please contact your oncologist's secretary or breast care nurse (BCN) / keyworker prior to your planning appointment.

The planning session will take place in the CT Simulator.

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

We realise this may make you feel uncomfortable but we will maintain your dignity as much as we are able.

You will be asked to get on the couch and lay back on the back rest so your chest area is slightly raised with your arms resting above your head. Please tell the radiographers if you are uncomfortable as you will need to stay in this position for up to 30 minutes.

You may be asked to control your breathing during your radiotherapy. If your team decide this technique is suitable for you, this will be discussed when you attend this appointment.

There may be several people in the room with you. This will include radiographers, doctors and physicists who will measure and record all the information needed to deliver your treatment accurately.

The radiographers and/or oncologist will draw some marks on your chest. These are done with felt tip pens and will wash away.

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

With your permission, the radiographers will make a few tiny permanent marks on the skin (tattoos). 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.

Some 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.

The staff will be focussing on the technical aspects of your planning and may not be able to talk to you but will keep you informed of what they are doing.

Details of your treatment appointments will be sent to you in the post a few days after your planning appointment.

If you have any queries about your radiotherapy appointments please ring: 020 3826 2446.

What happens during treatment?

You may be invited to attend a pre radiotherapy group consultation where everything regarding your treatment and possible side-effects will be explained to you. If you have not attended one of these sessions, 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.

Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to the 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 and 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.

Follow-up care

You will be seen during your treatment by a clinic review radiographer or your oncologist's team.

On your last day of radiotherapy you will be given details of how to make your first follow up appointment, which is usually arranged for about 6 weeks later. If you do not receive this information please contact your oncologist's secretary or breast care nurse (BCN) / keyworker. 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.

In between your follow-up appointments, if you are worried by any skin changes, lumps, arm swelling or any pains that you cannot explain, you can make a special appointment to see your own GP, breast care nurse (BCN) / keyworker or your oncologist.

Please bring a dressing gown with you if possible. This will enable you to change in the changing room beforehand. If you do not have a gown we can provide you with a disposable gown to use each time you attend.

You will be asked to undress to the waist and lie on the treatment couch in the same position as you did when your treatment was planned. The room lights will be dimmed and 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 checks 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.

The treatment will last only a few minutes. You will be alone in the room during that time. However, 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. It is possible to switch off the machine and interrupt your treatment at any time if necessary.

Radiotherapy 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

Please continue washing as normal during your radiotherapy. The radiographers will monitor your skin each time you attend for treatment and advise you if you need to change anything.

○ Washing

You may bath or shower, but try to avoid having the water very hot or cold.

We recommend you continue to use your usual 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. 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.

○ Using moisturiser

If you already use a moisturiser then continue as normal. It is not necessary to wash it off prior to treatment, as the cream will soak in to the skin.

○ Using deodorant

You may use a deodorant while on treatment unless you find this irritates your skin.

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

We recommend that you do not use talcum powder 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).

If you feel you would benefit from extra support in coping with these feelings, please speak to your breast care nurse (BCN) / keyworker 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 the radiographers.

- Breast lymphoedema
Very rarely patients may develop lymphoedema across the breast and chest wall area following radiotherapy.
- 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 visit the LJMC for information on healthy eating.
- Swimming
Chlorinated water could irritate your skin so you may want to wait until your skin reaction has settled down.
- 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.

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 of the radiotherapy). Do not use any method of removing hair under your arm during treatment.

You may go swimming during treatment. However, if the chlorinated water irritates your skin you may need to stop. Please ask your radiographer for advice.

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. 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
Some people experience changes to the skin in the area being treated. This will peak about 7-10 days after you finish your radiotherapy. The skin may become red, similar to a sunburn reaction. Using a mild moisturiser may help to soothe this side-effect.

If the skin breaks/blisters, do not use a moisturiser. Please let the radiographers know when you come in for your radiotherapy.

Some people complain of itchiness. 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

During the treatment you may have some tenderness in the area being treated. Some people have short, sharp shooting pains or a prickling sensation.

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

- Tiredness

Most women find that attending the hospital daily and having treatment causes them to become generally tired and lethargic. This can continue for many weeks after treatment has finished. Please see our Helpful Hints factsheet 'Living with tiredness (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) / keyworker 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 late 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 ask 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 be able to see tiny dilated blood vessels under the skin as a late side effect of radiotherapy. This is known as telangiectasia.