



**Lynda Jackson Macmillan Centre**  
support & information at Mount Vernon Cancer Centre  
*... supporting people affected by cancer...*

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.

Services offered at the LJMC include:

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

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



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

Opening hours: **Mon-Fri: 9.30am-4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN  
Telephone Helpline: **020 3826 2555**  
Website: **[www.ljmc.org](http://www.ljmc.org)**



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a patient's guide

# A short course of radiotherapy to the head, neck, mouth and throat

Patient Information Series PI 25

East and North Hertfordshire **NHS**  
NHS Trust



## Contact details

Patient Label

My oncologist is: .....  
Oncologist's secretary tel no: .....  
Mount Vernon Hospital: ..... 020 3826 2020  
Cancer clinic nurses: ..... 020 3826 2186  
Macmillan specialist nurse (keyworker) ..... 020 3826 2089  
Audrey Scott ..... 07768 237522  
Radiotherapy support nurse: ..... 07825 025499  
Speech & Language Therapy (SALT) department:  
tel no: ..... 01923 844457  
Dietetic department:  
tel no: ..... 020 3826 2129

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

This leaflet has been produced by 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. Details of the references used to write this information are available from the Information Team at the Lynda Jackson Macmillan Centre.







## Introduction

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

This leaflet is a simple guide to your radiotherapy. We hope it will answer some of your questions. If you have further questions before, during or after your treatment, please contact one of your health care team. The contact telephone numbers are on page 2 of this leaflet.

Radiotherapy is the treatment of cancer with radiation using x-rays. You will not feel the radiotherapy when you have your treatment. It is like having a normal x-ray.

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

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

## What happens in the planning appointment?

All patients having radiotherapy to the head, mouth or throat will need to have a special mask called an 'immobilisation shell' made. This shell is made specially for you. It will hold you in the correct position while lying flat. It will help you to keep still, and help ensure your treatment is accurate. You will be shown an immobilisation shell and told how yours will be made. There is a video that you can watch at the Lynda Jackson Macmillan Centre (LJMC) website. Please see page 22 for details.

The LJMC also has a range of leaflets from other organisations, or can give you advice about further information.

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)

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

**Head and Neck Cancer ‘What can I tell You’.** This is a series of short videos developed by the head and neck patient group at Mount Vernon Cancer Centre. They give an insight into some concerns you may have before, during and after treatment. Go to [www.ljmc.org](http://www.ljmc.org) and follow the links to information for patients with cancer to the head, neck, mouth or throat.

Some patients find it harder to make decisions or to face up to things. Some feel overwhelmed and are unable to focus on positive aspects in their lives.

If you have difficulty making sense of your feelings or can relate to any of these feelings, you may find it helpful to talk to a trained health professional. You can be referred for counselling if you feel this would be helpful.

The Lynda Jackson Macmillan Centre (LJMC) provides support and information. It offers a range of services including counselling, complementary therapies and relaxation sessions. There are more details about the LJMC on the back of this leaflet.

To find out more, either drop in or call them on 020 3826 2555.

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

Listed below are some of the titles which you may find helpful:

- Alcohol issues
- Chewing and swallowing problems
- Living with tiredness (fatigue)
- Loss of appetite
- Managing taste changes

You will be asked to take off your clothes from above your waist. We will maintain your dignity at all times. After your shell is made, you will have a computerised tomography scan (CT) while you are wearing it.

While you are having your scan you will be left alone in the room for a 20-25 minutes. During this time you are watched by closed circuit television, or through a window. The radiographers will tell you how you can let them know if you have any problems. You will not have any radiotherapy during your planning appointment.

You may have some pen marks on your skin. Don't worry if these fade or wash off. You will also be given a tiny permanent dot (tattoo) on your chest which will never fade. This tattoo helps to ensure you are in the correct position each day for your treatment.

Your planning appointment may take between one to three hours. So expect to be at the hospital for most of the morning or afternoon on that day. You may find it helpful to bring a supplement drink with you if you are using them. If you take painkillers please ensure that you bring adequate supply with you.

Your radiotherapy will usually start about two to three weeks after your planning appointment. This allows time for your oncologist and planning physicists to calculate your treatment doses.

Before starting your radiotherapy you will have an appointment at Mount Vernon Cancer Centre with the head and neck specialist nurse. It is **very important** that you attend this appointment so that you can be given the mouthwash to use during your radiotherapy. This session is also a chance to ask about your treatment, your care and any other questions you have.

## What will happen during my treatment?

On your first day, treatment may take up to 20 minutes. After that your radiotherapy appointment normally lasts for about 10-15 minutes. The radiographers will get you in the correct position; it then takes about 5-10 minutes for your treatment to be delivered. You will be alone in the room during that time, but the radiographers can see you all the time by using closed circuit television. They will tell you how you can let them know if you have any problems while you are having the treatment.

The number of treatments you have depends on a few factors which the oncologist will discuss with you.

Your key worker during treatment is:

\_\_\_\_\_

Your treatment will last:

\_\_\_\_\_

## Where can I get help?

Many people who have had cancer say that during their illness they have a range of emotions, expected and unexpected. Many people find it a stressful, anxious and confusing time, for themselves and their family and friends.

Some patients find it helpful to meet and discuss their experiences with other patients who have been through similar treatment. If you would like us to arrange for you to meet another patient please speak to a member of your health care team.

## What side effects am I likely to have from my radiotherapy?

Radiotherapy kills cancer cells, but can also damage some normal cells causing side-effects. The side-effects you may have will depend on which part of your head, neck, mouth or throat is being treated.

Please remember not everyone will have every side-effect. The most common side effects are listed in the table on pages 10-13.



If you are unable to provide your own transport, hospital transport can be requested but 48 hours notice is required. Please speak to a member of your health care team if you need transport. If you wish to cancel your transport, please give as much notice as possible.

If you have a morning radiotherapy appointment you would need to be ready for pick up from 7.00 am onwards. If you have an afternoon appointment you need to be available from 12.00pm onwards. We cannot give an exact pick up time.

### **Am I entitled to financial help?**

Your specialist nurse will be able to give you advice on Macmillan grants (see page 25). A benefits advisor is available at the Lynda Jackson Macmillan Centre (LJMC).

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

People having 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.

These side-effects develop gradually over the course of your treatment and for about two weeks following treatment. After this they gradually reduce over the following four to six weeks.

During your treatment, you will be reviewed weekly by your oncologist, nurse, dietitian and sometimes a speech and language therapist (SALT).

At these appointments you will be given medicines and advice to help you cope with side-effects. Please see page 20 for advice on getting a prescription medical exemption certificate.

The day for your review clinic is:

Please bring a list of any medicines you need and a new prescription will be given. Try to plan ahead so that you do not run out of medicines. You could leave your prescription at pharmacy and collect the next day. This helps to avoid long waits at pharmacy.

Everybody reacts and responds differently to treatment. Your health care team will advise you about what you should expect. The following pages will give some tips to help you manage your side effects.

It is **very important** you follow the advice about how to use your medicines and how to manage your side-effects. If you have any difficulties following this advice please ask your health care team.

If you are having difficulties with any of the following symptoms please tell your head and neck specialist nurse. Not everyone will have every side effect.

<b>When will it get better?</b>	Most reactions have healed by about 2 weeks after finishing treatment.	Slowly settles over 3-6 weeks after finishing treatment.
<b>How do I manage it?</b>	<input type="checkbox"/> please discuss the use of creams with your health care team <input type="checkbox"/> avoid perfumes, make-up, talcs etc <input type="checkbox"/> electric shave only	<input type="checkbox"/> use your mouthwash as prescribed <input type="checkbox"/> regular painkillers
<b>When will it occur?</b>	Redness - around week 2	About the start of week 2
<b>Symptom</b>	Red/sore skin (neck, face, upper chest, shoulders) (See page 14)	Ulcerated mouth/throat/lips (See page 15)

## How can I get to hospital?

If possible patients should provide their own transport to hospital. This may mean that you start your treatment sooner and that you do not have long waits for transport to take you back home. You might like to have a friend or relative come with you.

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

- Income Support
- Income-based Jobseeker's Allowance
- Income-based Employment and Support Allowance
- Universal credit
- the Guarantee Credit part of Pension Credit
- or if you have an HC2 or HC3 certificate.

If you are eligible, the Patient Affairs Department will pay your travelling expenses, and they will also provide you with a token for the car park. You will need to bring proof that you receive one of the benefits, your travel receipts and your appointment letter. Patient affairs is located at the main hospital reception near the restaurant and is open Monday-Friday, 8.30am-12 noon and 1-4pm.

Department of Work and Pensions (DWP) rules state that we cannot refund taxi fares. Your head and neck nurse can apply for a Macmillan grant which can be used towards travel costs. This is means tested.

If you are on a low income, or travelling long distances but not getting any of the above benefits, you may still be able to get some help. Get the HC1 claim form from your local DWP office or Patient Affairs Department. This grant is means tested.

## What is lymphoedema?

When your initial side effects of treatment have eased, you may notice swelling around the neck area or under the chin. This happens because the fluid from the head and neck area may not be able to drain away from the tissues in that area. This is an effect of surgery and/ or radiotherapy. It is called lymphoedema.

If this happens to you please tell your oncologist or nurse. They 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 will usually settle over time.

## When will I see the oncologist after my treatment has finished?

You will be seen weekly after you have finished your radiotherapy. The number of weeks will depend on the treatment you had and your side-effects.

As soon as you side-effects have settled you will be referred back to your original hospital or clinic to see your oncologist, surgeon, SALT, dietitian and nurse.

The purpose of these visits is to assess your side-effects, and also your response to the radiotherapy. If you have any worries or concerns in the meantime, please contact your specialist head and neck nurse, or your oncologists secretary to bring your hospital appointment forward. (See contacts on page 2).

Symptom	When will it occur?	How do I manage it?	When will it get better?
Painful swallowing (See page 15)	About week 2	<input type="checkbox"/> avoid citrus/spicy/salty food <input type="checkbox"/> soft texture food <input type="checkbox"/> use regular painkillers <input type="checkbox"/> review by dietitian <input type="checkbox"/> review by SALT <input type="checkbox"/> possible PEG tube support	After finishing treatment, swallowing improves and tube feeding is not needed. Regular review by dietitian and SALT are necessary. This will also depend on how your swallowing function was before radiotherapy.
Taste change	For some patients this is about week 2 onwards	<input type="checkbox"/> regular mouth wash <input type="checkbox"/> use of herbs, honey, sauces to flavour foods	This improvement can occur from some weeks to many months after finishing treatment. It will continue for many months/years. For some, poor taste may never go (may be permanent).

## What will happen if I smoke?

Your oncologist or specialist nurse will discuss this with you. We recommend that you **stop** smoking completely during the period of your treatment and while you have any soreness in your mouth or throat. This is because smoking increases any side effects you get.

Nicotine replacement treatments are now available on prescription. Your hospital doctor or GP will be able to prescribe them for you.

If you find it difficult to stop smoking and would like advice, please speak to a member of your health care team. Leaflets to help you give up smoking are available from the Lynda Jackson Macmillan Centre (LJMC). You can also contact the NHS smoking helpline (see page 25).

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

Within four to six weeks of finishing your radiotherapy, most of your side effects will have settled.

You may have ongoing difficulty chewing and swallowing your food. If this happens a SALT will give you advice on consistency and textures of food. They will suggest swallowing techniques which may be easier for you. The dietitian will talk to you about what foods to eat so that you get the right nutrition to help you recover from your treatment. See the LJMC factsheet on 'Chewing and swallowing problems' (see page 22).

Most patients feel tired and lethargic at some stage during and after their radiotherapy. This is to be expected. Try to pace yourself and not do too much. Some gentle exercise can help with tiredness. See the LJMC factsheet on 'Living with tiredness (fatigue)' (see page 22).

Symptom	When will it occur?	How do I manage it?	When will it get better?
Excess production of mucus (thick saliva) (See page 15)	About week 2	<input type="checkbox"/> regular mouth care <input type="checkbox"/> drink plenty of fluids <input type="checkbox"/> nebulised saline 6-8 times a day	4-6 weeks after finishing treatment. Some patients may have changes to their saliva for good (permanently), ie. sticky or thicker saliva.
Change in voice	Week 2-3	<input type="checkbox"/> review by SALT <input type="checkbox"/> avoid straining to speak. <input type="checkbox"/> depends on location of tumour	4-6 weeks after finishing treatment. Some stay for good (permanently).
Trismus (restricted mouth opening)	Week 3-4	This depends on where your cancer is. You will be given specific mouth exercises by your SALT.	This can be a long term problem. It is important to do regular mouth exercises to improve and keep your ability to open your mouth. These exercises are a lifetime activity.
Extreme tiredness (See page 17)	Week 2-3	<input type="checkbox"/> follow nutrition plan from dietitian <input type="checkbox"/> rest period during the day. Try to do some gentle exercise (short walks) when you feel able to.	Starts to improve about 6 weeks after finishing treatment, but it can take months. Try gentle non-strenuous daily exercise.

Smoking during treatment will make your side-effects worse, and make your recovery time longer. Smoking will also reduce the effect of your treatment on your cancer (see page opposite)

- if you have been told to do jaw opening exercises, it is important you do these. If this becomes painful please ask the SALT for advice. These exercises will help to prevent future problems with mouth opening

### What can I eat or drink?

It is important that you are well nourished and do not lose weight during your treatment. The dietician will talk to you about the best ways of helping you to eat healthy.

If you have a feeding tube, the dietician will advise you on how much prescription feed and fluids you will need. It is important to follow their instructions.

You may have difficulty chewing and swallowing your food. A SALT will be able to offer advice on consistencies and textures of food. See the LJM factsheet on 'Chewing and swallowing problems' (see page 22).

### What if I wear dentures?

If possible, avoid wearing dentures during your radiotherapy. If this is not possible, you need to keep your dentures clean.

You must:

- brush them after each time you eat
- soak them in denture cleaning solution overnight if possible
- if possible do not use denture adhesive

Symptom	When will it occur?	How do I manage it?	When will it get better?
Hair loss	Week 2-3 Facial hair loss Hair at side/back of head	Electric Shave. You may find you do not need to shave after a few weeks. Temporary - keep hair longer to hide if possible.	Hair may not grow back in the area that has been treated. Usually regrows within 3 months.
Dry mouth (See page 15)	Usually as soon as radiotherapy has finished.	Water spray Carry a bottle of water. Many saliva replacement products are available (your nurse will help to find the best one for you).	Some patients may notice an improvement 4-6 weeks after finishing treatment. For others this may stay for good (be permanent).
Lymphoedema (facial and neck swelling) (See page 18)	Sometimes this can occur towards the end of treatment. Usually occurs 8-12 weeks after finishing treatment.	You will be shown how to massage the area by a lymphoedema nurse. Sometimes you may need a course of massage treatment.	This can take up to 6 months after finishing treatment to settle. It may need to carry on doing self massage for longer.

## How should I look after my skin?

Your skin may become red and itchy during your radiotherapy. You should follow this advice to help you cope with skin changes:

- wash the treated area very gently using tepid water (warm but not hot) and a mild unperfumed soap. Pat your skin dry, using a soft towel
- do not use make-up, creams, perfumes, lotions or aftershave in the area being treated
- try to let the area being treated get as much air as possible. Avoid wearing tight collars
- use a moisturiser. Do not put anything else on your skin in the treated area unless your oncologist has recommended it. If you are in any doubt, ask your health care team
- 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
- do not expose the treated area to strong sunlight both during and after your radiotherapy. This is because your skin will be more easily sun burnt and will take longer to heal
- in the summer you should wear a wide brimmed sun hat to shade you from strong sunlight
- in the future you must always protect this area from the sun and use a high factor sun cream
- if you have any area of skin that has already developed a wound due to your cancer, your specialist nurse will advise you which dressings are best to use during radiotherapy. It is important that you do not use any tape on your skin in the treatment area

## How should I look after my mouth?

- you will be given 'Tellodont' mouthwash which will loosen mucus and refresh your mouth. You can use this as often as you need
- Having a cancer in the mouth or throat can cause mucus or thick saliva that is difficult to swallow. Radiotherapy makes this mucus worse temporarily. Using a mouthwash regularly, every couple of hours, can help to control this mucus
- if your mouth is being treated you may also be given 'Caphosol' mouthwash. This will help to prevent ulcers from developing. It **must** be used four times a day from the first day of radiotherapy. If your mouth starts to ulcerate your oncologist or nurse will advise you to increase up to eight times a day. After rinsing you must not eat or drink for 15 minutes
- brush your teeth with a soft toothbrush after food. You may find this gets more difficult after a number of treatments. If so, stop brushing your teeth and use mouthwashes
- do not use mouthwashes which contain alcohol
- brush dentures after food and soak them overnight in denture cleaning solution
- avoid hot spicy foods, citrus and tomato based foods. Also avoid dry foods (moist foods are easier to manage)
- try to avoid drinking alcohol, especially spirits. Please speak with a member of your health care team if you feel this will be difficult
- do not smoke. If this is a problem, please discuss it with a member of your health care team.