



Radiotherapy to the head and neck



You and your clinical oncologist have decided that a course of radiotherapy would be the most appropriate way of treating your cancer. You may also need to have chemotherapy at the same time or before having radiotherapy.

When recommending radiotherapy, your doctor will have taken into account the risks and benefits of the treatment. Although there will be side effects, it is felt that the advantages for you would outweigh the disadvantages.

Your doctor will discuss the risks and benefits of having a course of radiotherapy and you will need to sign a consent form agreeing to have treatment. You will also be asked to confirm this consent verbally on the day of your planning scan.

The risks of receiving radiotherapy to the head and neck region are outlined in this leaflet.

You may decide that you do not want to have radiotherapy – this is an option for you to consider. In this instance, you might want to talk again with your doctor and let them know what you have decided.

You can request a second opinion on your diagnosis or treatment at any time during your consultation or treatment process. Please speak to your clinical oncologist or GP for information on how to do this.

Your key worker.....

Contact number.....

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Patient pathway

Once you have consented (agreed) to radiotherapy, you will be referred for a dental appointment (if necessary).



You will attend a dental appointment at Guy's Hospital, floor 26 (020 7188 1826).



Induction chemotherapy (if necessary) is delivered in the chemotherapy day unit in the Cancer Centre at Guy's.



Chemotherapy appointments are booked (if necessary) by the chemotherapy co-ordinator, available on 020 7188 6452.



Radiotherapy appointments are booked by the radiotherapy bookings team, available on 020 7188 3160. **Please tell the team if the dentist has recommended any tooth extractions.**



You will attend the radiotherapy department in the Cancer Centre to have a mask made in the mould room and a CT planning scan. Intravenous contrast dye may be used. In some cases an MRI scan is also required – you will be informed by the radiographers if this is necessary.

Continues on next page

You will attend the radiotherapy department for your first radiotherapy treatment (usually starting on a Monday) and will then be seen daily (from Monday to Friday) for the prescribed number of treatments.

Appointments take approximately 30 minutes.



Chemotherapy (if necessary) is given in the chemotherapy day unit, starting on the first day of radiotherapy.



Bloods are taken weekly if necessary and you will have a weekly clinic appointment with the head and neck treatment team.



Your treatment is complete.

What is radiotherapy?

Radiotherapy uses radiation (high energy x-rays) to treat cancer. The radiation only damages the cells within the treatment area, killing the cancer cells but allowing normal healthy cells to recover. Any side effects of radiotherapy are usually isolated to the area being treated.

Treatment is given over a prescribed number of days/weeks so that only small doses (fractions) of radiation are given. Your clinical oncologist will prescribe the amount of radiation needed and will tell you how many treatments you will have and over how many weeks. Treatment is given on weekdays (Monday to Friday) with a break at the weekend.

It is important that you attend all of your treatment appointments.

What happens before radiotherapy starts?

Dentist – You may need to see the dentist before you start your radiotherapy. This is to check for any decaying or ‘at risk’ teeth that may need to be removed. This is because radiation can potentially damage the bones where the teeth sit and affect healing. Therefore, any recommended dental work should preferably be carried out before radiotherapy.

Your clinical oncologist will tell you if you need to see the dentist and you will be given an appointment with

the dental team at Guy's Hospital who will carry out any necessary work.

You must attend this appointment before your mask can be made.

If you have not had your dental appointment when you receive the appointments for radiotherapy, please contact your doctor, clinical nurse specialist (CNS) or the radiotherapy bookings team as soon as possible. Contact numbers are at the back of this leaflet.

Pacemakers – If you have a pacemaker, please tell your doctor as soon as possible. You will need to have a pacemaker check before your radiotherapy treatment.

Pregnancy – All female patients under the age of 60 will be asked to confirm their pregnancy status before the first planning session starts. **It is very important that you are not and do not become pregnant while undergoing radiotherapy planning and treatment.** If you think you may be pregnant at any time during your course of treatment, please tell your clinical oncologist or radiographer immediately. If necessary, please speak to your GP about contraception methods suitable for use during radiotherapy.

Blood tests – Most patients will have weekly blood tests and those patients having chemotherapy may require more blood tests.

Other tests – If you are having chemotherapy, you may have to have an EDTA – a test to monitor your kidney function, and/or a hearing test.

What happens if I am also having chemotherapy?

If you are having chemotherapy as well as radiotherapy, you will have a pre-treatment appointment to visit the chemotherapy day unit at the Cancer Centre at Guy's. A nurse will talk to you about chemotherapy and its side effects, and will offer information on further sources of support.

A week before this, you will have had an appointment to see your clinical oncologist to begin your radiotherapy treatment. This will be another opportunity to ask questions and discuss your treatment.

What are the side effects of radiotherapy?

Receiving radiotherapy does have side effects.

The most common side effects are listed below and are grouped into short-term and long-term effects. Your clinical oncologist will have discussed these effects with you as part of your consent to treatment. You can ask someone in your treatment team at any point if you would like clarification of these side effects.

While we cannot prevent against side effects, we can help you to manage them. Side effects that occur during your radiotherapy are called early (or acute) side effects. They usually begin to occur one to two weeks after your treatment starts. As your treatment progresses, these become more severe and are usually at their worst one to two weeks after your radiotherapy treatment finishes.

Then, they gradually start to improve and by three months after the completion of your treatment, most will have resolved or at least improved considerably. Early side effects affect all patients, but the severity varies.

There are also side effects that occur months to years after the treatment has finished – these are called long-term side effects and are consequences of the radiation treatment. You may or may not experience long-term side effects – not everybody does. They may start during treatment and then gradually become worse, or they may develop slowly over a long period of time. Some may improve slowly but others may be permanent.

We use the most modern radiotherapy techniques, including intensity modulated radiotherapy (IMRT) and image guided radiotherapy (IGRT) to reduce the side effects to a minimum. However, some of the side effects described below are unavoidable. We will support you and help you to manage these side effects, with advice on diet and medications when necessary. Additionally, you will be regularly reviewed by the clinical team to assess your reactions to treatment.

Possible early side effects:

Skin redness or irritation: The skin may feel dry or become red and itchy. This may be followed by the skin blistering and becoming moist and sore.

Sore, painful mouth and throat: Your mouth and throat will become sore and painful. You will develop ulcers and will need to take painkillers.

Difficulty swallowing: It may become very difficult to swallow due to pain in your mouth and throat. You may need a feeding tube to help you take in enough liquid food and water to stay healthy.

Changes in taste: You may lose your sense of taste but it may start to recover within four to six months.

Dry mouth: Treatment will stop saliva being produced. This can feel very uncomfortable and make it hard to swallow.

Thick saliva: Your saliva may become very thick and sticky.

Increased secretions in the throat: You may experience increased thick secretions that can be difficult to clear. Sometimes, they can cause you to gag.

Hoarse voice: Your voice may become hoarse or whispery.

Breathing problems: Some patients may develop a swelling inside the throat which might cause breathing problems.

Earache or hearing changes: You may feel pressure in the ear and might experience some loss of hearing.

Hair loss: You may notice hair loss in the treated area and also in the hairline on the back of your head.

Fatigue: You may feel tired and your energy levels may be low.

Possible long-term side effects:

Dry mouth: Your mouth may always be drier than before treatment. The feeling of dryness can keep improving up until around one to two years after treatment but is unlikely to change much after that time.

Changes in taste: Your sense of taste may be permanently changed by treatment.

Difficulty swallowing: Most patients will be able to swallow normally within a few months of completing treatment. The swallowing muscles can become stiff and tight after radiotherapy, so it is important for you to follow the swallowing exercises recommended by your team.

Long-term feeding tube dependency: You may need to use a feeding tube for several months after treatment to help you take in enough liquid food and water to stay healthy. It is very important to practise the swallowing exercises recommended by your team in order to return to normal swallowing as soon as possible. A small proportion of patients will remain permanently dependent on a feeding tube.

Hearing loss: You may notice some hearing loss, which may not recover completely. Hearing loss may also develop over the months and years following treatment because of damage to the nerve endings in the inner ear.

Tooth decay: Saliva helps to keep teeth healthy. The loss of saliva and the treatment itself makes teeth more prone to tooth decay.

Bone damage: Radiotherapy reduces the ability of bone to heal. It may also cause areas of the bone to become exposed. Any dental extractions should be performed by a specialist dentist.

Jaw stiffness: Your jaw may become stiff and you may not be able to open your mouth as widely after radiotherapy. This will improve with time and exercises can be recommended. Rarely, patients require surgery to fix this.

Underactive thyroid gland: The thyroid gland may eventually become underactive and you may need to take thyroid hormone pills in the future.

Nerve damage: Radiotherapy may irritate the spinal cord or the nerves that pass near the shoulder. You may notice tingling in your arms or hands.

Skin darkening: The skin in the treatment area may be permanently darker than before.

Neck swelling or stiffness: You may notice some swelling underneath your chin which will improve within six to nine months of the treatment's completion. Over time, the neck may feel firmer and you may have a reduced range of movement.

Late malignancy: There is a very small chance of developing another cancer at the site of the treatment area 10–20 years after radiotherapy.

There are also long-term side effects specific to the nasopharynx and post nasal space. Your clinical oncologist will indicate if this section is applicable to you. These include:

Cataract: Treatment can cause the lens of the eye to become clouded over a period of years. This is called a cataract and can be treated with surgery.

Damage to the eye: Radiotherapy can damage the nerve endings and the blood vessels at the back of the eye. This may cause permanent loss of vision (blindness).

Dry eye: Radiotherapy can affect the tear gland and you may develop a permanently dry eye.

Conjunctiva / corneal damage: Radiotherapy can affect the lining of the eye. This may cause redness to the eye and in severe cases, may cause loss of vision.

Loss of pituitary gland hormones: Radiotherapy can cause the pituitary gland to produce fewer hormones over the years. This means that you may need to take replacement pituitary hormone pills.

Brain damage: Radiotherapy may have long-term effects on the brain and you may notice problems with your memory. This is very rare and the doctor will discuss this with you in detail.

Loss of sense of smell: You may have a permanent reduction in your sense of smell.

Changes to the inside of the nose: You may feel that your nose is constantly blocked. The inside of your nose may feel dry and you may be prone to nosebleeds.

Who will look after me during my treatment?

A number of healthcare professionals will be involved in your treatment and care. Below is a list of all of the doctors, nurses, specialists and departments who will look after you while you are having radiotherapy.

Clinical oncologists are doctors who are trained in the use of radiotherapy and chemotherapy. The consultant clinical oncologist will be in charge of your care. Clinical oncologists are supported by a team of specialist registrars, therapeutic radiographers, nurses, dieticians, speech and language therapists and administrative staff.

Therapy radiographers are specifically trained to plan and deliver the radiotherapy. They provide support and advice on radiotherapy side effects and their management. The radiographers will have day-to-day responsibility for you while you are receiving radiotherapy.

Your **clinical nurse specialist (CNS)** will provide support and advice on all aspects of your treatment.

Oncology nurses provide support and advice on the side effects of radiotherapy and chemotherapy and their management. Chemotherapy nurses will be involved in delivering chemotherapy treatment if necessary.

The **nutrition and dietetics** department will assess your nutritional wellbeing before, during and after your chemotherapy and/or radiotherapy. They will provide advice about your diet, such as ways to change the

texture and types of foods you are eating, and can provide you with strategies to maintain your weight. If you are experiencing difficulties with eating and drinking, the dietitian may suggest nourishing drinks which are available on prescription. You will see the dietitian during your treatment and for rehabilitation after treatment is complete.

The **speech and language therapy (SLT)** team will provide advice and assistance with any swallowing, speech or communication issues that arise from the radiotherapy or surgical treatments you receive. They will provide advice and strategies that will make swallowing easier and safer. Speech and language therapists are also involved in the care of patients with a tracheotomy tube or a laryngectomy. They will work with you and your family to help you learn to look after it.

The **acute oncology assessment unit** will provide emergency medical care for any side effects of treatment or problems relating to the cancer itself. This service is available between 9am and 6pm, Monday to Friday. Emergency contact details will be provided for out of hours problems. Their telephone number is **020 7188 3754**.

Radiotherapy planning

Following your initial outpatient appointment with the doctor, you will be sent a letter asking you to attend the radiotherapy department at the Cancer Centre at Guy's. This appointment is for you to visit the **mould room** and have a **CT scan**.

Please bring your appointment letter with you. When you arrive, book in at the reception of the radiotherapy department.

A member of the pre-treatment radiotherapy team will explain what is going to happen. During this discussion you will be asked to confirm your name, address and date of birth. **You will be asked for this information before every procedure / treatment undertaken in the department.**

We will ask you to **re-confirm consent** to make sure you are certain that you would like to go ahead with the proposed treatment.

The mould room

This is where we will make your shell/mask. You will be wearing this mask during each radiotherapy treatment to make sure that your head is kept still so that the treatment can be given accurately.

You will be asked to remove your shoes and clothes from the waist upwards and we will provide you with a gown to wear. You will lie on a treatment table and be positioned so that you are straight. This is the position that you will be in for the CT scan and for all of your treatments. Making the mask is painless and you are able to breathe normally throughout.

A thin sheet of plastic will be warmed in water to make it soften. This is then placed over your face and moulded to the bridge of the nose and chin (see figure 1). The mask will become rigid as it dries and may get slightly

tighter. This is normal and will help to keep your head still. The mask-making process takes around 10 minutes but your appointment may last 30 minutes in total.

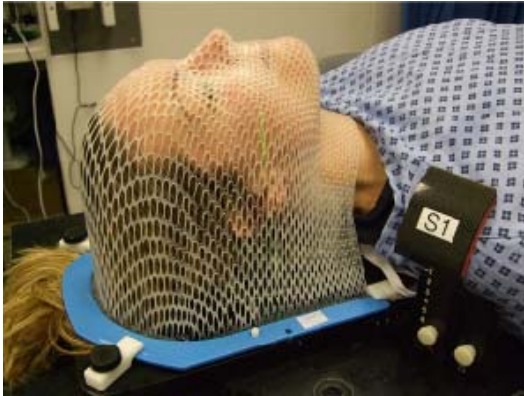


Figure 1

The mask needs to be a very snug fit. We therefore require that all men with facial hair (beards and moustaches) remove them completely and are clean shaven before attending the mould room appointment. If you are planning a hair cut, this must be done before attending the mould room.

Your mask will be removed once it is set.

The doctor may request a mouth bite for you to wear inside the mouth during the planning scan and all treatments. The mouth bite separates the top and bottom of the mouth to help reduce soreness during treatment. The mouth bite looks and feels like a gum shield and will be made before the mask.

After having your mask made, you will have a CT scan with your mask on.

Computerised tomography (CT) scan

A CT (computerised tomography) scanner is a special x-ray machine that produces a series of detailed pictures showing the structures in your head and neck. This scan is for planning your treatment only. The images are sent to a planning computer and used to reconstruct a three dimensional image of your head and neck. The clinical oncologist will then use this image to accurately plan your radiotherapy.

You may eat and drink normally on the day of your scan and throughout your treatment appointments, and there is no harm in you being around other people.

Before the CT scan

Your doctor may request that a contrast agent (a fluid that shows up on x-ray images) is used during the scan. This allows some areas in your head and neck to show up more clearly on the images.

Information about the scan can be found in the booklet, **Having a radiotherapy planning CT scan with contrast**, which will be given to you at your clinic appointment.

In some cases, an MRI scan is also required. If this is the case, the radiographers will inform you.



CT scanner

Image supplied courtesy of Siemens.

During the CT scan

You will lie on the CT table in the same position as when you had the mask made. Your mask will be placed over your face and secured to the couch.

You do not need to hold your breath – you will be able to breathe freely with the mask on. A digital photograph may be taken of you in the mask. This is only used by the radiographers to set you up for treatment.

The radiographers will make a pen mark on your chest and place a sticker on it. This is done so that the mark shows up on your scan. The sticker will be removed after the scan is completed. The table will be raised to go through the scanner and the radiographers will then leave the room. They will be watching you at all times on closed circuit television (CCTV).

The radiographers will start the scan from outside the room. You will feel the bed slowly move in and out of the scanner and hear the machine buzzing.

After an initial scan, the radiographers will come back into the room to inject the contrast agent. During the injection you may feel a general sensation of warmth in your body and/or a metallic taste in your mouth. These are perfectly normal sensations, so do not be alarmed if you experience these.

Please tell the radiographer immediately if you experience any other symptoms following the injection, especially if you have difficulty breathing or if you develop a rash. After you have been injected the radiographer will leave the room again and the scan will be completed. The scan should only take a few minutes.

After the CT scan

Once the scan is completed, the radiographers will come back into the room and remove the mask. The radiographers will make a very small permanent ink mark (tattoo) on your chest. This mark helps to position you correctly for your future treatments.

The radiographers will help you down from the scanning table and you may then get dressed and leave the department.

Before you leave, you will be given a provisional list of all your radiotherapy appointments – **please bring this list with you to your first treatment appointment.** You will be given a confirmed list of appointments on your first day of radiotherapy treatment, approximately two weeks after your CT scan.

What is a radiotherapy plan?

Your radiotherapy plan is the personalised design of your radiotherapy treatment. It is tailor-made for you and is based on the CT scan that you had with your mask on. A team of doctors, radiographers and physicists will work together to decide where the treatment needs to be directed, avoiding as much healthy tissue as possible.

What will happen on my first day of treatment?

When you arrive for your appointment, please book in at reception.

One of the treatment radiographers will discuss your treatment with you and you will be able to ask any questions that you may have.

You will have been advised to bring a dressing gown to wear at your treatment appointments. You will be asked to change in a cubicle, and then taken into the treatment room where the staff will introduce themselves.

You will be asked to lie on the treatment table, which will be set up with the same equipment as when you had your CT scan. You should relax, stay still and breathe normally. Radiotherapy treatment is given by a machine called a linear accelerator, often referred to as a linac.



Linear accelerator (linac)

Image supplied courtesy of Varian.

Your mask will be placed over your face and the lights will be dimmed so that the radiographers can see the room lasers that will help them to position you correctly. You will hear the machine move around you. It will come close to you but will not touch you. You will hear radiographers taking various measurements and feel the bed moving. Once you are in the right position, the radiographers will leave the room.

Once the radiographers have left the room you will hear a buzzing sound. This is the door safety interlock. You will be alone in the room during your treatment but the radiographers will be watching you all the time on closed circuit television (CCTV). If you need assistance at any point, just raise your arm and the radiographers can immediately return to the room.

X-ray images are taken regularly during your treatment to ensure that the treatment is being delivered accurately. There will be a short delay while these images are assessed and you may feel the bed move as the radiographers adjust its position from outside of the room. Treatment will then be delivered and the machine will move around you to treat you from different angles. This whole process will take approximately 20 minutes.

Afterwards, the radiographers will return to the room, remove the mask and help you down from the treatment table. When you are positioned correctly, the treatment table will be quite high up, so it is very important that you do not move or attempt to get off the table without assistance. The radiographers will tell you when it is safe to sit up and get off the table.

Chemotherapy with radiotherapy

In some circumstances your doctor may advise you to have a combination of chemotherapy and radiotherapy. This is called **combined** or **concurrent treatment**.

If this has been recommended for you, you will be given an appointment to have the chemotherapy treatment in the Cancer Centre at Guy's. This appointment may be before or after your radiotherapy treatment, but will be on the same day.

The radiographers will liaise with the nursing staff on the days when you are having both treatments to ensure the day runs smoothly.

Treatment review clinic

You will be seen regularly (often weekly) by the head and neck team in the oncology outpatient department (020 7188 7188). You will receive a separate appointment for this.

The aim of these visits is to support you during your treatment and help you to manage your side effects. This may include giving you medicines to treat these.

Managing the side effects of head and neck radiotherapy

Good oral hygiene

Oral hygiene is important to prevent infection, which will make your symptoms worse and delay healing. All patients undergoing head and neck radiotherapy should take the following steps:

| Product | When and how to use |
|--|--|
| Regular tooth brushing and flossing | Four times a day |
| Salt water (sodium chloride) mouthwash: Dissolve half a teaspoon of salt in a tumbler of cooled boiled water. | Use at least four to six times a day, including after meals to prevent infection and clear secretions. Rinse it around the mouth for as long as possible and spit out. It can also be used before meals and may help to improve taste. |

| | |
|---|---|
| Bicarbonate of soda mouthwash: Dissolve half a teaspoon of bicarbonate of soda in a tumbler of cooled boiled water. | Use four to six times a day including before and/or after meals. Rinse it around the mouth for as long as possible and spit out. |
| Soda water | Use four to six times a day, including before and/or after meals. Rinse it around the mouth for as long as possible and spit out. |

Discomfort in the mouth and throat (ulcers)

Ulcers are a common side effect of radiotherapy and can make eating difficult. Do not eat spicy or acidic foods or very cold / very hot drinks. The following medicines can be used to help with discomfort in the mouth and will be prescribed in the weekly clinic:

| Product | When and how to use |
|---|---|
| Benzydamine hydrochloride (Diffiam®) mouthwash and/or spray | Use four to six times a day, up to every one and a half hours. Gargle the mouthwash and spit it out. Aim the spray at the back of your throat. You can use before your meals to provide some pain control to help you eat. |

| | |
|---|--|
| Oxetacaine and antacid (local anaesthetic)* | Rinse around the mouth and swallow slowly . Use four to six times a day, before or after meals. |
| Lidocaine 5% ointment (local anaesthetic) | Using a clean finger, apply to ulcers for pain relief every four to six hours and up to every two hours. |
| Bonjela | Using a clean finger, apply to ulcers for pain relief every four to six hours and up to every two hours. |

*This is an unlicensed medicine. Further information on what this means is available in our leaflet, **Unlicensed medicines – a guide for patients**. Please ask us if you would like a copy. Alternatively, you can call the Pharmacy Medicines Helpline (contact details are at the end of this leaflet).

Sore mouth and throat – pain relief

The following medicines will help with discomfort when swallowing. It is important that you take the medicines that you have been prescribed regularly.

| Product | When and how to use |
|---------------------|--|
| Soluble paracetamol | The maximum dose is 1000mg four times a day (maximum of eight tablets in 24 hours). Take paracetamol 20 minutes before meals to make eating more manageable. Do not take any other medicines containing |

| | |
|---|--|
| | paracetamol (including co-codamol) while taking this. |
| Soluble co-codamol 30/500 (this contains paracetamol and codeine) | The maximum dose is two tablets four times a day (maximum of eight tablets in 24 hours). Take 20 minutes before meals to make eating more manageable. You will need to take laxatives with this (see information below). Do not take any other preparations containing paracetamol whilst taking this medicine. |
| Morphine sulphate immediate release solution | Follow the instructions that you have been given on how to take this medicine. It is normally taken every two to four hours. |

Increased secretions

Your saliva may become thick and ropery. A build up of secretions in the mouth and throat overnight is common. These secretions can gather in your throat causing a blockage and a gagging feeling.

The medicines below will help to clear these out and help you swallow. Getting into a routine that works for you is important. For example, you may need to use the hydrogen peroxide in the morning to clear your mouth to allow you to take your pain medication.

| Product | When and how to use |
|---|--|
| Hydrogen peroxide mouthwash | <p>Use when required to help break down thick saliva. This is a colourless mouthwash that will foam up. It needs to be diluted before use – please follow the instructions given on the label on how to do this.</p> <p>It is usually used four times a day.</p> <p>Rinse the mouthwash around the mouth and spit out.</p> |
| Nebuliser (a device used to give medicine in the form of a mist inhaled into the lungs) with sodium chloride 0.9% nebules** | Use as directed as often as required for 10–15 minutes at a time. This will help to loosen secretions in the mouth/throat/nose. |
| Carbocysteine (+/- antibiotics) | Use as directed. |

**We can provide you with a nebuliser if necessary, which you can return to us when you no longer require it.

Tip: Lie propped up on pillows at night to help stop secretions from gathering at the back of your throat.

Dry mouth

Sip water regularly and carry a bottle with you everywhere you go. When planning meals, choose soft foods with a sauce to make it easier to eat.

| Product | When and how to use |
|--------------------|--|
| Saliva substitutes | Take as directed to help with a dry mouth. |

Other preparations such as toothpaste, chewing gum and dissolvable tablets are available to buy over the counter. If you use chewing gum, make sure it is **sugar free**. Some artificial salivas contain pork product so you may want to check this if you do not eat pork or if you are vegetarian.

Sugar-free chewing gum – Brands that contain xylitol help protect your teeth from dental decay.

Sugar-free sweets – These can be useful for a dry mouth but can have a laxative effect when eaten in large quantities.

Mouth infection / thrush

You can develop thrush in your mouth due to your saliva changing. Rinsing regularly with salt water as mentioned above will help prevent this.

| Product | When and how to use |
|-------------|---------------------|
| Fluconazole | Take as directed |

Constipation

Constipation can be caused by medications and dehydration. It can cause discomfort, nausea and vomiting. To avoid constipation, drink plenty of fluids and take laxatives if they have been prescribed for you. If you do not open your bowels (poo) for several days, please tell the radiotherapy staff.

| Product | When and how to use |
|------------------|---------------------|
| Macrogol sachets | Take as directed |
| Senna syrup | 10–20mls at night |

Itchy inflamed skin

Radiotherapy commonly causes inflammation, redness and itching. This usually happens 2–3 weeks after treatment begins and can affect the entire treatment area. To reduce the likelihood of this reaction we suggest the following:

Washing

It is important to keep the treatment area clean. Shower/bath using lukewarm water and use your usual soap or shower gel. Aqueous cream may be used as a soap substitute but not as a leave on moisturiser. Use a soft towel to gently pat the skin dry – do not rub.

Swimming

Reduce the number of times you swim in chlorinated water as this can have a drying effect on the skin. After swimming, shower to remove excess chlorine and discontinue swimming if the skin becomes sore.

Moisturising

Moisturising in the treatment area will help your skin to cope better. You may continue to use your usual moisturiser or if you need to buy one, we recommend one without the additive, sodium lauryl sulphate (SLS). During treatment, apply the moisturiser sparingly twice a day or more often if your skin is very itchy.

Shaving

Do not wet shave the skin in the treatment area. If really necessary, a dry electric razor can be used. Do not use any hair removal creams or wax on the treatment area or near to it.

Hydrocortisone cream 1% – this is a steroid that works by reducing inflammation. It can be prescribed if the itchiness becomes problematic.

Lidocaine gel 2% – this is a local anaesthetic and can be applied to skin to relieve discomfort.

Do not use either the moisturiser or hydrocortisone on broken skin. Check your skin daily before applying creams. Dressings will be given for broken skin.

What should I do if I forget to take the medicine?

If a medicine is to be taken regularly and you forget to take it, then take it as soon as you remember. **Do not take a double dose.**

Is there anything else I need to know?

Store medicines out of the reach of children. Follow instructions for storage and handling as given in the medicine leaflet/packet.

How do I get further supplies of my medicines?

You can discuss in clinic which medicines are working or not working, and which symptoms are affecting you. After being prescribed medicines at the hospital, take the white copy of your prescription to your GP who can continue to prescribe these for you. You will be seen weekly in the radiotherapy clinic where you can get these prescriptions, if needed.

Anyone with a cancer diagnosis is entitled to free prescriptions. If you do not already have a medical exemption card, you can get an application form from your GP, the oncology outpatient department, or from the Dimpleby Cancer Care. Please ask us if you need any further information.

What happens when treatment ends?

Last week of radiotherapy

On the last week of your treatment, your oncologist will see you to review your side effects and explain your long term follow up arrangements. This normally takes place during the Wednesday clinic in the outpatient department. The side effects are likely to worsen during the first two weeks after treatment and before they start to improve. The main recovery period may take up to three months.

On the last day of treatment, you will be seen by a radiographer. You will be given an information leaflet which contains helpful advice. You will also be given a Treatment Completion Form summarising your treatment. We will send one copy to your GP and give you one for your own records.

Rehabilitation after treatment

If you live in South East London, you will be supported by a special Community Head and Neck Team (CHANT). This team is made up of specialist nurses, dieticians, speech and language therapists and physiotherapists. Their job is to assist you with your rehabilitation following treatment.

If you live outside of South East London, you will be offered rehabilitation at Guy's Hospital by the head and neck multidisciplinary team.

Follow-up after treatment

Your oncologist will arrange to see you in clinic at six weeks following the end of treatment. **The appointment will be sent to you in the post – please call 020 7188 4242 if you do not receive one.**

This appointment is to check that you are recovering well and making progress with your rehabilitation. If your GP or your rehabilitation team think that you require an earlier appointment, this will be arranged.

In the long term, you will be followed up by both your oncologist and surgeon. You will be seen by your oncologist 13 weeks after your treatment has been completed. This is to assess both your recovery and

your response to treatment. Further appointments with your oncologist will be at six months, one year and then yearly thereafter for five years.

Commonly asked questions

Where can I get advice on financial support during treatment?

Please contact your key worker who will be able to provide advice on benefits.

When will my teeth be checked again?

The dental team at Guy's and St Thomas' will review you two to three months following the completion of your treatment. You should contact them to make an appointment.

When can I go on holiday?

It is difficult to predict your recovery from the side effects, so we recommend that you wait at least eight to twelve weeks after finishing treatment before you plan any holidays, particularly holidays abroad.

When can I go back to work?

As it is hard to predict your recovery from the side effects, we recommend that you wait at least eight to twelve weeks after finishing treatment before you plan your return to work.

Additional information

In order to improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. Any data collected will have all personal and identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you, and you would prefer that your notes are not seen, please let your consultant know and your wishes will be respected.

Clinical trials are undertaken within the department, which you may be eligible to take part in. If necessary and appropriate, your doctor will discuss this with you.

Contact us

| | |
|---|---------------------------------------|
| Radiotherapy reception | 020 7188 7188 (ext 57542 or 57569) |
| Radiotherapy bookings | 020 7188 3160 |
| Nutrition and dietetics department 9am to 5pm Monday–Friday. | 020 7188 4128 |
| Speech and language therapy 9am to 5pm Monday–Friday | 020 7188 6233 |
| Radiotherapy treatment support team 8.30am to 5.30pm Monday–Friday | 020 7188 4220 |
| Head and neck cancer clinical nurse specialist (CNS) | 020 7188 7188 |
| Acute oncology assessment unit 9am to 6pm Monday–Friday | 020 7188 3754 |
| Out of hours oncology doctor on call Please phone the hospital on 020 7188 7188 and ask them to contact the oncology doctor on call. Please have your hospital number ready. The switchboard operator will take your details and ask the emergency oncology doctor to phone you back. If you are concerned go to your local accident and emergency (A&E) department. | |

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Notes

[illegible]

Further information

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Macmillan Cancer Support

If you have any questions about cancer, need support, or just want to chat, call the Macmillan Support Line free.

t: 0808 808 0000 (9am to 8pm, Monday to Friday)

w: www.macmillan.org.uk

The logo for Dimbleby Cancer Care is a blue rounded rectangle with the text "Dimbleby Cancer Care" in white. The text is arranged with "Dimbleby" on the top line, "Cancer" on the second line, and "Care" on the third line.

**Dimbleby
Cancer
Care**

Dimbleby Cancer Care provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's. **t:** 020 7188 5918
e: DimblebyCancerCare@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved.

t: 0800 731 0319 **e:** members@gstt.nhs.uk

w: www.guysandstthomas.nhs.uk/membership

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