

Information about ...

Radiotherapy to the breast or chest wall

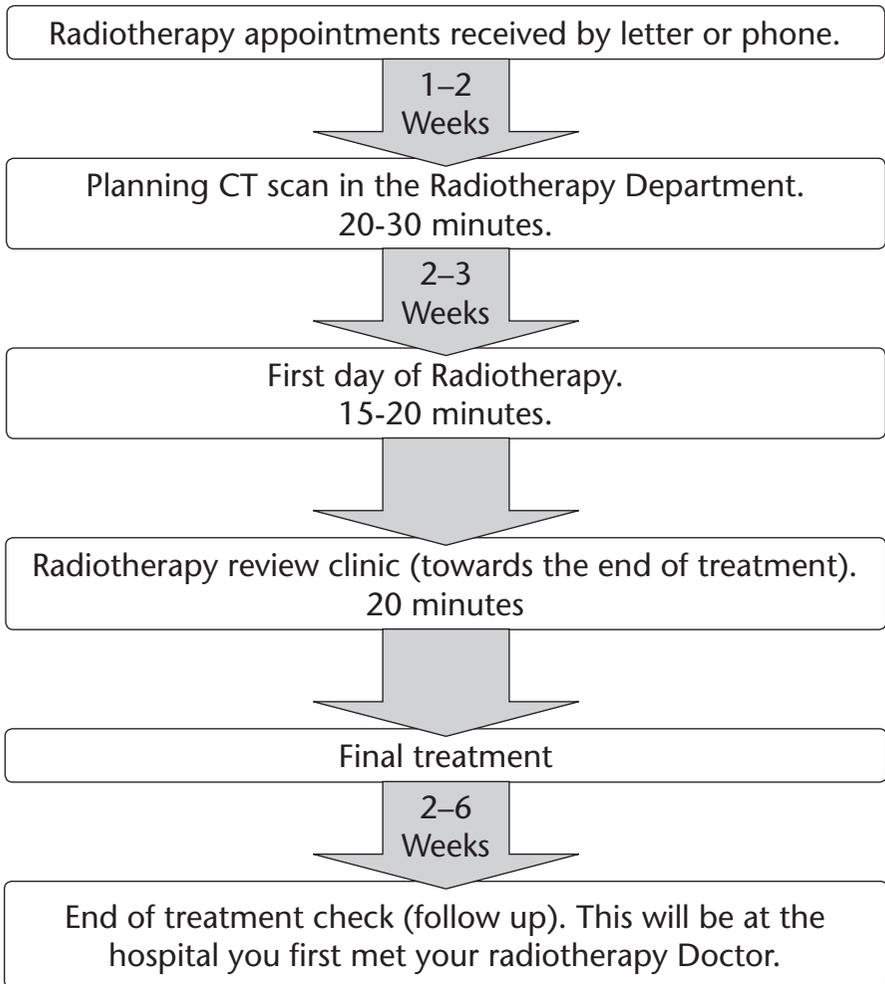
Radiotherapy to the breast or chest wall

This leaflet is for people with breast cancer who will have a course of radiotherapy treatment to the breast or chest wall. It describes:

- The radiotherapy planning and treatment.
- The effects you may experience during and after treatment.
- How best to cope with these effects.
- Who to contact if you have any questions or worries.

This leaflet is intended to be a guide to highlight important details that you have discussed with your treatment team. The details and side effects will vary from person to person. If you have any questions or concerns, please ask us. If you are not sure who to speak to there are contact details at the back of this leaflet.

Patient pathway



What is Radiotherapy?

Radiotherapy uses high energy X-rays in the treatment of cancer. It is painless. It damages the cells and stops them dividing and growing. It is given in several small doses over a certain time. It will not make you radioactive therefore it is safe to carry out normal activities and be around children and adults.

Therapy Radiographers operate the radiotherapy planning and treatment machines and will see you at each session. They can help answer any questions you may have.

Usually you will receive 5 - 19 treatments given over 1 to 4 weeks. Your treatment team will explain how many treatments you will have when you see them for your consent appointment. You will not normally be treated on a weekend.

Planning your treatment

When you first arrive in the department, book in at the reception desk and they will explain where you need to go. Your first appointment is for a CT scan. This scan is used to plan your radiotherapy and there will be no results from it. Everyone is a different shape and your planning scan is used to make a personalised treatment plan for you. Radiographers will carry out the scan, explain the procedure to you and answer any questions.

Picture 1: CT Scanner and sloping board



- We will ask you to undress to the waist but we will cover you whenever possible.
- We will ask you to lie on a sloping board with both of your arms resting above your head on arm rests. Your radiographers will help get you into a suitable position on the board. This position will be used for both planning and treatment. It is therefore important to let us know if you feel you are unable to hold this position for around 10 - 15 minutes.
- Your radiographers will put some pen marks onto your skin. Small markers will be taped to your skin which will show up on the scan. These markers will be removed when the scan is finished. The pen marks will fade over the next few days.

It might be best to wear older underwear for the planning scan and treatment as the pen marks can rub off on your clothes.

- When the scan is complete, we will tattoo three dots on your skin. These are tiny permanent marks the size of a freckle. These are important marks that help us make sure you are in the same position each day for treatment. The CT scan only takes 15-20 seconds.

Treatment to the left breast/ chest wall

Radiotherapy to the left breast/ chest wall may increase your risk of heart disease by a small amount. This is because your heart is near the area we want to treat and therefore may receive some of the radiation dose. For some people, taking a deep breath in and holding it during their radiotherapy, can help to reduce this risk. This is called deep inspiration breath hold (DIBH).

If DIBH is appropriate for you, your radiographers will explain the procedure and get you to practice holding your breath before they carry out the CT scan. You would need to be able to hold your breath for no more than 20 seconds. Your breathing will be monitored by placing a very small box on your chest during the CT and when you have treatment.

Although DIBH is one of our options for treatment, treatment without it is still safe and effective.

Radiotherapy Treatment

The machine you are treated on is called a linear accelerator. Your appointment list will tell you which machine you are going to. Book into the reception when you arrive so the staff know you are here. The receptionist can direct you to the correct waiting area.

Picture 2: Linear Accelerator and sloping board



- Your radiographers will explain the treatment process to you before you start.
- You will be asked to undress to the waist and your radiographers will cover you as much as possible.
- You will lie in the same position as you were at the CT scan.
- The lights are dimmed for a short time while your radiographers position you and the treatment machine. The machine moves around you but it will not touch you. Your radiographers will leave the room to operate the machine.
- If you are having DIBH, the small positioning box will be placed on your chest as it was at CT.

- Your radiographers will let you know when they are ready to begin the treatment and when to take a deep breath in and hold it. They will talk to you throughout to guide you with your breathing pattern. The treatment machine will only switch on when you are holding your breath correctly.
- The machine will be on for a few minutes and we will be watching you the whole time on a monitor in our control area.
- The treatment is painless.
- You should not feel any different immediately after your treatment is finished. If you have any questions or concerns please speak to your radiographers.

After treatment ends

You will be seen by one of the clinical team who referred you to the Beatson. This appointment is to check your radiotherapy side effects have settled down and how you are feeling after treatment. If you need any advice before this please contact our Radiotherapy Helpline (the details are at the back of this leaflet), your breast care nurse or your own GP.

Early Side Effects of treatment (Acute effects)

These are the side effects most people commonly experience during the course of radiotherapy and for a few weeks after it finishes. These effects vary from person to person and can last a different length of time for each person. The side effects can get gradually worse during treatment and for about 10-14 days afterwards. The majority of side effects wear off within 6 weeks of radiotherapy stopping. Please ask the radiographers if you are unsure or have questions.

- Nearly all patients experience some tiredness during treatment. One third of patients have significant tiredness, but this should not prevent you looking after yourself. It is usually worst towards the end of treatment and may last for several weeks.

Try to get enough rest and sleep, especially when the treatment begins to make you feel tired. It is also important that you try to continue with some of your normal daily activities. A sensible balance between rest and activity may be most beneficial. Research has shown that gentle exercise is also beneficial for people who have had a cancer diagnosis both in the short and longer term. There are programmes available that can help with this. Please let us know if you are interested in finding out more.

- Three quarters of patients develop pinkness or redness of the skin, like sunburn in the treatment area. This tends to happen towards the end of treatment and in the first few weeks after treatment has completed. 1 in 5 patients have a more severe reaction which can lead to peeling and broken skin or sore, moist patches. If this happens after radiotherapy, call the Radiotherapy Helpline (details at the back of this leaflet) or seek advice from your GP or breast care nurse.
- Dryness and itching of the skin is also common, affecting two thirds of patients. The radiographers can give you a lotion and advice to help this.

Following the skin care advice below can help stop your skin from feeling uncomfortable:

Skin Care

- **You can wash the skin that is being treated with lukewarm water.**
- **Use a mild soap and don't use a flannel. Pat the skin dry rather than rubbing it.**
- **Avoid perfumes, creams, lotions and suntan lotion unless given to you by your radiographers.**
- **Sometimes it is possible to use your own creams, but please check with your radiographers first.**
- **You can use your normal deodorant but if your skin becomes irritated and uncomfortable we may advise you to stop. A roll on may be easier.**
- **You should avoid any method of hair removal under you arm on the side you are having treatment to. You may wish to shave the area before starting your radiotherapy.**
- **Avoid sun exposure, swimming, saunas and jacuzzis to the treated area.**

Follow these instructions during your radiotherapy and until any skin reaction settles.

- **1 in 3 patients notice swelling in the treated area. This is usually mild but can last for several months after treatment.**

You may feel more comfortable wearing loose fitting clothes that do not rub the skin. Make sure your bra does not rub and when appropriate you may want to go without a bra.

If you had a mastectomy, you may already be wearing a permanent breast prosthesis. You may find it more comfortable to wear your soft prosthesis during radiotherapy, especially if the skin is sore. Do not use a self-supporting breast prosthesis during radiotherapy and wait until any skin reaction has settled down after radiotherapy.

Long term side effects (occurring months to years after treatment)

We believe that the benefit of your radiotherapy treatment far outweighs any risks involved. However, there are potential long-term effects that happen to a small number of people. It is important to point out that effects can vary from person to person and your clinical team will explain specific individual issues to you at your consent appointment. If you have any questions please speak to your team. Useful contact details are at the back of this leaflet.

The following is a general guide:

- It is common to notice a slight skin darkening for some months after treatment has been completed. This is usually mild.
- After radiotherapy you may notice mild discomfort or tenderness in the breast. This usually settles with time but rarely there can be persistent, sharp shooting pains. Rarer again, is pain in the joints that lie between the ribs and the breast bone (costochondritis). These pains usually respond to simple pain killers.
- Following a lumpectomy and radiotherapy, scar tissue (fibrosis) may form in the breast. It tends to be more noticeable close to the site of the surgery. Over months and years it may progress, making the tissues pull in so that the breast becomes a little firmer, smaller and higher. This change is seen in 2 in 10 women.
- 1 in 10 women will develop persistent swelling of the breast after radiotherapy (breast oedema). This may be helped by regular massage and supportive clothing. Speak to your breast team if you are worried.

- About 7 in 100 women experience shoulder stiffness after radiotherapy. This is more likely if you have radiotherapy to the lymph nodes. It usually settles with shoulder exercises.
- During treatment, the underlying ribs, breast bone and collar bone receive some of the radiotherapy dose. Over the years these may become more brittle and small cracks may appear. Although this may cause some pain, often patients are unaware of it. Approximately 1 in 100 patients are affected by this.
- A small amount of your lung will receive radiation during your treatment. In the first couple of months after treatment you may notice a dry cough or mild breathlessness. This should get better in 2 to 4 weeks without treatment. Fewer than 1 in 100 patients have permanent scarring of the lung that causes feelings of breathlessness.
- Over time you may notice tiny blood vessels becoming visible on the skin. This is called telangiectasia. This is more common if you have had radiotherapy following a mastectomy or if you had a bad skin reaction from radiotherapy. This affects between 5 and 10 out of every 100 women treated. Although these changes are permanent, they do not cause any health risk or problem.
- Very rarely radiotherapy can cause a second cancer many years after treatment. The chance of this happening is around 1 in every 1000 patients. Although this is a serious possible effect of your treatment it is important to bear in mind that the risk of developing cancer is much lower than the risk of not treating your breast cancer now.
- If you have had an implant based breast reconstruction, radiotherapy increases the risk of capsular contraction, that is hardening of the implant and distortion of the breast. Speak to your surgical team if you have concerns.
- Lymphoedema is a painless swelling of the arm or hand that can develop due to a build up of fluid. The risk of developing lymphoedema will depend on the type of surgery you have had and the radiotherapy technique used. Swelling usually

develops slowly, months or years after treatment. If you experience this swelling, even mildly, please discuss with your GP or breast nurse who will be able to advise you further.

You can help reduce the risk of lymphoedema by:

- Treating even small grazes, cuts and insect bites immediately. Wash the area thoroughly and cover if necessary.

If you are having radiotherapy to your lymph nodes

There is a very small risk of damage to the nerves that run from the neck down to the arm (brachial plexus injury). This can cause pain, numbness and weakness in the arm and hand. With modern radiotherapy techniques this happens in less than 1 in 1000 patients.

If you are having treatment to the left breast/ chest wall

When we treat your left breast/chest wall, your heart will also receive some radiation dose. Your radiotherapy treatment is planned to keep the dose to your heart as low as possible and within the limits of national guidelines. There is a small increased risk of developing heart disease such as angina and heart failure.

If you are a smoker

Smoking increases your risk of developing heart disease and other health conditions. Stopping smoking has immediate and long term benefits to your health. Within a year of stopping smoking, your risk of coronary heart disease is cut by half.

Smoking can also make some of the side effects of radiotherapy worse.

If you would like help or advice on stopping smoking, please contact Smokeline: 0800 84 84 84

<https://www.nhsinform.scot/healthy-living/stopping-smoking>

Frequently Asked Questions

These are some questions we often get asked. If you have any that this leaflet does not cover please speak to a member of the team. Contact details are at the back of this leaflet. There is also a space there to write down your questions so you can ask them when you speak to us.

Does radiotherapy hurt?

No, you don't feel anything with this treatment.

What do I do if I feel too unwell to come for my appointment?

If you suddenly feel unwell and are unable to come for treatment, contact your GP and also let your treatment unit know. It is important that you try to attend each appointment. If you manage to come for your radiotherapy but feel unwell let your radiographers know as soon as you arrive and they can arrange for a doctor to see you.

Can I travel on public transport?

Yes, you can travel on public transport provided you feel fit and well enough to do so.

Is it ok to be around children and family members?

Yes, it is perfectly safe to be around other people including infants, babies and women who are pregnant.

Can I go swimming whilst on treatment?

As the chlorine in the swimming pool can affect your skin we would recommend you don't go swimming during your radiotherapy. If you have a skin reaction, wait until this has healed.

Can I sunbathe?

The area of skin where you are having your radiotherapy will be more sensitive to the sun so we would recommend that you keep the area covered and out of the sun. Do not use sunscreen on the treatment area while having radiotherapy.

Even after your treatment finishes, this area will always be more sensitive to the sun. You should wear a high factor sunscreen with both UVA/UVB protection and minimum SPF 30 on previously irradiated skin.

Can I go on holiday after my treatment finishes?

Yes, although it is important to remember that this treatment has side effects which can continue for a short time after you finish so please take this into account when making arrangements. It may be necessary to inform your insurance provider that you have recently received treatment. Macmillan can provide advice regarding insurance issues. Their details are in the contacts in this leaflet.

Can I use deodorant?

It is ok to use deodorant but if you get a reaction under your arm from radiotherapy it would be better to stop and wait until the reaction has healed.

Can I wear make-up/ fake tan?

Yes, just not in the treatment area. You can wear it once treatment has finished and any skin reaction has settled.

Can I dye my hair?

Yes.

Will I see a Doctor whilst on treatment/last day?

There are review teams with specialist staff who will see you towards the end of your treatment. Please ask the radiographers about this if you are unsure.

What happens when I finish my radiotherapy?

You will get a follow up appointment at the hospital where you were initially seen by your radiotherapy doctor. It will be between 2 and 6 weeks after finishing your radiotherapy.

Can I exercise during my radiotherapy?

It is important to keep active during your treatment provided you feel able to do so. If you are particularly active already we would advise you to try to keep up your normal routine as much as possible. Gentle exercise can help fatigue, even if it is just a walk around the block or local park.

Can I continue to drive whilst having radiotherapy?

Most patients carry on driving during treatment but if you feel unwell or tired, it is better to ask someone else to drive for you. If your consultant thinks it might be best for you not to drive, they will discuss this with you.

If I get patient transport and I arrive early or late for my appointment, will I still get my treatment?

We appreciate that if you come with patient transport you may arrive in the department out with your appointment time. You will still get your treatment however you may have to wait until the radiographers have an available appointment for you.

Where Can I get Help?

All the staff are here to make sure your treatment goes as smoothly as possible and will try to help with any questions or problems you may have.

Further specialist help and information is available from:

Breast Clinical Nurse Specialists Tel: 0141 301 7636/7639

Information and Support Radiographer Tel: 0141 301 7427

Information Radiographer and Counsellor Tel: 0141 301 7423

The Macmillan Information & Support Centre is on Level 1 at the main entrance of the Beatson. They offer emotional support, information and signposting to services within and near to the Beatson and in your own local area. Open Monday to Friday 8.15am to 4.15pm. **Tel: 0141 301 7390**

The Beatson Cancer Centre has a Radiotherapy Advice Line available for patients who have completed treatment. It is an answer phone service. Please leave your name and telephone number with a short message and we will call you back as soon as possible.

Tel: 0141 301 7432

The Cancer Centre also has a Cancer Treatment Helpline for urgent calls. This is for patients on or within 6 weeks of treatment who have urgent or severe symptoms such as:

- Shivering or flu-like symptoms.
- Temperature greater than 37.5°C.
- Gum/nose bleeds or unusual bruising.
- Worsening or sudden breathlessness.
- Leg weakness/difficulty walking.

- Severe nausea/vomiting/diarrhoea/constipation.
- Sudden increases or uncontrolled pain.
- Other concerning symptoms associated with your cancer treatment.

The line is available 24 hours for emergencies, although it would be helpful if you called early in the day if this is at all possible.

For Urgent Calls:

Beatson 8am-8pm 0141 301 7990

National 8pm-8am 0800 917 7711

NHS 24 111

Counselling and Psychology Service

This leaflet deals with the physical aspects of your treatment, but your emotional well being is just as important to us. Being diagnosed with cancer can be a distressing time for you and those closest to you. At times it can also be difficult coping with treatment. Within the department we have a counselling and clinical psychology service that may be able to help with worries and difficulties you might be having, before, during or after treatment. If you think this may be helpful to you, please ask staff to put you in touch.

There are various other organisations providing information and support.

These include:

Breast Cancer Care 0808 800 6000

www.breastcancercare.org.uk

Macmillan Cancer Support: 0808 808 0000

www.macmillan.org.uk

Maggie's

www.maggiescentres.org

Maggie's Centre provides a comprehensive cancer support programme for people and their families affected by cancer.

- Maggie's Glasgow situated in the same grounds as the Beatson Glasgow radiotherapy site 0141 357 2269
- Maggie's Lanarkshire situated in the same grounds at the Beatson Monklands radiotherapy site 01236 771 199
- Maggie's Forth Valley situated next to Forth Valley Hospital 01324 868 069

Cancer Support Scotland- (Tak Tent), The Calman Centre, Gartnavel Complex 0800 652 4531.

Provides emotional and practical support on a one-to-one basis and through community based groups. Complementary therapies available.

Macmillan Benefits Team (located within the Beatson Glasgow) 0141 301 7374

Provides free and confidential advice for people affected by cancer and their carers.

If you are interested in finding out about becoming more active, please visit: www.nhsggc.org.uk/getactive

Beatson Cancer Centre – if you want to find out more about our Centre please visit: www.beatson.scot.nhs.uk

Smokeline- Provides support and guidance to help you stop smoking.

Tel: 0800 84 84 84 or visit:

<https://www.nhsinform.scot/healthy-living/stopping-smoking>

Beatson Location

We have two radiotherapy centres. Your appointment letter should tell you which one you will attend for your radiotherapy. If you are unsure phone the booking office number on your appointment letter or contact the radiotherapy advice line.

For more information on public transport, maps or directions, visit the website: www.beatson.scot.nhs.uk.

Beatson Glasgow

The Beatson West of Scotland Cancer Centre,
1053 Great Western Road,
Glasgow, G12 0YN.

Beatson Lanarkshire

Monklands Hospital
Monkscourt Avenue
Airdrie ML6 0JS

Your treatment plan

Your radiotherapy doctor is _____

You will have _____ treatments.

You will have treatment to breast/ chest wall.

