

Information for Patients Having

Radiotherapy and Chemoradiation to the Face and Neck Area



This leaflet is for patients receiving radiotherapy to the face and neck area. It describes:

- What is radiotherapy?
- How your treatment is planned and delivered.
- The side effects you may experience during and after treatment, and how best to cope with them.

If necessary we will give you separate leaflets on chemotherapy.

What is Radiotherapy?

Radiotherapy is the use of carefully measured doses of radiation to treat cancer. It damages the cells and stops them dividing and growing. Most patients having radiotherapy are treated using a high energy beam of x-rays delivered to a precise area, by a machine called a linear accelerator. The x-rays are used to treat the tumour and a small surrounding area.

Therapy radiographers operate the radiotherapy planning and treatment machines and will be able to answer any questions or concerns that you may have.

If you are in doubt about anything or have any questions or problems, please let us know as soon as possible.

Preparation for treatment

If you have any of your own natural teeth, you must have a dental check before starting any treatment.

Mould Room

Your first appointment will be for the Mould Room to have a beam directional shell (BDS) made.



Picture 1: Shell

The shell keeps your head and shoulders still during your treatment. You will wear the shell for each appointment.

There are small holes in the material used to make the shell, and an opening for your nose and mouth. The making of the shell is painless. The Mould Room team will explain the process when you go for your appointment.

If necessary for your treatment, we may ask you to use a 'mouth bite' which helps to keep your jaw steady during treatment. This helps to protect your mouth from some of the effects of radiation. This will also be made for you in the Mould Room.

Gentlemen with a beard and/or moustache are advised to shave it off before coming to the Mould Room. It is important that your skin is smooth before we start to make your shell.

Ladies may find it easier to wear a crop-top or vest, as you will need to take off your outer clothing down to your waist.

If you have a laryngectomy/tracheostomy, a hole will be made around your stoma to allow your airway to flow with ease. You should request a thin blue band from a member of staff to hold your tube in place.

CT Simulator

Following your visit to the Mould Room, the planning of your treatment will begin with a visit to the CT simulator (scanner). This is a special x-ray machine used to take images with you lying in the position you will be in when you are having your treatment. You will need to wear your shell for this.



Picture 2: CT Simulator

The scan does not take long, usually 10-15 minutes. You must stay very still but you can breathe and swallow as normal.

These scan images will be used to produce a unique plan for your own individual treatment.

Contrast (Dye)

You may need to have an injection of contrast (dye) that will help us to see the area we want to treat more clearly. Your doctor or radiographer will put a small needle (cannula) into a vein. The needle is removed leaving a small hollow plastic tube in your vein. This will be taped in place and will stay in position during the scan. We will inject the contrast (dye) through this tube. It may feel a little cold but you should not feel any discomfort. You may need this dye for the CT planning process, but not for treatment appointments.

Radiotherapy treatment

Your radiotherapy treatment will start two to three weeks after your planning scan. Your treatment can take from 4-7 weeks to complete. Radiotherapy is usually only given once a day, Monday to Friday. We will explain the exact number of treatments you will have individually.

When you attend for your first treatment, your radiographers will explain what will happen and answer any questions you may have.



Picture 3: Linear Accelerator

For each treatment you will be lying on your back wearing your shell. Your radiographers will dim the lights in the room while they ensure you are in the correct position.

They will move the treatment machine into position and check your personal treatment plan. They will then leave the room to begin your treatment. Although your radiographers are outside the room, they will monitor you closely on CCTV.

Your radiographers will take some x-ray images to finalise your position. You may feel the couch move slightly when they do this. Once they are happy, they will deliver your treatment. You won't see or feel anything. The whole appointment takes about 10 minutes, but the machine is only on for a couple of minutes.

General Advice during treatment

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.

Early effects of radiotherapy treatment

We treat each patient as an individual and the effects of treatment may vary from one patient to another. Your doctor, radiographer, and clinical nurse specialist will explain specific aspects of your treatment.

By following advice given to you by staff, you can help minimise side-effects. Please tell us how you are feeling, so we can help you if necessary. You will have a weekly review (on a Wednesday) with a member of the head and neck team while you are on treatment.

Please make sure you attend this weekly check up.

Chemotherapy and Radiotherapy

Many patients having radiotherapy are also given drug treatment (chemotherapy). Chemotherapy intensifies the effectiveness of radiotherapy on cancer cells, but it is not suitable for all people.

If you are getting chemotherapy during your radiotherapy course, you will be more prone to side effects discussed in this leaflet. We may ask you to come for extra blood tests and check ups to make sure you are well. You will receive an appointment to attend the chemotherapy clinic so that your second cycle of chemotherapy can be prescribed.

Skin Care

Radiotherapy only affects the skin that is within the area being treated. These instructions relate to this area only.

- You may bath and shower during treatment.
- You may use your normal soap, however stop if skin irritation occurs.
- You should wash using lukewarm water, and then pat the area dry with a soft towel. Do not rub your skin.
- Only use the creams given to you or recommended by our staff. Any creams should be gently applied with the fingertips and not rubbed in, even if it says so on the tube. **Do not use any other creams on your treatment area.**
- Facial hair - we advise **not** to wet shave, but instead to use an electric razor. Any part of your beard/moustache growth that is in the treatment area will stop growing some time after starting radiotherapy. After treatment ends, it may eventually come back, although it may be finer than before.
- Please don't wear any make-up, or use perfume or after-shave on the treatment area. Do not apply lip balms to dry lips, use only creams given by the treatment review clinic team.
- Avoid friction to the area being treated, such as tight clothing. Use natural fabrics when possible, like cotton or silk, which are soft and let your skin breathe.
- Avoid exposing the area you are having treated to the sun. Lightly cover the area with a soft silk scarf, wear a wide brimmed hat or stay in the shade. **Do not** use sun screen/lotion on the area during treatment. After your treatment is finished and your reaction has healed, you should use sunscreen with both UVA/UVB protection minimum SPF 50 while in the sun.
- Chlorine can irritate your skin, therefore do not go swimming until after your treatment is over and your skin is back to normal.

When your skin is no longer red or itchy you can go back to washing and shaving normally.

Hair Loss

With radiotherapy you will only lose hair from the area being treated, where the radiation goes in and out of your body. Whether on your head or your facial hair, this hair loss is only temporary for most people, although for a very small number of people this loss may be permanent. You may wash your hair with your normal shampoo, rinsing off with lukewarm water and patting dry. Stop using shampoo if irritation occurs.

Mouth, Throat and Gullet

The cells lining the inside of your mouth, throat and gullet are very sensitive to radiation. You may therefore experience soreness, ulceration, redness, cracks and bleeding in these areas. We will give you mouthwashes, and pain killers to treat these effects.

Remember, only use the medication given to you by the Beatson staff for these issues.

Saliva

You may find that your saliva becomes thicker, stickier and there is less of it. This can be worse in the mornings and can take some time to loosen and clear. This thick saliva or mucus can make you feel sick or vomit. If you are feeling sick, please let your radiographers or review team know.

These symptoms should clear up approximately 6-8 weeks after finishing treatment.

You may be more at risk of infections in your mouth due to a lack of saliva. This can be seen as white patches on the inner surface of your cheeks or on your tongue (oral thrush). If you notice this, please let your radiographers or review team know.

There is a **separate leaflet called 'Looking after your Mouth', which discusses in detail how to look after your mouth and teeth** during and after treatment. If you are not given this leaflet, please ask for it and let us know if you have any concerns about your mouth.

Swallowing

It may become uncomfortable and painful to swallow. When this happens we will give you medicine to take before meals to help you swallow. We will also give you appropriate painkillers.

Contact your GP to have any medicines you already take changed to a liquid or soluble form. It is very important to continue with all your medicines. It is important you let us know if you are having difficulties.

Soft Diet

It may be easier to eat a **softer diet** such as scrambled eggs, soups, and puddings etc. Try using more gravies and sauces. Avoid food that is too hot, too cold, spicy or acidic. You can increase the nourishment in your food by adding more full fat milk and cream to porridge, soups etc. and adding cheese and butter to mashed potatoes. We recommend that you try to drink as much as possible during your treatment. At least 8-10 glasses of fluid a day is ideal.

Weight

We will weigh you at the start of treatment and every week thereafter at your weekly review. If you lose weight or need advice, our dieticians will help you. They may prescribe food supplements. They may also recommend that a feeding tube may be helpful. This will be explained to you in detail if it needs to be done. You will need to be admitted to the ward for a short time so we can explain how to look after your feeding tube at home. **This is a common requirement with this treatment so do not be alarmed.**

Taste

Your sense of taste may change or be lost completely for some time. A lot of people find that food tastes more salty than usual. This usually improves but can take several months. Very few people lose their sense of taste forever.

Smoking & drinking

Smoking and drinking alcohol will make the side effects of radiotherapy worse. We will be happy to offer any help with giving up smoking or you can contact Smokeline yourself. During treatment, many people find it better to give up alcohol completely, especially spirits, until their mouth has healed.

- **Smokeline: 0800 848484**
- **Alcoholics Anonymous: 0800 9177 650**

Your Voice

Your voice may become hoarse or weaker for a time. Avoiding smoking and smoky places will help this. Your throat may become sore and uncomfortable when talking and your voice will become tired. Speak quietly and gently, giving your voice rests throughout the day. Our Speech Therapist will be able to give you further advice if you need it.

If you have a tracheostomy (breathing tube in your throat) or have had a laryngectomy (voice box removed) the Head and Neck nurse or Speech Therapist will offer any extra advice you may need to cope with this during your treatment. It is sometimes necessary to add extra moisture to the air you breathe, to balance any drying effect of the radiotherapy. There are many ways to do this, including different stoma protectors and a nebuliser.

Tiredness

You may get tired or fatigued as your treatment progresses. This tends to start a few weeks into your treatment and can last for several months after treatment has finished.

Exercise and Swelling

After neck surgery, if any of your glands have been taken away, your neck and chin area will swell slightly. This will get worse while you are having treatment but will improve slowly when treatment is completed. You will have been given exercises by the physiotherapist, after your surgery. You should continue doing

these exercises moving your face and neck muscles gently, through their full range of movement, to prevent stiffness and reduce any swelling. This should not be painful, so please let us know if you are having difficulties and we will arrange for you to see a physiotherapist.

Hearing problems

Certain chemotherapy drugs or radiotherapy near your ears can affect your hearing. You might experience some temporary hearing difficulties or ringing in your ears. Please let your radiographers or review team know if you experience this.

After radiotherapy

Even after you have finished treatment, your radiotherapy continues to work inside your body. Any side effects tend to be at their worst around 10-14 days after your last treatment. Your body will take some time, often 4-6 weeks, before beginning to return to normal. Indeed, some people feel worse physically and mentally when treatment is finished. Your surgeon will see you for follow-up about 4 to 6 weeks after completing your treatment. It is important to keep in touch with us if you feel worse, as we can see you earlier if necessary.

Possible later effects of treatment

Effects vary from person to person depending upon the area being treated. Your doctor will explain particular issues that are likely to affect you.

- Due to the effect of radiotherapy, you may have a smaller amount of saliva, or it may become thicker. There are saliva substitutes available in both spray and gel form, some with fluoride.
- Radiotherapy to the head and neck can cause damage to the surface of your tongue, mouth, nose and throat. You may therefore experience changes to the smell and taste of food during treatment and for some time after.

- You will also be at increased risk of tooth decay. To prevent this, if you have your own natural teeth, they should be kept in good condition. Brush with fluoride toothpaste twice a day (in some cases your dentist will provide you with a high fluoride prescription toothpaste), floss daily, use a low or non-alcohol fluoride mouthwash and see your dentist/ hygienist every 3-6 months. **Always inform your dentist that you have had radiotherapy to the mouth or throat.**
- You will always be sensitive to the effects of the sun, especially during the first year after your treatment on the area you have been treated. Protect yourself with UVA/UVB sunscreen protection with a minimum SPF 50 and a hat.
- The face and neck area contains a lot of important structures. The brain, spinal cord and eyes can be affected by radiotherapy, but only if they are in the area being treated. We plan your treatment very carefully and do our best to minimise any treatment dose to these areas. If necessary this will be discussed in detail when you consent to radiotherapy.
- A very rare but potential effect is that radiation can cause tumours. Although this is a serious possible consequence of your radiotherapy, it is important to bear in mind that it is extremely rare. If it does happen, it is likely to be many years after treatment has ended.
- Another rare complication of radiotherapy and surgery is osteonecrosis or osteoradionecrosis. This is damage to the jaw bone. If you develop pain or discomfort in the bone of your jaw please seek advice from your GP or surgeon. This complication may simply require antibiotics or pain killers to treat it. Very occasionally surgery may be required to remove the damaged bone.

Please do remember that we believe the benefits of your treatment for your current condition out-weigh the longer-term risks involved.

Where can I get help?

Information and support

This leaflet deals with the physical aspects of your treatment but your emotional wellbeing is just as important to us. Being diagnosed with cancer can be a deeply distressing time for you and those closest to you. Within the department we have a counselling/ support and clinical psychology service to help you if necessary. If you think this may be helpful to you, please ask staff to put you in touch.

Head & Neck Specialist Nurse: **0141 301 7588/7589**

Advanced Practitioner Radiographer: **0141 301 9901**

Email: **Lisa.Hay@ggc.scot.nhs.uk**

Information Radiographer & Counsellor: **0141 301 7423**

Information and Support Radiographer: **0141 301 7427**

Dietitian: **0141 301 7005**

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. Please visit or phone on **0141 301 7390**. Open Monday to Friday 8:15am to 4:15pm.

The Beatson Cancer Centre has a **Radiotherapy Advice Line** available for patients who have completed treatment. This is an answer machine service available from Monday to Friday. Please leave your name and telephone number and you will be called 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	Tel: 0141 301 7990
National	8pm-8am	Tel: 0800 917 7711

There are also voluntary organisations providing information and support. These include:

- **Macmillan Cancer Support: 0808 808 0000**
www.macmillan.org.uk. – Nurses can provide information on all aspects of cancer and its treatment, and on the practical and emotional aspects of living with cancer.
- **Maggie’s Gartnavel: 0141 357 2269**
Maggie’s Lanarkshire, Monklands Hospital: 01236 771 199
Maggie’s Forth Valley: 01324 868 069
 Maggie’s Centre provides comprehensive cancer support programme for people and their families affected by cancer
- **Cancer Support Scotland, The Calman Centre,**
 Gartnavel Campus. 0800 652 4531
 Provides emotional and practical support within the Centre and the community. Complementary therapies and Counselling also available.
- **Changing Faces: 0300 012 0275**
www.changingfaces.org.uk
 Offers help, advice and information for anyone who has a condition or injury that affects their appearance.

- **Let's Face It:** www.lets-face-it.org.uk
Provides supportive links for people with experience of facial disfigurement, especially facial cancer.
- **Cancer Laryngectomy Trust:** 01422 205 522
www.cancerlt.org
Advice and help after laryngectomy.
- **National Association of Laryngectomy Clubs:**
020 7730 8585
www.laryngectomy.org.uk
Encourages the formation of clubs, to assist rehabilitation.
- **Smokeline:** 0800 848484
Offers help to give up smoking
- **Alcoholics Anonymous:** 0800 9177 650
Offers help to reduce alcohol intake by providing support in local groups. Find your local meeting at www.alcoholics-anonymous.org.uk
- **Al-Anon family Groups:** Phone 0800 0086 811 or visit www.alanonuk.org.uk to find your local group.
- **Macmillan Benefits Team (within the Beatson):**
0141 301 7374
Provides free and confidential benefits advice for people affected by cancer.
- **Beatson Cancer Centre** – if you want to know more about our Centre please visit www.beatson.scot.nhs.uk
- **NHS 24 111**

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

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