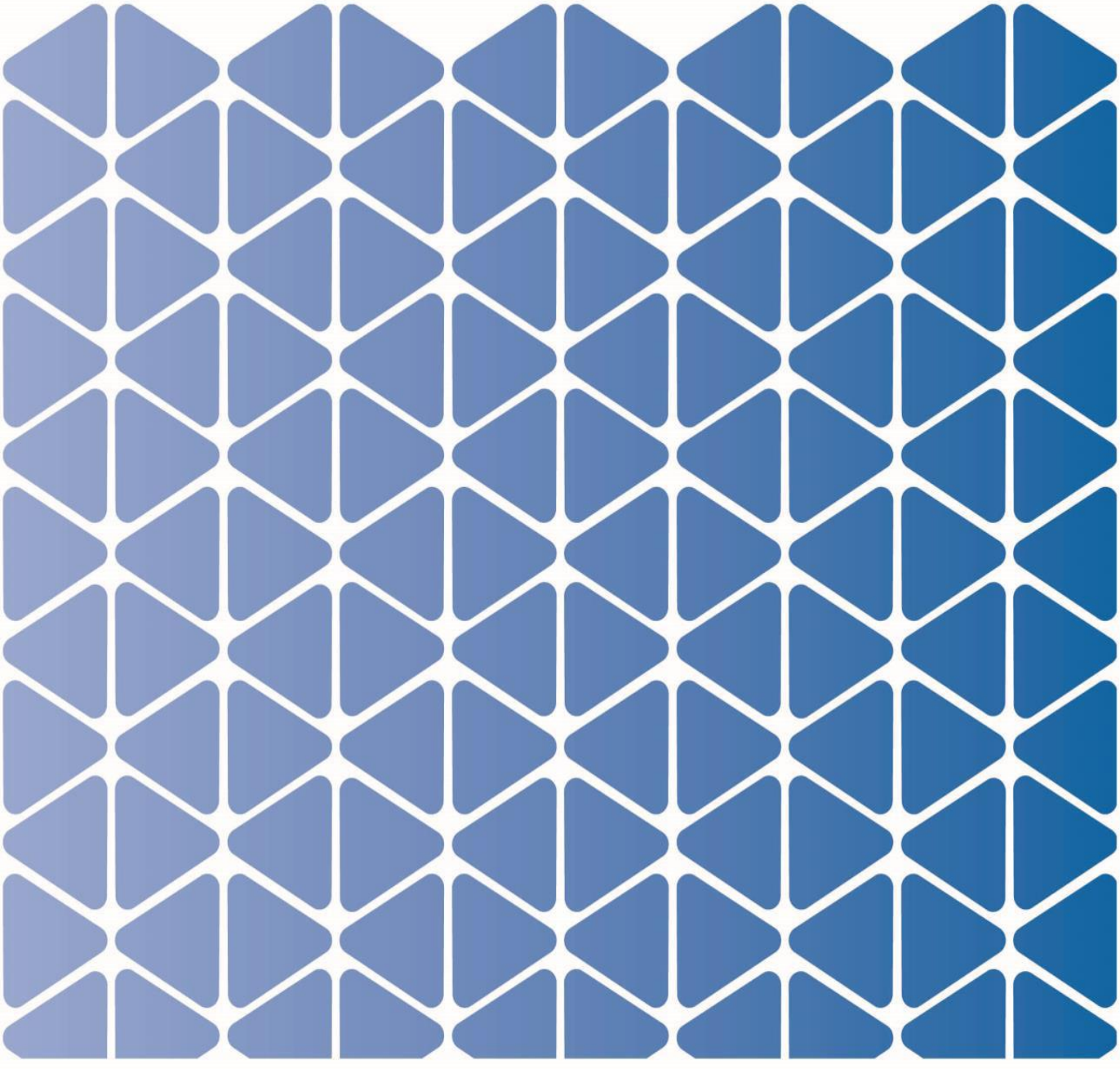
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

RADIOTHERAPY TO THE SKIN



Worcestershire Oncology Centre
Improving cancer services in Worcestershire

Introduction

This leaflet will explain radiotherapy treatment to the skin surface or just below the skin surface using superficial x-ray treatment or electrons.

Preparation before treatment starts

You will need to attend the mould room clinic prior to starting your radiotherapy treatment. At this appointment, your consultant will mark the area to be treated with a felt tipped pen. With your permission, a photograph and/or a tracing will be taken of these marks so that the radiographers can set up your treatment accurately each day.

Some patients who are having treatment to the face or head will need to have a special mask made (see below) and we can put the marks onto that instead of on the skin.

You may need to have a mould made of the part of your skin being treated. This could be a mask or shielding; it can be made of lead or other material, depending on the type of treatment that you are having. This will usually be done at the same appointment.

Treatment

Radiotherapy treatment using superficial x-rays or electrons involves the machine coming into contact with your skin. You may feel some pressure from the contact of the machine but it shouldn't be painful.

Once you and the treatment machine are in the correct position, the therapy radiographers will leave the room to switch the machine on. You will not feel or see anything while the treatment is taking place. The radiographers will be watching you throughout on closed circuit television cameras and can hear you on an intercom. They can switch the machine off and enter the room if you move or call them. It is important that you keep very still while treatment takes place.

Internal Eye Shields

If the area to be treated is close to the eye, it may be necessary to protect the eye using an internal eye shield. These go over the eye in the same way as a contact lens, resting on the eyeball beneath the eyelids.

However, internal eye shields are thicker than a contact lens so the radiographers will put two or three anaesthetic eye drops into your eye to numb it temporarily so you feel nothing when the eye shield is either slipped in or removed.

After the eye shield is remove, a soft eye pad will be placed over the affected eye to protect it. You will need to keep this pad on until the numbness wears off (usually 2-3 hours). During this time, you will not be able to feel anything entering your eye, such as grit, which could potentially cause permanent damage if not protected.

It is important that you do not drive with the eye pad on as it may impair your vision. If you do not have anyone to drive you, please remain in the oncology centre until the pad can be safely removed. Hospital transport is available for any patients who need it.

Lead Masks

Another method of treating areas close to the eye, whilst protecting the eye from the effects of radiation, is to use a special lead mask. The mask is designed to fit closely over the area that needs treatment, shielding the eye and minimising radiation exposure to the surrounding tissue.

The lead mask acts as a protective barrier, ensuring that the eye remains safe whilst allowing for effective treatment of the targeted area.

Lead Shielding

For most patients neither of the above methods is necessary. Any required eye protection can be efficiently achieved by placing small pieces of lead over the outside of the eyes, on top of the eyelids.

If the area to be treated is close to the nose or mouth it may be necessary to place small pieces of lead inside to protect the lining of the nose and mouth.

When the area to be treated is an irregular shape it may be necessary to place pieces of lead onto the skin to protect the skin around the area to be treated.

Side Effects of Treatment
Side effects will be confined to the area treated together with a small amount of tissue directly beneath this.

Possible side effects are: -

Sore skin: The skin treated is likely to become sore and itchy about a week after your first treatment and this may last for a few weeks after the end of the treatment has finished. There may be redness in white skin tones and subtle darkness, yellow/purple/grey appearance in brown and black skin tones.

Lining of the nose: If treatment is to the skin of the nose, a small part of the nose lining could be affected resulting in mild nose bleeds, particularly after blowing your nose. This may occur about a week after the start of treatment and could continue for several weeks. **If you are taking warfarin and the bleeding is excessive, you must seek medical advice.**

Inside of the mouth: Similarly, if treatment is close to your mouth, a small area of the lining inside your mouth just beneath the treated surface might get sore and take a few weeks to recover. It may help to gargle with some salt water (mix half a teaspoon of salt in a pint of warm water) mouth wash. For sore lips apply un-perfumed, non-metallic moisturiser

Hair loss: Hair loss only occurs in the area treated. Therefore, there could be corresponding small amounts of hair loss from the eyebrows, eyelashes, scalp, moustache, beard or chest area if these areas are treated. This would occur two to three weeks after the first treatment. Re-growth may take place within three months but this hair loss could be permanent. Your consultant or a member of the team will discuss this with you before your radiotherapy starts.

Tiredness and fatigue: Research suggests that **gentle exercise** and staying **active** can help alleviate some of the tiredness and fatigue. Activities such as walking, stretching, or yoga can boost your energy levels and improve your overall well-being. It's important to listen to your body and rest when needed, but staying moderately active can make a significant difference.

Skin care during your treatment

- You may wash the treatment area gently using a mild, un-perfumed, soap and warm water. Don't rub at the area, pat the skin dry with a clean soft towel.
- Avoid shaving the treatment area as this will irritate the skin.
- Avoid strong sunlight and excessive heat to the treated area both during treatment and also after the treatment effect has subsided. If treatment is being given to your head or face, wear a hat when going out in strong sun or wind.
- You may find it helpful to use a moisturising cream in the treatment area. No specific moisturiser can be recommended due to lack of evidence, so it is fine to use one you are familiar with.
- Use the cream thinly and often but not directly before radiotherapy treatment.
- If the skin becomes irritated, peels or blisters, stop applying the cream and speak to one of your radiographers.
- Do not apply moisturising cream on any broken or scabby skin.

Skin care after completing treatment

When you've finished your treatment course you can wash the treated area gently using warm water and mild, un-perfumed, soap and patting it dry. Do not rub it or attempt to remove any remaining marks until the treatment effect has subsided. If it scabs or crusts wash around this but leave the crusting alone.

It may also feel itchy; if so avoid scratching the area. You could try some moisturising cream or an anti-allergy tablet as long as you know you are not allergic to them. Non-prescription painkillers available from a pharmacy can help with pain and soreness.

Crusting or scabbing

With some types of disease treated with X-rays or electrons, the treated area may crust over and form a scab which can weep or bleed if knocked. The healing takes place beneath this crust, and although you may feel the area looks worse than before treatment, this is a perfectly normal part of the healing process.

Leave the crust alone, do not pull it off. It will loosen and drop off and another one may form as healing continues. During this time, it might bleed slightly but this is nothing to worry about. It is generally better left uncovered, exposed to the air, and the crust kept as dry as possible. It can take 6-8 weeks to heal after treatment is complete.

If at any time you suspect that there is infection under the crust, please contact your own GP, consultant or member of the team.

After treatment finishes

Your skin texture may change in the treatment area, your skin may appear thicker or thinner and may be lighter or darker in colour. You may see small visible blood vessels (telangiectasia) in the area that has been treated.

The treated skin will remain more fragile than the surrounding area, care must be taken to protect it.

The area will always remain more sensitive to the sun than adjacent untreated skin – use a high factor sun block, wear a hat, keep the area covered and avoid strong sun light.

Hair loss in the treatment areas may be permanent. Where hair does grow back, it maybe patchy.

In less than 10% of patients, a chronic non-healing ulcer may develop. You may be required to wear dressings or surgery to help with this.

Rarely, the treatment can cause damage to cartilage or bone in the treatment area. There is also the small risk of a secondary cancer developing in the treatment area.

Your consultant will outline any other specific risks to you from your treatment.

Further info

If you are concerned about the late effects of radiotherapy treatment, or would like more information, please speak to your consultant, the Acute Oncology Service 01905 760158 or the Macmillan specialist radiographers on 01905 761420.

You may also contact your GP or your Clinical Nurse Specialist.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.