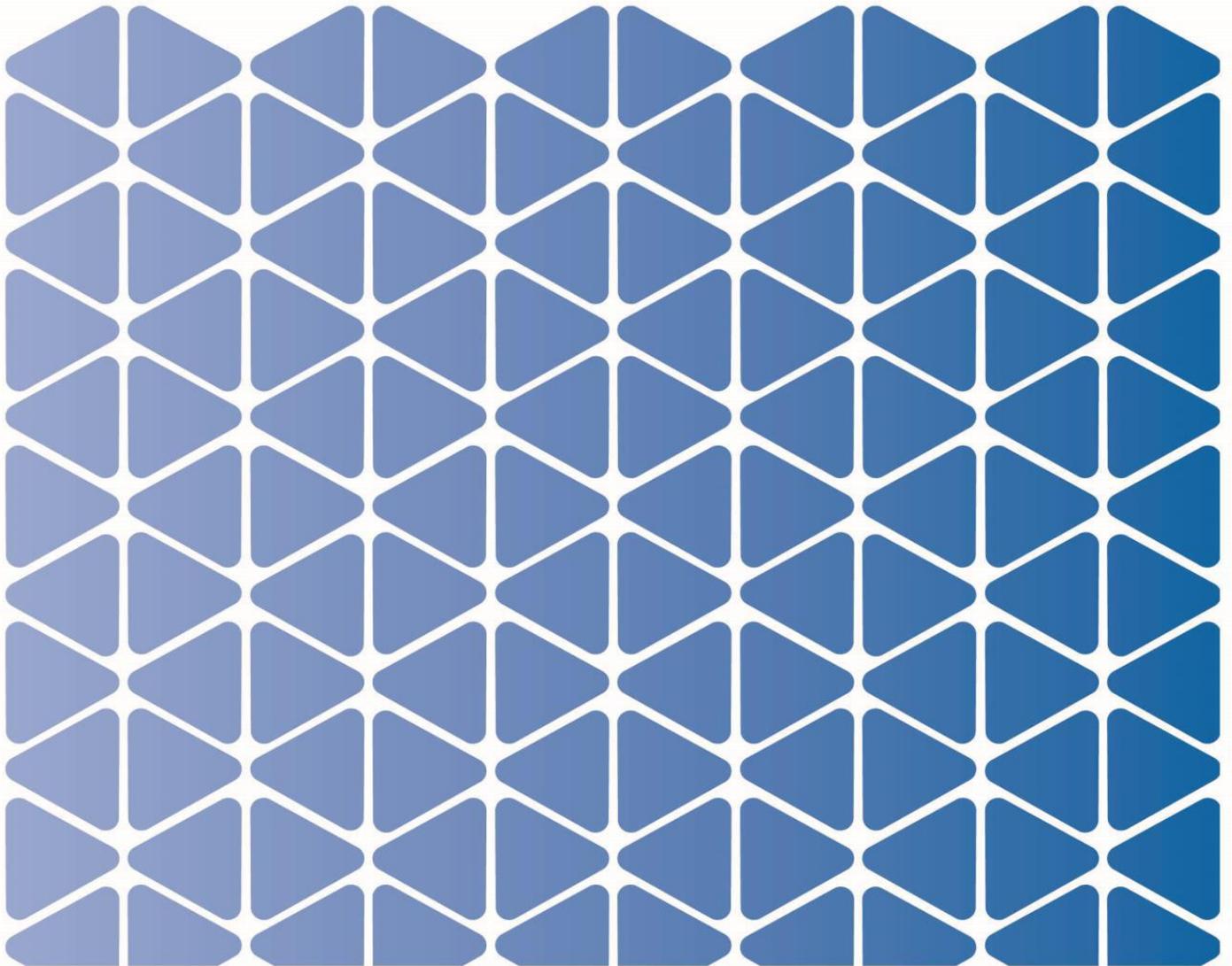




PATIENT INFORMATION

**RADIOTHERAPY TO THE BREAST,
CHEST WALL AND/OR LYMPH NODES:
SIDE EFFECT INFORMATION**





Worcestershire Oncology Centre

Improving cancer services in Worcestershire

Introduction

This leaflet will explain possible side effects which may develop when receiving radiotherapy to your breast or chest wall area.

These effects are individual and will depend on the dose of radiotherapy you receive and the length of your treatment. Most side effects are temporary. Acute (early) side effects start at varying times during treatment and disappear in the weeks after treatment finishes. Late side effects may not occur for a long time after completion of treatment.

The Radiographers will explain your possible side effects in more detail and answer any questions you may have before you start treatment.

Acute (early) side effects:

These can occur during your treatment and in the weeks immediately afterwards. They tend to be cumulative so may not occur in the first week.

Effects on the skin

Radiotherapy can cause a skin reaction similar to exposure to the sun in the area treated. The peak of this reaction will occur a **week to ten days after treatment has finished**. The skin may become more red and dry or appear darker, particularly under the breast and arm. Sometimes moist patches may develop in these areas.

We advise that you:

Do	Don't
Wash treatment area daily with a mild soap and pat dry with soft towel	Avoid tight fitting and underwired bra`s. Try to wear old soft bra`s which don`t cut up under breast. Cotton is a good natural fibre and leaving your bra off when you at home may help.
Continue to use deodorant, gentle roll on rather than spray	Do not use talcum powder in the treatment area
If you want to shave under arm use an electric razor	Avoid exposing treatment area to the sun during or just after treatment and use a high factor (e.g. factor 30) sun block in future
Try to eat a healthy diet and keep hydrated	Do not use sunbeds
	Avoid extremes of temperature hot or cold.

You may find it helpful to use a moisturising cream in the treatment area. There are no recommendations for a specific cream so it is fine to use one you are familiar with. Use the cream frequently and gently in the treatment area. The aim is to keep the skin supple.

Please do not put the cream on right before your treatment.

If your skin starts to feel irritated by the cream, then stop using and speak to one of the radiographers.

If your skin starts to peel or blister, then stop using the cream and speak to one of your radiographers.

It is fine to swim during radiotherapy treatment as long as your skin in the treatment area is all intact.

Effects on the breast

Radiotherapy can cause the breast being treated to swell slightly and feel tender; this may be more noticeable towards the end of treatment and for a few weeks after. Try to find a bra that is comfortable and supportive.

Some people notice short sharp stabbing pains in the breast, particularly around their scar. Do take painkillers if required.

Fatigue

It is not uncommon to feel tired as you go through radiotherapy treatment. This will be more pronounced if you have had chemotherapy as well.

Research suggests that gentle exercise and keeping active can help with the symptoms of tiredness and fatigue.

Hair loss

You may temporarily lose your under arm hair on the side being treated. When it grows back it may be thinner or patchy.

Intermediate Side Effects

Around 1 in 50 patients will develop symptoms such as breathlessness, chest pain or dry cough. When this occurs it is usually about 6 weeks after the start of radiotherapy and can last up to 6 months.

Late side effects

Late effects occur 6 months to 5 years after you have completed your treatment. Modern machines and techniques have reduced some of these late effects.

Effects on the skin

- Your skin may feel drier in the area that was treated. You may use a moisturising cream if you wish.
- Some patients notice some discomfort in the breast, this should gradually subside but occasionally persists.
- Occasionally patients find that their breast feels firmer after treatment and there may be some change in breast size. Whilst rare, it is possible for the breast to shrink noticeably following radiotherapy.
- Your skin in the area treated will always be more sensitive to the sun, so use a minimum of a factor 30 sun cream.
- Occasionally small blood vessels can develop under the skin, particularly if a bolus pad was put onto your skin during treatment. These are permanent.
- Your skin in the area treated may remain slightly darker in colour.
- On very rare occasions at any point in time following radiotherapy the skin may suddenly within a few hours become reddish, sore and inflamed. This may sometimes be triggered by an insect bite, new detergent, perfume, food or have no obvious cause. If this happens you may require antibiotics or anti histamines therefore contact your GP or Oncologist.

Other long term effects

- You may experience some difficulty with moving your arm or shoulder, this can also be due to the surgery you have had. It may be helpful to see a physiotherapist,
- please speak to your consultant or one of the team or the breast care clinical nurse specialist about this.
- Occasionally pain is experienced over the area that was treated, this should subside. Very rarely the ribs may be more brittle after radiotherapy which could lead to a higher risk of fracture following trauma.
- Lymphoedema (swelling of the arm or hand), nerve pain, tingling and weakness in the arm can occur when radiotherapy is given after the removal of some of the lymph nodes under the arm. The chances of this happening are 5% when radiotherapy is given to the breast or chest wall but increases to 20% when the lymph nodes above the collarbone are also treated.
- If Lymphoedema is likely to be a problem, your consultant will discuss it with you. There are several treatments available that can help these symptoms.
- Treatment is very carefully planned to avoid treating an unnecessary amount of lung. Breathlessness and lung fibrosis is therefore a very unusual late effect occurring in 1% of patients.
- When radiotherapy is given for left sided breast cancer there is a very small risk of some damage to the heart muscle and blood vessels around the heart which could result in breathlessness, fatigue and dizzy spells. However, this is very rare.

There is a small risk of developing a secondary cancer due to radiotherapy. (This can be 1-2% over 10 years following treatment)

After treatment:

The early side effects from the treatment will continue for several weeks after the treatment course has been completed.

If you develop new symptoms after your treatment is over, or you are concerned that the immediate side effects are not clearing up, you can contact the Macmillan Review Radiographer on 01905 761420 or the Acute Oncology Service 01905 760158

There is often a simple explanation for these symptoms.

There are some information booklets produced by Macmillan Cancer Support you might find helpful:

- Breast radiotherapy – possible long term side effects
- Managing the late effects of breast cancer treatment

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.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

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