

What to Expect While Receiving Radiation Therapy for Head and Neck Cancer



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This pamphlet provides general information only. Your health care team will provide specific information to you.

Your Radiation Oncologist, Nurse Case Manager, Dietitian and Radiation Therapist will provide you and your family with care, support and information throughout your treatment. Please ask any questions you have when you come each day. Your Radiation Therapists will address your concerns or refer you to other members of your health care team. Additionally, you may talk to your doctor or Nurse Case Manager at your weekly review appointment.

Planning the Radiation Treatment (level 1B – 1 floor below the main floor)

Please check in at the reception desk on level 1B, where your photograph will be taken to assist us in identifying you during the course of your treatment.

The Radiation Oncologist and Radiation Therapist will use a CT simulator to determine the area of treatment. A CT simulator is a special type of scanner with computer software that provides the team with detailed, x-ray images of your head and neck area.

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Created: 04/2005

Form: D-5114 (04/2010)



To keep your head from moving during each treatment, a device that moulds around your head and neck area will be made for you. This is referred to as a mask, and will be used during your treatment course to help with your daily treatment set-up. When the area for treatment is determined, marks are placed on the mask. The Radiation Therapist will explain this procedure to you.

You can expect to be here for at least 1 hour for your planning appointment.

After your planning appointment, the doctors, physicists and therapists will continue to work on the information obtained during the planning process to develop a plan that is specific to you.

You will be called at home and will be given the date and time of your first radiation therapy appointment.

First Day of Treatment (level 2B - 2 floors below the main floor)

Please report to the level 2B reception desk on your first day of treatment. The staff there will show you the procedure for checking in.

The first day on the treatment unit may take extra time because the Radiation Therapist, and other members of the team, will be checking all aspects of your treatment plan.

The Radiation Therapists will be checking your treatment plan and taking images (pictures) of the treatment area. These images will be used to ensure that your treatment matches exactly as it was planned. Some of these images may be repeated during your course of treatment.

For the remainder of your treatments, you can expect to be in the room for approximately 15 to 20 minutes. The actual radiation treatment will only take a few minutes to deliver, while the rest of the time is taken up to ensure that you are in the correct position for your treatment.

Side Effects that You May Experience During Your Course of Radiation Therapy

Radiation side effects vary from person to person. They depend on the specific areas of your head and neck being treated, the type and amount of radiation given and

a person's general health. Many side effects are temporary and likely will settle down about 4-8 weeks after your last treatment.

What type of skin reactions will I get?

Patients commonly experience changes to the skin in the area where the treatment is given. This is a normal and temporary effect of treatment.

Red and Itchy Skin

The most common change in the area during the first three weeks of treatment is a reddening of the skin. At first your skin may feel warm, dry, itchy and may look slightly red or tanned.

What to do?

- Wash with warm water and gently pat your skin dry.
- Use a mild soap to wash such as Dove or Ivory.
- Avoid rubbing or scratching the area.
- Wear loose fitting, soft cotton clothing around the neck area.
- Aloe Vera gel can be applied to the area 3 to 4 times a day to help itching, provided the skin is NOT open.
- Use a water-based moisturizing cream such as Lubriderm or Glaxal base.
- Do not expose the area to direct sunlight for more than a few minutes at a time. If extended exposure is unavoidable, apply a sunblock cream of SPF 30 or above.
- If the back of your head is in the treatment area, you can wash it using a mild (baby) shampoo. If you do use a hairdryer, make sure it is on a cool setting.
- If you need to shave, use only an electric shaver.

Flaking and/or Peeling Skin

You may notice other skin changes, such as flaking and/or peeling of the skin.

What to do?

Stop using Aloe Vera gel and continue using moisturizing cream on the dry areas.

Skin Breakdown

Sometimes patients may have a reaction with skin breakdown (open areas or small blisters) and a wet discharge in the treatment area. This is most likely where there are two folds of skin together, like the crease of your neck or behind the ears.

What to do?

- Stop using Aloe Vera gel.
- Saline soaks can be helpful. Speak to your Radiation Therapist or Nurse Case Manager for information.
- Apply moisture retentive protective barrier ointment (e.g., silicone based preparations such as Proshield Plus Skin Protectant) after each saline soak.
- You may need to protect the open area by using a dressing. If you need dressings, your Radiation Therapists can show you the Radiation Nursing Clinic, where Registered Nurses will assess your skin and give you advice about how to care for it. They will help you with dressings and advise you on the use of any skin care products.
- Wash your hands well before and after touching the area.
- At your weekly review appointment, your doctor may prescribe medications if necessary.

Hair Loss

Any areas of your skin that contain hair and receive radiation will experience hair loss. In men this may involve loss of parts of the beard, and both men and women may experience some hair loss

in the lower part of the back of the head. In most cases this hair will re-grow within 6 months of finishing treatment, but in some cases there may be permanent thinning of the hair especially in regions receiving the full dose of radiation.

What type of reactions will I get in my mouth and throat?

Dryness of Mouth

If the salivary glands are in the treatment area, radiation can decrease the amount of saliva they produce. This decrease in saliva usually begins during the first and second week of treatment and continues throughout treatment. Your mouth may become dry and sticky with thickened saliva making it difficult to swallow. The severity and duration of the dryness of your mouth will depend upon the amount of salivary tissue that received radiation. In some cases there will be a gradual recovery but in other areas some dryness may be permanent.

Changes in Taste Sensation

Your taste sensation may be changed due to irradiation of your taste buds, if they are in the treatment area. This can result in food tasting different, or there may be a loss of taste. Generally, there is a recovery of taste over 6 to 12 months following treatment, but some changes in your taste sensation may be permanent.

What to do?

- Use baking soda mouthwashes regularly (see recipe below).
- Your doctor may prescribe Mucositis Mouthwash for you to use, usually four times a day (swish and swallow or swish and spit as instructed). Mucositis Mouthwash contains a freezing agent (topical anesthetic) that will make your mouth and throat temporarily numb reducing the discomfort.
- Use the Mucositis Mouthwash 15-20 minutes before you eat or drink to ease some of the pain with swallowing. The Mucositis Mouthwash works better if you rinse your mouth first with the baking soda mouthwash before using it.
- Do not use any commercial mouthwash solutions since they have alcohol in them, which will dry and irritate your mouth.

- Your doctor may prescribe pain medications for you. This will help reduce the pain and make it easier to eat more comfortably.
- Keep your mouth and throat moist at all times by sipping water or use a spray bottle to mist the back of the throat.

Baking Soda Mouthwash Recipe:

- 1 level teaspoon of baking soda
- 10 to 16 ounces of tap water (2 large glasses or 500 ml)
- Mix together and store in a clean jar
- Make a fresh batch everyday

Rinse and gargle (but do not swallow) with baking soda mouthwash as often as possible. Do it hourly if you can manage it. This mouthwash helps to clear the thick saliva and is especially helpful before and after meals.

You can also try flat club soda for rinsing and gargling. Once you have rinsed your mouth, you can swallow some club soda to clear the back of your throat.

What else should I expect when my throat gets sore?

The dryness and swelling in your throat may cause temporary hoarseness or loss of your voice.

What to do?

- Continue with the baking soda mouthwashes regularly.
- Rest your voice as much as possible.
- Keep the air moist in your home by using a cool mist humidifier (useful at night) or a bowl of water in your bedroom.

Weight Loss

As your mouth and throat get sore, you may find that you are eating less food, which may result in weight loss. The Dietitian can meet you to suggest some changes to your diet and discuss the use of nutritional supplements that may help you to continue to eat.

Tips to Help You Eat Well During Treatment:

- Continue with your normal diet until eating is difficult.
- Continue with frequent mouth care (baking soda mouthwash).
- Try smaller portions several times a day rather than 3 large meals.
- If your mouth is sore, it may help to avoid:
 - Highly spiced foods
 - Alcohol and smoking
 - Foods high in acid such as oranges or tomatoes
 - Foods that are rough in texture e.g., chips, nuts, raw vegetables, etc.
- Eat foods served at room temperature (not too hot or too cold).
- Use gravy, sauces and cream soups to moisten meat.
- Take the pain medications prescribed to help you to eat more comfortably.
- Ask a member of your health care team for a referral to the Dietitian if you need more suggestions to ensure that you are eating well.

Fluid Intake and Dehydration

Your intake of fluids by mouth may drop off due to discomfort and difficulty with swallowing. This can lead to dehydration. It is important that you keep hydrated. This makes you feel better through your treatment. If you are not taking in enough fluids, you may feel light headed, your urine may be darker and you may feel more tired. Fluids include water, juices, milk, soups and other fluids. This also includes the fluid part of supplements (e.g., Ensure). It is helpful for you to carry a bottle of water with you at all times and take small sips frequently. Sometimes, you may also need intravenous (IV) fluid. Your Doctor will prescribe this if necessary. If you have a feeding tube, you can

use the tube to take extra water. Each person is unique and your team will provide specific information about your fluid intake.

Will I get constipated?

Constipation can happen because of a change in diet, drinking less fluid and as a possible side effect of some pain medicines. If you are taking opioid pain medicine (e.g., Codeine and Morphine), you may need a bowel routine that will include a stool softener, such as Colace, and a laxative, such as Senokot to prevent constipation. Your Nurse Case Manager will review a bowel routine with you.

Will I get tired while on treatment?

Fatigue or tiredness is a common side effect. It usually starts a few weeks into treatment. The severity varies but usually increases until the end of treatment, then improves gradually after treatment is finished.

What suggestions do you have for managing fatigue?

- Pace yourself, especially with activities that are tiring, and rest as you need to.
- Keep hydrated.
- Try to keep eating (see your Dietitian for help).
- Ask for help with daily activities that you cannot manage.
- Research has shown that light exercise may reduce the fatigue or limit it from getting worse. (For example, walk 10-15 minutes three times a week if you can.)
- Use distraction such as a hobby, walking outside, reading, etc.

What happens when I finish treatment?

Before you finish your radiation sessions, you will be given a follow-up appointment to return and see your Radiation Oncologist and Nurse Case Manager. This appointment is to follow up on any treatment side effects and to evaluate the treatment. Continue to use any medications prescribed to you by the doctor. Your skin reaction will usually settle down after a few weeks. Since this area will always be sensitive to the sun, you should protect it with clothing and use a sunscreen of SPF 30 or above.

Your healthcare team will give you specific information about caring for your reactions when you are finished your treatment.

Who do I contact if I have a question after treatment is finished?

If you have any questions following treatment, please contact your Nurse Case Manager or Radiation Oncologist.