



RADIATION THERAPY

Head and Neck

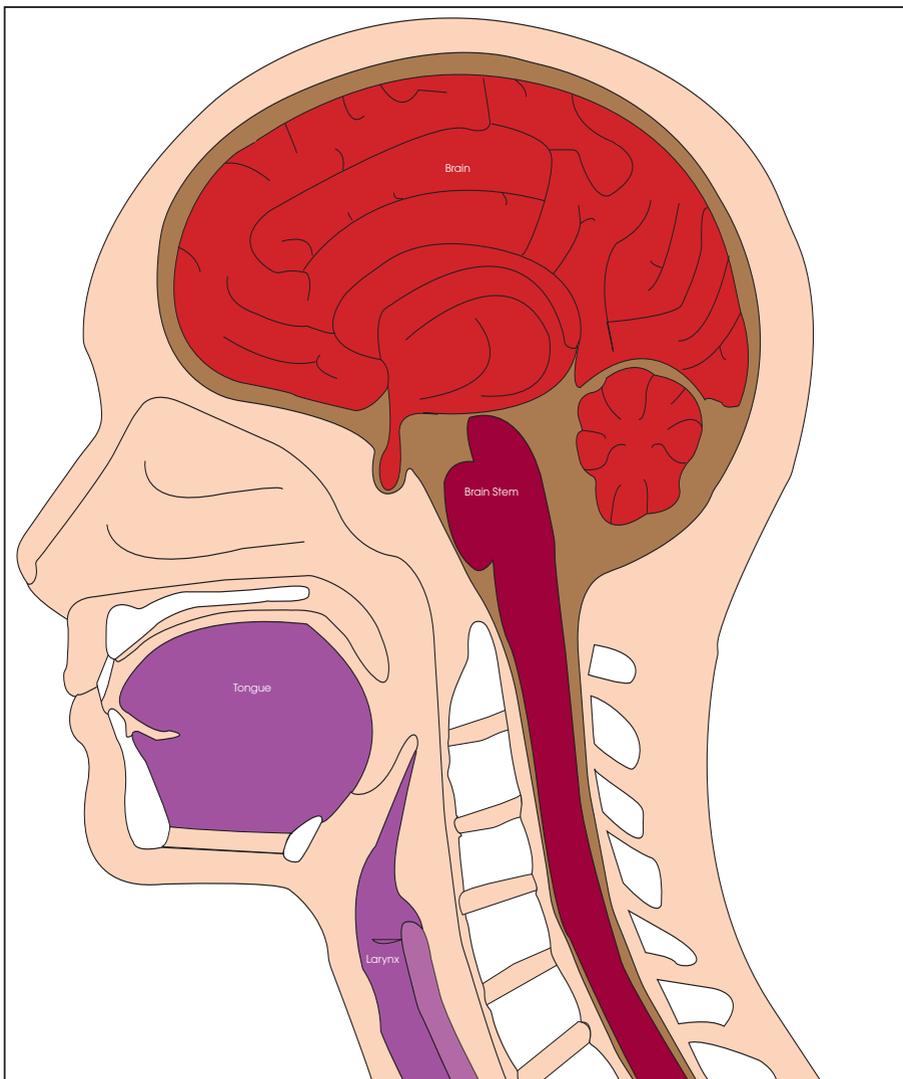
Regional Cancer Treatment Service (RCTS)
Radiation Oncology Department



RADIATION THERAPY TO THE HEAD AND NECK

A course of treatment usually runs for 4–6 weeks depending on the type of cancer you have.

You may be prescribed chemotherapy in combination with the radiation therapy. If you are receiving chemotherapy treatment, your blood counts will be closely monitored as well as any additional side effects.



PREPARING FOR YOUR PLANNING CT SCAN

For treatment to the head and neck area, a mask is usually required. The mask is made to fit the contours of your head. If you have very long or thick hair, including facial hair, it may be necessary to have it trimmed prior to your CT appointment. If you are unsure if this applies to you, please contact us on 06 350 8096.

Information about the mask making process is available on the DVD enclosed in the back of the Radiation Therapy General Information Booklet.

SIDE EFFECTS

Radiation therapy can result in side effects that develop during treatment and continue for a few weeks after treatment finishes. These are known as acute side effects. You can also develop side effects many months to years after treatment. These are known as late side effects. The side effects and their severity will vary for each person. You will not necessarily experience all the side effects mentioned. Chemotherapy in combination with radiation can increase acute side effects.

ACUTE SIDE EFFECTS

These commonly start in the 2nd - 3rd week of your treatment and continue for a few weeks after your treatment finishes.

SIDE EFFECTS	CARE
<p>FATIGUE: It is common to feel tired and have a reduction in energy levels because of the treatment. This may start a few days into treatment and it can vary in its severity. It is a very individual response.</p>	<ul style="list-style-type: none">• Get plenty of rest/sleep when possible. You may find light exercise helpful to increase your energy levels. However, understand that you may not be up to doing as much as usual.

SIDE EFFECTS	CARE
<p>SKIN: Your skin in the treatment area may become pink and feel mildly tender or itchy like sunburn. Unfortunately, some people may develop a more severe skin reaction during your treatment that may result in areas of skin breakdown. If this occurs, the nurses and/or radiation oncologist will give you further advice on skin care and appropriate ointments and dressings to apply to your skin.</p>	<ul style="list-style-type: none"> • Bathe or shower as you normally would, but be gentle with your skin in the treatment area. • Before applying anything to the treatment area, check with your radiation therapist or doctor. • Do not use any harsh products such as exfoliants or loofahs in the treatment area. • When drying the skin in the treated area, do not rub your skin with a towel but gently pat it dry. • Men – do not wet shave during your radiation therapy as this will increase any skin reaction. Use an electric razor or do not shave the beard during your radiation therapy. • Do not wear any tight fitting clothes around the treatment area as this can chafe your skin. • Avoid exposing your treatment area to the sun as it is very sensitive during radiation therapy and will burn very easily. You should ensure that the treated area is well protected from the sun for approximately one year after radiation. As part of good skin care, you should always ensure all of your skin is adequately protected against the sun.
<p>DENTAL CARE: Your teeth will be assessed before radiation therapy starts. Tooth decay can increase during radiation therapy if you develop a dry mouth, as your saliva is protective to the teeth. It is therefore important that any decayed teeth are removed before your radiation therapy starts and we will arrange this for you if necessary. You will also be closely followed up by the dental service at Palmerston North Hospital for one year after your radiation therapy has finished.</p>	<ul style="list-style-type: none"> • During treatment, it is important to maintain good dental hygiene and to use a fluoride gel on the gums and teeth.

SIDE EFFECTS	CARE
<p>MOUTH & THROAT: Your mouth and throat may become tender and inflamed and you may develop mouth ulcers. You may also be aware of a loss of taste or an altered taste with many foods. It will become more painful for you to swallow, particularly towards the end of your treatment course.</p>	<ul style="list-style-type: none"> • During your radiation therapy, you will be closely monitored by the nurses and doctors. They will advise you on the use of mouthwashes and painkillers and prescribe them as necessary. It is likely you will need to switch to a softer diet that is more comfortable to swallow. We would advise you not to smoke or drink alcohol during your treatment course, as smoking and alcohol will make your mouth and throat reaction worse. • Depending on the area you are receiving radiation to, by the end of your treatment you may find it too uncomfortable to swallow even liquids. Your radiation oncologist may therefore arrange for you to have a feeding tube inserted into your stomach before the start of your radiation therapy. A percutaneous endoscopic gastronomy (PEG) is a feeding tube that is placed into the stomach through the skin of the abdomen. It allows you to be fed through this tube, avoiding the need to swallow. You can therefore use this tube when you are starting to struggle taking food by mouth. PEG feeding is supervised by our dietitian.
<p>DRY MOUTH: It may be necessary to treat some of your salivary glands during radiation therapy. If this is the case, you may be aware of your mouth becoming dry during the treatment course. You may be aware that any saliva you do produce is very thick and stringy. This can make eating and talking more difficult.</p>	<ul style="list-style-type: none"> • We advise you to carry water with you so you can use it to reduce the dry sensation. Artificial saliva sprays are also available.

SIDE EFFECTS	CARE
<p>VOICE: During radiation therapy to the neck, you may develop hoarseness of the voice due to inflammation in the throat.</p>	<ul style="list-style-type: none"> • This will improve once radiation therapy has finished.
<p>HAIR LOSS: Depending on the site of radiation therapy, you may suffer hair loss. If you are male and we are treating your neck, your beard will stop growing in the treatment area. If the radiation is treating your face, hair may be lost behind your ears and/or around your temples.</p>	<ul style="list-style-type: none"> • There is no treatment for this. Your radiation oncologist will inform you whether this hair loss is likely to be permanent or not.
<p>HEARING: If radiation is being delivered near to your ear, your ear canal and middle ear can become inflamed. This can result in reduced hearing in that ear (as if you were under water).</p>	<ul style="list-style-type: none"> • Hearing loss caused by the inflammation of radiation will gradually improve over the weeks to months after your treatment finishes.

LATE SIDE EFFECTS

These can take many months to years to develop, and you may never develop these side effects. The benefit of receiving radiation therapy, as part of your cancer management, is felt to outweigh the potential long-term risks of this treatment. If you have any concerns in relation to these side effects, please discuss them with your radiation oncologist.

POTENTIAL LATE SIDE EFFECTS INCLUDE

SKIN:

Following radiation, your skin in the area treated will often feel firmer. This is more common if you had surgery to this area before radiation therapy. In the neck region, this may result in your neck feeling more stiff. Your skin may also be slightly darker in the treated area compared to the rest of your head and neck. In some cases, thin blood vessels may be more prominent on your skin (telangiectasia).

HAIR:

If you lose your hair during your radiation therapy, it is possible that this hair will not regrow in the future. If you are male, this may result in only part of your beard growing. Your radiation oncologist will advise you if your hair loss is likely to be permanent.

TEETH:

If you develop problems with your teeth after radiation therapy, and you need to have a tooth removed, you should see a specialist maxillo-facial surgeon or the specialist dental service at Palmerston North Hospital – not your ordinary dentist. This only applies if area treated included your teeth.

HEARING:

Depending on the site of your cancer, in some cases radiation can cause damage to the nerves responsible for hearing. This means that following radiation therapy your hearing may be reduced. Your radiation oncologist will discuss this with you further if this is thought to be possible in your case.

STIFF JAW (TRISMUS):

If your jaw joint is in the treatment area, it can become stiff after radiation. This is particularly the case if you also had surgery before radiation therapy. To avoid jaw stiffness, we advise you to regularly exercise your jaw by opening and closing your mouth throughout the day. If necessary, we will refer you to a speech and language therapist for specialist advice.

DRY MOUTH:

Although your radiation therapy will be planned to spare as much salivary function as we can, this is not always possible depending on the site of your cancer. This means that if you develop a dry mouth during treatment, it can take many months for your saliva production to start again and it may never come back. Your radiation oncologist can advise you on managing this.

POTENTIAL LATE SIDE EFFECTS INCLUDE

HYPOTHYROIDISM:

Hypothyroidism is under activity of the thyroid gland. This may develop in some cases where the thyroid gland received high doses of radiation. It normally shows as extreme tiredness and slow pulse. It is a very treatable condition and if it is going to develop normally, it takes a few years. Your GP would be able to check the function of the thyroid gland using a blood test and, if needed, place you on medication.

OSTEORADIONECROSIS:

A small part of the jaw bone may die and may make a little hole in the lining of the mouth or through the skin. The underlying bone may become visible. To decrease the chance of this happening, please stop smoking if you are a smoker. Osteoradionecrosis can be difficult to manage, but may be healed with surgery, medication and oxygen under high pressure. Any future dental work, especially on the lower teeth will need to be consulted with the department of Radiation Oncology. Please ask your dentist to contact us.

REDUCING SIDE EFFECTS

There are some measures you can take which can help to reduce the severity of some of the acute side effects.

TRY TO STOP SMOKING

Smoking during radiation therapy increases the sensitivity of your body to the side effects of radiation and will result in more severe reactions. If possible, try to stop smoking before your radiation therapy starts and for the duration of your treatment course. We would strongly advise you to stop smoking permanently in view of the serious health problems caused by smoking, including throat and lung cancer. If you need help in giving up, the radiation oncology team can give contact details of support services to help with this aim.

AVOID ALCOHOL

Drinking alcohol during your radiation therapy will increase your pain on swallowing and increase your radiation reaction in the mouth and throat. Avoid alcohol throughout your radiation therapy and until your radiation reaction has settled. We would advise only minimal to moderate alcohol intake once you have recovered from treatment.

DIET

Continue eating a healthy, well-balanced diet for as long as possible during your treatment. It is likely that you will see a dietitian during your treatment. The dietitian offers advice about appropriate diet options, supplements, weight maintenance and PEG feeding.

FURTHER INFORMATION

CONTRACEPTION

For women receiving radiation therapy we recommend that you do not get pregnant while receiving radiation therapy as radiation can be damaging to a developing baby. We advise you use contraception during sexual intercourse if there is a chance pregnancy could occur.

AFTER TREATMENT IS FINISHED

At the end of your radiation therapy course, you will be advised regarding follow-up. If you have any concerns about side effects following treatment, please phone the contact number on your discharge form. If you do not have a contact number, phone the radiation therapy nurses on (06) 350 8438.

QUESTIONS AND CONCERNS

The radiation oncology team are here to help you through your cancer therapy journey. If you have any questions or concerns, please feel free to approach any one of our team members. You will see the radiation therapists at each of your treatment appointments, and nurses may be seen when necessary. Routinely during your treatment, you will see the radiation oncologist or registrar who will check how you are managing with treatment and its side effects.

CONTACT US

Radiation Oncology reception (06) 350 8430

NOTES

FEEDBACK

We encourage feedback and assurance is given that comments will not adversely affect your current or future care.

You can do this:

- through discussion with MidCentral Health staff providing your care
- by completing "Tell us what you think..." pamphlets available from all services
- by contacting our Customer Relations Co-ordinator, PO Box 2056, Palmerston North 4440, or phone (06) 350 8980
- by contacting a Health and Disability Commissioner Advocate, phone 0800 112 233.