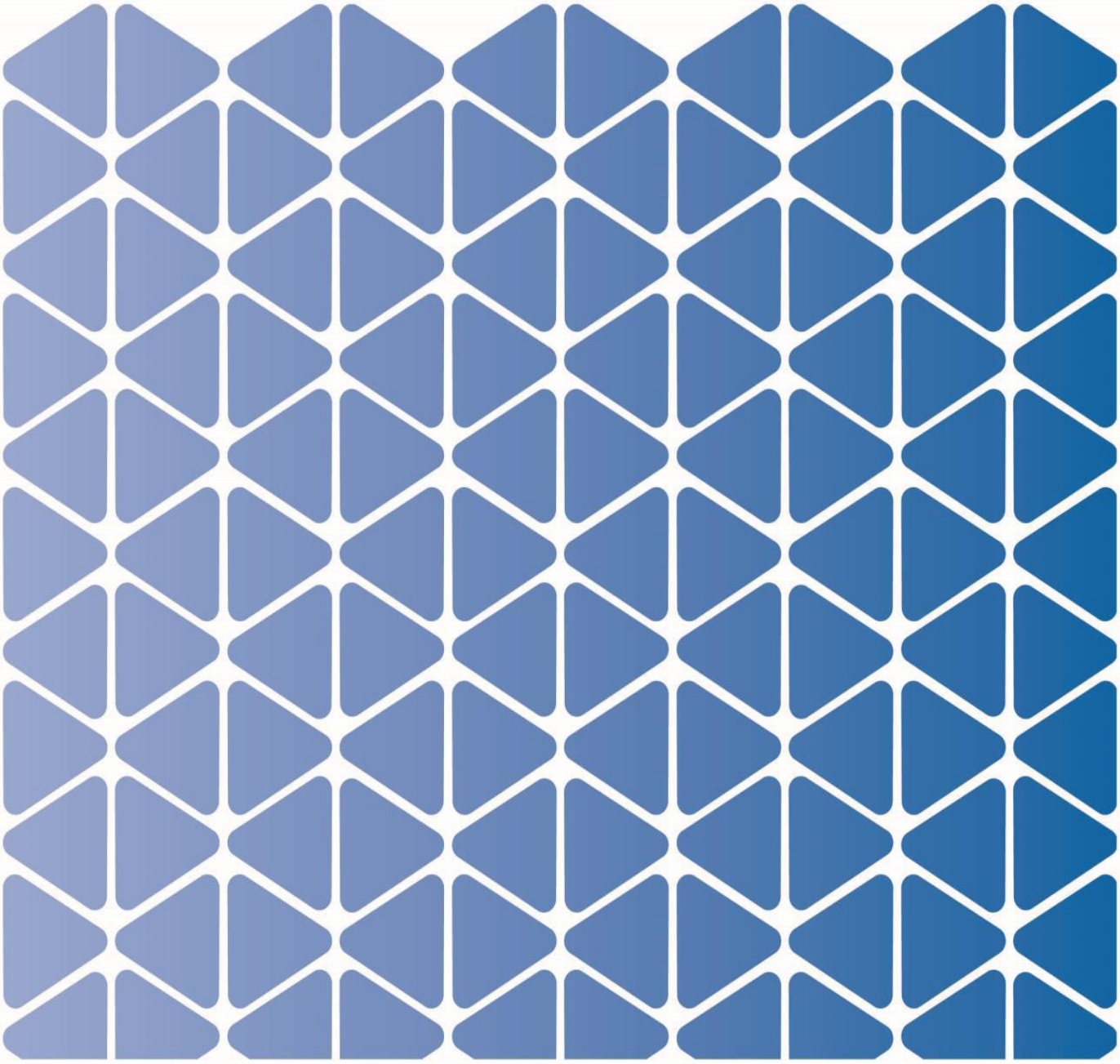
NHS
Worcestershire Acute Hospitals NHS Trust

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 the possible side effects which may develop when receiving radiotherapy to the breast, chest wall and/ or lymph nodes for breast cancer.

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 occur many months or years after treatment and may be permanent.

Your consultant and radiographers will explain the possible side effects in more details and will answer any questions you may have before you start radiotherapy treatment.

Possible early/short-term side effects

These side effects typically begin during your radiotherapy treatment or shortly after its completion. In most cases, they are temporary and usually resolve within **two to six months** following the end of your radiotherapy. While the exact duration and intensity of side effects can vary, most people find that they gradually improve over time.

It is quite common to feel **tired** during radiotherapy treatment, and this may be more pronounced if you have also undergone chemotherapy.

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.

You may experience temporary hair loss **under your arm** on the side being treated. This is a common side effect of radiotherapy, particularly when the lymph nodes in the underarm area are targeted. When the hair starts to grow back, it may be **thinner** or **patchy** compared to how it was before treatment. The regrowth process can take some time, and hair growth patterns may vary.

Effects on the skin

A common side effect of radiotherapy for breast cancer is skin soreness, itching, blistering and colour changes.

Radiotherapy can cause a skin reaction similar to exposure to the sun. Most people have some redness around the area being treated. White skin tones may become redder or subtly darker; brown and black skin tones may appear yellow, purple or grey in appearance.

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 bras. Try to wear old soft bras 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 your 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 e.g. hot water bottles, heat pads, saunas or ice packs	Avoid smoking during treatment – this can make skin reactions worse. Please ask for advice if you want help to stop.

You may find it helpful to use a moisturising cream in the treatment area to keep the skin hydrated and supple. You can continue to use a cream that you are familiar with. However, please avoid using Aqueous cream as a leave-on moisturiser, as it can dry out the skin and should not be applied during radiotherapy.

For best results, apply the cream frequently and gently to the affected area. This will help maintain skin moisture and support its overall health during treatment. Please do not put the cream on immediately before treatment.

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

It is fine to swim during radiotherapy treatment if your skin in the treatment area is all intact and not broken.

Less common early/short-term side effects

Less common early or short-term side effects occur in less than 10% of patients. These include pain and discomfort in the breast, chest wall and armpit, swelling in the breast and a change in breast texture.

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 afterwards. 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.

Your consultant will explain any other possible early or short-term side effects that may be relevant to you.

Possible late/long-term side effects:

Possible late or long-term side effects of radiotherapy for breast cancer may happen many months or years after radiotherapy treatment has finished and may be permanent.

After breast radiotherapy (and/or surgery), you may not produce milk in that breast or the amount of milk is reduced. Breast feeding from the other breast will not be affected.

Other possible common late side effects include changes in breast appearance. The skin may be darker or lighter and there may be changes in breast size, shape and texture. Whilst rare, it is possible for the breast to shrink noticeably following radiotherapy.

Your skin in the treated area may feel drier. You may use a moisturising cream if you wish. 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.

If you have had reconstructive surgery there may be a worse cosmetic outcome after radiotherapy particularly if you have had an implant. This may require the implant to be replaced.

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 antihistamines. Therefore, contact your GP or Oncologist.

Other less common 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, breast care clinical nurse specialist or another member of the team 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) 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. Lung fibrosis that causes breathlessness is a very unusual late effect occurring in less than 1% of patients.

When radiotherapy is given for left sided breast cancer there is a small risk of some damage to the heart muscle and blood vessels around the heart which could result in an increased risk of heart disease in later life. However, this is rare.

There is small risk of nerve damage (brachial plexopathy). This is extremely rare and can cause pain, numbness or tingling in the arm and shoulder.

Exposure to radiation can rarely result in the development of a different cancer in the treatment area

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.

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.