

The Radiotherapy Department
**Radiotherapy for cancer of the
oesophagus (gullet) or stomach**
Information for patients



You have been given this leaflet as you have been recommended treatment with radiotherapy for cancer of your oesophagus (gullet) or stomach.

The **general Radiotherapy leaflet** will explain what the treatment involves, common side effects and some general information about the department. This leaflet – **Radiotherapy for cancer of the oesophagus (gullet) or stomach** provides more specific detail about the type of treatment planned for you and how you can help yourself during and after treatment.

This leaflet is intended as a guide, because the timing and effects of treatment may vary from one person to another. It highlights the key points of the discussions you will have had with your doctor and treatment team. Your family and friends may also find it helpful.

Radiotherapy with chemotherapy

Radiotherapy can be given with chemotherapy to control the growth of the tumour. This can reduce the chance of the tumour spreading or, in some cases, even lead to a cure. This type of radiotherapy is called **radical chemo-radiotherapy**. This is usually given as 25 daily treatments over five weeks.

Radiotherapy after surgery

If you have already had surgery, radiotherapy can be given afterwards to kill off any tumour cells that may have been left behind. This is called **adjuvant radiotherapy**. This is usually given as 25 daily treatments over five weeks.

Adjuvant radiotherapy may also be given in combination with chemotherapy.

Adjuvant radiotherapy with chemotherapy and radical chemo-radiotherapy can be given in one of two ways:

- 1) Cisplatin infusion (given over one day in the first and fourth week during the radiotherapy course) and capecitabine tablets daily.

or

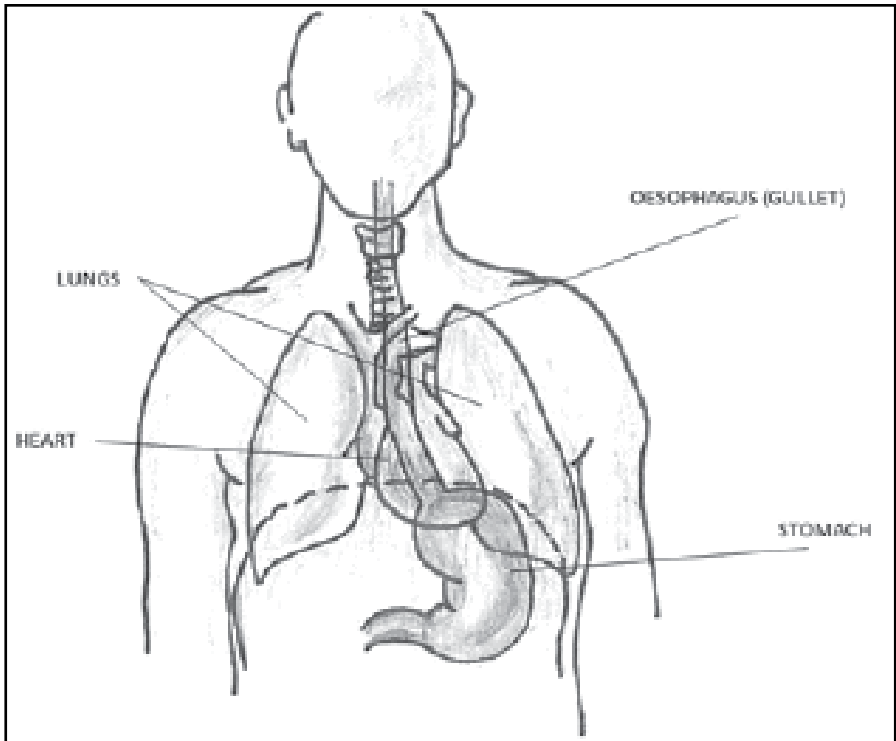
- 2) Carboplatin and paclitaxel infusions given weekly during the radiotherapy course.

The chemotherapy infusion is administered in the Day Therapy Unit. If you are having this treatment, your doctor will explain the details of the chemotherapy plan in clinic and will provide you with a chemotherapy information sheet.

Radiotherapy to help control symptoms

Radiotherapy can be given to treat symptoms related to cancer that are causing problems. These can happen because the growth of the tumour narrows the gullet, causing swallowing difficulties, or it can cause pain or bleeding. Radiotherapy can relieve this pressure by shrinking the tumour.

It may be possible to control the growth of the cancer for a while with radiotherapy, but it is not usually possible to get rid of it completely. This type of radiotherapy is called **palliative radiotherapy**. It may be given as 5 or 12 daily treatments.



Nutrition

Nutrition is important as it provides your body with energy, protein and the vitamins and minerals needed for your body to function well. It enables your body to cope better during radiotherapy and may improve your rate of healing and recovery after treatment. Your requirements for calories and protein increase during and after radiotherapy, so it is important to increase your intake to keep your weight stable.

If you have lost weight or are finding it difficult to eat and drink enough before you start treatment, please ask to see the dietitian. It is important that your nutrition is as good as it can be to help you feel stronger and more able to cope with treatment. We will aim to keep your weight stable during treatment and will monitor this carefully. Please make sure you follow any nutritional advice as much as possible.

Side effects of radiotherapy

Radiotherapy treatment is painless. However, there are some side effects which are associated with the treatment. You may notice one or more of them gradually developing over the course of the treatment, but it is rare to experience all of these side effects.

Tiredness

You may feel tired, especially toward the end of treatment. Listen to your body and if necessary allow yourself extra time to rest and sleep. The tiredness gradually wears off, but usually takes at least a month after the treatment ends.

Nausea (feeling sick)

This may occur during your treatment. We will give you anti-sickness tablets to take before each treatment. It is important to take this medication as prescribed to help prevent you feeling sick. If you continue to feel sick or you are vomiting (being sick) despite taking the anti-sickness medication, please tell your

therapeutic radiographer, doctor or specialist nurse, so that your medication can be changed.

Loss of appetite

It is common to lose your appetite during treatment. If you had surgery before radiotherapy, you will already be limited with how much you can eat before you feel full.

If you are able to eat, it is important to eat something every 2-3 hours. It is a good idea to carry snacks and drinks with you, as you are likely to be away from home for several hours each day.

Soreness when eating or swallowing, or indigestion

Radiotherapy can cause your gullet or stomach to become inflamed and sore, making swallowing more uncomfortable or difficult. If you are having chemotherapy, your mouth might become sore as well. If you notice soreness or pain, please let your therapeutic radiographer, doctor or specialist nurse know.

Soreness in your gullet may be helped by a product called Gaviscon, which can be purchased at a pharmacy, or prescribed by your doctor. Gaviscon coats the gullet, providing a layer of protection between the food or fluid that you are swallowing and the lining of your gullet. You can begin taking it when your throat feels sore. It is a good idea to take Gaviscon before eating or drinking, to make it more comfortable.

If you have experienced or feel that you have indigestion or heartburn, it may be a good idea to take an antacid, such as lansoprazole or omeprazole regularly. We can prescribe this for you.

If your mouth or throat becomes sore but you are still able to eat, it may be a good idea to avoid spicy or 'acidic' foods such as curry, chillies, vinegar, tomatoes and citrus fruits. Food and drinks at room temperature may be more comfortable.

Soluble paracetamol may also ease the discomfort that you have when eating or swallowing. This can be taken up to a maximum of four times per day and is of most benefit if you take it 30

minutes before eating. If you are still experiencing pain or soreness despite taking regular paracetamol and Gaviscon, please let your therapeutic radiographer, doctor or specialist nurse know, so that they can organise for your pain relief to be increased.

Some painkillers (e.g. those that contain codeine or morphine) can cause constipation, so you may need regular laxatives whilst you are taking this medication. Let the team know if you are not opening your bowels regularly, or if you notice any changes to your bowel activity.

Difficulty swallowing

You may already be experiencing difficulty swallowing because of the location of the cancer or your surgery. Swallowing can become more difficult during radiotherapy treatment.

If you are able to eat, it is a good idea to avoid foods that may 'stick' in your throat if it becomes more swollen during treatment. It is best to avoid lumps of meat, fresh fruit or vegetables with skins, fresh bread, rolls, pastries, potatoes or sponge cakes.

Try eating soft and moist foods with a high protein content, such as porridge made with whole milk, yoghurts, custard, rice puddings and soups fortified with double cream. Further information about soft-moist textures can be provided by your dietitian. It is also helpful to chew your food well before swallowing.

If you are restricted to drinks, it may be necessary to dilute these down so that they are 'thinner' and easier to pass through any narrowing. You may benefit from nutritional supplement drinks that provide additional energy, protein, vitamins and minerals. Please check with your dietitian about suitable choices, as drinks prescribed before your surgery may no longer be suitable.

If your swallowing is getting worse and you are unable to drink much at all, are bringing food back up or vomiting, please contact the Oxford Triage Assessment Team (see page 10).

Feeding tube

If you have swallowing problems before starting treatment, have had surgery, or the team think you will struggle with swallowing during treatment, you may be advised or already have a feeding tube (called a gastrostomy or jejunostomy tube). This is a narrow tube that is inserted through a small opening on your abdomen. This tube can be used for nutrition, water and medications.

If you are struggling to drink enough, extra fluid can be given through a syringe into your feeding tube, to prevent you becoming dehydrated. Your dietitian can advise you how much fluid to have.

If your feeding tube becomes blocked, please let the Upper Gastrointestinal (UGI) specialist nurse or dietitian know as soon as possible.

If you have a jejunostomy tube, this is usually held in place with three stitches. It is important to let one of the UGI team know if any stitches fall out, as these will need to be re-stitched to prevent the tube from falling out.

Once you have completed treatment and are able to eat and drink enough, the feeding tube will be removed. This is usually a straightforward procedure.

Dry cough

You may develop a dry cough and the doctor you see at the Oncology Clinic will tell you if this is likely to occur. A tickly cough may be eased by sipping water or other drinks. Some people find a simple cough medicine helps. The irritation caused by the radiotherapy should settle within a few weeks of completing your treatment. If the cough does not go away, contact your family doctor.

Skin reaction

Some people develop a skin reaction in the area being treated, especially on the back. Please refer to the general Radiotherapy leaflet, which will tell you how to care for the skin in this area.

The side effects you have experienced may become worse for a short while after treatment, but will slowly settle over a few weeks. Please do not worry as this is quite normal. During this time you should continue to follow the advice you have been given during your treatment and take any prescribed medication for the side effects, until they settle down.

Possible long-term side effects

Long-term side effects can occur many months to years after radiotherapy has finished. These late side effects are hard to predict and unfortunately if they do occur, they may be permanent. We plan the treatment to avoid the surrounding areas around the tumour as much as possible to reduce these side effects.

Narrowing of the gullet (oesophagus)

The gullet can remain narrow, or become narrow after the radiotherapy. If you experience on-going swallowing difficulties more than two months after completing your treatment you may need further investigation and treatment. If this is due to narrowing of the gullet caused by scarring after radiotherapy, you may need an endoscopy or an internal stent (small mesh tube) to stretch the gullet.

Breathlessness

Inflammation (pneumonitis) and scarring (fibrosis) of the lung can happen, if the lung has been in the area of treatment. This may cause you to feel breathless.

This usually occurs two to three months after finishing treatment. It may be possible to learn breathing exercises or use medication that will help reduce your breathlessness.

After treatment

You will usually be asked to return to the Outpatient Clinic to be reviewed by your oncology consultant or team.

Radiotherapy takes time to work. At each appointment your doctor will assess and discuss your progress. They will talk with you about any continuing side effects and plan further appointments.

How to contact us

If you have any queries **during** your radiotherapy treatment or in the month after it has finished, please speak to a member of staff treating you.

Radiotherapy nurse practitioners

(during normal working hours)

Tel: **01865 235 472**

Dietitian

Tel: **01865 235 421**

Alternatively, outside of these hours, please contact:

Oxford Triage Assessment team

Tel: **01865 572 192**

After your treatment has finished you can also contact the **Upper GI nurse practitioners** from your local team.

Oxford: 01865 235 706

or via the Churchill Hospital Switchboard

Tel: **01865 741 841** and ask for **bleep 1977** or **1891**

Milton Keynes: 01908 996 549

and ask for extension 86549

Swindon: 01793 604 483

Stoke Mandeville/High Wycombe: 01296 315 000

The contact details of helpful organisations can be found in the general Radiotherapy leaflet.

You may also find these organisations useful:

Oxfordshire Oesophageal and Stomach Organisation (OOSO)

Tel: 07711 160 766

Website: www.ooso.org.uk

Oesophageal Patients Association

Tel: 0121 704 9860

Website: www.opa.org.uk

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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www.ouh.nhs.uk/information

