

The Radiotherapy Department
**Radiotherapy to
the chest wall**
Information for patients



You have been given this leaflet as you have had surgery for breast cancer and have been recommended to also have radiotherapy treatment to your chest wall. This is called adjuvant treatment.

The **general Radiotherapy leaflet** will explain what having the treatment involves, common side effects and some general information about the department. This leaflet – **Radiotherapy to the chest wall** – will provide more specific detail about the type of treatment planned for you, including information on how you can help yourself during and after treatment.

Depending on the treatment technique, you may also need to read the Deep Inspiration Breath Hold leaflet. We will give this to you, if you need it.

The timing and effects of treatment may vary from one person to another. This leaflet will highlight the key points of the discussions you will have had with your doctor and treatment team. Family members and friends may also find it helpful.

Treatment plan

After a mastectomy there remains a risk of a cancer returning in your chest wall, where your breast used to be. The size of this risk depends on the extent of the initial cancer. Radiotherapy is sometimes recommended to reduce this risk.

Research has shown that radiotherapy to the chest wall reduces the chance of the cancer returning. It also improves survival by a small amount. If chemotherapy is also recommended, the radiotherapy is usually given after the chemotherapy has been completed.

We are not able to assess the treatment results during or after radiotherapy, but the treatment has been proven to reduce the risk in the future. After your treatment has finished, your doctor will meet with you to discuss plans for follow-up.

What happens during the radiotherapy treatment?

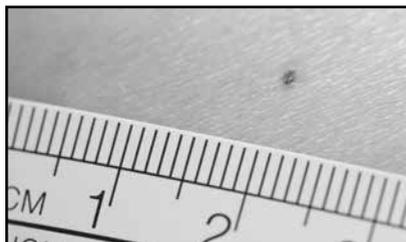
During your radiotherapy appointment you will need to lie on a special piece of equipment called a breast board. This is used to help you remain still and be positioned in the same way each day for treatment.

The position on the breast board during treatment



Although the model in the photo is wearing her top, during the treatment you will need to remove your clothes on your top half. We will also need to mark your skin with small permanent tattoos. These are each the size of a full stop. These tattoos are used to place you in the correct position each time you have treatment.

One of the small tattoo marks



Short term side effects

Radiotherapy treatment is painless. However, it does have some side effects and you may notice one or more of them gradually developing over the course of treatment.

Please note that it is rare to experience all of these side effects.

If anything is worrying you, however small, during your treatment, please tell your therapeutic radiographer or radiotherapy nurse practitioner, either at your visit or by phoning the department.

Skin

You are likely to experience some skin changes in the area being treated. This can vary from mild pinkness and itching (similar to mild sunburn), to quite marked redness and blistering.

For most people, the irritation is mild and can be effectively eased with the use of one of our recommended creams. More detailed advice can be found in the **general Radiotherapy leaflet**.

Severe skin reactions are uncommon. The therapeutic radiographers and radiotherapy nurse practitioners will assess your skin during treatment and provide dressings and lotions if needed. If your skin is very sore at the end of treatment, then a district nurse will be arranged to help you with dressings at home.

Tiredness

You may feel tired, especially toward the end of a course of treatment. Listen to your body and, if necessary, allow yourself extra time to rest. You can continue working if you feel able to.

Gentle exercise and drinking more fluids can also help reduce the tiredness. It will wear off over a few weeks, once the treatment ends.

Pain

Some people experience discomfort or describe their chest wall and treatment area as feeling different. Occasionally it can become swollen during treatment. You may also experience sharp shooting pains and twinges, which can be related to the re-growth of nerves. If this happens, the pain is usually minimal and can be treated with mild painkillers if needed.

Nausea (feeling sick)

It is very rare to experience nausea during this treatment, but if it happens it is usually mild. You may wish to try eating and drinking small amounts, little and often.

Any side effects you experience during treatment will continue to worsen up to approximately two weeks after treatment. They then usually slowly settle during the following 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. Continue to take any prescribed medication for the side effects until they settle down.

Possible long term side effects

Long term side effects ('late effects') can occur months to years after radiotherapy. These side effects are hard to predict and, if they do occur, they can be permanent. In most people, these effects are mild and do not interfere with everyday activities. However, a small proportion of people develop more marked effects which can be troublesome.

It is extremely rare for someone to develop several side effects. We plan the treatment to avoid the surrounding areas around the tumour as much as possible, to reduce these side effects.

Common long term side effects (occur in more than 20 in 100 people)

Chest wall changes

Your chest wall area may become firmer to the touch, compared to the surrounding untreated skin and muscle.

It is common to notice a slight change in the colour of your skin where the treatment has been given. This is usually very slight and does not cause any problems, but it may be permanent.

Less common long term side effects (occur in 5-20 in 100 people)

Oedema

Your chest wall may become swollen, tender, pinker in colour and warmer to touch, several months after treatment. This is known as oedema. If this happens, continue using moisturising cream on your chest wall every day.

Oedema can be associated with pain, discomfort, short shooting pains and twinges. If your chest wall becomes swollen, please contact your breast nurse practitioner or GP. They may refer you to the Lymphoedema Service for advice and help.

Shoulder movement

Some restriction in the range of your shoulder movement may occur on the side which has been treated. Your breast nurse practitioner will give you a leaflet of helpful exercises. These, and using your arm normally, will help keep your shoulder more flexible.

Pain

Long term, persistent pain in the treated area may occur. If you experience this, please speak your GP, breast nurse practitioner or consultant.

Rare side effects (occur in less than 5 in 100 people)

Skin

You may notice dilated capillaries (tiny blood vessels) under the skin in the area that has been treated. These marks are called telangiectasia. They can look unpleasant but do not cause problems.

Lung fibrosis

Radiotherapy can cause scarring (fibrosis) of a small area of lung tissue, which can (rarely) cause some degree of breathlessness. If this happens please contact your GP or hospital doctor.

Every effort is made to limit the amount of lung included in the treatment area, to minimise this risk.

Bones

Radiotherapy can make bones brittle and more likely to break. With breast radiotherapy, the bones at risk are your ribs. Rib fracture is very rare but is painful. A fracture usually heals without any treatment. You should speak to your GP if you feel you have damaged a rib in some way or if your rib pain continues.

Heart

Radiotherapy to the left chest wall may affect a small amount of heart tissue and make you more susceptible to heart disease. Breast cancer radiotherapy increases the risk of heart disease by less than 2%. If you experience any symptoms, please contact your GP. In an emergency, please go to your nearest Emergency department.

Every effort is made to exclude the heart from the treatment area, to minimise this risk.

Second malignancy

Radiotherapy is associated with a small risk of developing a second cancer many years later, as a result of the radiotherapy. In non-smokers, this risk is usually less than 1%, which is much less than the risk of not treating the chest wall. If you are a long term smoker, the risk is larger (around 2-5%), but you can greatly reduce this risk by stopping smoking.

How to contact us

If you have any queries **during** your radiotherapy, please speak to one of the therapeutic radiographers when you come in for treatment.

Alternatively, you can contact the radiotherapy nurse practitioners by calling the Radiotherapy reception:

Tel: **01865 235 465** during normal working hours

Outside of these hours, please contact the **Oxford triage assessment team:**

Tel: **01865 572 192**

After your treatment you can contact your local breast nurse practitioner.

Oxford Breast Nurse Practitioners

Tel: 01865 235 773

Swindon Breast Nurse Practitioners

Tel: 01793 604 340

Buckinghamshire Breast Nurse Practitioners

Tel: 01494 426 228

Banbury Breast Nurse Practitioners

Tel: 01295 224 196

Helpful links

Breast Cancer Care

Helpline: **0808 800 6000**

Website: **www.breastcancercare.org.uk**

The Helpline is a free and confidential service, staffed by experienced nurses and specially trained workers with a personal or professional experience of breast cancer.

Maggie's Centre – Oxford

This is located opposite the Cancer and Haematology Centre at the Churchill Hospital, just off Roosevelt Drive, next to the Julia Durbin nursery. It is open Monday to Friday, from 9.00am to 5.00pm. No referral is required, just drop in.

Tel: **01865 751 882**

Website: **www.maggiescentres.org**

Macmillan Cancer Support

Helpline: **0808 808 00 00**

Website: **www.macmillan.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 **PALS@ouh.nhs.uk**

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