



Oxford University Hospitals  
NHS Foundation Trust

Clinical Oncology

# Radiotherapy to the larynx (4 week treatment)

Consent information for patients



Radiotherapy treatment is used for early larynx cancer. We are aiming to cure the cancer and it is successful for many people, but unfortunately not all.

You will have treatment every day for 4 weeks (usually excluding weekends and some bank holidays). At each session, you spend about 10 minutes in the treatment room, but most of this time is spent getting you into the right position.

Radiotherapy does not hurt, the machine does not touch you and it is rather like having an ordinary X-ray. We have to treat the whole area accurately, which means that you must lie very still, usually on your back. To make staying in position easier, we make a facemask for you. To make sure the mask fits well, we ask you to be clean shaven for the mask fitting and throughout your treatment.

## Side effects

Unfortunately, everyone gets some side effects from radiotherapy. We can help relieve most of them, but sometimes not completely. Some of the side effects happen immediately, others happen soon after we finish treatment and some take a longer time to develop. The exact side effects will depend on where your tumour is, so not all the side effects mentioned will necessarily happen.

You will be reviewed weekly throughout your treatment, and for 2 weeks after, by members of the head and neck team. They will assess you and give you advice, support and medication to help you cope with your side effects. More details about this can be found in our booklet '**Radiotherapy for cancer in the head and neck region**' (please ask if you do not have a copy).

### **Immediate side effects**

- **Pain** – You may feel pain in your throat or gullet (oesophagus) when eating or drinking. This can make eating difficult and your appetite may be affected. This will usually get better within 2-4 weeks of finishing treatment.
- **Thick saliva and altered taste** – Your sense of taste may change and your saliva may become thicker and sticky. Alcohol and smoking will make this worse.
- **Unsafe swallow or difficult swallow** – Most people find that their swallowing is affected by the treatment. Drier or firm foods may become very difficult to swallow, requiring a change in diet to smoother soft foods.

Drinking or eating may make you cough, as drink or food may go down the wrong way. It is important that you report this symptom immediately, so we can avoid a chest infection developing. You may need to be admitted to hospital for fluids and feeding if your swallowing is unsafe.

- **Cough** – Coughing (when not drinking) and a feeling that you need to clear your throat are very common.
- **Hoarse voice** – Your voice may already be hoarse at the start of treatment. It is very common for this to get worse during treatment and then start to improve a few weeks after treatment finishes.
- **Difficulty talking** – Soreness of the throat may make it difficult to talk and it may become an effort to speak clearly. Tiredness may also make this worse.
- **Loss of beard** – Beard growth in the area treated will be affected by the treatment. It is unlikely that hair will grow in this area again, but if it does it may be thin and patchy.
- **Sore skin** – The skin in the treated area may get pink and sore during the course of treatment. Any skin reaction should settle down within 4 weeks of completing treatment.
- **Tiredness** – A course of radiotherapy often makes people tired. This is at its worst near the end of treatment and just after it finishes.
- **Feeling fed up or low** – It is very common for people to feel fed up at times during and after their treatment. This is a normal reaction to this situation. It is important that you tell us how you are feeling, so we can help to support you and your family, as there is a lot we can do to help.

Many of the side effects listed above tend to peak 7-10 days after treatment, and may last for several weeks after treatment before settling down.

## Long-term side effects

These are the hardest to predict and unfortunately, when they do happen, they are permanent.

- **Voice change** – Persistent hoarse voice. Your voice may already be hoarse before the radiotherapy treatment is given. This usually worsens during treatment and then improves afterwards. Your voice may return to near normal after treatment, but some people are left with a permanently weak or hoarse voice.
- **Underactive thyroid** – The thyroid gland (in the neck) can be affected by radiation. It may become underactive or occasionally overactive, even many years after treatment. Both these conditions are detectable on blood tests and can be treated. If you are at risk of this, your GP will be asked to check your thyroid blood test once a year or if you develop symptoms that might be due to your thyroid.
- **Difficulty swallowing** – Rarely the gullet (swallowing tube) can become narrowed after radiotherapy; this can lead to difficulty swallowing. If you develop this problem further tests will be carried out and your gullet may need to be stretched.
- **Facial hair loss** – Patchy or no beard growth in the area treated.
- **Risk of stroke** – The large blood vessels in the neck, which supply blood to the brain, may become narrowed many years after treatment; this may increase the risk of strokes. To reduce this risk it is important to not smoke and to discuss any other risk factors (high blood pressure or high cholesterol) with your GP, as treating these will be helpful.
- **Other cancers** – We are finding that, very rarely, people who have had treatment for one tumour can develop another type of tumour some years later. Smoking should be avoided, as this also increases the risk of many types of tumour.

- **Mouth** – It is unusual for the mouth to receive any radiotherapy when treating the larynx, so problems with teeth are not expected. If your treatment is likely to have affected your mouth, this will be discussed with you.
- **Unexpected side effects** – Sometimes, many years after treatment has finished, an unusual and unexpected side effect occurs, which we were not anticipating. Doctors who treat people with radiotherapy are always interested in hearing about any side effects of treatment. If you do see your GP or hospital doctor with a new problem, please tell them about your previous radiotherapy treatment. Ask them to tell your oncologist if they think the problem may be a side effect of radiotherapy treatment.



If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

*Making a difference across our hospitals*

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



Authors: T Foord, in collaboration with the Head and Neck Team  
November 2018  
Review: November 2021  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

