



Oxford University Hospitals  
NHS Foundation Trust

Clinical Oncology

# Radiotherapy to the nasopharynx

Consent information for patients



Radiotherapy may be given on its own or with chemotherapy (separate information will be given about chemotherapy). 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 between 6-7 weeks (usually excluding weekends and some bank holidays). At each session you spend about 10-15 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 and how much treatment is needed, 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 mouth, 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 of weeks of finishing treatment.
- **Dry mouth and altered taste** – Some of your mouth and salivary glands may be treated, which can cause your saliva to dry up and taste to alter. The lining of your mouth may also become sore and ulcerated. Alcohol and smoking will make this worse.
- **Difficulty eating** – As many people find eating and drinking enough difficult, our dietitians will assess you before treatment. They will decide, with you and the doctors, if you need a feeding tube to be inserted before starting treatment, or within the first 2 weeks of treatment. This is usually a PEG tube, which is a flexible tube that goes directly into the stomach through the tummy wall. If you need this, the fitting procedure and how to look after it will be discussed with you. Most people will not manage this treatment without using a feeding tube. You may continue to manage sips and small amounts of smooth or pureed food during treatment.

- **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 4-6 weeks of completing treatment.
- **Hair loss** – If there is hair in the area being treated (or where the X-ray beams pass through) then this will fall out. It starts to fall out after about 2 weeks of treatment and is more or less gone by the end. It usually starts to grow back about 3 months after treatment, though it might be thinner than before treatment.
- **Hoarse voice** – This often occurs during treatment and then starts to improve a few weeks after treatment finishes.
- **Difficulty talking** – Soreness of the mouth and throat may make it difficult to talk and it may become an effort to speak clearly. Tiredness may also make this worse.
- **Difficulty swallowing** – 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.
- **Cough** – Coughing (when not drinking) and a feeling that you need to clear your throat are very common.
- **Nausea** – Sickness and occasionally vomiting may occur with this treatment.
- **Tiredness** – A course of radiotherapy often makes people tired. This is at its worst near the end of the 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.

- **Dry mouth, teeth and jaw problems** – Your salivary glands may produce less saliva, which will lead to a dry mouth and a need to drink more fluid than normal, especially when eating. This may also mean that your teeth will be more at risk of caries (tooth decay). It is important that your teeth are cleaned regularly and you have regular check-ups. Tell your dentist about the radiotherapy treatment, as your jaw bone may be more likely to develop an infection.
- **Difficulty eating and swallowing** – Most people report some change in the long term with eating and drinking, e.g. needing extra drinks or sauces when eating, or needing to choose a softer diet. Rarely a feeding tube is required permanently (life-long), if swallowing does not recover well enough for all food and drink to be taken through the mouth. This is less likely to occur if you have been able to continue eating and swallowing through your treatment, even if only small amounts. Recovery of swallowing varies from one person to another and may take several months.

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.

- **Hormone problems:**

**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.

**Underactive pituitary** – Sometimes we have to treat the pituitary gland (at the base of the brain). This means it may

not continue to produce some essential hormones, but these can all be replaced. An endocrinologist (doctor specialising in hormones) will be asked to review you and do specific hormone tests. They will help deal with any problems and will advise on the replacement of the hormones normally produced by your pituitary.

- **Visual problems** – In some cases it may be essential to treat the optic (eye) nerves or the retina (back of the eye). If this is required, your doctor will explain any expected side effects to you.
- **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.
- **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.

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