

SHORT COURSE RADIOTHERAPY TO THE HEAD AND NECK

(which may include some or all of the mouth)

Information for patients



You have been recommended a short course of radiotherapy by your consultant. The radiotherapy treatment is designed to control specific symptoms and problems which may be troubling you at the moment. This should reduce the need for medications and will help you to continue with the activities you need and want to do. This is called **palliative radiotherapy**.

Radiotherapy is radiation treatment and is given by machines called **linear accelerators**. The treatment can be adjusted to suit your needs.

How does radiotherapy work?

Radiotherapy causes changes to both cancer cells and normal cells. This is the reason why radiotherapy has some side effects. Cancer cells are more sensitive to radiotherapy than normal cells, so more of them are damaged. The normal cells are better able to repair themselves, so the damage to them is usually temporary.

How often will the radiotherapy be given?

Radiotherapy is usually given as once-a-day outpatient appointments, also known as 'fractions'. Treatment may be just once or over a series of appointments. It is very important to complete your treatment and come to each appointment, as radiotherapy works best when given consistently. Please let the Radiotherapy department know if you're not able to come.

Preparation for treatment

Radiotherapy does not hurt and the machine does not touch you. 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 ideally be clean shaven for the mask fitting, but please speak to us if this is a problem for you.

General advice during treatment

You should take any pain medication you are prescribed before coming to your to your radiotherapy appointment, as you may find lying on the treatment bed uncomfortable. Please also bring with you any medication you may need during the day.

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. 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 during and after your treatment, 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 and give you advice.
- **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 usually starts to grow back about 3 months after treatment, though it might be thinner than before.
- **Hoarse voice** This may occur during treatment and then start 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.

HOW TO CONTACT US

If you have any questions during your radiotherapy, or about your symptoms during treatment, please speak to a member of your treatment team or contact the Radiotherapy reception.

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

Alternatively, outside of hours, you can contact the Oxford Triage Assessment Team.

Tel: 01865 572 192

After your treatment, you can contact your Macmillan nurse or family doctor for further advice and support.

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.



Authors: T Foord, in collaboration with the Head and Neck Team Guidance received from Divisional Patient Information Coordinator

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