

Radiotherapy to the breast/chest wall

Radiotherapy Department



Patient information leaflet

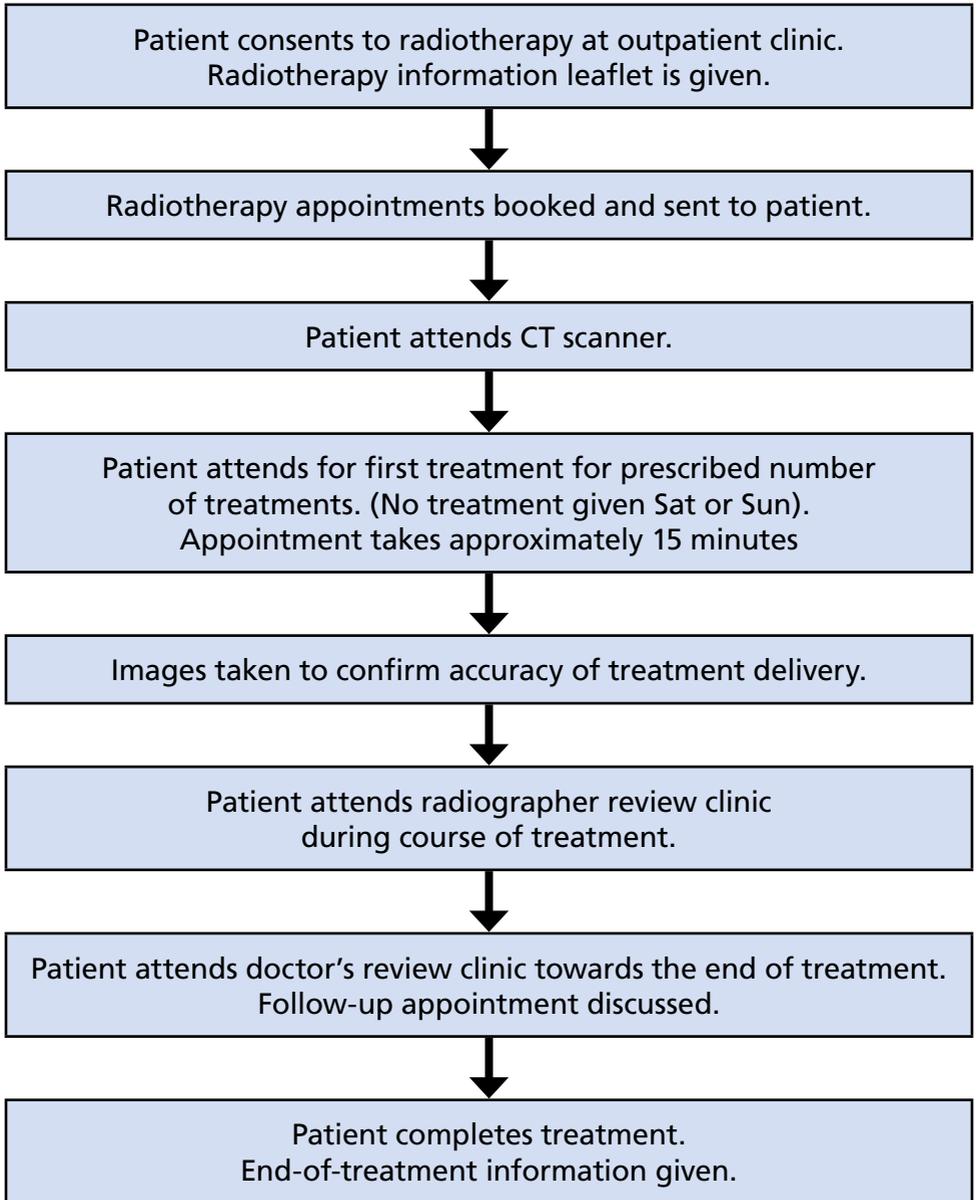
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Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.

www.royalsurrey.nhs.uk/st-lukes-centre

Patient Pathway – Breast/Chest Wall



St Luke's Cancer Centre

Please be aware that St Luke's Cancer Centre has two radiotherapy departments. One is located at the Royal Surrey County Hospital in Guildford and the other at East Surrey Hospital in Redhill. Please refer to your appointment letters for the location of all your appointments. All information contained in this leaflet is relevant to both sites.

Introduction

Your clinical oncologist has decided that a course of radiotherapy would be the most appropriate way of treating your cancer. When recommending radiotherapy, your doctor takes into account the risk of the cancer returning or growing if no radiotherapy is given. While the treatment may have some side effects, it is felt that the advantages for you would outweigh the disadvantages.

At this stage your doctor will probably have discussed with you the risks and benefits of undergoing a course of radiotherapy and you may have been presented with a consent form to sign agreeing to have the treatment.

The short and long term risks of receiving radiotherapy to your breast or chest wall are outlined towards the end of this leaflet.

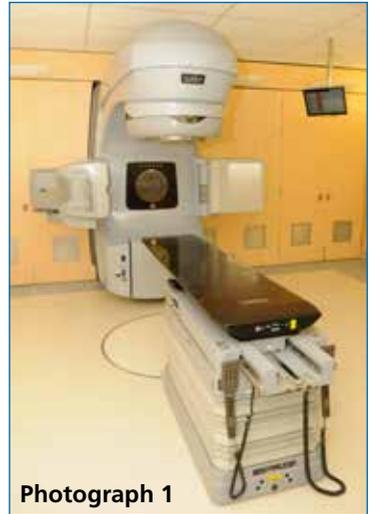
Who is this leaflet for?

This leaflet is specifically for patients having radiotherapy to the breast or chest wall. Please be aware that your treatment will be tailor-made for your specific needs. It may differ slightly from what is described in this leaflet, and also from what another patient with a similar diagnosis may be having. You will have an opportunity to talk with a radiographer before the planning of your radiotherapy, and again before you start your first treatment. You may also ask to see a doctor or clinical nurse specialist if you wish.

What is radiotherapy and how does it work?

Radiotherapy is the use of high energy x-rays or electrons (ionising radiation) to treat cancer. It is delivered from a machine called a linear accelerator (or Linac for short). See photograph 1.

Carefully calculated doses of radiation are directed to a specific part of your body. Accurate planning of your radiotherapy means that the treatment is very localised and targeted, avoiding as much healthy tissue as possible. However, some healthy tissue will be affected and may cause side effects. Most side effects are temporary as healthy tissue is able to repair itself. External beam radiotherapy is a very quick and usually painless treatment.



Photograph 1

What are the alternatives?

You may decide that you do not want to have radiotherapy; this is an option you can choose. Talk again with your doctor if you have decided not to proceed with treatment.

You may request a second opinion on your diagnosis or treatment at any time during your consultation or treatment process. Please speak to your clinical oncologist or GP.

What happens before radiotherapy starts?

Following your initial outpatient appointment with the doctor you will be sent a letter asking you to attend the radiotherapy department for a pre-treatment appointment. This appointment will be for the oncology CT scanner.

Please check your appointment letter for the exact location of your appointment. It is helpful to bring your appointment letter and a dressing gown with you.

A member of the pre-treatment radiotherapy team will explain what is going to happen and give you a further opportunity to discuss your treatment and side effects before proceeding with the treatment preparation. However, if you feel you have questions that you would like to address to the doctor, a radiographer can organise a meeting for you.

During this discussion you will be asked to confirm your name, address and date of birth.

You will be asked for this information before every procedure or treatment undertaken in the department. The following subjects will also be addressed:

- **Confirmation of consent:** You will probably have already signed a consent form with your clinical oncologist. That consent will be re-confirmed with a radiographer prior to your first planning session, to ensure that you agree to proceed with the proposed treatment.
- **Pacemakers:** If you have a pacemaker and you did NOT discuss this with your clinical oncologist when you signed the radiotherapy consent form please phone the CT scanner to let them know. The number is at the end of this information leaflet. It is safe to give radiotherapy to patients who have a pacemaker but there are a few precautions we may need to take. The radiotherapy department will send you an information sheet entitled 'Pacemakers and Radiotherapy' for you to read and keep with your other patient information leaflets. This leaflet will explain why extra precautions may be needed and what those precautions are. It will also highlight any extra appointments you may need to attend the hospital for. Please bring your pacemaker ID card to your CT appointment.
- **Pregnancy:** All female patients under the age of 55 will be asked to confirm their pregnancy status before the first planning session starts. It is very important that you are not and do not become pregnant while undergoing radiotherapy planning and treatment. If you think you may be pregnant at any time during your course of treatment please tell your clinical oncologist or radiographer immediately. If necessary please speak to your doctor about contraception methods suitable for use during radiotherapy.

Preparing for your CT scan

It is important that you have sufficient movement in your arm to be able to raise them both comfortably. If you have been given arm exercises to do please carry on with these. Please contact the oncology CT scanner prior to your pre-treatment appointment if you have any concerns about your arm movement. Telephone numbers are listed at the end of this leaflet.

If you have had surgery, it is important that your scar has fully healed and there is no swelling (inflammation) of your breast. Once again please contact the oncology CT scanner if you have any concerns over scar healing or swollen tissue.

Oncology CT scan

A CT (computerised tomography) scanner is a special x-ray machine that produces a series of detailed pictures showing the organs in your chest. The scan cannot be used for diagnostic purposes or for assessing whether the cancer has spread; it is only used for radiotherapy planning. The scans are sent to a computer and used to reconstruct a 3D image of your chest. The radiotherapy team will then use this image to accurately target your treatment.

- You will need to remove your clothing above the waist
- You will be asked to lie on the CT scan couch on a special breast board. The radiographers may lower or raise the breast board to ensure that you are in the correct position. Then your arms will be raised and supported on arm rests above your head. Please tell the radiographers if you are uncomfortable and they will adjust your position accordingly.
- During the actual scan the radiographers will go in and out of the room several times.
- They are able to hear and see you at all times so if you need to communicate with them just call out.

- At the end of the scan the radiographers will, with your permission, place several permanent ink dots under the skin around your breast. These marks will not come off your skin but may fade with time. They are about the size of a pin head. Radiographers on the treatment units will use these permanent marks to make sure that you are correctly positioned on the couch on each visit and to ensure an accurate treatment.
- The radiographers will also take measurements from the marks on your skin.
- If you are to receive additional treatments to the tumour site bed (sometimes referred to as a boost treatment) you will have extra marks drawn onto your skin.
- The radiographers will take a tracing of these marks and, with your permission, a digital photograph of the area. This image will only be accessible by the radiographers.
- The session is painless and the whole appointment takes about 40 minutes.

Why doesn't my treatment start straight away?

After your planning scan the images are sent to a specialised computer system. Your oncologist will define the exact area to be treated. The rest of the planning is carried out by planning radiographers and physicists. They will determine the best field arrangement and create shaped beams to direct the radiation on the area to be treated, while avoiding as much healthy tissue as possible.

The plan will then go through extensive checking procedure. This includes being checked and signed by your clinical oncologist. The planning process can take up to two weeks.

The next step will be your treatment.

First day of treatment

Please check your appointment letter for the exact location of your appointment. It is helpful to bring your appointment letter and a dressing gown with you.

When you arrive for your appointment please book in at reception and you will be directed to the treatment waiting area. One of the treatment team will greet you and discuss your treatment with you. This discussion provides a good opportunity to ask questions that may have arisen since your last appointment. There is space at the end of this leaflet to write down anything you may want to ask.

You will be given a list of all your appointment times, including doctor and radiographer review clinics.

Preparing for the treatment

Prior to your treatment the radiographer will ask you to go into a changing room and remove your clothing above the waist and put on your gown. This ensures that only the area necessary needs to be uncovered once you are on the treatment couch. After your first visit you may get changed straight after booking in at reception.

The treatment

The radiographer will call you into the treatment room, introduce you to all the team members present and ask you to lie on the treatment couch. The radiographers will then begin to get you into the correct position.

- The radiographers will go in and out of the room several times during the treatment and you will hear them talking over you during the setting up process.
- They will be able to see you at all times so if you need to communicate with them just call out.
- When you are positioned correctly the treatment couch will be quite high up (about 4.5 ft). Therefore it is very important you do not move or attempt to get off the couch. The radiographer will tell you when it is safe to sit up and get off the couch.

- The whole procedure will take approximately 15-20 minutes and is painless.
- All treatment rooms have a CD player so feel free to bring your own music along if you wish.

What sort of side effects might I have, and for how long?

Although modern planning and treatment methods have helped us to reduce side effects, most people still experience some effects of radiotherapy. The severity of side effects varies from person to person.

You are most likely to be aware of side effects towards the end of your treatment course. Most of these are not severe and medication can often be of help.

Short and long term radiotherapy side effects are closely related to the exact area of your body where you are treated. As you are to receive treatment to your breast or chest wall, any side effects that you have will be limited to this area of your body.

Short term risks

- **Skin reaction:** as the treatment progresses you may notice the skin in the area being treated gradually becomes red, dry and itchy. Usually it is most noticeable towards the end of the treatment and for 2-3 weeks afterwards. The extent of the reaction varies greatly from person to person. For a few people the skin can become very sore underneath the breast and also in the neck area if this is also being irradiated. The radiographers will show you the exact area of skin that you need to be careful with. There are a number of things you can do to help minimise any skin reaction.
- **Washing:** use plain, lukewarm water when washing the area that is being treated. Please do not use perfumed soaps, shower gels or bubble baths. You can wash the rest of your body normally.
- **Drying:** gently pat your skin dry.
- **Moisturising:** using a moisturiser can help to soothe the skin and a suitable cream will be recommended to you by the radiographers on your first day.

- **Hair removal:** depending on the exact area being treated you may be asked not to use a razor or any hair removal products in the armpit area on the side that's being treated. The radiographers will talk to you about this if necessary.
- **Deodorants/perfume:** You can use a non-perfumed roll-on deodorant under the arm on the side that's being treated but please do not spray perfume in that area.
- **Clothing:** wearing a soft, loose silk or cotton non-wired bra can help to minimise the skin reaction underneath the breast.
 - If you have had a mastectomy you may find it more comfortable to use the softer, temporary prosthesis usually given to patients straight after surgery. If you do not have a soft prosthesis but feel one would be more comfortable, please contact your breast care nurse.
 - The radiographers will be monitoring your skin each time you come for treatment and will give you more advice on skin care if it becomes necessary.
 - For most patients the reaction begins to subside about two weeks after treatment has finished. You will need to carry on with your skin care regime until the reaction has resolved.
- **Sun exposure:** please be aware that the area being treated will be more sensitive to the sun both during treatment and for 2- 3 weeks afterwards. While you are still on treatment and while any skin reaction is present it is advisable to keep the area covered up.
- **Hair loss:** if you are having treatment to your axilla (armpit) you may lose the hair in this area. It will usually start to re grow about 3 months after treatment has finished.
- **Tiredness:** it is quite common to feel more tired than usual while having radiotherapy. Try increasing the amount of fluid that you drink, rest if you need to, but if you feel OK you can carry on with all your normal daily activities.

As your treatment progresses the radiographers will be talking to you each day to find out how you are feeling so that they may offer help and support if the treatment gives you any problems. Please feel free to discuss all issues that may be concerning you. You will also be seen regularly by the review radiographers and your medical team.

Long term risks

Long term side effects can occur several months to years after the radiotherapy has finished. Once your radiotherapy has ended you will have regular follow-up appointments with your consultant or surgeon and you will be carefully monitored for any signs of these long term effects.

Please remember that late effects of treatment only happen in a very small number of patients who have received radiotherapy.

- **Lymphoedema:** lymphoedema refers to swelling of the arm due to a build-up of fluid. If most of your lymph nodes were removed from your armpit during surgery and/or they have received radiotherapy you may be more likely to develop lymphoedema. Very occasionally lymphoedema can occur in the irradiated breast or chest wall. However, if you have had radiotherapy to the breast or chest wall only you are unlikely to get this problem. Lymphoedema can occur during your course of radiotherapy or at any time in the future. If you develop lymphoedema you may notice
 - swelling of the arm
 - your arm becomes stiff, heavy and difficult to move
 - the skin becomes tight.

If you notice your arm swelling while you are still having treatment please tell the radiographers so that they can refer you to the appropriate service for treatment and advice. If your radiotherapy has finished please contact your breast care nurse directly (call the breast care nurse at the hospital where you had your surgery).

- **Change in the size and texture of the breast/chest wall:** radiotherapy can cause the breast tissue to harden or thicken (known as fibrosis) overtime. This can leave the treated breast feeling firmer to the touch. Fibrosis can also affect the shape and size of the breast too but in most cases where fibrosis occurs the effects are very slight.
- **Discomfort in the breast/chest wall:** some patients find that the irradiated area remains uncomfortable or sore for some time after treatment. This should improve gradually but you may take painkillers to relieve the discomfort if you wish. Please feel free to discuss this at your follow-up appointments.

- **Change in the appearance of the skin:** very occasionally some patients notice that tiny blood vessels just under the skin become more visible. This is called telangiectasia and can occur sometime after treatment has finished. Some patients notice that the colour of the treated breast/chest wall remains slightly darker than that of the other side. Although these issues may slightly affect the look of the breast they shouldn't cause any other problems.
- **Reduced shoulder movement:** a small number of patients (approximately 1 in 10) who have had the axilla irradiated are aware of some restriction in the range of shoulder movement on the side which was operated on or received radiotherapy. You may have been given exercises to do after surgery. Continuing with these can help maintain or improve arm and shoulder mobility. If you have any questions about this please speak to your doctor or breast care nurse.
- **Damage to heart tissue:** there is a very small risk of damage to the muscle or blood vessels around the heart if you have had treatment to your left breast or chest wall (the heart is situated on the left side of the chest). However, modern planning techniques have helped to reduce the risk of heart damage to a negligible level.
- **Damage to lung tissue:** in order to treat the breast or chest wall fully, a small amount of lung tissue can also receive some radiation. For a small number of patients the irradiated lung tissue may become thickened and hardened (known as fibrosis). Symptoms of these changes usually develop two to three months after treatment has finished and may include breathlessness, dry cough or chest pain. This is an extremely rare occurrence. In most cases the problems are temporary but for some patients they may become long term issues. There are a number of treatment options available should these problems arise. Your doctor will be able to discuss these with you in more detail.
- **Damage to bone:** a rare side effect of radiotherapy is damage to bone, mainly ribs or collarbone. Irradiated bone may become more brittle and subsequently more likely to break. There are a number of ways problems arising from brittle bones can be managed. Bone damage occurs in approximately 1 in 100 patients.

- **Damage to nerves supplying the arm:** patients who have had the lymph nodes in their neck irradiated have a very small risk (approximately 1 in 100 patients) of developing numbness, tingling or weakness in the arm on the treated side. It is sometimes known as brachial plexopathy. For most patients who develop this side effect the symptoms are very mild and can usually be controlled with appropriate pain management.
- **Secondary malignancy:** treatment with radiotherapy can give rise to a second primary cancer. This would normally occur in the area of the body that had received the radiation. This is a very rare late effect occurring in approximately 1-2 in 1000 patients.

What happens when treatment ends?

- On the last day of your treatment a radiographer will explain that the treatment will carry on working for another 2-3 weeks. Any short term side effects may even get slightly more noticeable during this time but after that they should gradually improve.
- The radiographer will make sure you have a follow-up appointment with your clinical oncologist or surgeon. This may be at a hospital nearer to your home.
- You will be given a leaflet and two copies of a discharge summary. One copy is for your records and the other for you to give to your GP. In due course a letter summarising your treatment in more detail will be sent through the post to your GP.
- Please remember that you are free to contact the department at any time after your treatment has finished should you have any concerns or questions. Contact numbers are at the end of this leaflet.
- You are encouraged to maintain contact with your breast care nurse should you have problems or questions arising from any of the treatments (radiotherapy/hormone therapy/surgery) that you have received.
- Please do not book a holiday too close to the end of your treatment in case the treatment does not finish on the date originally listed on your appointment schedule. This also allows you time to recover from any side effects experienced.

Where can I get further support?

Further support can be given by the various Support Centres at locations in Guildford, Crawley and Purley. These centres provide information, complementary therapies, one-to-one and group support.

To find out more contact the individual centres or ask radiotherapy department staff for a leaflet.

- The Fountain Centre is located in St Luke's Cancer Centre at Guildford.
Telephone: 01483 406618
Website: www.fountaincentre.org
- The East Surrey Macmillan Cancer Support Centre is located at East Surrey Hospital.
Telephone: 01737 304176
Email: informationcentre.sash@nhs.net
- The Olive Tree is located in Crawley Hospital, Crawley.
Telephone: 01293 534466
Website: www.olivetrecancersupport.org.uk
- South East Cancer Help Centre is located in Purley, Surrey.
Telephone: 020 86680974
Website: www.sechc.org.uk

Please also see the department's website for additional information at

- www.royalsurrey.nhs.uk/st-lukes-centre

Other support websites and groups

- | | | |
|---|--|---------------|
| ■ Cancer Research UK | www.cancerresearchuk.org | 0808 800 4040 |
| ■ Macmillan Cancer Support | www.macmillan.org.uk | 0808 808 0000 |
| ■ Breast Cancer Care | www.breastcancercare.org.uk | 0808 800 6000 |
| ■ Surrey Primary Care Trust Stop Smoking Service | | 0845 602 3608 |

Useful telephone numbers

Telephone numbers across both sites (Guildford/Redhill)

- Treatment Appointments 01483 571122 ext 6632
- Onslow Ward (out-of-hours) 01483 571122 ext 6858
- **For urgent enquiries** (out-of-hours) call hospital switchboard on **01483 571122** and ask operator to bleep on-call oncology SHO.

Guildford numbers

- Radiotherapy Reception 01483 406600
- Patient Support Office 01483 571122 ext 2066
- Oncology CT Scanner 01483 406630
- Clinical Nurse Specialist 01483 571122 ext 6908

Redhill numbers

- Radiotherapy Reception 01737 277311
- Oncology CT Scanner 01737 768511 ext 1202
- Patient Support Office 01737 277315
- Clinical Nurse Specialist 01737 768511 ext 6688

Additional Information

- In order to improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. The notes will have all identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you please let your consultant know so your wishes can be respected.
- Clinical trials are undertaken within the department. If appropriate your doctor will discuss this with you.
- If you require this information in a different format or language please let a member of staff know as soon as possible.

Staff at St Luke's Cancer Centre cannot take responsibility for patient belongings brought into the hospital. Please keep all your personal belongings with you at all times. Please leave valuables at home.

Reference sources

- Radiotherapy Clinical Protocol - Breast - Royal Surrey County Hospital NHS Foundation Trust 2015
- Treating Breast Cancer – Cancer research UK 2014
- National Institute for Clinical Excellence (NICE) Guidelines 2017
- If you wish to make a comment or complaint about any aspect of the treatment or services provided by St. Luke's Cancer Centre and its staff please speak to a member of St. Luke's. Alternatively you can visit, email, phone or write to the Patient Advice and Liaison Service (PALS). Their contact details are:

PALS office in the main hospital reception area

Telephone: 01483 402757

Write to:

PALS Manager,
Royal Surrey County Hospital NHS Trust, Egerton Road, Guildford,
GU2 7XX.

Email: rsc-tr.pals@nhs.uk

You may also write to the Chief Executive of the Trust at:

Royal Surrey County Hospital NHS Trust, Egerton Road, Guildford,
GU2 7XX.

Radiotherapy contact details

Radiotherapy reception

Telephone: 01483 406 600

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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