

# Radiotherapy to the Head and Neck Region

Radiotherapy Department



Patient information leaflet

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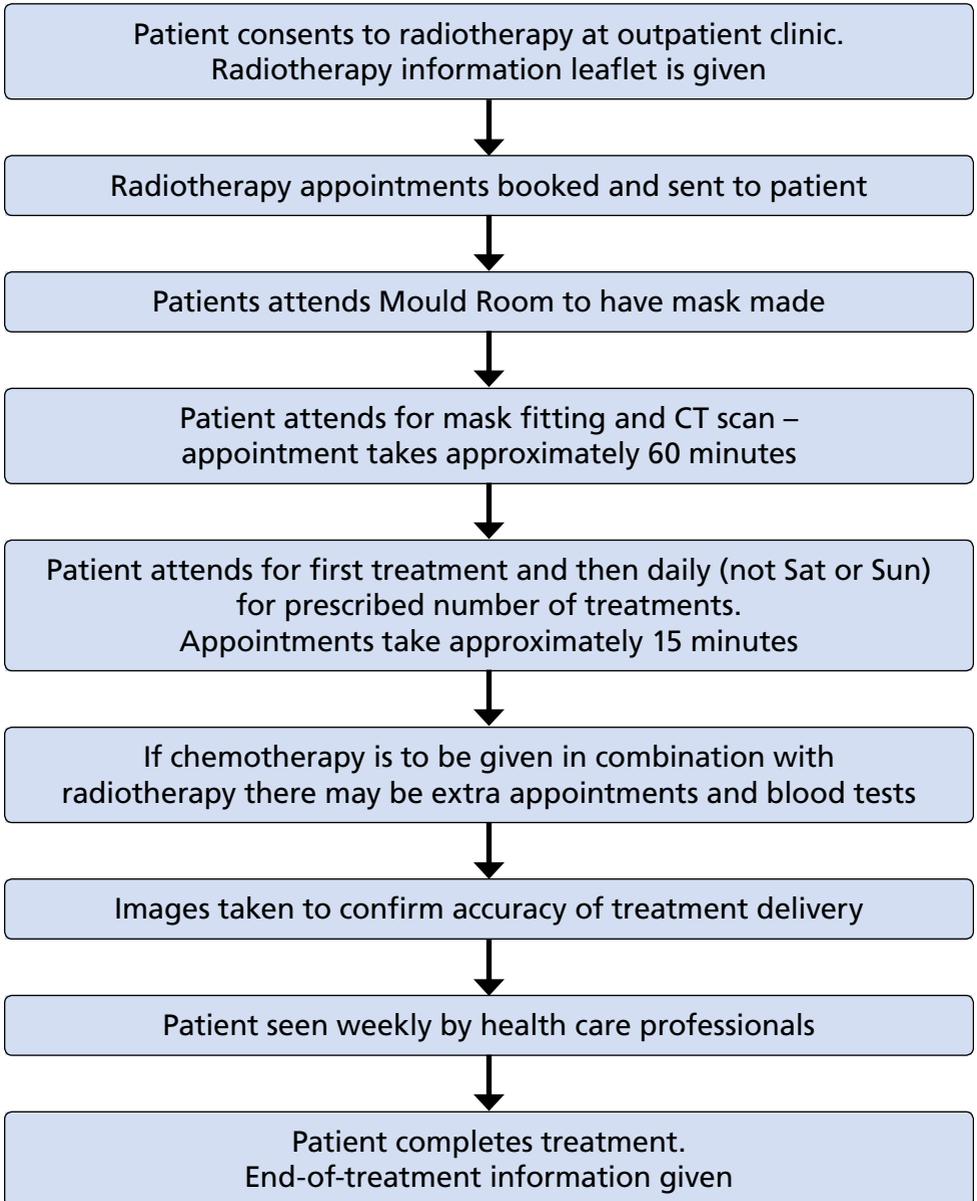
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Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.

**[www.royalsurrey.nhs.uk/st-lukes-centre](http://www.royalsurrey.nhs.uk/st-lukes-centre)**

## Patient Pathway – Head and Neck Region

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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

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Your clinical oncologist has decided that a course of radiotherapy would be the most appropriate way of treating your tumour. When recommending radiotherapy, your doctor takes into account the risk of the tumour 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 having a course of radiotherapy and you may have been presented with a consent form to sign agreeing to have the treatment.

The risks of receiving radiotherapy to the head and neck region are outlined towards the end of this leaflet.

## Who is this leaflet for?

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This leaflet is specifically for patients having radiotherapy to the head and neck region. Figure 1 shows some of the structures of the head and neck region.

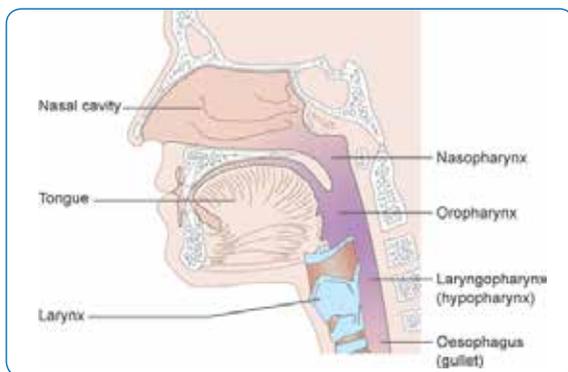


Figure 1 (courtesy of Cancer Research UK)

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 your doctor if you wish.

## What is radiotherapy and how does it work?

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

Most commonly it is given externally with you lying on a treatment couch. 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 normal tissue as possible. However, some normal tissue will be affected and may cause side effects. Most side effects are temporary as normal tissue is able to repair itself. External beam radiotherapy is a quick and usually painless treatment.



**Photograph 1**

## What are the alternatives?

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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 wish and let them know what you have decided.

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.

## Who will be looking after me during my treatment?

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- **Clinical Oncologists:** are doctors who are trained in the use of radiotherapy. The consultant will be in overall charge of your care. They are supported by a team of doctors.
- **Therapy Radiographers:** plan and deliver the radiotherapy. They will have day-to-day responsibility for you while you are receiving radiotherapy.
- **Head and Neck Radiographer:** provides support and advice regarding radiotherapy side effects during your course of treatment. You will see the specialist radiographer on a weekly basis in the radiographer review clinic.
- **Clinical Nurse Specialist (CNS):** provides ongoing support and advice on all aspects of your diagnosis and treatment and will keep in touch before, during and after your treatment has finished.
- **Dietitian:** provide support and advice on diet and nutrition. You will see the dietitian every week while you are having treatment
- **Speech and Language Therapist:** provide help and advice with any swallowing, or language difficulties arising from the treatments you have received (radiotherapy, surgery etc). They will keep in touch with you before, during and after treatment has finished.
- **Nutrition Support Nurse:** provides help and advice to patients who have had a feeding tube fitted. They will keep in touch with you during and after your treatment has finished.

Please speak to a radiographer if you would like to see any of these staff members during your treatment.

## What happens before radiotherapy starts?

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- **The dentist:** radiotherapy to the mouth area can cause long term problems with your teeth and jaw bone. Radiotherapy may cause a permanently dry mouth, as it can damage your salivary glands.

Your main salivary glands are situated in front of your ears, on either side of your face. Saliva is important in preventing tooth

decay. Without saliva, you will be more prone to developing dental problems. If your tumour is close to this area, or the lymph glands in your upper neck on both left and right sides need treating, you may develop this side effect.

If the area treated includes your jaw bone, over time your teeth may discolour or decay. This is because the radiotherapy can cause the blood supply to that area to be reduced.

Radiotherapy may also cause gum shrinkage, which may cause further dental problems. If a tooth is removed from an area that has been treated with radiotherapy, healing may be slower and the jaw bone in which the tooth sat may develop long-term problems.

To minimise these late effects (effects that can develop years after treatment) we may ask a specialist dentist at the hospital to see you. They will examine your teeth to make sure that any dental work you need is done before you start radiotherapy. You may not require any specific dental treatment before radiotherapy but the dentist may suggest it is safer to remove some, or rarely, all of your teeth before radiotherapy starts. If you have any teeth removed, this may cause temporary swelling for 1-2 weeks.

If you have not had a dental review please contact your clinical nurse specialist or the head and neck radiographer as soon as possible. Telephone numbers are at the back of this leaflet.

- **Help with nutrition:** nutrition is important, as it provides your body with energy, protein and the vitamins and minerals needed for your body to function well. It helps your body to cope better during radiotherapy and may improve your rate of healing and recovery after treatment. Your requirements for calories and protein increase during and after radiotherapy, so it is important to increase your intake to keep your weight stable. If you have lost weight or are finding it difficult to eat and drink enough before you start treatment, please ask to be seen by the dietitian.
- If your medical and dietetic team may decide that nutrition could be a problem for you during your treatment you may need to have a feeding tube fitted into your stomach before treatment begins. If so the nutrition support nurse and dietitian will explain this to you.

Following your initial out patient 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 probably be for the **Mould Room**.

A member of the pre-treatment radiotherapy team will explain what is going to happen. 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 still 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 may be. 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.

## The Mould Room

The head and neck area is very complicated and full of important structures, for example the spinal cord. The aim of radiotherapy planning is to treat the tumour area while avoiding healthy structures as much as possible. It is therefore very important for you to be able to keep your head absolutely still during treatment.



Photograph 2

- To achieve this you will have a plastic mask made which you will wear during all your planning and treatment sessions. This will be fixed to the treatment couch to help you keep still. See photograph 2.
- The shell will have marks drawn on it to show the treatment radiographers where the radiotherapy is to go.
- The mask needs to fit as tightly as possible. Therefore, if you are likely to need a haircut, please have it done before you come for your mould room appointment, men also may need to trim their beards. If you have any queries about this please contact the mould room prior to your appointment. Telephone numbers are listed at the end of the leaflet.



Photograph 3

- The mask making process is completely painless and is shown in this series of photographs. See photograph 3.
- The material used is a warm plastic perforated with lots of holes. See photograph 3.
- You will be able to breathe normally at all times. See photograph 4.



Photograph 4

- The mould room staff will mould the plastic to your face and neck. See photograph 5.
- As it dries, it cools down and holds its shape to form a mask. See photograph 6.
- Once cooled, the mask will be removed
- Your mould room appointment will take about 30 minutes.
- Your next appointment will usually be the same day when you will have a planning CT scan while wearing the mask.



Photograph 5



Photograph 6

## The CT scanner

You may eat and drink normally on the day of your scan and throughout your treatment appointments.

A CT (computerised tomography) scanner is a special x-ray machine that produces a series of detailed pictures showing the structures in your head and neck. This scan cannot be used for diagnostic purposes or for assessing whether the cancer has spread; it is only used for radiotherapy planning.



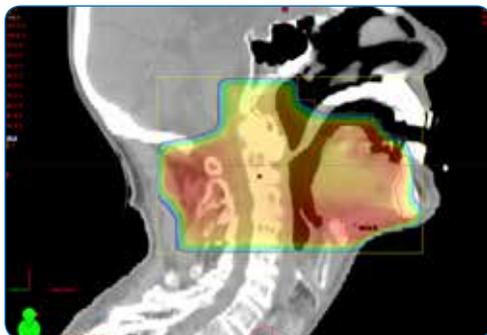
The scans are sent to a computer and used to reconstruct a 3-D image of your head and neck. The radiotherapy team will then use this image to accurately target your radiotherapy.

- Your doctor may request that a contrast agent (a fluid that shows up on X ray images) be used during your scan. This allows certain areas in your head and neck to show up more clearly on the images. This contrast agent is given through a needle in your arm. In a small number of people the contrast can cause side effects. A radiographer will give you a questionnaire to fill in which will help highlight if you may be one of those people more prone to side effects. The radiographer will then decide whether to go ahead with the contrast agent. If you do not have the contrast agent it does not mean that the planning of your treatment will be any less accurate.
- You will be asked to lie on the couch and the radiographers will move you to the position that you will be in for your radiotherapy treatment. It is important that you are comfortable and are able to lie still in this position. Please tell the radiographers if you do not think that this will be possible.
- The couch will move slowly through the scanner. You won't feel anything and nothing will touch you. The scan should only take a few minutes.
- The radiographers will go in and out of the room several times during the procedure and you will hear them talking over you during the setting up process.
- They are able to hear and see you at all times so if you need to talk to them you can call out or raise your arm.
- The mask can be removed at any time if you feel anxious or uncomfortable.
- Very occasionally, in order to show clearly how you are positioned on the couch, the radiographers may take a digital photograph of you. They will get your permission for this beforehand. Only the radiographers will see this photograph.
- Your CT scan appointment will take about 40 minutes.

## Why doesn't my treatment start straight away?

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



The plan will then go through an extensive checking procedure which 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

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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 an 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 treatment appointment times, the dates of your radiographer and doctor review clinics and any blood tests that you may need.

## Chemotherapy with radiotherapy

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In some circumstances your doctor may advise you to have treatment using both chemotherapy and radiotherapy, to be delivered at the same time (sometimes called combined or concurrent). If you are to have chemotherapy alongside your radiotherapy your appointments will have been arranged appropriately. The nursing staff in charge of your chemotherapy will explain this side of your treatment to you. The radiographers will liaise with the nursing staff on the days when you are to have both treatments to ensure the day runs smoothly. You will have weekly reviews with the doctor and weekly blood tests. Any radiotherapy side effects experienced may be worse when having radiotherapy and chemotherapy together.

### The treatment

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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 may come in and out of the room several times during the treatment and you will hear them talking over you during the setting up process.
- Imaging will be done frequently and small adjustments can be made to treatments as a result of this. The treatment couch may move slightly during the imaging process.
- They are able to see you at all times so if you need to communicate with them raise your arms.
- The shell can be removed at any time should you feel anxious or uncomfortable.
- 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 radiographers will tell you when it is safe to sit up and get off the couch.
- The whole procedure takes 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 will experience some effects of radiotherapy. The severity of side effects varies from person to person.

As you are to receive treatment to your head and neck region most side effects you have will be limited to this area of your body.

As your treatment progresses the radiographers will be talking to you each day to find out how you are feeling. This is so 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 specialist review radiographer and your medical team.

Those patients having treatment for a lymphoma will experience less severe side effects as the radiation doses used are lower.

### Short term risks

The lining of the inside of the mouth and throat is very sensitive to radiation, so you may notice side effects appearing in these areas soon after your first week of treatment. All short term side effects gradually get more severe as the treatment progresses and for about 2-3 weeks after treatment has finished. After that they should begin to slowly improve. The list below may look very daunting but you will be given lots of support and advice from all staff members involved in your care to help you manage these side effects. It is also helpful to remember that many are temporary and will improve given time.

- **Mouth and throat soreness:** you will begin to notice the inside of your mouth and throat gradually becoming sore and inflamed. You may develop ulcers. You may also notice a white coating developing over the lining of your mouth and throat (this can sometimes be candida, often referred to as oral thrush). The radiographers will be monitoring your reaction every day, so please keep them informed.
- You will be given an anti-inflammatory mouthwash which can help with discomfort. It is a good idea to gargle with this in the back of your throat.

- Your doctor will ensure that you have adequate pain relief medication, usually in soluble or effervescent form.
  - You will be given medication for ulcers and thrush, if necessary.
  - If you are unable to swallow medication can be given via the feeding tube if you have one.
- **Reduced or thick saliva:** if your salivary glands are in the treatment area you will notice that your mouth becomes stickier and your saliva much thicker than normal. In the first instance the mouth becomes dry. You may also notice a metallic taste in your mouth.
- Drinking plenty of cool fluids, sucking ice cubes and rinsing your mouth frequently with water can help manage this. A guide to how much to drink each day is approximately 2.5 litres.
  - Sucking sugar-free sweets or chewing sugar-free gum can help with saliva production.
  - The radiographers will also be able to give you an artificial saliva spray if necessary.
- **Dental care:** continuing with good oral hygiene is really important in managing most side effects associated with head and neck radiotherapy. Please try and persevere with this even if it becomes more difficult to do so.
- You must clean your teeth with toothpaste and a soft or infant toothbrush in the morning, evening, and after every meal. Careful flossing once a day can help reduce plaque build-up. If you are having combined chemotherapy you may be asked to stop flossing at some point during your treatment.
  - Rinse your mouth thoroughly several times a day. You can use plain water, anti-inflammatory mouthwash (if given) or a mild salt solution (1/4-1/2 teaspoon in cup of warm water). Please do not use over-the-counter mouthwashes.
  - Dentures should be cleaned after each meal and overnight. You can use your normal solutions. As treatment progresses you may prefer to leave your dentures out except for eating.
  - Please do not visit a dental hygienist outside of the hospital while you are having your treatment.

- **Difficulty eating:** having a sore mouth and throat can make it difficult to eat and drink and you may begin to lose weight. In order to monitor your nutritional intake you will be weighed and seen by a dietitian each week.
- **Loss of taste and loss of appetite:** if all or part of your mouth is receiving treatment you may find that your sense of taste changes. Everything may taste the same or some things may taste different from how they did before. You may also find that you lose your appetite. Please let the radiographers or dietitian know if you experience either of these problems.
- **Your voice:** if your vocal cords are in the treatment area you will notice that your voice will become hoarser and deeper as the treatment progresses. A small number of patients find that they cannot speak above a whisper. Try and rest your voice as much as possible.
- **Smoking and alcohol:** smoking can make any reactions that you may have more severe and increase the likelihood of late effects arising. In addition, smoking during radiotherapy can make your treatment less effective. If you smoke it is advisable to try and give up, or at least cut down. There are free, Stop Smoking clinics available in the department or your GP may also run free nurse-led smoking cessation clinics. Further details are at the end of this leaflet.

Alcohol may also make your mouth and throat more sore so we advise that you limit your intake to a very occasional glass of wine or beer. Try to avoid spirits.

- **Skin soreness:** during treatment you will find that the skin in the treatment area becomes red, itchy and sore to the touch. This may become quite severe towards the end of your course of treatment and the skin may break in some places. This is known as moist desquamation. The reaction may be most severe after you have completed treatment but it should begin to settle down 2-3 weeks after your final treatment.
  - Wash gently with lukewarm water and pat dry.
  - 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

- Please do not use any other products (including perfume and cosmetics) in the treatment area without checking with your doctor or radiographer first.
  - You mustn't soak the treated skin in water or go swimming.
  - If the skin breaks do not use a moisturiser over the broken skin. If this does happen let the radiographers know and they will advise you what to use.
  - Wet shaving is allowed but use caution as the skin becomes tender. Electric shaving is an alternative
  - Wear loose, soft clothing in the treatment area, avoiding stiff collars and ties.
  - The treated area will always be more sensitive to the sun. While you are still on treatment and while any skin reaction is present keep the area covered up and wear a hat. After this time you must use a SPF 50+ sun cream.
- **Hair loss:** most patients will not have any head hair or eyebrows within the treatment area. However, if you do have hair within the treatment area it will gradually fall out. The radiographers will be able to show you the exact area being treated so you will know what to expect. In most cases the hair will re-grow, usually about 2-3 months after your last treatment. In some cases beards and moustaches do not re-grow.
  - **Tiredness:** it is quite common to feel more tired than usual while having radiotherapy. As the treatment can make you dehydrated it is important to drink plenty of fluids; a guide is about 2.5 litres a day. Rest if you need to, but if you feel OK you can carry on with all your normal daily activities. It is also beneficial to take some gentle exercise. Tiredness may carry on for some time after treatment has ended.

## Long term risks

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Careful treatment planning and monitoring of the doses received by healthy structures help limit the occurrence of long term effects. If they do arise it can be several months or even years after the treatment has finished.

Once your radiotherapy has ended you will have regular follow-up appointments with your doctor and you will be carefully monitored for any signs of these long term effects. It may be useful to keep a note of your side effects during and after your radiotherapy so they can be more easily monitored.

Again, patients having treatment for a lymphoma will experience less severe side effects as the radiation doses used are lower.

- **Reduced or thick saliva:** some patients, particularly those people who have had their salivary glands treated, find that the problems with saliva continue even though their radiotherapy has finished. In some cases this may get better but in others the problem is permanent. Saliva is necessary for good oral hygiene, so if saliva production is reduced it is even more important that you carry on with a thorough dental regime. You should have regular check-ups with your dentist and dental hygienist. Carry on with the suggestions outlined in short term risks and contact your GP if you require a further supply of artificial saliva.
- **Swallowing difficulties:** treatment can cause a tightening of the tissues in the throat and for some patients this can make swallowing more difficult. You will be given advice by a dietitian and speech therapist to help with this.
- **Skin appearance:** occasionally the skin in the treated area becomes thinner than your skin elsewhere. It is possible that some of the tiny blood vessels just under the skin may become wider than normal and visible in the affected area.
- **Fibrosis:** this is a term used to describe how some tissues in the body heal after radiotherapy. Soft tissues become less supple than normal. If treatment has been given to the mouth area or to the jaw, this can occasionally affect how wide the mouth can open. You may be referred to a speech therapist to help with this.

- **Necrosis:** this is a condition in which healing does not take place. Very occasionally some of the tissues do not heal well following radiotherapy to the head and neck area. In a very small number of cases it can also affect the bone, which may then require some surgical intervention.

Your doctor will be able to discuss this with you in more detail.

- **Chronic laryngitis:** following radiotherapy to the throat, some patients find that their voice becomes hoarse or that they are unable to speak above a whisper. If necessary you will be referred to a speech therapist to try and help with this. This is very rarely a permanent problem.
- **Cataract formation:** the lens of the eye is extremely sensitive to radiotherapy and even a very low dose can cause cataracts. Although every effort is made to ensure that your eyes do not receive any radiation during your treatment sometimes, in order to treat your condition adequately, it may be necessary to allow one of your eyes to receive some radiation. If this situation arises, your doctor will discuss it with you carefully before you start radiotherapy. It takes about two years for a cataract to form. It can be removed in the normal way that is used to treat any patient with a cataract.
- **Neck lymphoedema:** some patients notice that the tissues of the neck and jaw become swollen a couple of months after treatment has finished. This is usually most noticeable first thing in the morning. The condition is at its most severe about 4-6 months after treatment and then settles down by about 9-12 months. It is not a serious condition and can be helped by massage. Your doctor will be able to discuss this with you at your follow-up appointments.
- **Hearing loss or changes:** if your eardrum was within the treatment area you may experience hearing loss some years after your treatment has finished. Your doctor will be able to discuss management of hearing loss should it become a problem.
- **Second malignancy:** treatment with radiotherapy can give rise to a second (new) primary cancer. This would normally occur in the area of the body that had received the radiation but this is a **very** rare late effect.

## What happens when treatment ends?

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- On the last day of your treatment a radiographer will explain that the treatment will carry on working for another 2 weeks. Any short term side effects may even get slightly worse during this time but after that they should begin to slowly improve.
- The radiographer will make sure you have a follow-up appointment with your clinical oncologist or your original haematologist. This will normally be back at St Luke's Cancer Centre about 4 weeks after your last treatment. Subsequent appointments 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 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.
- 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 during your treatment.

## Where can I get further support?

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Further support can be given by the various support centres at locations in Guildford, Redhill, Crawley and Purley. These centres provide information, complementary therapies, support groups and one to one 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.fountaincancersupport.com](http://www.fountaincancersupport.com)

**The Olive Tree** is located in Crawley Hospital, Crawley.

- Telephone: 01293 534466
- Website: [www.olivetreecancersupport.org.uk](http://www.olivetreecancersupport.org.uk)

**Macmillan Cancer Support** is located at East Surrey Hospital.

- Telephone: 01737 768 511 ext 2078
- Website: [informationcentre.sash@nhs.net](mailto:informationcentre.sash@nhs.net)

**South East Cancer Help Centre** is located in Purley, Surrey.

- Telephone: 020 8668 0974
- Website: [www.sechc.org.uk](http://www.sechc.org.uk)

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

- [www.royalsurrey.nhs.uk/st-lukes-centre](http://www.royalsurrey.nhs.uk/st-lukes-centre)

## **Other support websites and groups**

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### **Cancer Laryngectomy Trust**

- Website: [www.cancerlt.org](http://www.cancerlt.org)
- Telephone: 0845 450 0375

### **Cancer Research UK**

- Website: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)
- Telephone: 0808 800 4040

### **Macmillan Cancer Support**

- Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)
- Telephone: 0808 808 0000

### **Quit 51**

- Website: [www.quit51.co.uk](http://www.quit51.co.uk)
- Telephone: 0800 622 6968

## Useful telephone numbers

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### 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
- Mould Room 01483 406640
- Oncology CT Scanner 01483 406630
- Clinical Nurse Specialist 01483 571122 ext 6695
- Dietetic Department 01483 571122 ext 4202
- Speech Therapist 01483 571122 ext 6421
- Nutrition Support Sister 01483 571122 ext 6724

### Redhill numbers

- Radiotherapy Reception 01737 277311
- Oncology CT Scanner 01737 768511 ext 1202
- Patient Support Office 01737 277315
- Clinical Nurse Specialist Pager 07623 903452 ext 2672

## Additional information

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- 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

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- Radiotherapy Reference Document – Oral Complications Following Radiotherapy to the Head and Neck Royal Surrey County Hospital NHS Foundation Trust.
- Treating Head and Neck Cancer – Cancer Research UK 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** or write to:

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

- **Email:** [rsc-tr.pals@nhs.uk](mailto:rsc-tr.pals@nhs.uk)
- **Website:** [www.royalsurrey.nhs.uk](http://www.royalsurrey.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

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### Radiotherapy reception

**Telephone:** 01483 406 600

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### PALS and Advocacy contact details

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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](mailto: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.

Past review date: November 2018

Future review date: November 2021

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