## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>What is radiotherapy?</td>
<td>4</td>
</tr>
<tr>
<td>Visiting us before your treatment</td>
<td>5</td>
</tr>
<tr>
<td>Important advice before your treatment</td>
<td>7</td>
</tr>
<tr>
<td>Planning your treatment</td>
<td>9</td>
</tr>
<tr>
<td>Your planning scan</td>
<td>11</td>
</tr>
<tr>
<td>Having your treatment</td>
<td>13</td>
</tr>
<tr>
<td>Side-effects</td>
<td>17</td>
</tr>
<tr>
<td>Short term side-effects from radiotherapy</td>
<td>17</td>
</tr>
<tr>
<td>Possible long term side-effects from radiotherapy</td>
<td>23</td>
</tr>
<tr>
<td>Mouth care and radiotherapy</td>
<td>26</td>
</tr>
<tr>
<td>Swallowing and speech during radiotherapy</td>
<td>29</td>
</tr>
<tr>
<td>Nutrition</td>
<td>31</td>
</tr>
<tr>
<td>Tube feeding</td>
<td>32</td>
</tr>
<tr>
<td>Further information and support</td>
<td>34</td>
</tr>
<tr>
<td>Contact numbers for Leeds Cancer Support</td>
<td>36</td>
</tr>
<tr>
<td>National Support Organisations</td>
<td>37</td>
</tr>
</tbody>
</table>
This leaflet aims to help you and your family understand more about your radiotherapy treatment.

It will be given to you in addition to the information you will receive from your Clinical Oncologist (who is a specialist doctor in cancer treatment). His/her team will be caring for you during your treatment. This team will include therapeutic radiographers and clinical nurse specialists but may also include social workers, physiotherapists, occupational therapists, speech and language therapists and dietitians.

The leaflet describes radiotherapy planning and treatment. It also explains the side-effects which you may experience during and after treatment.

Each person’s treatment will vary, so the information given is a general guide. The healthcare team looking after you will explain your treatment and the side-effects in detail. If you have any questions after reading this leaflet, please speak to the team looking after you or ring the numbers at the end of leaflet.

Staff will make every effort to meet your individual needs or will direct you to the person who can help.

All your radiotherapy planning and treatment will take place in the Radiotherapy Department on Level -2, Bexley Wing, Leeds Cancer Centre, St James’s Hospital, Leeds (LS9 7TF).

Radiotherapy reception Tel: 0113 206 8940

Please do not bring any valuables into hospital with you as the Trust cannot accept liability for loss or theft.
What is radiotherapy?

Radiotherapy is the use of high energy x-rays and other types of radiation to treat cancer. The tissues of the body are made up of tiny building blocks called cells. The radiotherapy causes damage to cancer cells in the treated area. Although normal cells are also affected, they can repair themselves and are able to recover. Radiotherapy is a local treatment. This means it only affects the part of the body that is treated. Radiotherapy may be used as the main treatment for cancer of the head and neck region, or in addition to surgery.

When you are having your radiotherapy you do not feel anything and it does not make you radioactive. You may hear a buzzing noise when the machine is switched on. It is perfectly safe for you to be with other people, including children and pregnant women throughout your treatment.

You will have your radiotherapy on a treatment machine called a linear accelerator, as shown here in the photograph. You will see the therapeutic radiographers at each treatment session, and they will be happy to answer any questions you may have.
Visiting us before your treatment

If you would like to visit the radiotherapy department before starting treatment, please call 0113 206 7603. This visit can be very useful as you can find out more information about radiotherapy, visit the hospital, tour the simulators and treatment areas and ask questions.

‘I was so pleased to see the machines before my treatment and the staff were so helpful and really put my mind at rest.’

How often is it given?

Radiotherapy to the head and neck is usually given over four to seven weeks. This is a total of between 20 and 35 treatment days. Treatment is usually given daily, Monday to Friday however your treatment may not start on a Monday.

You may need to be treated on a weekend due to a bank holiday and we will let you know if this is the case. Your therapeutic radiographer will be able to explain the details of your individual radiotherapy appointments.

Whenever possible you will be treated at the time of day that suits you, but this cannot always be arranged or guaranteed. There may be occasions when you may have a longer stay in the department or be asked to attend at a different time, for example to see your oncologist.
Who will I meet?

**Therapeutic radiographers**
Radiotherapy is given by male and female therapeutic radiographers who are highly trained in the accurate planning and delivery of radiotherapy treatment. You will see your radiographers at each treatment session and they will be happy to answer any questions you may have.

**Student radiographers**
The radiotherapy department is a training centre for male and female therapeutic radiographers. They are supervised at all times. If you do not wish students to be present, please speak to a member of staff. This will not affect your treatment or care.

**Nursing Review Clinic in the Princess Royal Suite**
You will meet the nursing team in the radiotherapy review clinic (Princess Royal Suite). They will be able to advise you about how best to look after yourself during your treatment. You will see them regularly during your treatment course.
Important advice before your treatment

Pregnancy
It is very important that women are not pregnant at the start of a course of radiotherapy and that they do not become pregnant during a course of radiotherapy because it can have an effect on the unborn child. Use an effective form of contraception, for example condoms, coil, depo injection or contraceptive pill.

For more information see the ‘Contraception and pregnancy during cancer treatment’ leaflet. Please do not hesitate to ask your doctor or nurse if you have any questions or concerns about these issues.

Smoking
If you are a smoker we very strongly advise you to stop smoking before treatment.

Continuing to smoke during radiotherapy:
• dramatically reduces the chances of your treatment being successful;
• increases the severity of the side-effects during your treatment;
• increases the risk of serious longer term side-effects;
• increases your risk of developing further cancers in the future.

There are now several ways in which you can receive help to stop smoking. The NHS Stop Smoking Helpline is:

0300 123 1044 or www.nhs.uk/smokefree

You can ask your Clinical Nurse Specialist or GP for local contacts or further support.
Alcohol
Drinking alcohol during your radiotherapy treatment can cause mouth and throat ulcers. It is important not to drink alcohol at all during your treatment. Please see the back page for helpline numbers.

Dental assessment
You may be asked to have a dental check-up with our specialist dental team before your treatment (this is free of charge). This is so that we can correct any dental problems you may have before or after treatment.

You may need to have some teeth removed before starting radiotherapy to reduce the risk of radiotherapy causing problems with your teeth and jaw bone in the future.
Planning your treatment

Your first appointment for radiotherapy will be a planning appointment. This session will be quite lengthy and will be used to gather all the information we need to accurately plan your treatment. We will contact you by phone, with an appointment for your radiotherapy planning session. Directions to the hospital and transport arrangements will be discussed with you at this point. This will include an appointment for the mould room.

Some tests and scans may be needed to help plan your treatment. We will explain which of these you will need when your appointment is made. You may see your clinical oncologist (or a member of their team) at this appointment. This is an ideal opportunity for you to ask questions. If you have not previously consented to your treatment you will be asked to sign a consent form.

What to bring with you:

- a list of all questions you may have;
- an up-to-date list of all the medications you are taking (including inhalers, sprays, vitamins or herbal products);
- any medication that you may need during your visit;
- something to eat and drink and something to occupy yourself with, as this first visit can be quite lengthy (up to two hours).
Mould Room

Radiotherapy involves exact positioning of the radiation beam, so you will need to stay very still while you are having treatment. To help you stay still when treating the neck, chest or armpit areas, we make a mask for your head and shoulders. You will wear your mask for your planning scan and treatments. There is a leaflet available giving more information.

You will be given an appointment to attend the Mould Room where the masks are made. If you have any concerns about the mask, please let your clinical oncologist or a member of their team know.

If you have any concerns about the mask we have a support team available to help you. Please tell your clinical oncologist or clinical nurse specialist who will contact them. Alternatively you can ring them on 0113 206 7616 or email: leedsth-tr.rtpatientsupport@nhs.net.
Your planning scan

In order to plan your treatment you will have a planning CT scan. This is done on a machine called a CT Simulator, shown here in the photograph. This is a CT scanner that allows the images to be sent to the radiotherapy computer planning system. There will be several members of staff present at your scan. Therapeutic radiographers, and possibly a mould room technician and a dosimetrist (the person who will produce the computer plan for your treatment). *Planning scans are not diagnostic examinations and will not be reported on as such.*

The scan will be taken with you lying in the same position as for your treatment wearing your mask. The radiographers will draw some marks onto your mask and skin, to be used as a reference for your treatment. You will then be scanned, which will only take a few minutes and at the end of the scan the skin mark will be replaced by a small permanent mark.

These marks will be used each day for your treatment. These permanent marks help us to reproduce your treatment with accuracy each day. It also means that you can wash without worrying about your marks coming off.
**Contrast (dye)**
A special contrast agent, often called a dye, may be used for your scan to make specific organs, blood vessels and/or tissue types ‘stand out’. This can make it easier for the doctor to plan your treatment.

The dye is given through a small needle into a vein in your arm. You should tell the radiographer if you have any allergies, but they will go over this before they use any dye. The radiographers will advise you about drinking plenty of fluid after your injection.

**Contrast side-effects**
You may notice a warm feeling throughout your body and have a metallic taste in your mouth. You may also feel as if you have passed urine. This will pass very quickly. There is a slight risk of an allergic reaction to the injection, such as a skin rash, but very rarely may lead to other complications.

The staff in the radiotherapy department are highly trained to manage any complications and again the risk involved is very small. You will be able to drive your car or go to work after your scan.
Having your treatment

When you arrive for your treatment you should go to the main reception of the radiotherapy department. You will be given directions to your treatment machine. The therapeutic radiographers will explain what will happen and answer any questions that you may have. You will be given a full list of all your treatment and clinic appointments.

You may need to undress and put on a gown, the therapeutic radiographers discuss this with you when you first attend the department.

The therapeutic radiographers will position you on the treatment couch, fit your mask and adjust the couch and machine to the correct positions.

On some days at the start of your radiotherapy treatment you will have a scan taken. These scans help us to make sure your treatment is delivered exactly how we have planned. Unfortunately, this can’t tell us if your radiotherapy is working or not.

The effect of radiotherapy on your tumour can take several weeks and months. This will be checked by your clinical oncologist when they see you in clinic. For patients who have **not** had surgery, a separate scan will be carried out around four months after the end of your radiotherapy treatment.
You will be asked to stay as still as possible during the treatment but you should breathe and swallow normally. Once you are in the correct position the therapeutic radiographers will leave the room to switch on the machine. You will only be alone for a few moments at a time. The therapeutic radiographers will be watching you on a closed circuit TV (CCTV) monitor during treatment. The CCTV camera is not recording or saving any images. There is also an intercom system so the radiographers can talk to you.

The treatment only takes a few minutes but you will be in the treatment room for about 10-20 minutes. The machine stops automatically after your prescribed dose of treatment has been given. The therapeutic radiographers can stop the machine at any time if needed. The treatment machine makes a buzzing sound when switched on. You do not feel anything. The therapeutic radiographers may need to come in and out part way through each treatment.
After the treatment is complete the therapeutic radiographers will come back into the room to take your mask off and help you off the couch.

On some days the radiotherapy department may be busy and there may be a delay before your treatment. We will keep you informed of any delays, please see the information screens in the waiting areas. It may be a good idea to bring something to eat and drink with you, including any supplement drinks you have been asked to have and any medication you may need.

There is a restaurant and café available on Level 0. If you need to use a feeding tube, there is a private room available in the Princess Royal clinic so that you can have some privacy to take pain killers and food supplements whilst you are waiting.

Your treatments will generally be on the same machine, although there may be days when this machine is being serviced and your treatment will be in a different room.

It is very important that you do not miss treatment days as it may make your treatment less effective. If you feel you are unable to attend for any reason please telephone us so that we can discuss this with you. If you have any queries about your appointment times please discuss these with the radiotherapy co-ordinators on your treatment unit.

For appointment queries please telephone the radiotherapy reception desk 0113 206 8940 for further advice.
Clinic appointments

You will be seen each week in your consultant’s review clinic and in the nurse-led review clinic. These clinics are held in the Princess Royal Suite on Level-2 of Bexley Wing. You may also have appointments with the dietitians and speech and language therapists. These appointments help us to check how you are managing your treatment. You will be asked about your diet, swallowing, pain control and any other symptoms that you may have. If you have any problems, please let the therapeutic radiographers who treat you each day know, when you arrive.

Completing your radiotherapy

In the weeks following your last radiotherapy treatment we may ask to see you in the Princess Royal Suite for continued support with your side-effects. You will be seen at your original head and neck clinic, about six weeks after finishing treatment. Please ask your GP for further prescriptions for ongoing medication after finishing your treatment.
Side-effects

Side-effects can be divided into short term (acute) effects, that happen during or soon after treatment, and long term effects occurring months or years later. Some side-effects are common, whilst others are rare. The area and amount of treatment given to you will affect which side-effects are most likely to happen to you. Your oncologist will discuss this with you. If you develop any radiotherapy side-effects you will be given advice and support by your healthcare team.

Short term side-effects from radiotherapy

Most side-effects are common and are temporary. Side-effects tend to build up from about the second week of treatment and will be at their worst at the end or just after the treatment course. They generally last a number of weeks or months after the treatment has finished.

Skin reactions

The skin in the treated area starts to redden or darken from about the second week of treatment. It may become dry and itchy. Sometimes later in treatment it may peel and become weepy. The skin reaction towards the end of treatment can look quite alarming. This is normal and will heal over a few weeks.

If you feel you must shave in the treatment area only use an electric razor with extreme care.

Before you go in for your treatment the therapeutic radiographer will explain what will happen to your skin and how to look after it. They will also give you a leaflet to take home. The same will happen at the end of your treatment.
If you are concerned about your skin reaction please talk to your therapeutic radiographers or contact the review clinic nursing staff in the Princess Royal Suite, telephone: 0113 206 7587.

**Tiredness (fatigue)**

Nearly all patients having radiotherapy will feel tired. Be prepared to take things easy during treatment and allow for extra rests. There is a Macmillan information leaflet available and if you would like a copy, or support with your fatigue please ask a member of staff.

Fatigue usually improves between six months to a year after treatment. Some people find that fatigue can last longer, up to two years or more.

**Things you can do to help include:**

- Gentle exercise can help reduce the symptoms of fatigue.
- Having enough to drink can prevent tiredness from dehydration. Small meals or snacks eaten more often than three times a day may be easier to face.
- Try to get a good night’s sleep where possible, a daytime nap may help.
- Try to ‘pace’ yourself, listen to what your body is telling you, rest if you need to.
- Pick out the things that you enjoy, and try to accept help with other tasks.
- Little and often is the rule of thumb.

There is a Macmillan information leaflet available, if you would like a copy, or support with your fatigue please ask a member of staff.
Sore mouth or throat ulcers
This often happens after about two weeks of treatment.

*It can make it more difficult to eat and drink because it might be:*

- painful,
- too much effort or
- unsafe if ‘things go down the wrong way’.

We will give advice to help you keep up your calorie intake and prescribe painkillers to make you more comfortable. Once the soreness settles after treatment you will be able to reduce your painkillers. If you have any queries about your painkillers after treatment please contact your consultant’s team or your GP.

It is important that you are well nourished and drink plenty of fluids during your treatment and avoid losing weight.

This will keep you healthy and help your body to heal. If you lose a lot of weight during treatment your mask may no longer fit as well, this could affect the accuracy of your treatment. The therapeutic radiographers will check for this as they position you for treatment each day. If there are any concerns you may need a new planning scan and mask.

We may ask you to see one of our specialist dietitians. Your weight and diet will be checked at the start and regularly through treatment.
When you are part way through treatment, you may need to change to a softer diet. We can give you liquid food supplements if needed. It is very likely that eating will not be pleasurable during treatment, but it is still important to try hard to keep up a good intake of calories. If your swallowing becomes too uncomfortable or difficult you may not be able to get enough calories from food and supplements. A feeding tube may be recommended if this is the case.

Sometimes the side-effects of radiotherapy can affect the natural reflex that closes your airway when you swallow food or drink. This means you may be at risk of food or drink going down into your lungs. This is called “aspiration” and means your swallow is unsafe. This is not very common.

You will be given more information by your team if you need a feeding tube. You should be able to swallow safely once the radiotherapy side-effects have fully settled.

**Dry mouth**
If your mouth becomes dry sipping water may help. If it becomes a problem please speak to your doctor or nurse.

**Sticky, thick saliva or phlegm**
You may produce more or thicker phlegm towards the end of treatment which can be uncomfortable and make you want to cough. We may suggest using a nebuliser to help. Drinking soda water can help loosen the secretions.

*However do not drink if you have been advised that there is a risk of things going down the wrong way. Please discuss this with a member of your medical team if you are at all concerned.*
**Loss of taste**
Foods may start tasting the same with some types of treatment. Some patients describe food tasting ‘like cardboard’. Your sense of taste will generally improve in the months after radiotherapy, although it may never return to normal. Ask your nurse or dietitian for advice about coping with taste changes.

**Loss of voice**
If your voice box (larynx) is being treated it can become inflamed and your voice may become hoarse, husky or go completely later in treatment. Your voice strength will generally return within a couple of months after treatment. Please see the section later on *Swallowing and speech* on page 29.

**Chest infection**
This can happen if food or liquid goes down the wrong way. It is important to tell the radiotherapy team immediately if you are coughing or spluttering after swallowing, as this may mean that food or liquid is going *into your lungs rather than your stomach*.

**Sickness**
If you feel sick (nauseous) during treatment we can prescribe medication to help ease this. Please let a member of your healthcare team know if you feel sick or have been sick.

**Hair loss**
Any hair, including facial hair, in the treated area will stop growing and fall out. This may include the hair at the back of your neck. Your doctor will tell you if you might lose your hair. Sometimes hair will not grow back after treatment.
**Ear discomfort, dullness of hearing**

This side-effect can affect each individual differently. Please speak to your doctor or nurse specialist if you develop any ear or hearing problems.

**Constipation**

Your bowel habit can be affected by changes in your diet and using painkillers. It is important to keep using your painkillers regularly but please let us know if you are having difficulties opening your bowels.

**Please note**

Please read the information leaflets enclosed with any medications used, this will explain any side-effects you may experience when taking them.

If you are at all concerned about any side-effects you are experiencing from your medication, please talk to your pharmacist, nurse specialist or GP.
Possible long term side-effects from radiotherapy

Long term side-effects will depend on the exact details of your treatment. The list below can seem alarming, but please remember serious late side-effects are very rare.

If you are concerned about your risk of developing any of the following side-effects please speak to your consultant or specialist nurse.

Common long term side-effects

Skin changes
Occasionally the skin may be discoloured (usually darker) or thickened (fibrosis). Three months to a year after treatment your skin can take on a ‘shiny’ appearance. It may also be dry. Look after your skin by using moisturiser every day.

Tiny ‘spider’ veins can appear after a year. They are permanent. If you are worried by the appearance you can use cosmetic camouflage with a special hard wearing concealer. Please ask your medical team for more details.

Mouth dryness: This may a problem if your salivary glands were in the area treated with radiotherapy and may be permanent. See page 26 for more information.

Altered taste/smell: This is likely to slowly improve with time after your treatment but may not return completely to normal.

Jaw stiffness (trismus): Radiotherapy may make it more difficult to open your mouth if your jaw is in the treated area. If this is a risk, you will be given jaw opening exercises to do. Doing the exercises regularly will help with this problem.
**Swallowing problems:** Radiotherapy can affect the muscles needed for swallowing. It is important to do any exercises that we give you to reduce the risk of long term problems. Sometimes a good swallow does not return and if this is the case you may remain dependent upon a feeding tube.

**Dental problems:** Radiotherapy and side-effects such as a dry mouth increase the risks of dental decay. You should try to have your teeth checked by a dentist every six months.

**Hoarseness:** Depending on the type and position of your radiotherapy you may experience a change in the quality of your voice.

**Lymphoedema**
Fluid may build up under your chin causing swelling; this is called lymphoedema.

**Chest infections**
This can be due to food or liquids going down the wrong way into the lungs if your swallowing muscles are not working properly.

**Weight loss**
If you have lost weight during treatment it can be hard to put it back on afterwards. At your follow-up appointments we will check that you are not losing more weight, but would not expect you to return to your normal weight within the first year.

**Affects on your ears**

**Ringing in the ears (tinnitus).**

**Hearing loss:** This may occur due to fluid build up in the middle ear or due to nerve damage from the treatment.
Depending upon the cause, this may improve with time. Some patients may benefit from hearing aids.

**Hair loss in treated areas**  
This may include hair on your face, chin, or neck.

**Underactive thyroid gland**  
This can happen quite a long time after the radiotherapy. A lack of thyroid hormones can be easily treated with tablets.

**Underactive pituitary gland**  
This can occur with a few particular types of treatment and may mean that you need to take hormone tablets.

**Cataracts**  
This will depend upon the position of your radiotherapy treatment. Your treatment will be planned to keep this effect to a minimum.

**Uncommon long term side-effects**  
**Damage to the bone, cartilage, soft tissues or blood vessels**  
Depending upon the area treated there may be a small risk of damage to the jaw bone, to the cartilage of the voice box or to the soft tissues and blood vessels of the head and neck. Occasionally surgery may be needed to correct this. Having teeth extracted after radiotherapy to the jaw increases this risk. Continuing to smoke during or after radiotherapy increases this risk. Damage to the blood vessels may lead to a slightly higher risk of stroke.
Extremely rare long term side-effects

*Damage to the eye/optic nerves*
This will depend upon the position of your radiotherapy treatment. Your treatment will be planned to keep this effect to a minimum.

*Damage to the spinal cord*
The spinal cord is a bundle of nerves passing down your back from your brain, carrying signals to your legs. Your radiotherapy will be planned to spare the spinal cord from excessive doses of radiation wherever possible. Whilst damage to the spinal cord is serious causing permanent weakness, it is also extremely rare.

*Damage to the brachial plexus*
The brachial plexus is the group of nerves running from the neck to the arm. Damage to these nerves can cause pain, numbness and weakness in the arm. Your radiotherapy will be planned to avoid excessive doses to these nerves, so this side-effect is extremely rare.

*Cancers resulting from the radiotherapy*
When you have had radiotherapy there is a risk that cancer can develop many years later. However this is rare. Please discuss this with your consultant.

*Mouth care and radiotherapy*
The treatment you are having can make you prone to developing a sore mouth. Good mouth care helps to keep your mouth clean and comfortable. These are some tips for looking after your mouth during and after radiotherapy.
During and shortly after radiotherapy:

• Clean your teeth and gums as thoroughly as you can morning and night. You can clean after meals if necessary using a very soft ‘baby’ toothbrush. Return to using an adult toothbrush as soon as it is comfortable to do so.

• If you have your own teeth, use a fluoride toothpaste to help protect your teeth from decay.

• Use salt water (saline) mouthwashes every four hours during the day and after every meal (you will be given the saline mouthwash at the hospital). Use this mouthwash to swill around your mouth and spit out. If you have dentures you can use a pink foam stick to dip into the saline to rub around your gums followed by swilling the saline around your mouth and spitting out.

• If your mouth becomes sore it may help to use the saline mouthwashes hourly.

• We may recommend other mouthwashes to use after the saline to protect the lining of the mouth. Do not use mouthwashes bought from the chemist or supermarkets.

• Keep your mouth moist with sips of water.

• If your lips become sore, we may give you a paraffin ointment to rub in to protect them.

• Let us know if you notice any white or yellow patches in your mouth. This can be caused by a thrush infection and can be treated by anti-fungal medication.

• Avoid acidic drinks eg orange juice or foods that make your mouth sting.

• Do not drink alcohol as this will make your mouth more sore.
• If you have dentures you may not wish to wear them if your mouth is sore. Clean your dentures thoroughly after use with a suitable brush and leave them to soak in a fresh solution of Dentural or Steradent.

**After radiotherapy:**

• Continue to use mouthwashes after your treatment has finished until your mouth has fully healed (usually up to a couple of months).

• You should continue to see your dentist for regular check-ups every six months. Once you have recovered from your radiotherapy, you may well need specific advice on dental care and treatment from the consultant in Restorative Dentistry.

• A coated tongue is common after radiotherapy, try brushing your tongue firmly from back to front with a toothbrush 3-4 times a day. You can try leaving crushed pineapple on your tongue for five minutes before brushing it 3-4 times a day.

• A dry mouth is common after radiotherapy. Drink plenty of water regularly. Some people find artificial saliva sprays, gels or lozenges are helpful. Try chewing gum or sucking sweets (sugar-free if you have your own teeth).

If you need new dentures after radiotherapy your healthcare and dental team will advise on the best timing. Dentures can only be made once the radiotherapy reaction in your gums has settled down after treatment.
Swallowing and speech during radiotherapy

It can sometimes become more difficult to eat and drink during your radiotherapy. This is because it might be painful, difficult or even unsafe if food or drink goes ‘down the wrong way’. Speech and Language Therapists (SALTs) are trained to assess and advise about people’s ability to swallow and speak. They may assess you before starting radiotherapy or they might become involved in your care if you have problems.

What can I do to help my swallowing?

Some swallowing difficulties during radiotherapy may be mild and can be managed easily.

*Here are a few simple changes you can make to how and what you eat and drink:*

- It is really important you continue doing any exercises that you have been given by your SALT throughout your treatment.
- Make sure you take the tablets given to you by the doctor and if you are still experiencing some pain or discomfort please tell the nurses as soon as possible.
- Eat a soft and moist diet rather than dry, hard or crumbly foods. Use lots of sauces and gravy to help the food down.
- Make sure you drink plenty of water throughout your treatment to prevent your mouth becoming too dry.
- Take your time when eating. Do not rush.
- Avoid distractions when eating and drinking. Turn off the television and do not talk when eating and drinking.
- Do not throw your head back when having a drink. Keep your chin down.
The safety of your swallow

You may be asked to see a SALT to assess the safety of your swallow. Sometimes the side-effects of radiotherapy can affect your ability to protect (block off) your airway when you swallow. You may be at risk of food and/or drink going down into your lungs. This is called ‘aspiration’ and may cause a chest infection. If your swallow is unsafe you may need a feeding tube (please see the next page, tube feeding section, for details).

Usually once your radiotherapy side-effects have settled you should be able to swallow safely again. Occasionally the ability to swallow does not fully recover.

Speech and voice

As your radiotherapy continues you will notice certain areas of your mouth and throat feel swollen and sore. This can sometimes affect your speech – you may sound a little unclear and people might have more difficulty understanding you. Your voice may sound hoarse, husky or go completely. This is a normal reaction to the radiotherapy causing swelling in your voice box (larynx).

When you have finished your radiotherapy and the side-effects settle, your speech and voice will usually return to normal. You may need to see a SALT, after your treatment, to help with your speech.
Nutrition

It is important that you are well nourished and drink plenty of fluids during your treatment in order to keep you healthy and to help your body to heal. Maintaining your weight is important to keep the radiotherapy mask fitting well.

How well you can eat and drink varies, depending upon where the cancer is and on the details of your treatment. You may see one of our specialist dietitians before, or during, your treatment.

Your weight and food intake will be checked before and during treatment. Part way through your treatment, you may need to eat a soft or liquidised diet. You may be given liquid food supplements. It is very likely that eating will not be pleasurable during the treatment, but it is still important to try hard to keep up a good intake of calories.
Tube feeding

With some radiotherapy treatments we know that it is very likely you will need tube feeding during radiotherapy. If this is the case or if you already have swallowing difficulties, your healthcare team may discuss tube feeding options before treatment starts.

**Tube feeding can either be:**

- a thin tube passed through your nose into your stomach - a nasogastric tube (shown in picture 1 on the next page) or;
- a tube called a gastrostomy placed directly into the stomach (shown in picture 2).

A prescribed liquid feed will be given through the tube to meet your nutritional needs. If swallowing problems are less likely, we would not recommend a gastrostomy tube but if you develop swallowing problems, you may need a nasogastric tube.
If tube feeding is needed during your treatment, you may need to be admitted to hospital. The feed needs to be gradually increased so that your body can get used to it. This takes about a week. During this time we can teach you and your family to use the feeding equipment.

Tube feeding should be temporary to support you through your treatment and until the side-effects settle after treatment. Both types of feeding tube can be removed once you are swallowing well enough to eat enough calories to maintain your weight.

The length of time tube feeding is needed can vary. It can often take 3-6 months for your swallowing to improve as you gradually take more by mouth. A small percentage of patients will need tube feeding in the long term. For information on feeding tubes please ask your doctor, dietitian or clinical nurse specialist.
Research at Leeds Cancer Centre

Leeds Cancer Centre is a major centre for cancer research. You may be asked if you would like to help with some of the clinical studies. You are under no obligation to take part in any trials, and your treatment will not be affected in any way if you do not wish to take part.

If you do take part in a clinical trial you may meet a research nurse or therapeutic radiographer who will be helping to run the trial.

Further information and support

If you have any questions please ask your hospital team. We all have our own ways of coping with difficulties. Some people have a close network of family and friends who provide emotional support. Others would rather seek help from people who are not involved with their illness. The following are also potential sources of information and support that you may wish to use.

Head and Neck Clinical Nurse Specialists (CNS)

Your CNS is available to discuss any aspect of your treatment with you. You will be seen by a CNS before your treatment. This is to offer support and advice about the practicalities and effects of your treatment and answer any questions you may want to ask. The CNS will also assess and discuss any physical, psychological, social, occupational and spiritual needs that you may have. They can refer you to other services if needed, for instance, benefits advice. You should be given a ‘key worker’ as a contact for support through your treatment; this is usually your CNS.
Macmillan Specialist Radiographer and Macmillan Radiotherapy Nurse Specialist

Sometimes people need more help if they are feeling depressed, very anxious or are having problems with the mask or accepting their diagnosis. If this is the case you may benefit from seeing the Macmillan radiographer or nurse specialist.

Your oncologist, therapeutic radiographer or nurse can refer you at any point before or during your treatment.

Newsletter

We publish a monthly Head and Neck newsletter to keep you up to date with support services, news and hints and tips from other patients on coping.

If you would like to be on the mailing list please phone the Clinical Nurse Specialist’s Secretary on 0113 206 8648.

Leeds Cancer Support

Leeds Cancer Support complements care provided by your clinical team. We offer access to information and a wide range of support, in a welcoming environment for you, your family and friends.

We can be found in the information lounges in Bexley Wing and also in the purpose built Sir Robert Ogden Macmillan Centre.

The Sir Robert Ogden Macmillan Centre

The Centre is on the St James’s Hospital site and offers a variety of support services including complementary and supportive therapies. These therapies include Reiki, relaxation and visualisation, hand and foot massage and many others. We also offer a weekly exercise class and a monthly support group. You can just drop in for a coffee and a chat anytime.
Contact numbers for Leeds Cancer Support

*Information Lounge Level -2 Radiotherapy Department*
Open from 8.00am - 6.00pm Tel: (0113) 206 7603

*Information Centre Level 1 Outpatients Department*
Open from 9.00am - 4.00pm. Tel: (0113) 206 8816

*Sir Robert Ogden Macmillan Centre*
Open from 10.00am - 4.00pm. Tel: (0113) 206 6498

All the above services can be emailed on:
leedsth-tr.cancersupport@nhs.net

*Maggie’s Centre*
If you or someone you love has cancer you may have lots of questions. Maggie’s is a warm, welcoming place where you can meet people who are experiencing similar things to you.

You may also be able to find support groups specific to your needs and get advice and information from their professional staff.

You don’t need an appointment and all support is free.
Open Monday to Friday 9.00 am - 5.00pm. Tel: (0113) 427 8364

*Address:* St James’s Hospital (next to the multi storey car park), Alma Street, Leeds LS9 7BE

*Email:* leeds@maggiescentres.org

*Website:* maggiescentres.org
National Support Organisations

Macmillan Cancer Support
Freephone: 0808 808 0000, 8.00am to 8.00pm seven days a week. A textphone service for deaf and hard of hearing people is also available. Textphone: 18001 0808 808 0000
*Website*: www.macmillan.org.uk

Changing Faces
A national charity committed to providing help for people with disfigurements.
*Website*: www.changingfaces.org.uk
*Email*: support@changingfaces.org.uk
*Tel*: 0345 450 0275

Mouth Cancer Foundation
A UK charity aiming to support people with mouth, throat and other head & neck cancer.
*Website*: www.mouthcancerfoundation.org
*Email*: info@mouthcancerfoundation.org
*Tel*: 01924 950 950 Monday to Friday 09:00 to 5:00pm.

Alcoholics Anonymous
*Website*: www.alcoholics-anonymous.org.uk
*Email*: help@aamail.org
*Tel*: 0800 917 7650 (24hr Helpline)

Stopping smoking
NHS Free Smoking Helpline: 0300 123 1044 Monday to Friday 9.00am to 8.00pm, Saturday and Sunday 11.00am to 4.00pm
*Website*: nhs.uk/smokefree
How to find us

St James’s University Hospital

1 Gledhow Wing
2 Lincoln Wing
3 Bexley Wing
4 Chancellors Wing
5 Robert Ogden Centre

↑ Entrances  🚗 Staff parking
🚗 Visitor parking  🚌 Bus stops
♿️ Disabled parking
What did you think of your care? Visit bit.ly/nhsleedsfft
Your views matter

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We also invest in prevention to enable people to live healthy and more active lives; delivering healthier futures for us all.

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Developed by: Dr Robin Prestwich Clinical Oncologist, Mary Fitzgerald CNS, Catriona Buchan Radiotherapy Advanced Practitioner and Helen Melling Radiotherapy Advanced Practitioner
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