



# Radiotherapy to the head and neck

A guide for patients and their carers



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## Christie website

For more information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centre at Withington, Oldham or Salford.

## Introduction

This booklet is to tell you about external beam radiotherapy to the head and neck area. If you would like to know about radiotherapy to the brain, please ask the doctor looking after you. The Christie is a specialised radiotherapy centre and patients come for treatments that are not available in general hospitals.

Please share this booklet with your family and friends. It is important that they feel well-informed and understand what is happening. Families and carers can have a role in helping you. If you would like more detailed information about your own treatment, please ask the staff. There are also films about radiotherapy on our website, visit [www.christie.nhs.uk](http://www.christie.nhs.uk).

External beam radiotherapy can be delivered in many different ways using high energy radiation beams. These can either be photons, electrons or protons. Photons and electrons are delivered from a machine called a linear accelerator whilst protons are delivered from a machine called a cyclotron.

From mid-2018 The Christie NHS Foundation Trust will have a proton beam therapy (PBT) service. However, it is not appropriate to treat all kinds of cancers with proton beam therapy. This will be decided by your oncologist and discussed with you.



### **Please note:**

**Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.**

If it is appropriate to treat you with protons, there may be occasions when part of your treatment is given with photons. This will be discussed during the consent process.

All of these types of radiation therapy are effective treatments and your multi-disciplinary team (MDT) will decide which is the most appropriate in your case and discuss this with you.

Treatment is given in small doses over a specified period of days or weeks. It is given by a team of therapy radiographers who operate the treatment machines which direct high energy rays to the precise area needing treatment. Therapy radiographers are specially trained health care professionals involved in radiotherapy planning, treatment and care.

As well as your consultant clinical oncologist (a doctor specialising in treating cancer with radiotherapy and chemotherapy) there will be other trained professionals involved in your care during radiotherapy. These may include specialist nurses and radiographers, nurse clinicians, research nurses, a speech and language therapist, a dietitian and a restorative dentist.

## Chemotherapy

Chemotherapy is sometimes given alongside radiotherapy. Chemotherapy is the use of cytotoxic drugs to treat cancer. Most chemotherapy is delivered directly into the bloodstream via a 'drip', but sometimes it is given in tablet form.

If your doctor feels you might benefit from chemotherapy, this will be discussed with you. Before each chemotherapy dose (cycle) you will have a blood test.

Patients who have chemotherapy attend an outpatient clinic to see the nurse clinician. You will then be admitted to a ward for between 1 and 5 days, to have your chemotherapy as an inpatient.

If you have any queries or concerns about your chemotherapy appointment, please contact the nurse clinician on **0161 446 3428**. You can leave a message and the nurse clinician will return your call. You can also contact her via switchboard on **0161 446 3000** and ask for bleep **12589**.

For more information on chemotherapy see The Christie booklet 'Chemotherapy'.

## Monoclonal antibodies

Your consultant may recommend that you have a course of a drug called cetuximab during your radiotherapy. This is one of a group of drugs called monoclonal antibodies. Cetuximab is given weekly during radiotherapy as an infusion (drip) into your vein.

If you are having chemotherapy or cetuximab during your radiotherapy, please let your radiographers know. You will need to have a morning appointment on your chemotherapy days so you can attend the chemotherapy clinic. If you attend by hospital transport please make sure it is booked to bring you in the morning on chemotherapy days.

## Agreeing to treatment

### Consent to treatment

Before you start radiotherapy, your clinical team will discuss with you the intended benefits as well as short and long term side effects of treatment. You will also be given written information to support this discussion.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are

entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

**Radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period or suspect that you might be pregnant before you are exposed to any radiation.**

### *What are the benefits of treatment?*

Radiotherapy works by damaging cancer cells whilst causing as little damage as possible to normal cells. The aim of treatment may include an attempt to:

- kill the cancer cells
- reduce the chances of the cancer coming back
- shrink the tumour which may slow down its progress and give relief from troublesome symptoms

### *Are there any alternatives to this treatment?*

Head and neck cancer can be treated with surgery, radiotherapy and chemotherapy, or a combination of two or more of these. Not all of these options are suitable for everybody, but your case has been discussed at the MDT meeting and all possibilities will be discussed with you.

### *What if I decide not to have any treatment?*

Without treatment the cancer will continue to grow, which may mean the development or worsening of symptoms. Some, but not all, cancers may then spread and become incurable. In this case the aim of care will be to control and relieve symptoms.

## Preparation for treatment

The first part of the treatment preparation is a visit to the assessment clinic. Here you will normally see your consultant and their team. Please bring a list of your medication to this appointment.

At this visit the doctor will ask about your general health, examine you and review your medications. You may also have a blood test, a CT scan and possibly a chest x-ray. After this the recommended treatments will be discussed with you. If you have any questions to ask the doctor or nurse you may want to write them down beforehand.

You may require a dental assessment prior to radiotherapy treatment. It is important that you have the assessment before your radiotherapy, preferably from your own dentist, and that you visit the dentist every 6 months after the radiotherapy is completed and that your dentist is aware you have had this treatment. If necessary, we can arrange for you to see a hospital dentist. However, the dental service at the hospital may be limited so it is important that you are registered with a local dentist for pre-treatment assessment and long-term follow-up. If you need any teeth removing, please speak to your clinical oncologist.

You will also meet and be given contact details for the head and neck specialist nursing team. You can contact the nursing team for advice during or after your treatment. See the back of this booklet for contact details.

## Having a mask made

Most patients who need radiotherapy to the head and neck have a special plastic mask made which is worn whilst having their treatment. This helps you to keep still during radiotherapy and ensures that the treatment is given to the same area each day. The mask is an important part of the

planning process and it may take some time to complete. It is not a shield or barrier to the effects of the radiation.

### **Visiting the mould room**

Many patients, especially if they are claustrophobic, worry about having a mask made. Be reassured, most people cope very well, and help from our complementary therapy ('CALM') team is available if you need it to help you relax.

To make your mask, a warm thermoplastic material is moulded directly on your skin and allowed to cool. This material may be slightly warm but it will not feel too hot.

If you have facial hair please ensure you shave prior to your visit to mould room. This ensures your mask will be well fitting when made.

The doctor may also request you have a mouth bite in for treatment whilst wearing the treatment mask. This ensures the jaws are in a fixed position each day for treatment. Not everyone will require this and your doctor will let you know if you do. Where possible, your mask will be made on the same day as your treatment planning scan.

### **Radiotherapy planning scan**

You will have a radiotherapy planning scan, which is similar to a CT scan. You will need to wear the mask for this scan. The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately. These scans are not diagnostic and therefore do not give sufficient information to assess the status of your cancer or any other abnormalities.

You may require two visits to the radiotherapy planning scanner but the radiographers will let you know if you will need to make any further visits before your treatment can begin.



Radiotherapy planning is a very important part of your treatment process and can take a few weeks to complete. The radiotherapy department will contact you to confirm your treatment start date during this preparation period.

## What happens during treatment?

### Treatment appointments

Treatment is given Monday to Friday between 7.00am and 9.00pm, although this may vary depending on the needs of the service. Treatment is not routinely given at weekends but is given on most bank holidays.

Due to large patient numbers it is not always possible for you to have treatment at a preferred time. If you need a specific time for treatment or have difficulties attending at your specified treatment time please discuss this with the radiotherapy support workers. Please try and be as flexible as possible and give priority to your treatment sessions.

If you are having chemotherapy please inform the radiotherapy support workers and radiographers. They can schedule your appointment accordingly. On the day that you have chemotherapy you will be seen in outpatients as well as having radiotherapy. Please book in at outpatient reception desk and have a blood test prior to radiotherapy.

**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 The Christie and ask to speak to one of the doctors or nurse clinicians. See the back of the booklet for contact details.**

You will usually be treated on the same machine throughout your course of radiotherapy, although the machines occasionally need to be serviced.

Once a week you will have an appointment to attend your consultant's review clinic. Here, you will be seen by one of the specialist team to check how you are coping with the side effects from treatment. You will be weighed, examined and asked about dietary intake and pain control. This is the time to ask about any queries or concerns you may have and also to make sure you have enough medication to last another week.

## Radiotherapy

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, you may be brought to the department by a porter or support worker.

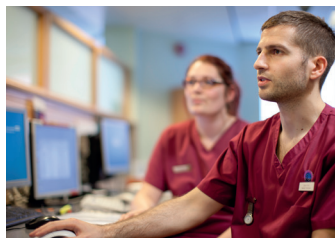
Immediately prior to treatment a therapy radiographer will explain to you what is going to happen and take you into the treatment room. You will be asked to remove any clothing that covers the area being treated. Radiographers will assist you on to the treatment couch, your mask will be positioned and then the treatment couch and the treatment machine moved to the exact positions that are needed for treatment. You will also be asked to keep as still as possible during treatment.



The radiotherapy machines are quite big and if you have never seen them before, you might feel anxious. There is no need to worry – the treatment is absolutely painless. It is just like having an x-ray picture taken, but it takes longer.

Once the treatment has been set up, the radiographers will leave the room and will switch on the machine from outside. The treatment normally lasts ten to fifteen minutes. On some visits the radiographers may take scan pictures. This ensures your treatment is delivered accurately and consistently.

During your treatment you will be alone in the room, but the radiographers will be watching you carefully on a closed circuit television system. If for any reason you need them, just raise your hand and they will interrupt the treatment and come in to you immediately.



Some people are worried that they will be completely enclosed by the machine – this will not happen. The machine can move around you, but nothing will touch you. All machines make a buzzing noise when they are operating. This is how you will know when the treatment is happening.

## Some questions about radiotherapy...

### *Will radiotherapy hurt?*

No. You will not feel anything during your actual radiotherapy treatment. However, as the treatment progresses the treated area will become sore and inflamed.

### *How does it actually work?*

Our bodies are made up of cells and all cells have the capacity to divide. If radiation hits a cell that is dividing, it will be damaged. Unlike normal cells, cancer cells are much less able to repair the damage so more of them will be destroyed.

### *Is it safe?*

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to treat the cancer whilst minimising the dose to the normal tissues.

### *Will I be radioactive?*

No. Patients treated with radiotherapy do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women and to have visitors if you are on the ward.

### *I already have problems with my health. Will radiotherapy treatment make them worse?*

Not usually, but the treatment may make you feel more tired than normal. Please tell your treatment team about any existing medical conditions and continue with any medication that you may be taking unless your doctor or nurse tell you otherwise. Ask your Christie doctor if you are worried about any health problems.

### *Can I be treated as an outpatient?*

Yes, if your doctor thinks you are well enough. In fact most patients receive their radiotherapy as an outpatient. Space in the waiting area is limited, so if possible please only bring one person with you.

If you are travelling from far away, it is important for you and your carer to bring your own regular medications, especially painkillers, that you and your carer need to take on a daily basis at the normal time.

### *As an inpatient, when will I have my treatment?*

Your treatment will continue if you are an inpatient. The treating team will make arrangements for you to be collected or escorted to the department by a porter or support worker at an appropriate time.

### *What happens if I need ambulance transport to and from the hospital?*

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a radiotherapy support worker or radiographer on your first visit to the radiotherapy department. Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport.

There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not. Hospital transport is provided by North West Ambulance Service and West Midlands Ambulance Service. Contact the transport liaison office at The Christie directly on **0161 446 8114** or **8143** for advice and bookings (Monday to Friday, 8.00am–6.00pm).

### *If I am driving where can I park?*

For parking at the main Withington site, please check the website ([www.christie.nhs.uk](http://www.christie.nhs.uk)) for the latest details, or ask at the information centre for a copy of the leaflet 'Travelling and car parking for patients and patient's visitors to The Christie'.

### *Can I have a flu vaccination during treatment?*

If you are having radiotherapy, it is fine to have the flu jab. If you are also having chemotherapy, please ask your oncologist.

## **Alcohol**

While the occasional glass of wine or beer won't hurt, don't drink to excess.

## Smoking

If you continue to smoke, **this will reduce the chance of the treatment being successful**. It will also make the reaction worse and will significantly **increase the risk of serious late side effects**. It also **increases the risk of further cancers**. We strongly advise you not to smoke.

### Stopping smoking

If you would like to give up smoking contact:

- Smokefree NHS: **0300 123 1044**
- Manchester Smoking Cessation Unit on: **0161 205 5998**
- Christie smoking cessation service on: **0161 446 3727**

### Side effects of treatment

Side effects from radiotherapy vary and most only affect the area being treated. Early side effects are temporary and affect all patients. They usually start in the second week of treatment, continue during radiotherapy and begin to ease a few weeks after radiotherapy has finished. Please follow any advice given to you by your clinical team.

### Swelling of the glands

You may find that after the first one or two doses of radiotherapy the glands in your neck or side of the face swell. This is simply a temporary reaction of the salivary glands to the radiotherapy and will quickly settle. Very rarely this means that the mask becomes too tight. In this case your doctor or nurse clinician can give you some medication to help.

## Mouth and throat

Some people will already be on painkillers because of pain from their tumour. However, your mouth and/or throat is likely to become very sore and inflamed if they are being treated. A white coating may appear in your mouth which is normal and protective. We will prescribe painkillers for you to help the pain or soreness and to make you feel more comfortable and help you to swallow food and fluids. Painkillers can be taken for as long as your mouth, throat or skin are sore.

It is very important that you try not to lose any weight during this treatment. See page 22 for advice on nutrition.

It is essential that you keep your mouth clean and moist using salt and sodium bicarbonate mouthwashes – see the section on mouthcare.

Your mouth may become dry, especially if you are having your salivary glands treated. Try sipping water frequently to moisten your mouth. Artificial saliva sprays are available; ask your doctor or nurse at The Christie about these. Please note, if you have your own teeth (not dentures) you should not use Glandosane spray.

## Thick phlegm

You might start to produce a lot of thick, sticky saliva. This is a normal reaction but can be quite troublesome. It normally settles down in the weeks after treatment.

The saliva and anything you cough up should be white or clear; if it is green or brown let us know – you may need some antibiotics. There are some measures you can take to help with the thick phlegm: make sure you drink plenty of non-alcoholic fluids (3–4 pints per day); do your

mouthwashes using saltwater and sodium bicarbonate every 1–2 hours; take your painkillers as prescribed.

## **Taste**

You may lose your sense of taste or find that everything tastes the same. Some people describe the taste like ‘cardboard’. In spite of this, it is important that you continue to eat and drink as much as possible. It can take some months for the sense to return. In some cases, the sense of taste does not return.

## **Skin reaction**

The skin in the treated area can become red and itchy or sore and might even peel. You can minimise this skin reaction by following this advice.

Start moisturising the skin of your neck and face from the beginning of your radiotherapy using your normal daily moisturiser. You do not need to change from this unless you find that it starts to irritate your skin during your treatment. If you don’t normally use a moisturiser, please visit your local pharmacy or speak to your treating team for help finding a suitable product for you.

- Wash the area gently using warm water and shower/bath products as normal. If preferred you can use aqueous cream as a wash, but this is unlikely to reduce the chance of a skin reaction occurring. Pat the skin dry with a soft towel. If the skin is very sore or peeling, don’t wash it at all.
- Avoid using any make-up or perfume.
- Men should use an electric razor rather than wet shave, even if the skin is not sore or red.



- Protect the area from extremes of heat or cold and from direct sunlight, during treatment and for at least 6 weeks afterwards. If you need to use a hair dryer, use the coolest setting. Use a total sunblock cream if you do go out in the sun, but do not use a sun block on the treated area during your treatment.
- Wear loose, cotton clothing around the neck.

There is more information in our leaflet 'Skin care during and after your radiotherapy treatment'. Please ask your radiographer for a copy or visit the cancer information centre.

Sometimes the skin can peel and may become moist and red with some weeping or discharge. This discharge can cause the skin to become dry, cracked and painful. Most people find it more comfortable to wear a dressing around the neck. The district nurses attached to your own doctor's (GP's) surgery may be asked to visit you to continue applying dressings to your neck.

The skin reaction can look quite alarming, but is a normal reaction and, after a few days, usually heals up quickly. If the discharge becomes discoloured, you may need a course of antibiotics. If you are at all concerned about your skin, please contact the head and neck nursing team on **0161 446 3428** or **0161 446 8041** or **0161 918 2424**.

## Tiredness

You may find you are more tired than usual, especially towards the end of your treatment. Sometimes the tiredness or fatigue can be profound. It is important to do moderate activity. This fatigue can last for a long time – even up to a year – after treatment. See The Christie booklet 'A guide for exercising during and after treatment for cancer' for further help.

## Voicebox

If your voicebox (larynx) is being treated, try to rest your voice as much as possible. Your voice may become very hoarse or whispery and may even go altogether. In the weeks after radiotherapy, it should gradually return. If not, you can be referred to a speech therapist to help you regain your voice.

## Noisy or difficult breathing

Occasionally when the voicebox is being treated, the tissues in this area can swell, making breathing in a bit noisy and more difficult. **If this happens, it is very important to let the radiographers and your consulting team know before your treatment for that day.** At weekends and evenings, you should ring The Christie Hotline on **0161 446 3658**.

## Cough

Some people get a troublesome cough for a while after treatment. This should go as your throat settles down after treatment. You can use cough mixtures from the chemist but drinking lots of non-alcoholic fluids is often the best way to settle the cough. Try not to clear your throat too vigorously.

## Swelling under the chin

After the radiotherapy is finished some patients develop swelling under the chin. This is like a double chin or jowl. It is usually soft but sometimes firm. It is a common side effect, resulting from a collection of fluid in the tissues under your chin. It will gradually go although this can take several months. Rarely, the swelling can be permanent.

## Hair loss

Any hair, including facial hair, that is in the treatment area and where the x-rays leave the body, will fall out. In some cases it will not re-grow.

## Sickness (nausea)

Some people feel sickly during the treatment. There may be several reasons for this. If you are experiencing nausea please inform your treating team. If you have had chemotherapy and you are feeling sick, it is extremely important that you let us know.

## Constipation

Many people become constipated during this treatment because of the painkillers or change of diet. Constipation can be an unpleasant and serious problem, but can be treated. Please let your treating team know if you experience bowel changes. Even if you are not eating and drinking much, you should still be opening your bowels.

## Mouthcare

Your mouthcare is very important particularly if your mouth is in the treatment area. It is essential that you keep your mouth scrupulously clean from the start of your treatment. This will help prevent infection when your mouth or throat become sore.

- You will be given an information sheet about mouthcare when you start your radiotherapy. You should use mouthwashes made of salt solution and sodium bicarbonate solution. At the start you should use the two mouthwashes four times a day. Once your mouth starts to get sore, increase the frequency to 2 hourly. You can use Diffiam **as well as** the salt and sodium bicarbonate. You should not use any other mouthwashes

(especially Corsodyl) without checking with your radiotherapy doctor, radiographer or nurse unless it is prescribed for you.

- You should continue to clean your teeth, with a soft toothbrush, after meals and before bedtime.
- If you wear dentures, you may like to leave them out except at mealtimes. Dentures should be kept scrupulously clean.

### **If you have had a tracheostomy or laryngectomy operation for your cancer...**

Patients who have had their voicebox removed (laryngectomy) may find The Christie leaflet 'Information for laryngectomy patients having radiotherapy' helpful. If you have had a tracheostomy, please ask to see the specialist team for advice about tracheostomy care during radiotherapy.

### **Weight loss**

Eating and drinking can become difficult during radiotherapy resulting in weight loss. It is very important to try to maintain a good fluid and dietary intake. If you are struggling with this, please let one of the doctors or nurses know as soon as possible. If you are having chemotherapy as well as radiotherapy, you must try to take about four pints of non-alcoholic fluids a day, either by drinking or feeding tube if you have one. This helps to prevent kidney problems. Supplementary nutrition drinks may be prescribed for you. You may be referred to a dietitian for additional support.

Your weight will be monitored throughout your treatment. It is very important that you don't lose weight as this can prevent healing of the irradiated tissues and delay your recovery. If you are not eating and drinking enough, you may need to come into hospital to be fed by a tube.

Occasionally patients need to be fed by tube because food and fluids are going down the wrong way (into the air passage). This condition will normally resolve in the weeks after treatment.

Once the tube is in place and you have got used to the feeds, we can teach you to care for the tube and feed yourself at home. When you are able to eat and drink enough in the normal way the tube can be removed. If possible, it is important that you continue to swallow small sips of water. This helps to return to normal after treatment.

Sometimes a tube called a gastrostomy is inserted directly into your stomach before any of the treatment starts. This is because we know that you are very likely to stop eating properly. Your swallow should recover after treatment but there is a possibility (for one in 10 people) that your swallow does not recover and the gastrostomy will be permanent.

## Possible late effects

There are some possible late side effects which your doctor will discuss with you. These can occur months or even years after treatment. These late effects depend on what part of the head and neck was treated by radiotherapy. Some late effects can be treated with medication. Rarely, a surgical operation may be needed if the problem is serious.

### Tiredness

This can last for up to a year after the completion of radiotherapy.

### Dryness of the mouth

This occurs whenever salivary glands are in the treatment area. Loss of saliva can result in dental decay.

## **Dental problems**

When the mouth is dry, the teeth are no longer protected by saliva and are more prone to disease. This can lead to long term problems with the jaw bone, which can be serious. Sometimes surgery is required to correct these problems. It is very important to ensure you maintain good dental care during and after radiotherapy.

## **Damage to the bone or cartilage**

In rare cases, there can be damage to the jawbone or to the cartilage of the voicebox (depending on the area treated). Occasionally you may need surgery to correct this. This is more common in patients who continue to smoke during and after their radiotherapy. Having teeth extracted from jawbone that has been treated with radiotherapy will increase the risk of bone damage. Please remember to discuss this with your clinical oncologist.

## **Skin colour changes**

Rarely, the skin in the treated area can become discoloured (usually slightly darker than your normal skin colour) or mottled. There may be patches of small blood vessels near the surface of the skin.

## **Swallowing problems**

Sometimes the radiotherapy can cause a tightening of the tissues in the throat, making swallowing more difficult. If this is a problem, you may be referred to a speech and language therapist. The tissues of the neck can also become tighter and feel firmer to the touch. This is especially common after surgery to the neck. A small number of patients require permanent tube feeding.

## Weight loss

If you have lost weight during your treatment, you may find that it is difficult to get back to your normal weight after treatment, even though you may be eating quite well. This is common and, as long as your weight is steady, is not usually a problem. If you continue to lose weight after your treatment, please mention it to the doctor at your follow-up clinic appointment.

## Ulcers

Sometimes the tongue and the lining (mucosa) of the mouth or throat can take a long time to heal. This can mean that you have ulcers, which can be painful, for some time.

## Hormones

Occasionally patients having treatment to the neck or to the back of the nose will experience lower than normal levels of some hormones. If your doctor thinks you are showing any signs of this, the levels can be checked with a blood test. If necessary, we can give you replacement hormones.

These possible late effects may seem very alarming, but please remember that only a minority of patients have any serious late effects. Where they do occur they can often be corrected by limited treatment or surgery. You will also have regular follow-up appointments to monitor your progress. Please discuss any worries with your doctor or nurse.

## Nutrition

It is very important for you to eat healthily and drink plenty of fluids during your treatment. We recommend about 3 to 4 pints of non-alcoholic fluids a day. This will help your tissues to heal, help you to fight off infection and prevent damage to your kidneys.

People often find that for a few weeks they have to go on to a soft or liquidised diet and may need high calorie liquid supplements. These are available on prescription. Please ask any of the staff looking after you for advice if you are worried about your diet.

There are several Christie booklets about how to cope with eating difficulties and about nutritional drinks. Ask staff in outpatients for these booklets. We can arrange for you to be referred to a dietitian if necessary.

## After the treatment

Your side effects may last for some weeks after the treatment finishes, so it is important to continue with your prescribed treatments, mouthcare and skin care. You should also continue to take plenty of non-alcoholic fluids either by mouth or through the feeding tube. You should contact us if you have any concerns about new problems or side effects getting worse on one of the following numbers: **0161 446 8041, 0161 918 2424 or 0161 446 3428**. Out of hours please ring The Christie Hotline on: **0161 446 3658**.

You may find The Christie booklet 'Follow-up information after radiotherapy for head and neck cancer' helpful. **Please remember that you can contact us at any time after your treatment if you have any questions or concerns.** You may be asked to attend the early follow-up clinic a week or two after radiotherapy.



Your first follow-up outpatient appointment will usually be about six weeks after your last treatment and will normally be in the outpatient department at The Christie or your local hospital. This might seem a long time, but the radiotherapy reaction takes a few weeks to settle down and the doctors cannot see how effective the treatment has been until then.

If you have participated in a clinical trial, this may be different. You will be contacted by a research nurse to discuss this.

## Further information

### Christie information

The Christie produces a range of patient information booklets and films.

Booklets are free to patients coming to The Christie and are available from the cancer information centre. There are information centres at The Christie at Withington, Salford and Oldham.

### Maggie's centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email [manchester@maggiescentres.org](mailto:manchester@maggiescentres.org)

### Macmillan Cancer Support

This is a national cancer information charity which runs a cancer information service. Specially trained cancer nurses provide information on all aspects of cancer treatment and living with and beyond a cancer diagnosis.

The cancer support service freephone number is **0808 808 00 00** (9am–8pm, Monday to Friday). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available.

They also publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number above or by going on their website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

### Community Macmillan nurses

These nurses work in the community and have experience of caring for people with a cancer diagnosis. They are experts in the treatment of cancer and the control of symptoms such as pain and sickness. They can also provide support for you and your family during and after your treatment. If you would like to be referred to the Macmillan nurses near your home, please let us know.

### Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment is a social security benefit and has replaced Disability Living Allowance for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16–64. Under 16s can still apply for Disability Living Allowance.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- Personal Independence Payment (PIP): call **0345 850 3322**
- Carer's Allowance: call **0345 608 4321**
- Disability Living Allowance (DLA): If you were born on or before 8 April 1948 call **0345 605 6055**, if you were born after 8 April 1948 call **0345 712 3456**
- Attendance Allowance (AA): call **0345 605 6055**
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres.org**  
The Christie at Oldham has a benefits advice session on Thursday afternoons phone **0161 918 7745**
- Contact your local social services department for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support has an advice line on **0808 808 00 00** or **www.macmillan.org.uk**

## Student training

The Christie is a training centre for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education. Students are always supervised by fully qualified staff.

However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your

treatment will not be affected in any way. We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

## Prescriptions

Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy at The Christie and from your GP.

## Research at The Christie

The Christie, along with the Manchester Cancer Research Centre, is a major centre for cancer research of all kinds. You may be asked if you are willing to help with some of the clinical trials and audits. You are under no obligation to take part in any of these. You will meet some of the research nurses who help run the trials. They will also give you support and advice throughout your treatment, whether you are taking part in a trial or not.

## Contact information

### Consultants

Dr Lee	0161 446 8581	Dr Sykes	0161 446 3354
Dr Garcez	0161 446 3331	Dr Thomson	0161 446 3361
Dr McPartlin	0161 446 3354		

### Nurse clinician

Kathleen Mais	0161 446 3428
	0161 446 3000 (bleep 12589)

Please contact Kathleen for queries about chemotherapy including appointments

## **Nurse specialists**

Contact: 0161 446 8041 or 0161 918 2424

Bleep: 0161 446 3000 (bleep 12610 or 12828)

You can contact a nurse specialist before, during or after your treatment if you have queries or concerns.

## **Research nurses**

Contact: 0161 446 8102 or 0161 446 8518

Bleep: 0161 446 3000 (bleep 12043, 12063 or 12125)

## **For queries about radiotherapy appointments**

Radiotherapy department      0161 446 3485

Mould room                      0161 446 3525

For queries out of hours ring The Christie switchboard and ask to speak to the nurse practitioner: 0161 446 3000

## **For urgent queries out-of-hours**

The Christie Hotline              0161 446 3658

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)





Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline: 0161 446 3658**

Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check  
before making a special journey.

### The Christie NHS Foundation Trust

Wilmslow Road  
Manchester M20 4BX

**0161 446 3000**

**[www.christie.nhs.uk](http://www.christie.nhs.uk)**

The Christie Patient Information Service  
September 2017 – Review September 2020

