

Managing the side-effects from head and neck cancer radiotherapy

Symptom advice and management log
During your head and neck cancer treatment

ID label				

Patient information

Your treatment

Chemotherapy: Induction Weekly None

Radiotherapy:

Regular medications:

Continue taking your regular medications, unless advised otherwise by your oncology doctor.

You may be asked to stop taking certain medication including NSAID's (Nurofen, Naproxen, Diclofenic, Ibuprofen). Some blood thinners (Warfarin, Rivaroxaban) may need to be reviewed when you start chemotherapy.

Please inform the team if you are on any of these medications. Make a list of them in the table below:

Medication:	Dose:

How can I manage the side effects of head and neck cancer radiotherapy?

Side-effects are common during head and neck cancer radiotherapy. This document outlines the common side-effects treatments that your team will advise you to use.

Oral hygiene

This is important for comfort and to prevent infections.

Action			
Tooth brushing	We advise regular brushing four times a day, including your tongue. Fluoride toothpaste is recommended to prevent dental decay.		

Thick secretions

Your saliva may become thick. This can be common over night when the secretions build up and make you gag.

Action				
Bicarbonate of soda mouthwash	Dissolve one teaspoon of bicarbonate of soda in a tumbler of water (50-200mls). Use four to six times a day including before and/or after eating. Rinse it around the mouth for as long as possible and spit out. Do not swallow.			
Nebuliser	A nebuliser forms mist that can be inhaled. We advise sodium chloride 0.9% (salt) nebules. Use as often as required for 10 - 15 minutes at a time. This will help to loosen secretions in the mouth, throat and nose.			

Skin and lip care

Your skin and lips may become red and inflamed. This often starts about 2-3 weeks after you start your treatment.

Action			
E45 Cream or Epiderm	For the treatment of dry, inflamed or itchy skin and dry/cracked lips.		

Painful mouth and throat

A painful mouth and throat are very common during radiotherapy.

We ask your GP to prescribe Caphosol (calcium phosphate), which helps to minimise the severity of mucositis (inflammation/ulcers) in your mouth. It must be used a minimum of 4 times a day.

To sooth and reduce discomfort we advise mouthwashes and painkillers like paracetamol.

Please start taking regular pain medication if you feel some discomfort at the back of your throat when eating and drinking.

Action			
Benzydamine hydrochloride (Difflam® mouthwash	This is a green liquid. Use four to six times a day. Gargle the mouthwash and spit out. Its pain relief properties may improve symptoms and help you to eat and drink.		

Benzydamine hydrochloride (Difflam®) spray	Use every one and a half hours. Aim the spray at the back of your throat. You can use before your meals to provide some pain control to help you eat.
Soluble Paracetamol	Take prescribed dose four times a day for pain relief. Paracetamol is often the first analgesic drug (painkiller) that we advise.
Morphine sulphate immediate release solution (Oramorph)	Morphine is used to treat moderate to severe pain. Your doctor or nurse will advise you on the dose to take. Please see the notes below.

How do I take Oromorph?

The majority of our patients will require a strong pain-killer such as Oramorph by week 3 or 4 of radiotherapy treatment.

The strength of the morphine solution is 10mg/5ml. The normal starting dose is 2.5-5mg. You will be advised to take a regular dose every 4 hours.

If you get unexpected or 'breakthrough' pain in between your regular Oramorph doses, you can take an extra dose then take the next regular dose on schedule. Oramorph takes about 20-30 minutes to work. You may be advised to take an extra dose 20-30 minutes before eating to help with swallowing food.

You do not need to set an alarm to wake yourself up in the night, but if you do wake up in pain you can take a dose then.

Please write down the dose and time of any rescue doses you take, and if it helps your discomfort. This will help your doctor or nurse calculate how much morphine you need. We expect your dose to increase during the weeks of your treatment and gradually start to decrease in dose about 2 weeks after treatment completion. Oramorph taken for pain like this is not addictive.

Oramorph may make you feel drowsy. Do NOT drive or drink alcohol while taking Oromorph. Alcohol may make you even drowsier.

The common side effects of Oramorph are as follows:

• Constipation:

Laxatives are often prescribed to prevent or treat this. Drinking plenty of fluids will help.

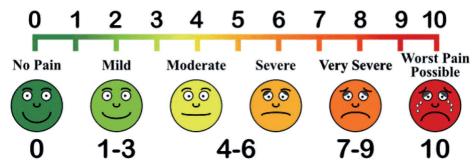
Drowsiness:

Many people feel tired or find they cannot concentrate as well when they first start taking morphine or when the dose is increased.

Sickness (nausea and vomiting):

Some people will feel sick or even vomit when they start taking morphine. This normally settles after a few days. Your doctor may prescribe an anti-sickness medication.

WEEK 1 Date:___/__/__

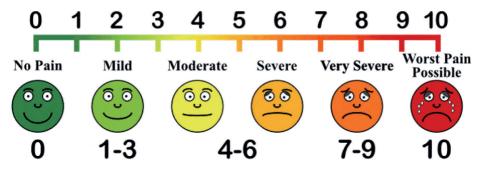


Comments

Start date//
Morphine Sulphate Solution 10mg in 5mls
Take mls = (mg) everyhours
If your pain still persists, you may take an extra dose
ofmls = (mg) every hours

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0100 - 0400							
Extra Dose Time:							
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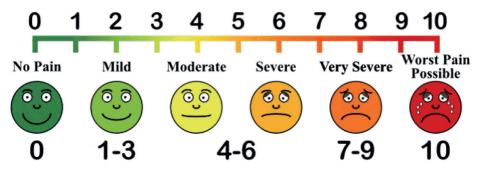


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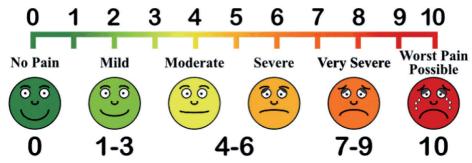


Date	Comments

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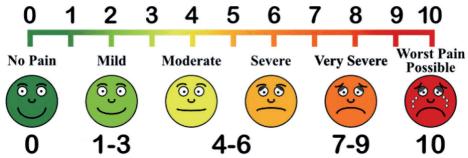


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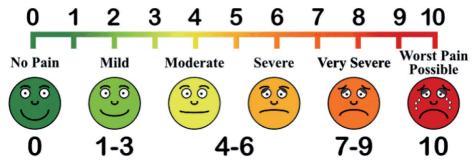


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WEEK 6 Date:___/__/__



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After completing your treatment:

We understand that the period immediately after treatment can be a worrying time, especially as your side-effects may continue to worsen over the next 2 weeks before they get better.

Please remember that we are still here to help.

Contacts:

Sussex Cancer Centre: 01273 696955 Ext. 4324

Chemotherapy Unit: 01273 696955 Ext. 4799

Oncology Ward CY8: 01273 696955 Ext. 64051

Macmillan Head & Neck Clinical Nurse Specialists:

Brighton and West Sussex: 01273 696955 Ext.67435

uhsussex.headnecksupport@nhs.net

East Sussex: 0300 131 4500 Ext.136218

Appointments:

2 weeks post-treatment:

You will be reviewed by the Clinical Nurse Specialist and if needed, by the Dietitian

Six weeks post-treatment:

You will have a consultant review, to discuss scans and follow-up.

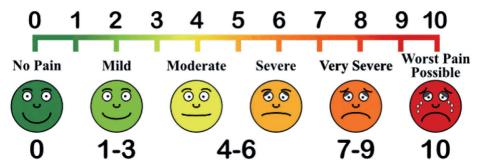
Three months post-treatment:

You will attend the joint head and neck clinic, to discuss results of your scans and any follow-up as an outpatient.

It is important for you to maintain good oral and skin care.

Please continue taking regular pain relief following completion of your treatment.

WEEK 7 Date:___/__/__

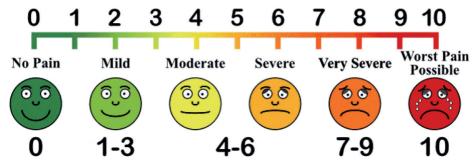


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WEEK 8 Date:___/__/__



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This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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