Radiotherapy to the Breast

Information for patients

Northern Centre for Cancer Care
Freeman Hospital
Introduction

Your oncologist has advised you to have a course of radiotherapy to your breast or chest area as part of your treatment for breast cancer.

This leaflet has been written to give you general information and answer some of the questions you may have about the side effects of radiotherapy.

We hope you will find this helpful. If you have any further questions relating to your treatment, please do not hesitate to ask your radiographer, nurse or oncologist.

Possible short term (acute) side effects

Acute side effects are temporary and affect most patients. The side effects generally develop during the second half of the course of treatment, last for several weeks after the treatment has finished and then usually settle within the next three to four months.

♦ Effects on the skin

Towards the end of treatment some patients experience some changes in the skin affecting the area that has been treated. The skin may

♦ feel tight and uncomfortable
♦ become pink or red
♦ become dry and flaky
♦ itch

The reaction may be worse in areas where skin rubs together e.g. under the arm and/or under the breast, therefore more care should be taken with these areas. Your skin reaction may be worse and happen earlier if you are also having chemotherapy.

Your skin will be monitored by your radiographers during radiotherapy and you will be given advice on how to care for it. You will also be seen once a week in a radiotherapy clinic by your oncologist or specialist radiographer who will examine your skin and advise on any creams if necessary.

Skin reactions may sometimes persist for up to six weeks after treatment has finished.

♦ Changes to the breast or chest wall area

If you have had a mastectomy you may notice some slight swelling along the mastectomy scar.

If you have not had a mastectomy you may notice a change to size, shape or sensation of the breast. It may feel a little swollen and more tender. You may feel some tingling or “nerve sensations” within the breast tissue.
You may also experience numbness to the upper part of the inner arm. This is normally an effect from your surgery and may last up to 18 months.

♦ Stiffness of the shoulder

Some patients find that they have stiffness in the shoulder or a reduction in the range of arm movements. This is more likely to occur following mastectomy than lumpectomy. It is important to do exercises to help maintain the movement in the shoulder. You may have been seen by a physiotherapist who has instructed you about exercises before you attend for your radiotherapy (usually just after surgery). It is important to continue with these exercises during radiotherapy as they will help with achieving the arm position required for you to receive treatment. Although swimming offers excellent exercise for the arm and may help reduce stiffness of the shoulder, we suggest you wait until you finish your course of radiotherapy and any related side effects have settled down.

♦ Tiredness / Fatigue

Radiotherapy can sometimes make you feel very tired especially towards the end of your course of radiotherapy and for a number of weeks following treatment. You should rest as much as you need to. It may be some time before you feel able to do some of your usual activities.

Fatigue is something nearly everyone with cancer feels. It affects people differently and it is important to tell the health care team if you are feeling more tired than usual. There are some physical causes, such as anaemia that are readily treatable. Please ask for a booklet on Fatigue at the Information Centre in NCCC which may give you tips to help with this.

Possible long-term or permanent effects of treatment

♦ Breast changes

Occasionally the texture, sensitivity and shape of the breast, and the pigmentation of the skin, may alter. This may be a permanent reaction to radiotherapy. In a small number of patients the breast can feel firmer, larger or more tender than the other side due to retained fluid. This usually settles over several months.

♦ Lymphoedema

If you receive radiotherapy to your armpit as part of your treatment for breast cancer, or if you have had surgery in this area there is a risk of developing lymphoedema. This is a swelling of your arm on the side where the cancer has been treated. It is caused by damage to, or removal of, the lymph glands under your arm which are normally responsible for draining fluid. Some patients first notice lymphoedema when they receive an injury to the arm that results in swelling and delayed healing. Others may notice a more gradual swelling of the arm, which may also extend to the wrist and hand.
Lymphoedema may not occur until months or years after treatment for breast cancer, and taking some special care of your hand and arm on the side where you have had treatment may help to reduce the risk of this developing.

This is discussed in the section “Care of the arm during and after your treatment” but your oncologist or breast care nurse can give you further information.

Other effects

Other very rare long-term effects may include

♦ nerve pain
♦ tingling
♦ weakness or numbness in the arm and hand
♦ breathlessness due to lung damage
♦ weakening of the ribs within your treatment area

However, due to improvements in the planning of your treatment and the way in which the radiotherapy is given, these long-term effects occur less often than they previously did.

Most patients who receive radiotherapy to the breast experience minimal side effects and no long term damaging effects.

What I can do to help?

Skin care

We recommend that you take special care of your skin during and up to six weeks after your radiotherapy as the skin reaction may continue after treatment has finished.

♦ Keep the area cool. You may find that using a hair dryer or fan set on a “cold” setting applied over the treatment area may help.

♦ Wear loose, preferably cotton, clothing that does not rub the skin and will allow air to circulate. You may find a “cropped top” is more comfortable than your normal bra. If you have had a mastectomy it is better to wear a temporary lightweight prosthesis.

♦ Do not expose the treated area to the sun for long periods. Whilst in the sun the treated area should be covered completely or a high protective factor suncream (25 or above) should be applied. If you are having radiotherapy to the neck area, care should be taken when exposing your back to the sun. Do not use a sunbed, as this could worsen the reaction.
Do not soak the area in the bath or under a long hot shower. You may wash the treated area using a simple, unperfumed soap applying gently with your hands rinsing the area well with warm water. Avoid using flannels or sponges. Pat the area dry with a soft towel or let the skin dry naturally. Be careful to pay extra attention to skin folds such as those under the arm and breast.

Do not use talcum powder, bubble baths, bath salts, shower gels or body lotions in the treated area as they tend to be highly perfumed and can dry or irritate the skin. You may be given a moisturising cream from the radiographers or nurses to soothe the skin, or your oncologist may prescribe a cream if needed.

You may find you will not perspire as much as usual due to the effects of the treatment. The underarm hair will be lost on the side being treated. This may be permanent. Do not use any method of removing hair under your arm during your radiotherapy. Do not use a deodorant.

Care of the arm during and after treatment

This is only applicable to those patients who have had surgery to examine the lymph glands in the armpit and/or those patients who are receiving radiotherapy to the lymph glands under the arm.

The aim of this care is to avoid breaks in the skin, or injury to the arm and hand whenever possible, as these may lead to infection. There are a number of ways we recommend you do this:

Offer your other arm for all injections, taking of blood pressure or any infusions e.g. blood transfusions.

Wear gloves to protect your hand when gardening or using harsh detergents.

Wear gloves when using the oven to prevent burns to the hand or arm.

Use a thimble when sewing.

Use an electric razor or depilatory cream for removing underarm hair.

Avoid lifting or carrying heavy cases or shopping bags with the affected arm.

If you do develop cuts, scrapes or animal bites to the arm or hand wash the area well with warm water and apply an antiseptic cream. If the cut fails to heal, or you notice any swelling or redness developing in the arm please contact your breast care nurse or GP.

If you would like further information about lymphoedema or advice on treatment, please speak to your specialist team who will be happy to help you.
How else can I help myself during treatment?

You can help by doing these things…

♦ Don’t try to lose weight.

♦ Try not to smoke. It can make your side effects worse.

♦ Tell us if you are worried about your side effects, or if you feel unwell, or if you have any problems or questions.

Your progress

You will be seen by a member of your specialist team once a week during your treatment. This will be an opportunity to discuss any concerns or problems you may have.

Please tell your treatment radiographers if you have any problems between appointments.

♦ Your emotions

It is important to make time for yourself. Emotions associated with the reactions to a diagnosis of breast cancer may come to the surface at various stages during your treatment.

Don’t worry if you feel low, this can be normal. If you need to talk to someone, please ask, we are here to help. We have a wide range of support services within the department, such as Macmillan nurses, dietician and social worker. A Clinical Psychology service is also available at NCCC on referral from your oncologist.

♦ Sex

Sexual activity is personal to each individual and may be an aspect of your life about which you have concerns relating to your disease or treatment. You may have questions you wish to ask. Please talk to your oncologist, nurse or radiographer if you would like to talk about these issues confidentially. There is more information available in the Information Centre at NCCC.

♦ Pregnancy

It is very important that women are not and do not become pregnant whilst undergoing radiotherapy. Please inform a member of staff immediately if you think you may be pregnant. You will be asked (if appropriate) to confirm that you are not pregnant by one of the radiographers before starting treatment.
After your radiotherapy has finished

The side effects of treatment can continue for several weeks after radiotherapy has finished. Continue with your skincare routine until any changes return to normal.

You will be sent a follow up appointment to see your specialist team six to 12 weeks after finishing treatment.

On your last treatment you will be given an information leaflet “Finishing your radiotherapy to the breast” which provides information about what happens after completing a course of radiotherapy to the breast.

You will also be given a discharge letter with a copy for your GP summarising any side effects you may have and any creams or medication you have been prescribed at NCCC.

If you are worried about your side effects after your treatment has finished, please contact your specialist breast care nurse at your referring hospital or the NCCC Information Centre for further advice.

Useful contacts:

Northern Centre for Cancer Care Macmillan Information and Support Centre
0191 2138611
Opening hours
Monday to Friday from 9am to 4.30pm

Newcastle upon Tyne Hospitals NHS Foundation Trust
www.newcastle-hospitals.org.uk

CancerBACUP
freephone 0808 800 1234
www.cancerbacup.org.uk

Macmillan Cancer Relief
Head office 020 7840 7840
freephone 0808 800 1234
www.macmillan.org.uk

Breast Cancer Care
www.breastcancercare.org.uk
Tel 0808 800 6000

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