

Your guide to chemotherapy

A number of treatments are used to treat breast cancer. The most common are surgery, radiotherapy, chemotherapy (anticancer drugs) and hormone (endocrine) therapy. The chemotherapy doctors (Oncologists) will advise you which treatment you require and will discuss this with you.

In this leaflet we have tried to offer information and advice about your chemotherapy treatment. You will be given more detailed information about the particular drugs that are recommended for you when you see the Oncologist. A chemotherapy information pack is available which will be given to you by a Breast Care Nurse prior to your oncology appointment. If you have any further enquiries please contact your Breast Care Nurse.

Q1. What is chemotherapy?

A1. Chemotherapy simply means drug treatment. The drugs may be given:

- by mouth (oral)
- by injection under the skin (subcutaneous) or into the muscle (intramuscular)
- by injection into the vein (IV or intravenous)

There are many different drugs which can be used so there are a wide variety of combinations. A minority of patients will also benefit from another type of drug such as Herceptin. This is not suitable for everyone and your Oncologist will discuss this with you.

Most chemotherapy is given as an outpatient. Patients are often given a combination of several drugs, by injection, over a period of four to six months with a 'rest period' of three to four weeks between each injection.

Your Doctor or Chemotherapy Nurse will discuss your individual treatment with you and give you further written information about the particular drugs that will be used before you start any chemotherapy. If you have any questions about your treatment do not be afraid to ask about it.

Q2. Why do I need chemotherapy?

A2. Chemotherapy is used to treat existing disease and to reduce the risk of a cancer coming back.

You may receive more than one type of treatment. For instance, you could have surgery followed by chemotherapy to remove any cancer cells which cannot be detected but which the Doctors' suspect might still be there. In some cases people may be advised to have chemotherapy first if the Doctors feel that it would be helpful to try to shrink the cancer before the operation.

Q3. How does chemotherapy work?

A3. Whether you are given treatment by mouth or injection the drugs are absorbed into the bloodstream. The blood then carries the drugs to any cancer cells.

All cells in the body divide, but some cancer cells grow and divide more quickly than normal cells. Chemotherapy drugs interfere with the ability of a cell to divide and reproduce itself.

Each drug that you are given will act on the cells in a slightly different way. If one drug does not work on a particular cell one of the others that you are given may. In this way a large number of cells are killed each time you are given chemotherapy.

Because all the other cells in your body divide they are also affected by chemotherapy. This is particularly true of bone marrow (the soft inner part of the bone which produces red blood cells, some white blood cells and platelets). The rest period between treatments is to allow normal cells to recover.

Q4. How long does treatment last?

A4. Your Oncologist will be able to give you an idea about the length of your particular treatment. However, each person responds differently and your treatment may be a little longer or shorter than other patients.

Q5. Hospital treatment

A5. Most patients receive their chemotherapy as outpatients. This may be at the Northern Centre for Cancer Care (NCCC) at the Freeman Hospital in Newcastle, Hexham General Hospital, North Tyneside General Hospital, or Wansbeck General Hospital. Occasionally it may be necessary to be admitted to hospital, for instance if you are going to have a series of injections over a short period of time. You will not usually have to stay in hospital for longer than 24 - 48 hours.

There are a few treatments when you may need to go into hospital for a little longer than this. Your Oncologist will tell you if you are to receive treatment needing a hospital stay.

Q6. Can I go to work or do my housework when I'm having chemotherapy?

A6. Generally, yes, but everyone is different. Chemotherapy may make some patients feel very tired but not others. The important point to remember is not to overdo things. Do what you want, but do not overstretch yourself.

Many people prefer to stay off work until their treatment is completed but others would rather continue to go to work if they feel able. It may depend on the job that you do. If you are employed, remember that your employers will need to know how often you have to go to hospital for your treatment.

Q7. What about social occasions or going on holiday?

A7. Again this depends on how well you feel. There is no reason why you shouldn't go out as long as you don't overtire yourself.

You will usually be able to drink a small amount of alcohol. Some chemotherapy drugs make patients feel "drunk" much more quickly than normal. Check with your Oncologist about your particular drugs.

If you are thinking of going on holiday, tell your Oncologist. It is usually possible to arrange your treatment around your holiday dates, but it does require careful planning. Holidays abroad may be best left until your treatment is finished but please discuss this with your Oncologist.

Q8. What about sexual activity and fertility?

A8. You can continue to have a normal sex life during chemotherapy although you may find your interest has decreased. You may not feel like making love but you may be happy holding, kissing, or massaging each other. You may also find your own ways of being close.

It may take a little while before your confidence returns and you feel comfortable having sex again. Taking things slowly at first and trying different sexual positions may help. Vaginal dryness may mean that penetration can be painful, special moisturisers and lubricants available from chemists and supermarkets should help.

While you are having chemotherapy treatment it is important to bear in mind that the chemicals may be present in your vaginal or seminal secretions and may be passed on to your partner, although this will depend on the drugs you are having. For this reason you may prefer to avoid oral sex and to use a condom during penetrative sex at this time.

Pre-menopausal women sometimes find that their periods become irregular and their fertility may be reduced. In all cases, effective non-hormonal contraception should be maintained as pregnancy is inadvisable when you are having treatment.

If you or your partner are thinking of becoming pregnant following chemotherapy then discuss this with your Oncologist.

Q9. Does chemotherapy hurt?

A9. Chemotherapy does not hurt any more than any other injection. If you feel pain during an injection, or any unusual sensation in your hands or arms afterwards, tell your Oncologist or Chemotherapy Nurse immediately.

Q10. Are there any side effects?

A10. Some patients feel quite well during chemotherapy, while others develop some side effects.

The nature of the side effects varies with the drugs used. There are some general ones. They are usually caused because the drugs affect normal cells as well as cancer cells. Normal cells will recover quickly after chemotherapy, so if you have any side effects they will soon go away.

Occasionally there may be a side effect which takes a long time to go away. Your Oncologist will discuss this with you if this is likely.

Some common side effects include:

- Rash – Rashes should always be reported to your own Doctor or Nurse.
- Sore mouth – If you develop a sore mouth during chemotherapy, use a mouthwash frequently to soothe it. Clean your teeth or dentures thoroughly after eating, to prevent infection. You may feel more comfortable leaving your dentures out whenever possible.

Avoid eating spicy food, and eating or drinking anything that is either very hot or very cold.

- Nausea – Some patients feel sick for a few days after chemotherapy, but they don't always vomit. Tell your Oncologist if you feel sick, because there are tablets to reduce this.
- Loss of appetite-You may not feel like eating very much during chemotherapy. Try to eat a little at a time. If you don't feel like cooking, or there is no-one to help you, use convenience foods, or have nourishing drinks available from chemists and some supermarkets. The Dietician at your hospital can advise you.
- Diarrhoea/constipation – Both are easily managed by diet or by medicines so let your Oncologist know if you have either diarrhoea or constipation.
- Hair – some patients find that their hair becomes thin, and others may lose all of their hair during chemotherapy. It can be very distressing but the hair always grows back when the treatment is completed. Sometimes it starts to grow back before this.

You may be given an ice pack to put on your head during an infusion to help reduce hair loss. If you still lose your hair it can be disguised by a wig. Ask at your hospital about this because they are available on the NHS and will be provided before you start your treatment.

Q11.How does chemotherapy affect my bone marrow?

A11. The bone marrow is where your blood cells are made. These include white cells, red cells and platelets.

White cells are the blood cells that fight infection. If their production is reduced you may develop a temperature or a sore throat and you should report this to your doctor. While you are having chemotherapy, try to avoid people with infections, (such as colds, sore throats, chicken pox etc).

Red cells carry oxygen. You may feel tired or short of breath if their production is reduced.

Platelets help the blood to clot, for instance if you have a cut. If you do not have enough platelets, you will find that you bleed for a long time if you cut yourself, and that you bruise very easily.

You will have a “rest” period after each course of chemotherapy so that your bone marrow has a chance to recover. Your Oncologist will check that your bone marrow is back to normal by taking a blood sample and counting the number of cells (blood count) before you begin each course of treatment.

Q12. What about my other medicines?

A12. It is important that you tell your Oncologist about any medicines that you are taking. It may be necessary to prescribe an alternative for you.

Q13. What about vaccinations?

A13. Because of the possible effects of chemotherapy it is very important to tell the doctor that you are receiving chemotherapy before having a vaccination. You should not receive any “live virus” vaccinations. These are polio, measles, rubella (German Measles), BCG (tuberculosis), smallpox, and yellow fever.

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Further information is also available on the hospital website:
www.newcastle-hospitals.org.uk

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