

# Information for patients and carers

## After Radiotherapy to the Breast or Chest wall – 15 treatments

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

This booklet contains information for patients that have completed a course of radiotherapy to the breast or chest wall. The information is a guide to help manage side effects from the treatment.

Side effects can vary from one person to another, and some patients may not experience any side effects from their treatment. It is normal for the effects from radiotherapy to continue for a few weeks after your treatment has been completed. These effects may get slightly worse during this period, followed by gradual improvement.

## **Skin care advice**

Please continue with the skin care advice you were given during your radiotherapy. The main points to remember are:

- Continue with the moisturiser you have used during your Radiotherapy treatment until the reaction settles, this may be a few weeks.
- Continue to wear loose fitting, cotton clothes both during the day and at night to minimise the skin reaction. Friction or rubbing of the skin can make the skin reaction worse. Try to avoid wearing underwired bras. You may be more comfortable leaving your bra off at home. If needed place a cotton hanky/fabric under the breast to stop any skin to skin rubbing.
- Avoid very hot or very cold water when washing the area. Use a soft cotton towel and pat the area dry to avoid irritation.
- We recommend that you avoid exposing the treatment area to direct sunlight and use a high factor sun cream following radiotherapy (SPF 30+), as the skin will always be more sensitive to the sun, especially the first 12 months.

- Chlorine in water may irritate the skin. It may be advisable to avoid swimming for a few weeks after treatment, until the skin reaction settles down.

## Skin reactions

Skin reactions are the most common side effect when having your breast or chest wall area treated. The severity of reaction varies between patients. After Radiotherapy, the skin can become more red, dry and itchy.

The following can happen:

The skin can develop an itchy, spotty rash or even develop small blisters; this is more common if you have had a mastectomy (removal of the whole breast) although it can sometimes happen underneath your breast. Continue with moisturiser; add in a pea sized amount of 1% hydrocortisone twice a day before your moisturiser. This can be bought at chemists/pharmacies; and will help to relieve the itching.

The skin can also breakdown or split which causes some weeping/exudate as the skin sloughs off. If this happens, do not use moisturising cream in this area or wash with soap/shower gel.

Wash very gently with lukewarm water or even saline water to keep the area clean. To make up some saline water dissolve a teaspoon of any salt in a bowl of boiling water then leave to cool, use a soft cloth to bathe the area. Take pain relief as needed.

You can seek further advice from the Radiotherapy Review Team – contact details are on your summary sheet. They will be able to either advise over the phone or invite you to the department to see them to do a full skin assessment and give relevant advice/dressings.

### **Breast swelling/ pain**

Discomfort in the breast is common after radiotherapy. You may experience a heavy sensation in your breast or sharp twinges which typically last a few seconds. These are often caused by your nerves healing and inflammation from the radiotherapy. Your breast or chest area may become tender or swollen; this should settle a few weeks after treatment. This is usually mild but can continue for several months.

### **Tiredness/ fatigue**

It is common for patients to feel more tired for several weeks after finishing Radiotherapy. This is because the body is recovering after treatment. It is important to rest when you need to but also to do some regular gentle exercise, taking it at your own pace. Eat a balanced, nutritious diet and drink plenty of water or juice. This will help your body to repair and reduce fatigue.

### **Shoulder discomfort**

Shoulder discomfort is more common in patients who have had their breast removed or had treatment to the lymph nodes in the armpit or collarbone areas. However, sometimes the treatment position of the radiotherapy can aggravate your shoulder giving you mild pain. It is important to continue with the exercises given to you by your breast care nurse or physiotherapist to ensure you maintain movement in your shoulder. Any discomfort should settle down within a few weeks of

completing treatment. If the discomfort continues you should seek advice from your breast care nurse.

## **Lymphoedema**

Lymph nodes are found in the armpit (axilla) and above the collarbone (SCF or supraclavicular fossa) areas. Patients who have had their lymph nodes treated by radiotherapy or surgery may experience lymphoedema or swelling of the arm on the side that has been treated. Lymphoedema is more common if you have had lymph nodes removed. It can occur several months or even years after treatment and referral to a specialist lymphoedema team may help. Your breast care nurse will be able to provide more advice.

## **Cough or breathlessness**

Radiotherapy can cause some inflammation of the lungs which may make you a little breathless. The treatment is carefully planned to minimise the amount of treatment to the lung. Some patients experience a dry cough or slight breathlessness. These symptoms are often temporary and will improve following your treatment. If you have more severe symptoms, please see your GP as it may be unrelated to the radiotherapy.

## **Sore throat**

If you have had the lymph nodes above the collarbone treated, you may experience a sore throat. If you do it will settle within a few weeks. You may find it helpful to take a simple pain killer such as paracetamol before eating.

## Follow up

You will receive a follow up appointment for approximately 6 weeks after your radiotherapy. This will be with a member of the oncology review team. Generally, you will receive routine mammograms once a year for the next 5 years. Following this, you will then enter the routine breast screening service programme. Entry onto the programme is often automatic but can be dependent on your age.

## Returning to work

You can return to work as soon as you feel well enough. This timescale may vary depending on the demands of your job.

## Late effects from radiotherapy:

Most people who have had breast radiotherapy do not experience any long-term side effects at all. However, it is important that you are aware that these can happen. They will have been discussed with you when you consented for treatment.

Radiotherapy can change the cells lining the lungs causing them to thicken or harden (fibrosis). This may cause mild breathlessness for months or even years after radiotherapy. These symptoms can be worse if you smoke or have asthma. However, it is advisable to see your GP if you develop any new chest symptoms as they may be unrelated to the radiotherapy.

Slight skin discoloration is common in the months following radiotherapy and will not cause any problems. Less commonly you may notice tiny blood vessels under your skin. This is known as telangiectasia. It is a

permanent side effect but will not cause you any problems but may affect cosmetic appearance.

Other long term side effects can include rib pain or rib fracture and damage to the heart (only after radiotherapy treatment of left sided breast cancers). There is also a small risk of developing another cancer in the treatment area.

## Self-Care

It is important to continue to regularly check your breasts/chestwall and armpits for new lumps and to look for changes to your nipples. Make an appointment to see your GP if you have any concerns or contact your breast care nurse for advice. You should also see your GP if you develop shortness of breath, a cough or new pain in your bones.

## Emotions

It is common to feel low in mood and isolated after a course of radiotherapy has finished. This can often happen because you have more time to think about your illness now that you no longer need to come to radiotherapy most days.

The team still care about your welfare and are available if you have any queries or concerns. You may also like to consider speaking to our counsellor. Please tell a member of the team if you would like this to be arranged on your behalf.

## Contact details

Should you require further advice or information please contact

[Radiotherapy.ReviewTeam@lthtr.nhs.uk](mailto:Radiotherapy.ReviewTeam@lthtr.nhs.uk) or telephone numbers on your Radiotherapy summary sheet.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

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

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

<https://www.breastcancercare.org.uk/information-support/facing-breast-cancer/going-through-breast-cancer-treatment/side-effects-radiotherapy>

<https://www.macmillan.org.uk/information-and-support/breast-cancer/treating/radiotherapy/radiotherapy-explained/radiotherapy-for-breast-cancer.html>

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