

This information is to be used in conjunction with **My Treatment Booklet**. It provides unique details about receiving radiation to the **chest**.

Pathway



1 First specialist appointment

Please refer to My Treatment Booklet.

2 Orientation

A patient care specialist (radiation therapist or nurse) will explain the procedure in more detail and answer any questions or concerns you may have about the process or treatment.

3 Planning CT Simulation

When treating a chest site, the use of the **assisted breath hold exhale technique**, will likely be trialled. If tolerated by the patient and is suitable for the area of interest, the technique will be used for the CT scan and every treatment appointment following. Coaching and guidance, including a separate information sheet will be provided.

Please eat and drink normally prior to your appointment.

Position:

You will most likely lie flat on your back with a support placed under your knees. The radiation therapists will make sure you are as comfortable as possible. To hold you in the correct position for treatment, immobilisation equipment is made specifically for you. This typically involves both arms well supported above your head in a mouldable cushion type device called a vac-bag.

If you have any restriction of your arm movement or lying flat, please inform a member of the ARO team and bring the pain relief you use with you.

Three small (approximately 1mm) permanent reference marks will be made on your skin. One is placed near the breast bone, one on the left side of your body, and one on the right side of your body at the same level.

Scan:

You will have a CT scan in the above position.

4 First day of treatment

The **assisted breath hold exhale technique** will be used on your first day and then on every day of treatment if it was introduced at simulation and deemed effective.

5 During treatment

Your radiation oncologist will advise you of possible side effects during and then after treatment is complete. *Please speak to a member of the ARO team about any concerns or changes so we can provide advice and support to meet your needs.*

Possible short-term side effects

Fatigue

Tiredness will likely occur. Some people continue to work while others find this too tiring.

Self-care:

- *Keep hydrated (drink 1.5-2L a day, preferably water). Minimise alcohol.*
- *Eat as well as you can. Nutrition support is available.*
- *Exercise regularly e.g. relaxed walking three times per week can be beneficial. You can continue your usual level of activity or introduce mild exercise.*
- *Please listen to your body, do not over exert yourself, and rest when you feel the need.*

Inflammation of the airways (tracheitis, bronchitis, pneumonitis)

This irritation may increase coughing, sometimes with greater/thicker phlegm production or blood streaking.

Inflammation of your oesophagus (oesophagitis)

You may have increased sensitivity as food and fluid passes through the inflamed part of your throat.

Self-care for the above reactions:

- *If your phlegm becomes red, brown or green tell your patient care team or radiation oncologist.*
- *A dietitian is available for general nutrition advice and support.*
- *Please inform any member of your patient care team and they can arrange appropriate medication for pain or discomfort.*

Skin sensitivity/reaction

This depends on the amount of radiation therapy dose to your skin. Your ARO team will advise accordingly.

Self-care:

- When washing the treatment area, use warm water, avoid scrubbing, and gently pat dry. Use soap such as Dove extra sensitive or Simple soap, which can be bought from the supermarket.
- Do not apply heating or cooling devices in the treatment area such as wheat or ice packs.
- Avoid hot pools, spa pools, chlorinated pools and saunas while on treatment and until any skin reaction has completely gone.
- Keep the treatment area protected from the sun and wind.
- Do not apply sunblock to the treatment area during radiation therapy. Following radiation therapy, once skin reactions are completely gone this area will always be more sensitive to the sun so cover with clothing or apply at least 30+ SPF (sun protection factor).

6 Last week of treatment

Please refer to My Treatment Booklet.

On your last day you will see a nurse or doctor.

7 After treatment

Please continue with the current management and self-care of side effects for at least 2-3 weeks after treatment.

Possible long-term side effects

- Lung inflammation (pneumonitis) may present as a cough and shortness of breath for 6 weeks to 6 months after the completion of radiation therapy. Pneumonitis can be treated with prescription medications and will settle.
- Lung scarring (fibrosis) can occur in the treatment area and is usually permanent. This may result in a reduction in your breathing capacity (usually an approximate 10-15% reduction).
- Skin colour can change slightly.
- Hair loss may occur within the treatment area only, and may be permanent.
- Narrowing of passages in the oesophagus, windpipe (trachea) or lungs is a rare complication due to scarring.
- A risk of damage to the heart. The **assisted breath hold technique** may be used to help limit radiation exposure to the heart.
- A small risk (less than 1%) of a rib fracture.
- Extremely small risk of damage to nerves or spinal cord.
- Extremely rare risk of developing different cancers, usually many years after radiation.

Self-care:

- Visit Support Services on **www.aro.co.nz** for additional services before, during and after treatment.