

Soothing Advice—During Chemotherapy and Radiation Treatment



Over the past year, many of the *informed* staff have had colleagues and friends diagnosed with various types of cancer. We decided to put together some of their experiences, along with advice from experts, to help you help your patients with the day-to-day problems associated with chemotherapy and radiation treatment. Your patients will get lots of information and support from their oncology team, but we know how much patients rely on their family doctors. Here are some practical tips on symptomatic treatment during chemotherapy and radiation therapy. For additional resources, see *informed plus* #9230.

General Advice

- Response to chemotherapy and radiation therapy is individual, but fatigue is an ongoing part of the process. The level of fatigue tends to increase as therapy continues, but will eventually improve. Fatigue, however, can be caused by anemia, easily diagnosed with a hemoglobin level.
- Patients should be cautioned to use prescription or over-the-counter (OTC) drugs only in consultation with a physician because of the potential for interactions.
- It is best to consolidate all prescriptions at one pharmacy to reduce the risk of interactions.
- Because of increasing risk of infection, patients should always check before having vaccinations or flu shots.

- Remind patients to inform their oncologist if they have been exposed to chicken pox, shingles, other “childhood” infections, or any other infections.
- Fever $>38^{\circ}\text{C}$ lasting more than a day should be reported to the oncologist.
- Skin is more sensitive to sun. A minimum SPF-30 sun block should be used, along with hats and sun-protective clothing. Direct sunlight at prime hours (11 a.m. to 4 p.m.) should be avoided.
- Nails change. They can crack, break easily, develop ridges, become brittle or change to a yellow/orange colour. Nail polish can be used.
- Instead of being “needled” every treatment cycle, suggest that your patient ask for a venous access line that provides easy access for treatment and saves the veins. Insertion is a quick surgical procedure.
- Your patient may be fitted with a pump for continuous infusion. It is a portable, beeper-like device that attaches to a belt. Pumps are lightweight, inconspicuous under jackets and sweaters, and resistant to damage if dropped.
- If your patient is due for a Papanicolaou (PAP) smear, it should be done prior to the start of chemotherapy.

Drug Specifics

- As a consequence of therapy, people can develop nausea and vomiting, constipation, shortness of breath, skin reactions, numbness/tingling in hands, joint pain and myalgia.
- Water retention in arms and legs is a common side effect in all types of chemotherapy. Diarrhea, flushing, skin rash, itching, and sores in mouth or on lips are also frequent side effects. Diarrhea is especially common with XelodaTM, 5-FU and TaxolTM.

Eyes

- Chemotherapy can influence vision. Patients may need their prescription changed. Reading glasses may become necessary even though not previously required.
- Excessive tearing, dryness, soreness or redness of the eyes can occur. Blurry, hazy vision can be related to dry eyes.
- If dry eyes are a side effect of therapy, a high viscosity eye drop can be helpful. Consult with a pharmacist for appropriate choices, such as Isopto TearsTM 1/2% (hydroxypropyl methylcellulose), Fresh TearsTM, Natural TearsTM or Refresh TearTM.
- Travelling by plane exacerbates dry eyes. Extra hydration might be required.

Psychological

- How one physically reacts to chemotherapy and radiation has nothing to do with how the cancer is responding to the therapy—some patients just do not get many side effects.
- At the end of treatment, some patients can feel “rebound distress” (concern that the cancer might recur or spread



if treatment is stopped). The treating staff can also become a safety net. Finishing treatment and terminating these relationships can be frightening for some.

- The “Look Better, Feel Good” Canada Foundation teaches beauty techniques to camouflage the appearance-related side effects of chemotherapy and radiation. For more information, see <http://www.lookgoodfeelbetter.ca/>.



Mucous Membranes (Mouth & Nose)

- Recommend a thorough dental check-up before starting treatment, especially chemotherapy. Developing dental problems (i.e. dental abscesses or fillings) during therapy can influence or delay delivery of chemotherapy due to concerns about infection and bleeding.
- On a daily basis, patients should maintain good oral hygiene and use baking soda/water or club soda to gargle and rinse the mouth.
- Using products such as Biotene™ mouthwash (lubricates the mouth, helps sores) and toothpaste may provide some benefit. These products are available OTC.
- For thrush, use the usual prescription medications or the custom ‘cocktails’ available at cancer centres (often include diphenhydramine, nystatin and dexamethasone or nystatin, cherry KoolAid™ and viscous lidocaine). Alcohol-based mouthwashes are not recommended during therapy as they can cause stinging or pain.

- Patients can lose or have altered sense of taste temporarily after chemotherapy, or have a metallic taste in their mouth, depending on the drugs being used. These changes usually subside within a few days. Hard candies can be beneficial.
- Rhinaris™ can be helpful for dry mucous in nose. If lips are dry, suggest petroleum jelly or Labello™, which has an SPF-30 rating, rather than Lipsyl™ or Blistex™ commercial preparations which may make lips feel drier.

Gastrointestinal

- Oral chemotherapy produces equivalent nausea to intravenous agents.
- Nausea can lead to feelings of queasiness (of the sort that makes one want to eat). Some may crave carbohydrates so that they gain, rather than lose weight. This response is highly individual, however. Ginger ale can help with nausea; some prefer it flat.
- Constipation (no regular bowel movement for three or more days with small hard stools or seepage resembling diarrhea) can occur. Patients may experience stomach ache or cramps, a bloated abdomen and a feeling of fullness or discomfort. Passing excess gas or belching, nausea and/or vomiting may also be present. Prevention includes increasing fluid and fibre consumption (e.g. prune juice, figs, bran) and maintaining usual exercise or activity. Patients should avoid delaying bowel movements. In addition to the above measures, treatment may include medications, such as sennosides (1–4 tablets bid), docusate sodium (1–2 capsules bid), docusate calcium, bisacodyl, milk of magnesia or glycerin suppositories. Patients should contact their doctors if they are unable to pass stool within 72 hours.

Hair

- Hair loss is temporary and usually happens about two to three weeks after the start of chemotherapy. It includes scalp, lashes, eyebrows and body hair

(including pubic hair). Occasionally, people experience only a thinning of hair rather than loss.

- Our sources recommend that patients look for wigs *before* their hair is gone. Make sure patients go to a reputable source. Wig shops are present in many cancer treatment centres for convenience. The newer synthetic products can look just as good as a human hair wig, which is heavier and less easy to care for.
- “Medical wigs” do not have to cost a fortune. Some insurance companies cover all or part of this expense. Free wigs are made available for those who are unable to afford them through cancer centres and support agencies.
- Dyeing hair during chemotherapy is not recommended and should only be reinitiated a few weeks after completion of therapy. Our sources say it is probably better to use water-based colour rinses than peroxide-based dyes during this time.
- After cessation of therapy, the new hair that grows in may change colour and become curly or wavy. The texture of hair may change as well, often becoming very fine. ■

The Bottom Line

- It is important to educate patients regarding the prevention and treatment of side-effects during chemotherapy and radiation treatment.
- Simple measures can often greatly improve the quality of life of those undergoing these treatments.

informed plus ▾

9230 • Resources for patients having chemo/radiation therapy

▸ These supplementary tools and information materials are available online at www.ices.on.ca



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