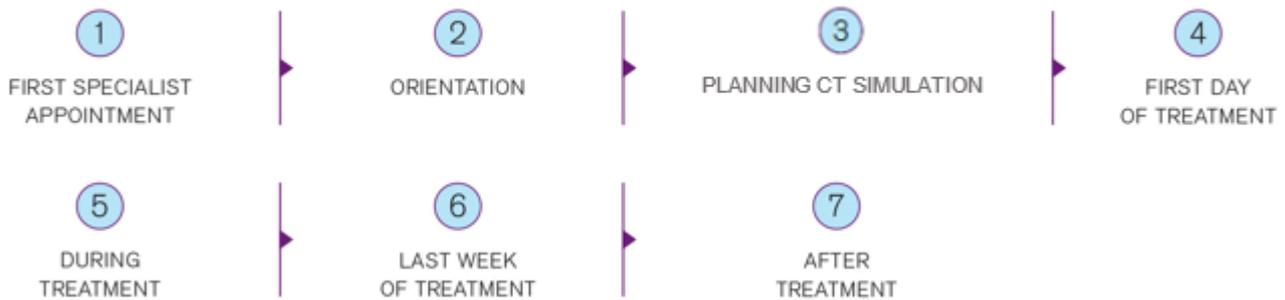


This information is to be used in conjunction with **My Treatment Booklet**. It provides unique details about receiving radiation to the **breast/chest wall** and possible lymph node (gland) areas.

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

Use of the **assisted breath hold inhale technique** may be considered particularly if your left breast or the left chest wall is being treated. If suitable, the technique is used during the CT scan and for every treatment. Coaching and guidance, including a separate information sheet, is provided.

Please eat and drink normally prior to your appointment.

Position:

You will most likely lie flat on a special board with both arms above your head. Your arms will be supported by the board and hands holding a bar. To help support your arms, a mouldable cushion type device called a vac bag maybe made for you. A support will be placed under your knees. The radiation therapists will make sure you are as comfortable as possible.

If you have any restriction of your arm movement, please inform a member of the ARO team. You can be referred to physiotherapy if you have not already had a referral.

Three small (approximately 1mm) permanent reference marks will be made on your skin. One is placed on the skin on the breast bone, one of 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 inhale technique** may be used today and every day for treatment if it was introduced at simulation and found to be effective.

A radiation therapist will give you a tube of StrataXRT gel. Using the general diagram below you will receive instructions on how and where to apply this. StrataXRT gel is designed to reduce radiation side effects to the skin and works as a barrier cream rather than a moisturiser. Please do not use any other skin products at the same time.

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 team about any concerns or changes so we can provide advice and support to meet your needs.*

Possible short term side effects

Fatigue

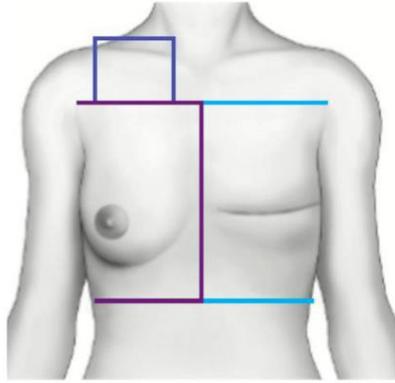
Tiredness will likely occur. Some people continue to work while others find this too tiring.

Self-care:

- *Keep hydrated (drink 1.5-2L a day, preferably water). Minimise alcohol.*
- *Eat as well as you can.*
- *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.*
- *Try to get a good nights' sleep.*

Skin Reaction

Skin colour may progressively redden or darken during treatment and for the first 1-2 weeks after you have finished treatment. Some patients feel minor twinges often described as shooting sensations and skin may feel irritated, itchy, swollen, and tender.



A. Standard breast treatment borders

B. Standard chest wall treatment borders

C. Only use gel here if nodes are being treated

Self-care:

- Apply StrataXRT gel to the clean and dry treatment area twice a day during, and for two weeks after radiation therapy has finished. Allow 5-6 minutes for it to fully dry to prevent clothes staining. You may be provided with dressings if they are deemed appropriate.
- For any pain in the area, please take pain relief such as panadol and speak to a team member if it is not helping with the pain you are getting.
- When washing the treatment area, use warm water, avoid scrubbing, and gently pat dry. Use mild soap such as Dove extra sensitive or Simple soap which you can buy from the supermarket.
- Do not apply heating or cooling devices in the treatment area such as wheat or ice packs. Use of a cool cloth or flannel is ok.
- Avoid shaving/waxing or using hair removal cream under the arm on the treatment side during treatment and until any skin reaction has completely gone.
- Avoid hot pools, spa pools, chlorinated pools and saunas while on treatment and until any skin reaction has completely gone.
- Be aware of the clothing you wear over the treatment area:
 - Wear loose fitting, soft, cotton clothing.
 - Use a soft cup bra (not underwire).
- 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).

Uncommon short term side effects

- Skin blistering or peeling can occur in the armpit region, skin folds such as under the breast, on the nipple and areola, areas of previous sun damaged skin and skin over the collar bone. Occasionally treatment can be interrupted to allow some healing.
- Nausea is very uncommon. If it occurs, then medication can be prescribed.

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

- Skin colour and the shape and size of the breast can change.
- Increased firmness and mild swelling (oedema) of the treated area may persist for one year or more.
- 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 treated area and may be visible on an x-ray. This will not cause symptoms.
- A risk of damage to the heart. An 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.
- An extremely rare risk of developing different cancers, usually many years after radiation.

If you are receiving radiation to lymph node (gland) areas you may also experience:

- Hair loss in the armpit if the glands in the armpit are being treated. Sometimes permanent.
- Lack of sweat from the underarm region. Sometimes permanent.
- Swelling of the arm (lymphoedema). This may require advice from a specialist breast cancer nurse or a breast cancer physiotherapist on exercise, specialised massage therapy and compression garments.
- Damage to the nerves that control the arm and hand (brachial plexopathy). This may cause pain, numbness and weakness in the arm and hand. This is very rare.

Self-care:

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