PATIENT & CAREGIVER EDUCATION

Radiation Therapy to the Head and Neck

This information will help you prepare for radiation therapy to your head and neck at Memorial Sloan Kettering (MSK). It will help you know what to expect before, during, and after your treatment. It will also help you learn about side effects and how to care for yourself during treatment.

Read through this resource before you start radiation therapy. Use it as a reference in the days leading up to your treatments so you can prepare as much as possible. Bring this resource to your simulation appointment and all future appointments with your radiation oncologist. You and your radiation therapy team will refer to it throughout your treatment.

About Radiation Therapy

Radiation therapy uses high-energy beams to treat cancer. It works by damaging the cancer cells and making it hard for them to reproduce. Your body is then naturally able to get rid of the damaged cancer cells. Radiation therapy also affects normal cells. However, your normal cells are able to repair themselves in a way that cancer cells can’t.

You will have a type of radiation therapy called external beam
radiation. During your treatments, a machine will aim beams of radiation directly at the tumor. The beams will pass through your body and destroy cancer cells in their path. You won’t see or feel the radiation.

Radiation therapy takes time to work. It takes days or weeks of treatment before cancer cells start to die. They will keep dying for weeks or months after treatment ends.

You can have radiation therapy before, during, or after surgery or chemotherapy.

Below is a picture of the structures in your head and neck (see Figure 1). Your nurse will show you what area will be treated.

![Figure 1. Your head and neck](image)

- Nasopharynx
- Tonsil
- Oropharynx
- Base of tongue
- Larynx
- Thyroid gland

Your Radiation Therapy Team
You will have a team of healthcare providers working together to provide the right care for you.

- **Your radiation oncologist** is the doctor who will plan your radiation therapy.

- **Your medical oncologist** is the doctor who will manage your care with your radiation oncologist during and after your treatment.

- **Your radiation oncology nurse** will work with the other members of your radiation therapy team to care for you and your family during your treatments. They will check how you’re doing and give you information about your treatment and the side effects you may have. They will also teach you how to manage these side effects and support you during your treatment.

- **Your dentist** will check your teeth and explain how radiation will affect your mouth. You must see your dentist before your simulation. Read the “Simulation” section for more information.
  - Your dentist will check your teeth for problems and do any dental work that’s needed. They will also prescribe special toothpaste that has fluoride to help prevent cavities.
  - If you have a lot of fillings in your teeth, your dentist may make a rubber mouth guard for you. It fits over your teeth to keep the metal in the fillings from irritating your mouth. The mouth guard must be made before your
simulation. You will need to pick it up from your dentist and bring it to your simulation.

- Your **swallowing specialist** will check to see how well you can swallow. Swallowing can become difficult during treatment. Your swallowing specialist will teach you exercises to keep your swallowing muscles strong.

- Your **dietitian** will help you choose what to eat and drink during your treatment. You will need foods that are high in protein and easy to swallow. Your dietitian will contact you during the first 2 weeks of your treatment.

- If you smoke, you will meet with a **Tobacco Treatment Specialist** from our Tobacco Treatment Program. Smoking is a risk factor for head and neck cancer. If you smoke now, it’s important for you to stop. Your nurse can schedule this appointment for you, or you can reach the Tobacco Treatment Program by calling 212-610-0507.

- You may also see other healthcare providers (such as social workers) during and after your treatment. If you need to see any other healthcare providers, your radiation therapy team will explain why and help you schedule the appointment.

Before your treatment begins, you will have appointments with the providers on your radiation therapy team so that they can plan your care. They will talk with you and help you get ready for your treatment. You will also have appointments with many of these providers during and after your treatment.
Your role on your radiation therapy team

You’re part of your radiation therapy team, and your role includes:

- Arriving on time for all of your radiation therapy appointments.
- Asking questions and talking about your concerns. We have included a list of possible questions at the end of this resource.
- Telling someone on your radiation therapy team when you have side effects.
- Telling your doctor or nurse if you’re in pain.
- Caring for yourself at home, including:
  - Quitting smoking, if you smoke. If you want to quit, call our Tobacco Treatment Program at 212-610-0507.
  - Following your healthcare team’s instructions to care for your skin.
  - Drinking liquids as instructed by your healthcare team.
  - Eating the foods suggested by your healthcare team.
  - Maintaining your weight.

Simulation

Before you start radiation therapy, you will have a treatment planning procedure called a simulation. This is done to make sure that:
• Your treatment area is mapped out.
• You get the right dose of radiation.
• The radiation dose to nearby tissue is as small as possible.

During your simulation, you will have imaging scans and your skin will be marked with little tattoo dots. These marks help your team make sure you’re in the correct position for your radiation treatments. Your simulation will take about 4 hours.

Preparing for your simulation

• **During your simulation, you will be lying in one position for a long time.** If you think you will be uncomfortable lying still, you can take acetaminophen (Tylenol®) or your usual pain medication before your simulation.

• If you think you may get anxious during your procedure, ask your doctor if medication may be helpful.

• Wear comfortable clothes that are easy to take off. You will need to change into a hospital gown.

• Don’t wear jewelry, powder, or lotion.

• If your dentist made mouth guards for you, bring them to your simulation.

To help pass the time during your simulation, your radiation therapists can play music for you.

If you don’t need any special preparation, you can eat and drink
as you normally would on the day of your simulation. Your doctor or nurse will tell you if you need special preparation.

For people having a positron emission tomography-computed tomography (PET-CT) scan

- Starting 6 hours before your simulation appointment time, don’t eat or drink anything except water. This includes gum, hard candy, cough drops, and mints. If you eat or drink anything except water, your PET-CT scan may need to be rescheduled.
- You may get intravenous (IV) contrast (dye) during your PET-CT scan. If you’re allergic to IV contrast, tell your nurse. They will give you special instructions.

Day of your simulation
Once you arrive

A member of your radiation therapy team will check you in. You will be asked to state and spell your full name and birth date many times. This is for your safety. People with the same or a similar name may be having care on the same day as you.

Your radiation therapist will greet you. They will take a photograph of your face. This picture will be used to identify you throughout your treatment.

Your radiation therapist will then explain what to expect during your simulation. If you haven’t already signed a consent
form, your radiation oncologist will review everything with you and ask for your signature.

**During your simulation**

For your simulation, you will need to undress from the waist up and change into a hospital gown. You should keep your shoes on. If you wear a head covering, such as a wig, turban, or cap, you will need to remove it.

After you change, your radiation therapists will bring you to the simulation room and help you lie down on the table. They will do everything they can to make sure you’re comfortable and have privacy.

The table will have a sheet on it, but it’s hard and has no cushion. Also, the room is usually cool. If you feel uncomfortable at any time, tell your radiation therapists. If you haven’t taken pain medication and think you may need it, tell your radiation therapists before your simulation starts. If you feel uncomfortable at any time, tell your radiation therapists.

Once your simulation starts, don’t move. Moving may change your position. However, if you’re uncomfortable or need help, tell your radiation therapists.

During your simulation, you will feel the table move into different positions. The lights in the room will be turned on and off and you will see red laser lights on each wall. Your radiation therapists will use these laser lights as a guide to help position you on the table. Don’t look directly into the laser
lights, because they may damage your eyes.

There will be an intercom (microphone and speaker) and a camera inside the simulation room. Your radiation therapists will walk in and out of the room during your simulation, but there will always be someone who can see and hear you. You will hear your radiation therapists talking to each other as they work, and they will talk to you to explain what they’re doing.

**Positioning and mask**

You will lie on your back during your simulation and treatments. To help you stay in the same position for each treatment, you will wear a mask that covers your face and upper body and attaches to the table (see Figure 2). You will wear the mask during your simulation and each of your treatments.

![Figure 2. Mask on your face and upper body](image)

To make the mask, your radiation therapists will place a warm,
wet sheet of plastic mesh over your face and upper body while you’re lying on the simulation table. The mesh has openings for your eyes, nose, and mouth. You won’t have any trouble seeing or breathing while it’s over your face.

As the mesh cools, it will harden. This takes about 15 minutes. As the mesh is cooling, your radiation therapists will shape it to your face and upper body. You will feel some pressure as they do this. If you feel uncomfortable at any time, tell your radiation therapists.

Depending on your treatment area, you may also use a bite block during your simulation and treatments. The bite block will help you keep from swallowing. To make the bite block, your radiation therapists will place a soft piece of plastic on your tongue and ask you to bite down while it hardens. This will take a few minutes.

If your dentist made mouth guards for you, you will also wear these during your simulation and each treatment.

**Imaging**

You will have imaging scans while you’re in your treatment position and wearing your mask. The scans will be used only to map your treatment area. They aren’t used for diagnosis or to find tumors.

You will have 1 or more of the following scans.

- **X-ray scan.** This will be done on an x-ray machine called a
**Computed tomography (CT) scan.** If you’re having a CT scan, your nurse may place an IV line in one of your veins before the scan. It will be used to give you IV contrast before the scan. The contrast allows us to get clear images of the treatment area.

**PET scan.** If you’re having a PET scan, your nurse will give you separate instructions. Please follow them carefully.

**Magnetic resonance imaging (MRI) scan.** If you’re having a MRI scan, your nurse will give you separate instructions. Please follow them carefully.

If you need other imaging scans, your nurse will give you more information.

Depending on your treatment area, you may be asked to grab special straps that push your shoulders down during the imaging scans. This is to make sure your shoulders are out of the area of the scan.

During the scan(s), you will hear the machine turn on and off. Even if the noise seems loud, your radiation therapists will be able to hear you if you talk to them.

The scans will take 2 to 4 hours.

**Skin markings (tattoos)**

While you’re lying in your treatment position, your radiation therapists will draw on your skin with a felt marker. You can
wash off the felt markings after your simulation.

You will also need permanent skin markings called tattoos. The tattoo marks are no bigger than the head of a pin. Your radiation therapists will use a sterile needle and a drop of ink to make each tattoo. Getting them will feel like a pinprick. **The tattoos are permanent and won’t wash off.** If you’re concerned about having tattoos as part of your radiation treatment, talk with your radiation oncologist.

After the tattoos are made, your radiation therapists will take photographs of you in your treatment position. The photographs and tattoos will be used to position you correctly on the table each day of your treatment.

**After Your Simulation**

At the end of your simulation appointment, we will schedule an appointment for your set-up procedure. This is the final appointment before your treatment starts. You will also be assigned to a machine for your daily treatment.

**Scheduling your treatment**

You will have radiation treatments every day (Monday through Friday) for about 7 weeks. You may have chemotherapy and radiation treatments on the same day. It’s safe to get chemotherapy either before or after your radiation treatment.

Your therapist will ask you what time of day you would like to have your treatments. We will try to give you the time you like.
However, we need a 2-hour window, because the time you prefer may not be open. We will move you to that time slot once it opens up. Please know that we will do our best to give you the appointment time you want as soon as we can. The appointment for the following week is usually given on Friday. The Radiation Oncology Department is open from 7:00 AM to 7:00 PM.

You must come in every day that you’re scheduled for treatment. Your radiation therapy may not work as well if you skip or miss treatments. If you need to miss a treatment for any reason, you must call your radiation oncologist’s office to tell your team. If you need to change your schedule for any reason, speak with the scheduler or call your doctor’s office.

**Planning your treatment**

During the time between your simulation and your set-up procedure, your radiation oncologist will work with a team to plan your treatment. They will use the images taken during your simulation to plan the angles and shapes of your radiation beams. They will also determine the dose of radiation that you will receive. These details are carefully planned and checked. This takes between 5 days and 2 weeks.

**Set-up Procedure**

Before your first treatment, you will have a set-up procedure. This procedure usually takes about 1 hour. If pain or anxiety medication was helpful during your simulation, you may want to take it before this procedure.
When you arrive for your set-up procedure, you will be shown to the dressing room and asked to change into a hospital gown.

Your radiation therapists will bring you to the room where you will receive your treatment each day. They will position you on the table. You will lie exactly as you did on the day of your simulation.

Special x-rays called beam films will be taken to make sure that your position and the area being treated are correct. Beam films may also be taken before some of your other treatments. They aren’t used to see how your tumor responds to the treatment.

Most people have their first treatment 1 day after their set-up procedure.

**During Your Treatment**

For each of your treatments, check in at the reception desk and have a seat in the waiting room. When your radiation therapists are ready for you, you will be shown to the dressing room and asked to change into a hospital gown. Keep your shoes on during your treatment.

Your radiation therapists will bring you into the treatment room. They will help you lie on the table and put on your mask. You will be positioned exactly how you were lying during your set-up procedure.
Once you’re positioned correctly, your radiation therapists will leave the room, close the door, and start your treatment. You won’t see or feel the radiation, but you may hear the machine as it moves around you and is turned on and off. You will be in the treatment room for 20 to 30 minutes, depending on your treatment plan. Most of this time will be spent putting you in the correct position. The actual treatment only takes a few minutes.

You will be alone in the room during your treatment, but your radiation therapists will be able to see you on a monitor and hear you through an intercom at all times. They will make sure you’re comfortable during your treatment.

Breathe normally during your treatment, but don’t move. However, if you’re uncomfortable or need help, tell your radiation therapists. They can turn off the machine and come in to see you at any time, if needed.

**Neither you nor your clothes will become radioactive during or after treatment. It’s safe for you to be around other people.**

**Weekly visits during your treatment**

Your radiation oncologist and nurse will see you each week to check how you’re responding to treatment. They will also ask you about any side effects you’re having, talk with you about your concerns, and answer your questions. This visit will be before or after your treatments each ________________.
You should plan to be at your appointment for about 1 extra hour on those days.

If you need to speak with your radiation oncologist or radiation oncology nurse between these weekly visits, call your radiation oncologist’s office. You can also ask the support staff or your radiation therapists to contact your radiation oncologist or nurse when you come in for treatment.

**Vitamins and dietary supplements**

Many people ask about taking vitamins during treatment. You may take a daily multivitamin, if you wish. Don’t take more than the recommended daily allowance of any vitamin. Don’t take any other vitamins or any supplements without talking to your doctor. This includes both nutritional and herbal supplements.

**Side Effects of Treatment**

You may have side effects from radiation therapy. The type and how severe they are depends on many things. These include the dose of radiation, the number of treatments, and your overall health. The side effects may be worse if you’re also getting chemotherapy.

You may start to notice side effects about 2 weeks after you start treatment. They may get worse during treatment, but they will slowly get better over 6 to 8 weeks after you finish treatment. Some side effects may take longer to go away. Follow the guidelines in this section to help manage your side effects.
effects during and after treatment.

Below are the most common side effects of radiation therapy to the head and neck. You may have all, some, or none of these. Your nurse will talk with you about the side effects you’re most likely to have.

**Changes to your mouth and throat**

Your treatments will cause changes in your mouth and throat. You may have:

- Mouth sores
- Mouth pain
- Throat sores
- Throat pain
- Pain when you swallow
- Trouble swallowing
- Thicker saliva than usual
- Dry mouth
- Taste changes

Follow the guidelines below to help manage these side effects.

- Brush your teeth after you eat and before you go to bed. Use a soft-bristle toothbrush and the toothpaste your dentist recommended or a mild toothpaste that has fluoride.
- If you have dentures, a bridge, or a dental prosthesis, take it
out and clean it each time you clean your mouth. Leave it out while you sleep. If your mouth becomes irritated, keep it out of your mouth as much as you can.

- If you currently floss your teeth, keep flossing once a day before you go to bed. If you haven’t flossed in the past, don’t start during your treatment.

- Rinse your mouth every 4 to 6 hours, or more often for comfort. Use 1 of the following liquids:
  - One quart (4 cups) of water mixed with 1 teaspoon of salt and 1 teaspoon of baking soda
  - One quart of water mixed with 1 teaspoon of salt
  - One quart of water mixed with 1 teaspoon of baking soda
  - Water
  - A mouthwash with no alcohol or sugar

To rinse, swish and gargle the liquid for 15 to 30 seconds, then spit it out.

- Use a lip moisturizer after you care for your mouth. Don’t apply it 4 hours before your treatment.

If your mouth is dry, try the suggestions below.

- Use a mouth moisturizer.

- Take sips of water or other liquids (such as coconut water, almond milk, Gatorade®, and broth) often during the day. It may be helpful to carry a bottle of water.
• Use an aerosol pump spray bottle filled with water to moisten your mouth.

• Use a humidifier, especially at night. Be sure to change the water in the humidifier and clean it as directed.

• Avoid using air conditioners.

If you start having trouble swallowing or pain when you swallow, tell your doctor or nurse. They can prescribe medication to make you more comfortable.

As side effects develop, your doctor may ask you to see your nurse every day. Your nurse will look at your mouth and spray your mouth, if needed.

**Changes inside your nose**

Your treatments may cause changes inside your nose, such as dryness, stuffiness, occasional minor nosebleeds, or all 3.

To help manage these side effects, keep the inside of your nose moist. You can do this by using saline nose spray, a humidifier, or both.

**Ear pain**

You may have ear pain from the swelling caused by your treatments. If you do, tell your doctor or nurse. Ear pain can also be a sign of infection.

Don’t try to clean or clear out your ears. Don’t use cotton swabs (Q-tips®) inside your ears.
Voice changes (hoarseness)
You may have hoarseness from the swelling caused by your treatments. Your voice may be more breathy, strained, rough, or high or low pitched. To help manage voice changes:

- Rest your voice as much as you can.
- Don’t whisper. This can cause strain on your vocal cords.
- Use a humidifier.
- Gargle with one of the liquids listed in the “Changes to your mouth and throat” section.

Skin and hair reactions
During radiation therapy, the skin and hair in the treatment area may change.

- After 2 to 3 weeks, your skin may become pink or tanned. Later in your treatment, your skin may become bright red or very dark.
- Your skin may feel dry, itchy, and look flaky.
- You may have a rash, especially in areas where your skin has been exposed to the sun. If this happens, tell your doctor or nurse. A rash can also be a sign of infection.
- The skin in sensitive areas (such as behind your ear and near your collarbone) may blister, open, or peel. If this happens, tell your doctor or nurse.
- You may lose some or all of the hair in the treatment area. The hair will usually grow back 3 to 6 months after you finish
treatment.

Your skin will gradually heal after you finish treatment, but this often takes 3 to 4 weeks. Sometimes, skin reactions get worse during the week after you finish treatment. If this happens, call your doctor or nurse.

Your nurse will apply special dressings (bandages) or creams, if needed. They will also teach you how to care for your skin. Start following the guidelines below when you start treatment. Keep following them until your skin gets better. These guidelines refer only to the skin in the treatment area.

Keep your skin clean

- Bathe or shower every day. Use warm water and a mild, unscented soap (such as Neutrogena®, Dove®, baby soap, Basis®, or Cetaphil®). Rinse your skin well and pat it dry with a soft towel.

- When washing, be gentle with the skin in the treatment area. Don’t use a washcloth, scrubbing cloth, or brush.

- The tattoo marks you got before your treatment are permanent and won’t wash off. You may get other markings during treatment, such as an outline of the treatment area with a purple felt-tipped marker. You can remove these markings with mineral oil when your radiation therapists say it’s okay.

- Don’t use alcohol or alcohol pads on the skin in the
Moisturize your skin often

Start using a moisturizer when you start treatment. This can help minimize skin reactions. You can use an over-the-counter (not prescription) moisturizer.

- Use a moisturizer that doesn’t have any fragrances or lanolin. Your nurse may suggest a moisturizer for you to use.
- Don’t use more than 1 moisturizer at a time, unless your nurse tells you to use more.
- Apply the moisturizer 2 times each day.

Avoid irritating your skin

- If your skin is itchy, don’t scratch it. Apply moisturizer. Ask your nurse for recommendations on how to relieve the itching. They may give you a prescription for a medication to treat itchy skin.
- Wear loose-fitting cotton clothing and undergarments over the treatment area. Avoid underwire bras or tight clothing that will rub against your skin.
- Use only the moisturizers, creams, or lotions that you have discussed with your radiation oncologist or nurse.
- Don’t use makeup, perfume, powder, or aftershave on the treatment area.
- Don’t use deodorant if your skin is open, cracked, or irritated. You can use deodorant on intact skin in the
Don’t shave in the treatment area. If you must shave, use only an electric razor. Stop if your skin becomes irritated.

Don’t put tape on the treatment area.

Don’t put skin patches (including pain patches) on the treatment area.

Don’t let the skin in the treatment area come into contact with extreme hot or cold temperatures. This includes hot tubs, water bottles, heating pads, and ice packs.

If you don’t have any skin reactions, you can swim in a chlorinated pool. Shower right after you get out of the pool to rinse off the chlorine.

Avoid tanning or burning your skin. If you’re going to be in the sun:

- Use a PABA-free sunblock with an SPF of 30 or higher.
- Wear loose-fitting clothing that covers as much of the skin in the treatment area as possible.

Difficulty eating and drinking

Many side effects of radiation therapy to your head and neck can make it hard to eat and drink. This can cause weight loss, fatigue (having less energy than usual), and dehydration.

If your weight changes, the mask used during your treatment may not fit correctly. This can make it harder to stay in the correct position for your treatments. Follow the guidelines...
below to help keep your weight from changing.

**Change what you eat and drink based on your side effects**

**If you have pain or soreness in your mouth or throat or have trouble swallowing:**

- Eat soft, moist, bland foods. Take small bites and chew the food well.
- Use sauces and gravies to soften foods.
- Avoid things that may irritate your mouth and throat, such as:
  - Very hot foods and liquids
  - Dry, hard, and coarse foods (such as chips, pretzels, crackers, and raw vegetables)
  - Spices (such as pepper, chili, horseradish, hot sauce, and curry)
  - Acidic or citrus foods and juices (such as orange, grapefruit, lemon, lime, pineapple, and tomato)
  - Alcohol
  - Tobacco
- Blend or purée your foods to change the texture.

**If your mouth is dry:**

- Rinse your mouth before eating.
- Use gravies and sauces to prepare your food.
• Drink liquids while eating dry foods (such as rice or bread).

If you have appetite loss:

• Eat small, frequent meals throughout the day. If you never seem to feel hungry, set up a schedule to make sure you eat regularly.

• Choose foods and drinks that are high in calories and protein. Avoid foods and drinks that are filling but don’t have many calories or protein.

• Eat your meals in a calm place. Take your time while eating. Eat with family or friends whenever possible.

• Bring snacks and drinks to your treatments. You can have them while you’re waiting or while you’re coming to and from your appointments each day.

If you have nausea:

• Tell your doctor or nurse. They may prescribe medication to help.

• Eat foods that are less likely to upset your stomach, such as:
  ○ Foods at room temperature or cooler.
  ○ Liquids that are cooled or chilled.
  ○ Dry, starchy foods (such as toast, soda crackers, melba toast, dry cereal, pretzels, and angel food cake).
  ○ Yogurt, sherbet, and clear liquids (such as apple juice, Jell-O®, and ginger ale).
○ Cold chicken or turkey, baked or broiled, with the skin removed.
○ Soft fruits and vegetables.

- Avoid foods and liquids that may make nausea worse, such as:
  ○ Hot foods with strong odors (smells).
  ○ Spicy, fatty, greasy, and fried foods.
  ○ Very sweet foods.
  ○ Acidic or citrus foods and juices (such as orange, grapefruit, pineapple, and tomato).
  ○ Alcohol.

**Get enough nutrition during your treatment**

- Eat a well-balanced diet that’s high in calories and protein. This will help you maintain your weight and feel better during treatment. Your dietitian will work with you to help you choose the best foods and liquids.

- Use liquid nutritional supplements. There are many different products and flavors you can try. Talk with your doctor, nurse, or dietitian about which one is best for you.

- If you want, you can take a daily multivitamin.
  ○ Read the multivitamin’s label. Don’t take more than the recommended daily amount of any vitamins or minerals.
  ○ Don’t take any other dietary supplements (such as vitamins and herbal supplements) without talking with
For information about eating during treatment, read the resource *Eating Well During and After Your Cancer Treatment* (www.mskcc.org/pe/eating_cancer_treatment) or *Eating Guide for Puréed and Mechanical Soft Diets* (www.mskcc.org/pe/pureed_mechanical_soft_diets). You can find them on our website, or you can ask your nurse or dietician.

For information about getting enough nutrition before, during, and after radiation therapy to the head and neck, watch the video *Nutrition Before and During Treatment for Head and Neck Cancer* (www.mskcc.org/pe/hnnutrition_before_radiation).

**Fatigue**

Fatigue is feeling tired or weak, not wanting to do things, not being able to concentrate, or feeling slowed down. You may develop fatigue after 2 to 3 weeks of treatment, and it can range from mild to severe. Fatigue will gradually go away after your treatment is done, but it can last for several months.

There are many reasons you may develop fatigue during treatment, including:

- The effects of radiation on your body.
- Traveling to and from your treatments.
- Not having enough restful sleep at night.
- Not eating enough protein and calories.
- Having pain or other symptoms.
- Feeling anxious or depressed.
- Side effects of certain medications.

You may find that your fatigue is worse at certain times of the day.

**Ways to manage fatigue**

- If you’re working and are feeling well, keep doing so. However, working less may help you have more energy.
- Plan your daily activities. Think about the things you need to do or that are most important to you. Do these activities when you have the most energy.
- Plan time to rest or take short (10 to 15 minute) naps during the day, especially when you feel more tired. When you nap, try to sleep for less than 1 hour at a time.
- Try to sleep for 8 or more hours every night. This may be more sleep than you needed before you started radiation therapy.
  - Being active during the day can help you sleep better at night. For example, if you’re able to exercise, you can go for a walk, do yoga, or ride a bike.
  - Relaxing before you go to bed can also help you sleep better at night. For example, you can read a book, work on a jigsaw puzzle, listen to music, or do calming hobbies.
○ You may also find it helpful to go to sleep earlier at night and get up later in the morning.

- Ask family and friends to help you with things like shopping, cooking, and cleaning. Check with your insurance company to see if they cover home care services.

- You may have more energy if you exercise. Ask your doctor if you can do light exercise, such as walking, stretching, or yoga.

- Eat foods and drink liquids that are high in protein and calories.

- Ask your radiation oncologist or nurse for help managing any other side effects you have. Pain, nausea, diarrhea, trouble sleeping, or feeling depressed or anxious can increase your fatigue.

**Sexual health**

You may have concerns about the effects of cancer and your treatment on your sexuality. You aren’t radioactive. You can’t pass radiation to anyone else, so it’s safe to be in close contact with other people.

You can be sexually active during radiation treatment unless your radiation oncologist gives you other instructions. However, if you or your partner are able to have children, you must use contraception (birth control) to prevent pregnancy during your treatment.

The American Cancer Society has resources about sexual health
issues during cancer treatment. The one for men is called *Sex and the Man with Cancer*. The one for women is called *Sex and the Woman with Cancer*. You can search for them at [www.cancer.org](http://www.cancer.org) or call 800-227-2345 for a copy.

MSK also has sexual health programs to help you address the impact of your disease and treatment on your sexual health. You can meet with a specialist before, during, or after your treatment.

- **Female Sexual Medicine & Women’s Health Program:** For more information or to make an appointment, call 646-888-5076.
- **Male Sexual & Reproductive Medicine Program:** For more information or to make an appointment, call 646-888-6024.

**Emotional health**

The diagnosis and treatment of cancer can be a very stressful and overwhelming event.

You may feel:

- Anxious
- Afraid
- Alone
- Ambivalent
- Angry
- Depressed
- Helpless
- Frustrated
- Nervous
- Numb
- Worried

All of these types of feelings are normal if you or someone you love has a serious illness.

You may also worry about telling your employer that you have
cancer or about paying your medical bills. You may worry about how your family relationships may change, about the effect of cancer treatment on your body, or if you will continue to be sexually attractive. You may worry that the cancer will come back. We’re here to support you.

**Ways to cope with your feelings**

- Talk with other people. When people try to protect each other by hiding their feelings, they can feel very alone. Talking can help the people around you know what you’re thinking. It may help to talk about your feelings with someone you trust. You can talk with your spouse or partner, a close friend, family member, chaplain, nurse, social worker, or psychologist. You may also find it helpful to talk to someone who’s going through radiation therapy, or a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, you have a chance to speak with former patients and caregivers. To learn more about this service, call 212-639-5007.

- Join a support group. Meeting other people with cancer will give you a chance to talk about your feelings and listen to other people who have the same concerns. You will learn how others cope with their cancer and treatment. Your doctor, nurse, or social worker can tell you about the support groups you might be interested in.

- Try relaxation and meditation. You might try thinking of
yourself in a favorite place while breathing slowly, paying attention to each breath, or listening to a soothing music or sound. For some people, praying is another form of meditation. These kinds of activities can help you feel relaxed and calm.

- Exercise. Many people find that light activity like walking, biking, yoga, or water aerobics helps them feel better. Talk with your doctor or nurse about types of exercise you can do.

We all have our own way of dealing with difficult situations. Generally, we use whatever has worked for us in the past. However, sometimes this isn’t enough. We encourage you to speak with your doctor, nurse, or social worker about your concerns.

**After Your Treatment**

Be sure to keep your follow-up appointments with your radiation oncologist. During these appointments, your radiation oncologist will evaluate your response to treatment. You may have blood tests, x-rays, and scans during these visits.

Before each follow-up appointment, write down your questions and concerns. Bring this and a list of all your medications to your appointment. If you’re running low on any medication you need, tell your radiation oncologist before you run out. You can also call your radiation oncologist or nurse at any time if you have any questions or concerns.
**Things to remember**

It’s important to keep taking good care of yourself even after your treatment is finished. Here are a few key things to remember:

- Side effects of treatment will slowly go away over 4 to 8 weeks after your treatment is completed. Some side effects may take longer to go away. Keep following the guidelines in the “Side effects of Treatment” section for as long as you have side effects.

- Take special care of your mouth for the rest of your life.
  - Have regular dental follow-up appointments. See your dentist if your denture or appliance isn’t fitting well.
  - If you need to have any teeth pulled, have them pulled by a dentist with experience treating people who have had radiation therapy to their head and neck. Call your radiation oncologist for a referral if you need one.
  - Keep using the fluoride toothpaste recommended by your dentist.
  - Avoid sweet, sticky foods. They can increase your risk of developing cavities.

- Eat a healthy, well-balanced diet and take a daily multivitamin, if you choose to.
  - If you’re following a special diet because you have difficulty swallowing, ask your swallowing specialist how to go back to your usual diet.
○ If you’re losing weight or can’t gain weight, ask your dietitian how to get more protein and calories.

○ Avoid drinking alcohol.

- If you’re taking pain medication, ask your nurse for instructions on how to gradually reduce the dose.

Contact Your Radiation Oncologist or Radiation Oncology Nurse if You Have:

- A temperature of 100.4° F (38° C) or higher
- Chills
- Painful, peeling, blistering, moist, or weepy skin
- Discomfort in the treated area
- Nausea or vomiting that keeps you from eating or drinking anything for 24 hours
- Constipation not relieved by medication
- Pain not relieved by medication

Contact Information
If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at the numbers listed below.

Radiation oncologist:
________________________________________
Phone number: ______________________________

Radiation oncology nurse:
________________________________________
Phone number: ______________________________

After 5:00 PM, during the weekend, and on holidays, call - _____________ and ask for the radiation oncologist on call. If there’s no number listed, or you’re not sure, call 212-639-2000.

Resources

Many of the resources listed in this guide can be found on the Internet. If you don’t have a computer or if you don’t know how to use the Internet, check with your local public library or community center.

MSK support services

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide
counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

**Female Sexual Medicine & Women’s Health Program**
646-888-5076
This program helps female patients who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues.

**Integrative Medicine Service**
646-888-0800
MSK’s Integrative Medicine Service offers patients many services to complement traditional medical care. These include music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Male Sexual & Reproductive Medicine Program**
646-888-6024
This program helps male patients who are dealing with cancer-related sexual health challenges, including erectile dysfunction.

**Nutrition Services**
212-639-7312
MSK’s Nutrition Service offers nutritional counseling with one of our certified dietitians. Your dietitian will review your current eating habits and give advice on what to eat during and after treatment.

**Patient and Caregiver Support Program**
212-639-5007
You may find it comforting to talk with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, we’re able to offer you a chance to talk with former patients and caregivers.

**Resources for Life After Cancer (RLAC) Program**  
646-888-8106  
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Tobacco Treatment Program**  
212-610-0507  
If you want to quit smoking, MSK has specialists who can help. Call for more information.

**External resources**

**American Cancer Society (ACS)**  
www.cancer.org  
800-ACS-2345 (800-227-2345)  
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

**American Society for Therapeutic Radiology and Oncology**  
www.rtanswers.org

Radiation Therapy to the Head and Neck
A group of radiation oncology professionals that specializes in treating patients with radiation therapy. Provides detailed information on treating cancer with radiation and contact information for radiation oncologists in your area.

**CancerCare**

www.cancercare.org

800-813-HOPE (800-813-4673)

275 Seventh Avenue (Between West 25th & 26th Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

**Cancer Support Community**

www.cancersupportcommunity.org

Provides support and education to people affected by cancer.

**National Cancer Institute (NCI) Cancer Information Service**

www.cancer.gov

800-4-CANCER (800-422-6237)

Provides education and support to people with cancer and their families. Publications are available online and in print.

**Questions to Ask Your Doctor or Nurse**

We recommend that you write down the questions to ask during your visit with your doctor or nurse. Write down the answers during your appointment so that you can review them.
What kind of radiation therapy will I get?

How many treatments will I get?

What side effects should I expect during radiation therapy?

Will these side effects go away after radiation therapy is finished?

What kind of late side effects should I expect after radiation treatment?