The ROYAL MARSDEN
NHS Foundation Trust

# Radiotherapy

*Your questions answered*

Patient Information

NHS

# Foreword

This is one of a series of booklets written to provide information for patients and their relatives. It is impossible to include everything you may need to know. Your doctor, nurse or radiographer will be able to answer specific questions.

This booklet will help you understand what will happen when you come to the hospital to have radiotherapy treatment.

Radiotherapy may be given as **external treatment** or **internal treatment**. This book contains general information, mostly about **external treatment**. Depending on which part of your body is going to be treated, you will probably be given an additional specific information sheet with more details.

The booklet explains how your treatment is planned and given. It also discusses side effects you may have and lets you know where to get more information and support.

A glossary is provided at the back of this booklet to help you understand any words that you may find unfamiliar.

We hope your questions are answered. Please ask if you have other questions that we have not covered.

This booklet has been prepared by Royal Marsden staff, with input from doctors and patients.

We hope you find it helpful and would welcome your comments so that the next edition can be improved further.

# Contents

# Introduction

The information in this booklet has been written to help you understand more about radiotherapy treatment. It contains general information about radiotherapy and what you can expect during treatment. The booklet also answers some of the most common questions people ask.

Your doctor will explain why radiotherapy is recommended for you and what your treatment will involve. If you have other questions or want more information, please ask. It can often be difficult to know what questions you might want to ask or to remember them. We have included a list of suggested questions that many people have asked on pages 14–15.

# What is radiotherapy?

Radiotherapy is a treatment for cancer using high energy radiation, usually x-rays. The type and amount of radiation that you receive is carefully calculated to damage the cancer cells, which are abnormal cells. This stops the cells from dividing properly and as a result they are destroyed. Your treatment is planned to avoid as much healthy tissue as possible. However some healthy tissue is affected which causes side effects. We will tell you more about this on pages 11–13.

# What are the benefits of radiotherapy?

The purpose of radiotherapy is to destroy the cancer cells while causing as little damage as possible to normal cells. It can be used to treat many kinds of cancer in almost any part of the body.

Curative treatment, which is sometimes called **radical treatment**, aims to give long-term benefits to people. Sometimes radiotherapy is given on its own or it may be given alongside other treatment. Radiotherapy may be given before surgery to shrink a tumour or after surgery to stop the growth of cancer cells that may remain. It can also be given before, during or after chemotherapy (anti-cancer drugs) or hormone treatment to improve overall results.

**Palliative treatment** aims to shrink tumours and reduce pain or relieve other cancer symptoms. Palliative radiotherapy may also prolong life.

## What are the risks of radiotherapy?

Radiotherapy can damage or destroy normal cells as well as destroying cancer cells and cause treatment side effects. Most side effects are temporary and these are discussed on pages 11–13.

Your doctor will not advise you to have any treatment unless the benefits – control of disease and relief from symptoms – are greater than the known risks.

Any side effects which occur during treatment are usually temporary. **There may be a small risk of long term, or late, permanent effects from radiotherapy.** However, side effects are rarely severe. Your doctor will tell you about your treatment, how it may affect you and any possible late effects. You will be given additional written information. If you have any questions or concerns, please ask. A list of suggested questions that you may want to ask your doctor can be found on pages 14–15.

**You should not become pregnant before or during radiotherapy because radiotherapy may injure the foetus, especially in the first three months of a pregnancy. Please discuss with your doctor if you think you may be pregnant. Your doctors will also be able to advise you on how long you should wait before becoming pregnant.**

**Some doctors advise men against fathering a child during radiotherapy and for a few months afterwards. Again, your doctor will be able to discuss this with you.**

### The consent form

The doctor will ask you to sign a consent form. This is a written record that you have agreed to the planned radiotherapy. Before you can give your consent, your doctor will discuss with you what the radiotherapy is likely to involve, the benefits and risks, and any available alternative treatments. You may also be given some written information to back up what you've been told. It is important that you understand the information you have been given – ask questions if you don't understand or if you want more information. To help you think about what you want to ask your

doctor, you may find the questions on pages 14–15 helpful. Your doctor will write the main benefits and risks associated with the radiotherapy on the consent form before you sign it. You will then be given a copy of this.

## The radiotherapy team looking after you

The doctor responsible for your care is called a **clinical oncologist**. He or she, or one of their team will prescribe your radiotherapy treatment. This will be planned by a team of planning radiographers and physicists.

**Therapy radiographers** are the main people you will come into contact with when you have radiotherapy treatment. They work closely with the clinical oncologist and help plan and are responsible for giving your treatment. They will be able to answer many of your questions. Radiographers are also able to advise on possible side effects and what you should or shouldn't do during treatment.

Most cancer centres are also teaching hospitals so your team may include a student radiographer, student nurse or a medical student. Please tell us if you don't want a student present during your clinic or treatment appointment.

During your treatment you may be seen in a review clinic. The exact number of times you are seen depends on the length and type of treatment you are having, as well as how you are feeling. In these clinics you will see a specialist nurse or a doctor. You may also see a dietitian if needed.

During the clinic you will be given the time to ask any questions and discuss any problems you may have. It is a good time to ask for any repeat prescriptions that you need.

You may also meet nurses in the radiotherapy department, who can advise you on care during your treatment.

## What if I am asked about a clinical trial?

A clinical trial is a study to find out the benefits and safety of possible new treatments. There are many clinical trials taking

place in specialist cancer centres. If you are suitable, we may ask if you are interested in taking part in a clinical trial. Your doctor, a research radiographer or research nurse will discuss this with you. You do not have to take part and it will not affect your treatment.

## How is radiotherapy given?

There are two main types of radiotherapy:

**External radiotherapy –** where the radiation comes from a machine outside the body.

**Internal radiotherapy –** where the radiation comes from implants or liquids placed inside the body.

### External radiotherapy

**External therapy** is the most common type of radiotherapy used. It is usually given as a course of several treatments over days or weeks.

External radiotherapy is usually given during outpatient visits to a hospital cancer centre. A machine directs the high-energy radiation, usually x-rays, at the cancer site and a small area of normal tissue surrounding it. You will be positioned carefully on a treatment couch and then the machine will be directed exactly at the area to be treated, often from different angles. Treatment takes several minutes and is painless. Before you start your course of radiotherapy you will usually need to attend the hospital for treatment planning.

The CyberKnife is a sophisticated robotic external radiotherapy system given over a shorter period of time. However, it is not suitable for all tumours and you can ask your doctor if your case is suitable. For further information about this please see the leaflet *CyberKnife® at The Royal Marsden* available from The Royal Marsden Help Centre and Radiotherapy Department.

**External radiotherapy doesn't make you radioactive and you can safely mix with other people, including children, at any time during your treatment.**

### Internal radiotherapy

Internal radiotherapy can be given in several ways. Brachytherapy is treatment in which solid radioactive sources are placed inside a body cavity or needles are placed in the tumour. This is usually given on an outpatient basis but may involve staying in hospital for a few days until the radioactive source has been removed.

Another type of internal radiotherapy involves using a liquid source of radiation and is called **radionuclide** (radioisotope or unsealed source) **therapy**. It can either be taken by mouth or given as an injection into a vein. For this type of treatment, you will need to stay in hospital for a few days until most of the radioactivity has disappeared from your body. If you are going to have internal radiotherapy, your doctor will discuss this with you and give you further information.

Occasionally, with radioactive treatment or with treatment with radioactive 'seeds', you will be emitting a certain amount of radioactivity for a few days. This is why there may be temporary restrictions on your movements and visitors. This will be carefully explained to you.

**The rest of this book is about external radiotherapy only**.

## What is treatment planning?

Radiotherapy treatment is carefully planned for each patient individually.

Planning usually takes place in a **CT scanner**. This provides an exact "mock-up" of the treatment position. The radiographers will explain what will happen during planning and carry out any preparation you may need. This scan will give your doctor and radiographers a detailed picture of the area that needs treatment.

The radiographers and physicists (who are specialists in the subject of radiation) will then calculate the dose of radiation you will be given. This is usually carried out with the help of computers.

The doctors will use your previous x-rays or scans to help them plan your treatment. Any extra preparation or procedures will be explained to you.

How soon the planning stage of your treatment will begin depends on the reason for your radiotherapy. Your first appointment may be a few days or weeks after you first see the clinical oncologist. When radiotherapy is part of a combined treatment plan (with surgery or chemotherapy), you may be given dates for your radiotherapy some time ahead.

Treatment planning sessions may last for 30 minutes and sometimes up to an hour. Ask your radiographer how long each session will be.

If you are to have radiotherapy to your head or neck you may have an extra step in your planning process – the making of a **mask.**

## What is a mask?

If you are having treatment to your head or neck you will need to wear a special mask to keep your head still. The mask will need to be worn for your planning CT scan and your treatment. The mask is made of a perforated sheet of thermoplastic and keeps you from moving during treatment. Any marks to guide the radiographers can then be drawn on the mask and not on your skin.

You will be given an appointment to attend the mould room. The technicians or radiographers will explain what they are going to do and what you need to do to help them. You will be positioned on a couch; a sheet of thermoplastic will be warmed in a water bath and become flexible. It will be laid across your face and neck and gently pressed into position around your features. It will feel warm and a little damp but is not an unpleasant sensation – a bit like holding a warm cloth on your face. Your mouth and nose will be covered but you will be able to breathe normally through the perforations. A well fitting mask is difficult to make if you have long hair or a beard or moustache, so you may be asked to tie your hair back and shave any facial hair before your appointment at the mould room.

## What happens when I go for pre-treatment planning?

When you arrive for your pre-treatment appointments, the radiographers will explain to you what will happen and carry out any preparation you may need. Please ask if you don't understand anything.

You will usually be asked to undress, depending on which part of your body is to be treated. Gowns will be provided and every effort will be made to maintain your privacy and dignity.

You will be positioned on the pre-treatment couch and asked to lie very still. The position will be the same as the one you will lie in for your treatment. The couch will be moved into the CT scanner and you may hear some unfamiliar sounds. The lights in the room will be switched off and on during planning. You will not see or feel anything during the scan. The radiographers will leave the room to turn the scanner on, but they will watch you very closely through a large window.

The treatment areas will be defined and marked out on your body using one or more small permanent reference marks **(tattoos)** about the size of a pinhead of coloured, permanent ink. These provide a reference point during radiotherapy. You will be asked to consent to the use of tattoos. As these tattoos are made with dark ink, they may not show so easily on black skin. If this is a concern for you, ask your radiographer if there are any alternative options. Depending on which part of your body is going to be treated, it can be helpful to think about the clothing you wear to this appointment. You may wish to make sure that you wear clothes that cover up any marks.

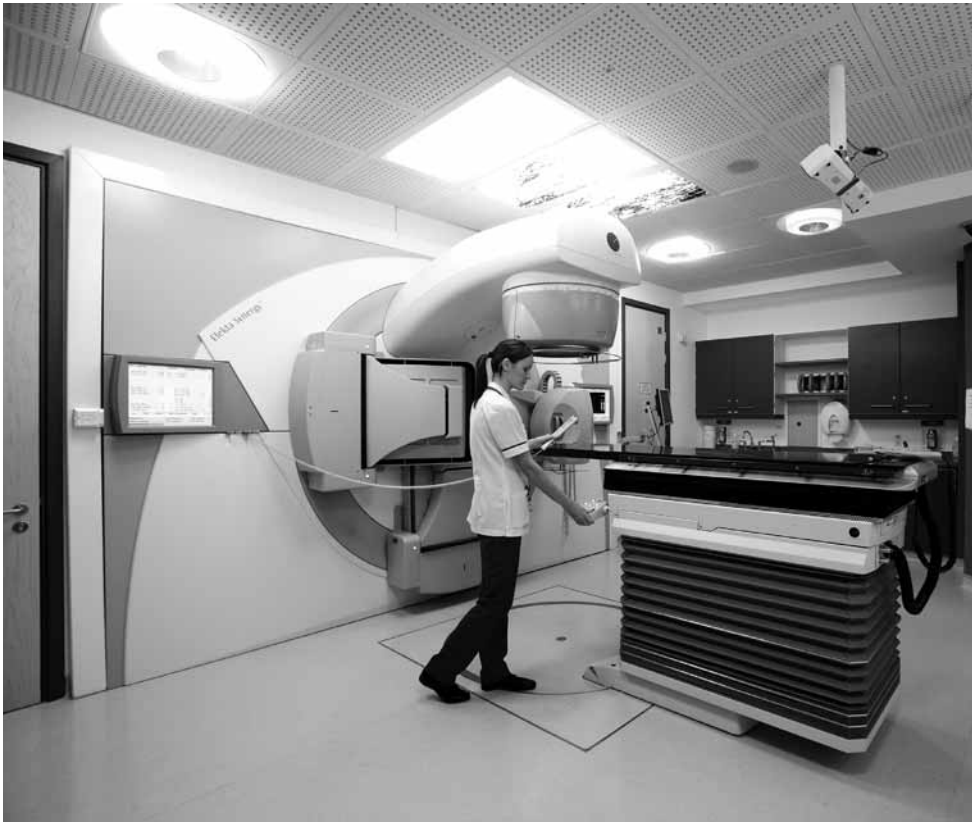
If you are to have treatment to your head or neck, any marks will be made on your mask (see page 6).

Sometimes changes will be made to the treatment plan, for example the size of the treatment field many be reduced after the doctor has seen the plan. These changes can usually be made on the treatment machine. A change in the plan is quite usual and doesn't mean that anything has gone wrong.

It's natural for you to compare your treatment with other people who have the same condition but remember – your radiotherapy is planned individually for you. Each person's plan will be different including which radiotherapy machine is used and how many treatments you receive.

## How is the radiotherapy machine chosen?

There are several different machines used for giving radiotherapy and they each work in slightly different ways. The machine used will depend on many things, such as which part of your body is to be treated and why treatment is being given.



## How many treatments will I have?

You may have a single treatment or a course of treatments, called **fractions**, over several weeks. This depends on why radiotherapy is recommended for you. Lower doses are given for palliative treatment than for curative treatment and usually over a shorter period of time.

If you want more information about this or your treatment machine, ask your doctor or radiographer.

## When do I attend for treatment?

Radiotherapy is normally given Monday to Friday as an outpatient. The number of treatments you will need depends on many facts about you and your particular type of cancer. This can vary from a single treatment to a number of weeks of treatment. A course of radiotherapy may last for six or seven weeks. Everyone is different. Your doctor will decide how many treatments are best for you.

Most people receive radiotherapy as outpatients, travelling to the department each day. You might like to ask a friend or relative to come with you.

The staff will explain where you need to go and will try to arrange an appointment time that suits you. You will usually be able to book all your appointments at the same time, to allow you to plan ahead. If you are staying in hospital, the radiographers will arrange your treatment times with the ward staff.

It is important that you don't miss any appointments, particularly if you are having treatment to your head and neck area. If you can't attend for any reason, please let the radiographers know in advance, if possible.

## What happens when I come for treatment?

Each time you visit for treatment a radiographer will ask you three questions, to make sure you are the person they are expecting to treat. These are: your name, address and date of birth (even though they may know you).

The radiographers who carry out your treatment will explain things to you. If there is anything you don't understand or if you have any questions, please ask them.

You may be asked to change into a gown before treatment, and then the radiographers will position you on the couch. Using the tattoos or marks which were put on your skin during treatment planning, they will line up the radiotherapy machine. It won't usually touch you.

The preparation may take some time, often longer than the treatment itself. It will probably take even longer on the first day. When the radiographers are satisfied that you and the treatment machine are both in the correct position, they will leave the room and switch on the radiation beam. You won't feel anything during the treatment.

The radiographers will watch you using closed-circuit television or through a window. You can speak to them and they can speak to you, by an intercom. You should keep very still during the few minutes it takes to give your treatment but you can breathe and swallow normally. The machine may move around you during treatment or the radiographers may come in to change your position or that of the machine. Again they will explain each step to you.

The radiographers will give you special instructions, for example about care of your treatment area. Please try to follow these carefully.

## How will I feel during treatment?

As your course of treatment progresses, you may find you become more tired than usual. You may need to reduce the hours that you work or cut back on social or sports activities. Make sure you get enough rest and accept offers of help with everyday tasks or jobs. If you are worried about anything, or would just like to talk, your hospital doctor, radiographer or nurse will be happy to listen or advise.

The radiographer will check your progress regularly during your treatment and you will see the doctor or nurse from time to time in a clinic. If you have questions at any time do ask.

There are many people in the hospital that may be able to help and support you. Some hospitals have cancer information and support centres. If you would like to find out what services are available or how to contact a particular person, please ask.

## Are there any side effects?

The side effects you may experience will depend on the part of the body that is being treated and how much treatment you have. Side effects only affect the part of the body that is treated. Everyone reacts to radiotherapy differently and many people have hardly any side effects. The radiographers will give you lots of support and advice to care for and manage the side effects.

You will also be given written information about the side effects relevant to your treatment. Most side effects are temporary and are rarely severe. Side effects may start at varying times during treatment and disappear in the weeks after the end of treatment. Some side effects may not start until treatment has finished.

Your doctor will discuss any possible temporary or permanent side effects with you before the start of your treatment and before you sign your consent form. Extra written information will be available.

### Tiredness

Radiotherapy can make you feel more tired than usual. You should listen to your body and rest if you need to but continue your normal activities if you feel able. Some people are able to continue working but others find they are too tired. Tell your radiographer or doctor if tiredness is a problem. They may be able to offer advice on ways to save your energy and cope with everyday activities. During your course of radiotherapy you may have regular blood tests to check the effects on your general health. If the radiotherapy causes anaemia, it may be necessary for you to have a blood transfusion.

## Nausea and vomiting

Very few people feel sick during radiotherapy it depends on which part of the body is being treated. Some people feel sick at the beginning of a course of treatment but find that nausea often disappears within a day or two. Others start to feel sick later on. Do tell the radiographers or your doctor if you suffer from nausea. You can be given drugs to control it and it's very unlikely that your radiotherapy will need to be suspended. Another Royal Marsden booklet *Coping with nausea and vomiting*, may be helpful if you do feel sick.

It is important to try to eat well during your treatment and also drink about two litres of fluid (three to four pints) each day. This may not be easy if you are nauseous, tired or spend a lot of time travelling to and from the hospital. The dietitian can help you to plan your meals and can offer lots of hints about what to eat. Any of the team caring for you can contact the dietitian if you would like advice. Another Royal Marsden booklet, *Eating well when you have cancer*, may also be helpful.

## Hair loss

Radiotherapy can cause hair loss in the area being treated. Most hair loss is temporary and will start to grow back within two to three months of finishing treatment.

## Sore skin

There is currently no general agreement based on research regarding caring for skin during radiotherapy. Advice on skin care varies from one hospital to another. The staff at your radiotherapy department will give you advice about how to care for your skin, in the treatment area, at the beginning of your course of radiotherapy. During treatment your skin may become red and sore and it is important not to irritate it. Avoid shaving within the treatment area. You may wash the area gently using a mild unperfumed soap and gently pat it dry. Do not use any deodorants, perfumes or lotions on your skin other than those recommended by the team caring for you. You should protect your skin from extremes of temperature and continue using sunscreen (factor 15 or above) after your treatment has finished.

There has been little research into the effects of radiotherapy on different ethnic skin types. However, anecdotal evidence suggests that people with darker skin (for example, Asian or Afro-Caribbean) may develop greater skin reactions during treatment than people with lighter skin.

If you have any discomfort, the radiographers or nurses will advise you on skin care. The doctor may prescribe, or suggest, a cream or lotion for you to use. Swimming may not be advisable if you develop a skin reaction, as the chlorine in the water may irritate your skin. If you do swim during treatment, make sure you rinse your skin well and apply aqueous cream. Discuss this with your doctor, radiographer or nurse.

You may find it more comfortable to wear loose, casual clothing made from natural fibres. If you have ink marks on your skin from your treatment, you may find they smudge into your clothes. Stains can be removed from your clothes using a biological washing powder. However, you may wish to wear older or less special clothes during your treatment.

## Joint or muscle stiffness

Occasionally people who have radiotherapy to areas over joints or muscles may experience some stiffness. This can occur at any time up to two years after treatment has finished. Regular exercise to these joints and muscles can prevent stiffness. Your doctor may refer you to a physiotherapist. If not, please ask for advice.

## Late side effects

Any side effects which may develop in the longer-term and which may be permanent, depend on the part of your body which has been treated, the dose of radiotherapy you have received and many other things, such as why you are having radiotherapy. Your doctor will be able to explain these side effects and also the likelihood of them occurring. Do ask your doctor if you have any concerns.

## What happens after radiotherapy is finished?

When treatment finishes, many people look forward to life returning to normal. However, you may find yourself feeling a bit low. This is normal. You will have become used to a new routine of hospital visits during radiotherapy treatment. Ending treatment will also bring about changes that you will need to adjust to. Most side effects only last a few days or weeks but some of the effects of radiotherapy, such as tiredness, may continue for a couple of months after the end of your treatment. However, any effects should gradually improve if you have enough rest and eat well. You may find it helpful to read *After Treatment*, another Royal Marsden booklet.

When you have finished your treatment, you will be given a clinic appointment so that the doctor can check your progress. The appointments will probably become less frequent as time passes. If you are worried about anything at all, you should phone for an earlier appointment.

Your family doctor will be sent a complete report about your treatment.

## Questions you may wish to ask

It is important that you understand what will happen and why. Many people say they either don't know what questions to ask or they just can't remember them. To help you think about what you want to ask your doctor, you may find the following questions helpful.

## About my treatment

- What are the benefits of the treatment you are advising me to have?
- What are the risks, if any, of this treatment?
- What are the success rates for this treatment?
- What are the risks if I decide to do nothing for the time being?
- Are there any other treatments I could have?
- How long will I have to wait before starting treatment?
- If there is a delay in starting treatment, how will this effect my outcome?
- What will the treatment be like and how long will it take?
- Will there be side effects and what can I do about them?
- How can I expect to feel after the treatment?
- How will my doctor know if my treatment has worked?
- Who should I contact if I have questions or concerns during my treatment or once my treatment has finished?
- Will I be able to have reconstructive surgery after my radiotherapy (if appropriate)?

## How treatment might affect my life

- Will I still be able to drive?
- Will it affect my regular activities for example, work?
- Will it affect my personal /sexual relationships?
- Will I be able to take part in my favourite sport/exercise?
- Will I be able to follow my usual diet?
- Will I need to take any special precautions like staying out of the sun?
- Will I be able to wash or shower as normal?

## Glossary

These are some of the terms you may come across during your radiotherapy treatment.

| Term | Definition |
|---|---|
| **Brachytherapy** | Treatment, which places solid radioactive material inside a body cavity or needles in the tumour. |
| **Clinical oncologist** | A cancer specialist, part of whose responsibility is to treat cancer with radiotherapy. |
| **CT scan (planning)** | Uses x-rays and a computer to view organs and areas inside the body for planning radiotherapy treatment. |
| **Curative treatment** | Aims to completely get rid of the cancer and give long-term benefits. |
| **CyberKnife** | A robotic external radiotherapy system. |
| **External radiotherapy** | External radiotherapy is given by a machine, which directs high-energy rays, usually x-rays, to the cancer and a small area of normal tissue surrounding it. |
| **Fraction** | Each single day's radiotherapy treatment. |
| **Internal radiotherapy** | Treatment using either solid, radioactive material close to or inside the tumour (brachytherapy), or a radioactive liquid, given either by mouth or as an injection into a vein (radionuclide treatment). |
| **Linac** | Short for linear accelerator, a type of radiotherapy machine. |
| **Mask** | A moulded Perspex or opaque plastic mask to keep you from moving during treatment. |

| | |
|---|---|
| **Palliative treatment** | Palliative treatment aims to shrink tumours and reduce pain or relieve other cancer symptoms. While a cure is not likely palliative radiotherapy may also prolong life. |
| **Radionuclide** | A radioactive liquid/ capsules, administered for internal radiotherapy. Sometimes referred to as radioisotope or unsealed source therapy. |
| **Radiotherapy** | Treatment using carefully measured doses of radiation. |
| **Radical treatment** | Radical treatment aims to cure some patients and gives long-term benefits. |
| **Tattoo** | Small marks of coloured, permanent ink about the size of a pinhead. These are used to show where the radiation beam is to be directed at each treatment. |
| **Therapy radiographers** | Professionally qualified staff who deliver the radiotherapy treatment are the main people you will come into contact with when you're having your treatment. |
| **Treatment field** | The area of the body that will be treated. |
| **Treatment plan** | The dose of radiation and number of treatments that make up a course of radiotherapy treatment. |

## Sources of information and support

### Macmillan Cancer Support

89 Albert Embankment
London SE1 7UQ

Tel: 020 7840 7840

Macmillan Freephone 0808 808 0000

Website: *www.macmillan.org.uk*

Provides free information and emotional support for people living with cancer and information about UK cancer support groups and organisations. Also offers free confidential information about cancer types, treatments and what to expect.

### Cancer Help UK

Freephone Helpline: 0808 800 4040 (Monday–Friday 9am–5pm)

Website: *www.cancerhelp.org.uk*

If you live in the United Kingdom nurses can answer your questions about cancer and its treatment.

### NHS Direct

Telephone: 0845 46 47 (Open 24-hours a day for advice)

Website: *nhsdirect.nhs.uk*

You can also call this number if you have a non-urgent medical query or would like information about another health related issue.

### National Institute for Health and Clinical Excellence (NICE)

MidCity Place
71 High Holborn
London WC1V 6NA

Website: *www.nice.org.uk*

NICE provides guidance for healthcare professionals, and patients and their carers that will help to inform their decisions about treatment and healthcare.

## Further reading

**Supportive Care in Radiotherapy** (2003)
Sara Faithful & Mary Wells. Churchill Livingstone.
ISBN: 0443064865

This book is aimed primarily at nurses and therapy radiographers providing clinical and supportive care to patients before, during and after radiotherapy. It includes practical advice on the assessment and clinical management of acute and late side effects, supported by current evidence.

## Notes/Questions

You may like to use this space to make notes or write questions as they occur to you, to discuss with your specialist nurse, doctor, radiographer or nurse.

## Notes/Questions

## Notes/Questions

## Where can I get help?

If you have any queries about your illness or treatment or have any unexpected problems, please contact:

Your clinical oncologist (consultant)

Or one of his/her team

Your therapy radiographer

Or a specialist nurse

at _____ Hospital

Telephone number _____

Or your family doctor

Telephone number _____

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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:
The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

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# The Royal Marsden publishes a number of booklets and leaflets about cancer care. Here is a list of information available to you.

## Diagnosis

- A beginner's guide to the *BRCA1* and *BRCA2* genes
- CT scan
- MRI scan
- Ultrasound scan

Patient Information

## Treatment

- Central venous access devices
- Chemotherapy
- Clinical trials
- Radiotherapy
- Radionuclide therapy
- Your operation and anaesthetic

Patient Information

## Supportive Care

- After treatment
- Coping with nausea and vomiting
- Eating well when you have cancer
- Lymphoedema
- Reducing the risk of healthcare associated infection
- Support at home
- Your guide to support, practical help and complimentary therapies

Patient Information

## Your hospital experience

- Help Centre for PALS and patient information
- How to raise a concern or make a complaint
- Your comments please
- Your health information, your confidentiality

Patient Information

Life demands excellence

ICR
The Institute of Cancer Research

POSITIVE ABOUT DISABLED PEOPLE

BSI
Radiotherapy and Chemotherapy Services
FS38021 & FS38022

The Information Standard
Certified member

CUSTOMER SERVICE EXCELLENCE
UK
The Government Standard