

## Self-care After Radiation Therapy

### *Your Guide to Head and Neck Radiation Therapy*

*This handout explains self-care after having radiation therapy for head and neck cancer.*

#### Skin Care

Your skin in the treatment area will be very sensitive after having radiation. It may be more affected by the sun than it was before. You will need to take extra care of your skin for several years after your treatment. Be especially careful during the first year.

- Until your skin is healed, wear a hat and clothing to protect it from the sun.
- Once your skin is fully healed and you do not have any redness or peeling:
  - Use sunscreen 30 SPF or higher **every time** you go outside.
  - Do **NOT** let the treatment area be in direct sun for very long.
  - Do **NOT** get sunburned.



*Protect your skin every time you go outside.*

#### Mouth Care

After radiation therapy, you must take special care of your mouth for the rest of your life. Dry mouth and treatment to the jaw bone can make tooth decay and gum disease occur more easily.

To keep your mouth and gums healthy:

- Brush your teeth at least twice a day. Floss every day.
- Use a toothpaste that contains fluoride, such as 1.1% NaF gel.

#### Dental Care

- Get regular dental cleaning and check-ups, at least once a year.

- Make sure your dentist knows you received radiation therapy.
- Follow your dentist’s advice on fluoride treatments. They may want you to use fluoride trays or have fluoride applied. Your dentist or hygienist can explain more about this care.

## Dental Procedures

**Ask your dentist to talk with your Radiation Oncology team BEFORE scheduling an *invasive procedure*.** This includes *extractions* (teeth removal), placing a dental implant, and other procedures that affect the jaw.

When your dentist contacts us, we will review the proposed procedure. We will also check to see how much radiation was received by that area of your mouth.

Because of your treatment, you may have a higher risk of *osteoradionecrosis* (ORN). This means that your jaw bone may not heal well after an invasive procedure.

With careful planning, we can help lower your risk of ORN. One thing we may advise is for you to have *hyperbaric oxygen treatment* (HBO) before and after the dental procedure.

## Lymphedema

The *lymphatic* (lymph) system is part of your immune system. After radiation to the head and neck or face, this system does not drain lymph fluid as well as it used to. This problem is worse for patients who have had both surgery and radiation.

You may have lymph problems weeks to months after radiation. Symptoms include swelling or firmness in the tissues. You may see these most in your upper neck and under your jaw.

You can do self-massage to help the lymph fluid drain. This can reduce the swelling. (To learn about self-massage, please see the handout “Head and Neck Lymphedema.”) If self-massage does not help, ask for a referral to a physical therapist who specializes in lymphedema therapy.

## Nutrition

Side effects from radiation can last weeks to months after your therapy ends. Many patients need to stay on a soft or liquid diet, or use their feeding tube for 4 to 12 weeks after radiation.

Good nutrition is key to helping your body heal. Your body needs extra calories and protein during your recovery time. Most patients must keep supplementing with nutritional drinks or shakes. These can be homemade or store bought.

If you lose weight after your therapy ends, talk with your oncology provider. Weight loss means you are not getting enough nutrition, fluids (*hydration*), or both.

### **Feeding Tube Removal**

Contact your oncology provider when:

- You are no longer using your feeding tube for nutrition, hydration, or medicines

#### **AND**

- You have been taking nutrition only by mouth for several weeks, and your weight has remained stable

Your provider will assess your condition and decide if your feeding tube can be removed.

### **Swallowing**

Head and neck radiation can cause *dysphasia*, a swallowing problem. This problem can be long term.

We advise you to keep your swallowing muscles active during radiation. To do this, regularly take small sips of liquid or small swallows of food, even if most of the nutrition is coming from the feeding tube. Doing this can help prevent or reduce dysphasia. It can also help you regain your swallowing ability more quickly after your therapy has ended.

If you have swallowing problems, ask your oncology provider to refer you to a specialist. If you are already working with a swallowing specialist, keep working with them.

### **Pain Medicine**

If you are taking prescription pain medicine (*opioids*), ask your oncology team to teach you how to stop or taper off of it. Do not suddenly stop using opioids. You could have withdrawal side effects.

Your team can give you a tapering schedule. If you have *chronic* (long-term) pain, we may refer you to a pain medicine team to help you manage it.

## Exercises

Tissues in the treatment area can become *fibrotic* (less elastic) over time. This problem is worse for patients who have had certain surgical procedures and then radiation. For example:

- *Trismus* (lockjaw) can occur when chewing muscles are stiff. It is helpful to do stretching exercises to help keep your jaw flexible.
- The neck can also become more stiff. Neck range-of-motion exercises can help.

If you have these problems, ask your oncology provider about a referral to physical therapy. For jaw and neck exercises, please see the handout “Exercise During Radiation to the Head and Neck.”

## Thyroid Function

After radiation to the neck, some patients may have problems with their thyroid gland (*hypothyroidism*). This can occur months to years after treatment. Some patients may need to take thyroid hormone.

We advise having your thyroid function checked about once a year. Your primary care provider (PCP) can take care of this.

## Stopping Smoking

Do **not** smoke during and after your radiation therapy. Smoking will increase your risk of:

- Side effects after treatment
- Having a recurrence of your cancer
- Having a secondary cancer

Please tell us if you need help to quit smoking. We can also refer you to our smoking cessation clinic.

## Alcohol Use

The U.S. National Toxicology Program states that alcohol is “a known human *carcinogen*.” This means that drinking alcohol is known to increase the risk of cancer.

Please avoid alcohol or at least limit the amount you drink. If you plan to drink alcohol, the National Cancer Institute advises that:

- Women have no more than 1 drink a day
- Men have no more than 2 drinks a day

## **Cancer Surveillance**

Talk with your oncology team about *cancer surveillance* after radiation therapy. Ask them about the best times to have these follow-up visits.

Most patients have follow-up visits every 3 to 6 months. You may meet with an otolaryngologist, a medical oncologist, or a radiation oncologist, depending on your treatment plan.

At these visits, we may or may not advise scans. This decision will be based on your specific diagnosis and treatment.

## **Your Providers and Follow-up Care**

Your medical oncologist is managing all aspects of your cancer care. But, if you have any questions about your radiation therapy, please call Radiation Oncology weekdays from 8 a.m. to 5 p.m., at 206.598.4100.

For all other health concerns, please talk with your PCP. Be sure to see your PCP for regular checkups. These visits will help you maintain your overall health.

