



East of England Radiotherapy Network: Late Effects Support Document for Professionals V1.0

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1. Scope

This document is designed to provide professionals with information about the support available for the management of radiotherapy long term side effects, otherwise known as 'late effects' (those experienced at least 3 months after the end of radiotherapy treatment). These long term side effects are outlined in the Royal College of Radiologists national radiotherapy consent forms: [National radiotherapy consent forms](#). The following information aims to highlight where services may be available within the EofE RTN. It provides an outline of how a referral to the service can be made, with contact details where appropriate.

2. Late Effects Service Provision in the East of England Radiotherapy Network

East of England Regional Late Effects of Cancer Treatment Monthly MDT: held on the 4th Tuesday of each month on MS Teams 13.00-14.00. We welcome you to bring complex cases or case studies for discussion. Please email Lisa.Motley@nhs.net to join these.

For further advice on the management of late effects please contact: Lara Anthony, Radiotherapy Late Effects Service Lead NNUH Lara.anthony@nnuh.nhs.uk or RadiotherapyLateEffects@nnuh.nhs.uk

ESNEFT Pelvis Late Effect Service

From within ESNEFT referrals can be made to Jonathon.poole@esneft.nhs.uk

MSEFT H&N Late Effect Service

This service will begin January 2026. Details to follow.

Further resources for patients can be found on the East of England radiotherapy Network website: eastofenglandradiotherapynetwork.nhs.uk - [Radiotherapy Side Effects](#), [Radiotherapy Late Effects](#), [Late Effects of Radiotherapy](#)

3. Late Effect Support

Breast

Late effect	Suggested Support
Breast/ chest wall/ axilla discomfort including aching and shooting pains	Consider referral to late effects service
	Refer to local pain team
	Consider psychological support
	Consider referral to late effects service
	Refer to breast surgeon

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Late effect	Suggested Support
Marked change to breast appearance including change to breast size, shape, and texture	Consider Photobiomodulation (PBM) therapy if available (not currently available in EofE RTN) Consider psychological support
Subtle changes to breast appearance including change to breast size, shape, and texture	Consider referral to late effects service Refer to breast surgeon Consider Photobiomodulation (PBM) therapy if available (not currently available in EofE RTN)
Worsened cosmetic outcome after reconstruction surgery	Consider referral to late effects service Refer to breast surgeon (1 Year post surgery) Consider Photobiomodulation (PBM) therapy if available (not currently available in EofE RTN)

Cardiopulmonary

Late effect	Suggested Management
Chronic lung infections	Consider referral to late effects service Referral to respiratory team
Fibrosis of lung	Consider referral to late effects service Referral to respiratory team
Increased risk of heart disease	Consider referral to late effects service Referral to cardiology team Lifestyle modifications: maintain healthy diet and weight, regular exercise, smoking cessation
Stereotactic Ablative Radiotherapy (SABR): Airway narrowing or risk of bleeding from airways	Consider referral to late effects service Referral to respiratory team Pulmonary Rehabilitation
Worsening of shortness of breath	Consider referral to late effects service Referral to respiratory team

CNS

Late effect	Suggested Management
Brain, brainstem or spinal cord injury	Consider referral to late effects service Refer to neurology

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Late effect	Suggested Management
	<u>Neurorehabilitation</u>
Damage to the nerves in arms/ hands	Consider referral to <u>late effects service</u>
	Refer to <u>physiotherapy</u> for individual assessment and treatment
	Refer to <u>local pain team</u>
	Consider <u>psychological support</u>
Decreased cognitive function - including memory loss/ effects of cognition, which may be progressive and worsen with time	Consider referral to <u>late effects service</u>
	<u>Neuro-cognitive rehabilitation</u>
Hypopituitarism	Consider referral to <u>late effects service</u>
	Require hormone replacement therapy, referral to <u>endocrine team</u>
Neuropathy	Consider referral to <u>late effects service</u>
	Refer to <u>physiotherapy</u> for individual assessment and treatment
	Refer to <u>local pain team</u>
	Consider <u>psychological support</u>
Permanent changes to brainstem, spinal cord and nerves to the face, arm, or hand	Consider referral to <u>late effects service</u>
	Refer to <u>physiotherapy</u> for individual assessment and treatment
	Refer to <u>local pain team</u>
	Consider <u>psychological support</u>
Pituitary dysfunction	Consider referral to <u>late effects service</u>
	Require hormone replacement therapy, referral to <u>endocrine team</u> .
Radiation induced nerve damage in the lower back	Consider referral to <u>late effects service</u>
	Refer to <u>physiotherapy</u> for individual assessment and treatment
	Refer to <u>local pain team</u>
	Consider <u>psychological support</u>
Radionecrosis	Consider referral to <u>late effects service</u>
Risk of cranial nerve effects	Consider referral to <u>late effects service</u>

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Late effect	Suggested Management
	Refer to neurology
Risk of stroke	Consider referral to late effects service
	General advice: healthy diet, keep a healthy weight, regular exercise, stop smoking, limit alcohol.
	Refer to stroke services
	Neurorehabilitation
Stroke-like migraine attacks (SMART)	Consider referral to late effects service
	Refer to neurology
	Consider psychological support
Worsening or onset of epilepsy	Consider referral to late effects service
	Refer to neurology

Gastrointestinal

Late effect	Suggested Management
Abdominal discomfort	Utilise PRDA Best Practice Pathway Toolkit (appendix)
	Or refer to late effects service
Bleeding from bowel	Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (appendix)
Bowel damage including perforation, fistula, bowel adhesions/ obstruction/anal stenosis	Consider referral to late effects service
	Refer to Gastroenterologist
Bowel frequency and urgency	Utilise PRDA ALERT B Questionnaire before referral to late effects service if available
	Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (page 15-16 and appendix)
Bowel incontinence	Utilise PRDA ALERT B Questionnaire before referral to late effects service if available
	Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (page 15-17 and appendix)

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Late effect	Suggested Management
	Or utilise PRDA Best Practice Pathway Toolkit (page 31 – 41 and appendix)
Constipation	Consider referral to late effects service Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (page 14 and appendix) Or utilise PRDA Best Practice Pathway Toolkit (page 31 – 41 and appendix)
Duodenal ulcer	Consider referral to late effects service NICE guidance for peptic ulcer disease Lifestyle modifications: Avoid dietary irritants, eat little and often, reduce stress, smoking cessation.
Long-term irritation of the oesophagus	Consider referral to late effects service Referral to dietician , if affecting oral intake
Long-term need for feeding via a tube	Referral to dietician
Mucus, discharge, and flatulence	Consider referral to late effects service Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (page 17 – 18, 20 and appendix) Or utilise PRDA Best Practice Pathway Toolkit (page 31 – 41 and appendix)
Oesophageal dysmotility	Consider referral to late effects service
Oesophageal stricture	Consider referral to late effects service May require endoscopic assessment. Refer to surgical team
Peri anal pain	Consider referral to late effects service Consider referral to the Pain-related Complex Cancer Late Effects Rehabilitation Service (CCLERS) Use Practical management of the Gastrointestinal Symptoms of Pelvic Radiation Disease (page 19, 23 – 25 and appendix) Or utilise PRDA Best Practice Pathway Toolkit (appendix)
Rectal inflammation/ pain	Consider referral to late effects service

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Late effect	Suggested Management
	Consider referral to the Pain-related Complex Cancer Late Effects Rehabilitation Service (CCLERS)
	Or utilise PRDA Best Practice Pathway Toolkit (page 31 – 41 and appendix)

Gynaecological

Late effect	Suggested Management
Bleeding from the vagina after using dilators or intercourse	Spotting can be normal especially if not using dilators regularly – reassure.
	Heavier bleeding will require investigations in gynae clinic.
	Consider referral to late effects service
	Or utilise PRDA Best Practice Pathway Toolkit (page 64 – 74 and appendix)
Early menopause	Consider referral to late effects service
	Refer to Menopause service
	Or utilise PRDA Best Practice Pathway Toolkit (page 100 – 110 and appendix)
Infertility	Consider referral to late effects service
	Consider psychological support
Vaginal narrowing, shortness, or dryness	Consider referral to late effects service
	Or utilise PRDA Best Practice Pathway Toolkit (page 64 – 74 and appendix)

Hearing

Late effect	Suggested Management
Changes in hearing (may include hearing loss or tinnitus)	Consider referral to late effects service
	Refer to Audiology for assessment and management.

Lymphatic

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Late effect	Suggested Management
Lymphoedema	Referral to lymphoedema service as a matter of urgency.

Nasal

Late effect	Suggested Management
Loss of smell	Consider referral to late effects service Consider referral to ear, nose, throat team (ENT) for smell retraining
Nasal crusting	Consider referral to late effects service
Nasal regurgitation/ reflux	Consider referral to late effects service Speech and Language Therapist (SALT) referral
Permanent dryness of nose	Consider referral to late effects service

Oral

Late effect	Suggested Management
Altered taste or loss of taste	Consider referral to late effects service Consider psychological support Refer to dietitians for assessment and management
Dental problems	Refer to restorative dentist for assessment and management Consider referral to late effects service
Dry mouth (xerostomia)	Consider referral to late effects service Consider psychological support
Laryngeal chondronecrosis	Consider referral to late effects service Speech and Language Therapist (SALT) referral
Swallowing problems with risk of long-term/permanent feeding tube requirement	Consider referral to late effects service Consider psychological support Refer to dietitians for assessment and management Speech and Language Therapist (SALT) referral
Trismus	Consider referral to late effects service

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Late effect	Suggested Management
	Speech and Language Therapist (SALT) referral
Voice changes	Consider referral to late effects service
	Consider psychological support
	Speech and Language Therapist (SALT) referral

Other

Late effect	Suggested Management
Fibrosis	Consider referral to late effects service
	Refer to physiotherapy for individual assessment and treatment
Hyposplenism	Consider referral to late effects service
	Refer to endocrinology team
	Consider checking their endocrine function regularly after the end of treatment once yearly
Hypothyroidism	Consider referral to late effects service
	Refer to endocrinology team
	Consider checking their endocrine function regularly after the end of treatment once yearly
Malabsorption	Consider referral to late effects service
	Refer to dietician
	Gastro referral
Myelitis	Consider referral to late effects service
Ongoing fatigue	Consider referral to late effects service
	Refer to fatigue service where available
	Consider psychological support
Permanent hair thinning or loss in the treatment area	Consider referral to late effects service
	Wig referral
	Consider psychological support
Pituitary dysfunction	Consider referral to late effects service
	Refer to endocrinology team
	Consider checking their endocrine function regularly after the end of treatment once yearly

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Sexual Function

Late effect	Suggested Management
Changes in sexual experience including changes in ejaculate, dry ejaculation; retrograde ejaculation or loss of orgasm; inability to achieve an erection; change to penile length/ appearance	Consider referral to late effects service Or utilise PRDA Best Practice Pathway Toolkit (page 64 – 74 for female, 75 – 84 for male and appendix)

Skeletal

Late effect	Suggested Management
Bone weakness or fractures	Consider referral to late effects service Promote bone health: Bone health: Keeping your bones healthy Food for healthy bones - NHS Keep bones healthy over 65 - NHS
Chest wall/ rib pain	Consider referral to late effects service Refer to local pain team Consider psychological support
Osteoradionecrosis of the jaw	Consider referral to late effects service Consider recruiting to RAPTOR Trial Specialist oral and maxillofacial surgery (OMFS) referral assessment and management.
Shoulder stiffness	Consider referral to late effects service Refer to physiotherapy for individual assessment and treatment.

Skin

Late effect	Suggested Management
Chronic non-healing ulcer	Dressings, discuss with tissue viability team Consider referral to late effects service Consider Photobiomodulation (PBM) therapy if available (N.B. Not currently available in the EofE RTN)
Poor wound healing	Dressings, discuss with tissue viability team

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Late effect	Suggested Management
	Consider referral to late effects service
Skin colour change in the treatment area including lighter or darker	If appropriate discuss camouflage make-up (can be prescribed) Consider referral to late effects service
Skin thickening	Consider referral to late effects service
Skin ulceration	Consider referral to late effects service Consider referral to dermatology for laser therapy for problematic radiation induced fibrosis or telangiectasia Ensure good skin care, adequate dressings etc organised via GP
Telangiectasia	Consider referral to late effects service Consider referral to dermatology for laser therapy for problematic radiation induced fibrosis or telangiectasia

Urinary

Late effect	Suggested Management
Bladder damage including perforation	Referral to Urology
Bleeding from bladder	Utilise PRDA Best Practice Pathway Toolkit (page 42 – 53 and appendix) Or refer to late effects service Consider referral to Urology
Incomplete emptying of bladder	Consider referral to late effects service Or utilise PRDA Best Practice Pathway Toolkit (page 42 – 53 and appendix)
Kidney function decline	Consider referral to late effects service Prevention – healthy diet, exercise, stop smoking, limit alcohol
Kidney impairment	Consider referral to late effects service Consider referral to Urology Consider referral to dietitian

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Late effect	Suggested Management
Urinary incontinence	Utilise PRDA Best Practice Pathway Toolkit (page 42 – 53 and appendix)
	Or refer to late effects service
	Referral to incontinence services
Urinary stricture	Consider referral to late effects service
	Or utilise PRDA Best Practice Pathway Toolkit (page 42 – 53 and appendix)
Urinary symptoms including frequency; urgency; incontinence; haematuria	Consider referral to late effects service
	Or utilise PRDA Best Practice Pathway Toolkit (page 42 – 53 and appendix)
	Pelvic floor exercises
	Referral to urology , possible cystoscopy

Vison

Late effect	Suggested Management
Dryness of the eye	Consider referral to late effects service
	Eye drops/gels, if consistent refer to ophthalmology for assessment and management
Risk of cataract formation	Referral to ophthalmology for assessment and management.
Risk of damage to the optic apparatus	Consider referral to late effects service
	Refer to ophthalmology for assessment and management
Visual changes and damage to eye	Consider referral to late effects service
	Refer to ophthalmology for assessment and management

4. Available Services

Service	Availability
Audiology referral	Internal referral
Breast surgeon referral	Internal referral or via CNS
Camouflage make-up referrals	Professional referrals can be made to Changing Faces

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Service	Availability
Cardiology referral	Internal referral
Dental referral	Internal referral
Dermatology referral for laser therapy	CUHFT: Dermatology
	ESNEFT: Colchester - Email: Dermatologycolchester@esneft.nhs.uk Ipswich - Email: Ips.Plas@esneft.nhs.uk
	MSEFT: For patient queries Tel: 0300 443 4511.
	NNUHFT: Internal referral
	NWAFT: Dermatology secretaries - general enquiries <ul style="list-style-type: none"> Email: nwangliaft.dermatologysecretaries@nhs.net Tel: 01733 673856 / 673854
Dietician	CUHFT: Internal referral
	ESNEFT: Colchester Hospital Adult Nutrition Team: <ul style="list-style-type: none"> Email: NutritionDieteticDept@esneft.nhs.uk Tel: 01206 742166 Clinical Lead Tel: 01206 742819 Ipswich Hospital Adult Nutrition Team: <ul style="list-style-type: none"> Email: IpswichDieteticTeam@esneft.nhs.uk Tel: 01473 704000
	MSEFT: Internal referral
	NNUHFT: Email: dietitians.office@nnuh.nhs.uk Tel: 01603 287011
	NWAFT: Internal referral
Endocrine referral	Internal referral
Endoscopic referral	Internal referral
Fatigue services	CUHFT: ME/ CFS service
	ESNEFT: ME/ CFS service
	MSEFT: ME/ CFS service

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Service	Availability
	<p>NNUHFT: ME/ CFS Service</p> <p>NWAFT: ME/ CFS service</p>
Gastroenterologist referral	<p>CUHFT: All enquiries and appointments Tel: 01223 806000</p> <p>ESNEFT: Gastroenterology service</p> <p>MSEFT: Gastroenterology service</p> <p>NNUHFT: Gastroenterology Advice & Guidance via e-RS Gastroscopy referrals direct to the service on proforma (Knowledge Anglia site) Direct referrals for endoscopy Email: nnu-tr.gastrougi@nhs.net Endoscope requests direct to the service – by Proforma (see Gastroenterology)</p> <p>NWAFT: Gastroenterology Main Offices: <ul style="list-style-type: none"> • Hinchingsbrooke Hospital Tel: 01480 442856 • Peterborough City Hospital Tel: 01733 677526 • Enterology Main Office Tel: 01733 673875 </p>
Incontinence services	<p>CUHFT: Continence service</p> <p>ESNEFT: Bladder and Bowel service</p> <p>MSEFT: Continence service</p> <p>NNUHFT: Continence service</p> <p>NWAFT: Continence service Northamptonshire continence services</p>
Late effects service	<p>CUHFT: No service currently available</p> <p>ESNEFT: Pelvic only Email: Jonathon.poole@esneft.nhs.uk</p> <p>MSEFT: Pelvic only: GP/ Consultant/ CNS referral Email: chathurangi.fernando1@nhs.net H&N due to begin Jan 2026 (details to follow)</p> <p>NNUHFT:</p>

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Service	Availability
	GP or any HCP referral via Ardens system or E-mail: radiotherapylateeffects@nnuh.nhs.uk
	NWAFT: No service currently available
	National: No national service available
Lymphoedema services	CUHFT: Lymphoedema service
	ESNEFT: Colchester: <ul style="list-style-type: none"> Tel: 01473 704 033 Ipswich: <ul style="list-style-type: none"> Lymphoedema service
	MSEFT: Lymphoedema service
	NNUHFT: Email: lymphoedema.central@nchc.nhs.uk
	NWAFT: Email: nwangliaft.lymphoedemaservice@nhs.net Tel: 01733 678240
Menopause service	CUHFT: Menopause service
	ESNEFT: Clinic appointments Email: Appointment.Centre@esneft.nhs.uk Secretaries Email: ObsAndGynaeSecs@esneft.nhs.uk Clinic appointments Tel: 01473 703 103 Secretaries: Tel: 01473 703 009/ 01473 703 004
	MSEFT: Tel: 01702 385512
	NNUHFT: Tel: 01603 286603/287123
	NWAFT: Gynaecology Tel: Fitzwilliam Hospital Gynae unit
Neuro-cognitive rehabilitation referral	Internal referral
Neurology referral	Internal referral
Ophthalmology referral	Internal referral
Oral and maxillofacial surgery (OMFS) referral	Internal referral
Pain referral	CUHFT: Pain clinic

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Service	Availability
	Pain clinic enquiries and appointments Tel: 01223 217796
	ESNEFT: Pain management
	MSEFT: Pain management
	NNUHFT: Referral via letter on EDT Tel advice: 01603 288453
	NWAFT: Pain services
	Complex Cancer Late Effects Rehabilitation Service (CCLERS)
Pelvic floor exercises	Squeezy App (paid for) to help support exercises
Physiotherapy referral	CUHFT: Email: cuh.outpatientphysio@nhs.net
	MSEFT: Physio self-referral
	ESNEFT: Physio self-referral
	NNUHFT: Email: nowmsk@ecchcic.nhs.uk
	NWAFT: Physio self-referral Physio
Photobiomodulation (PBM) therapy	Not available in the EofE RTN. National referral not currently possible.
Psychological support	CUHFT: Talking therapies
	ESNEFT: Can be referred via the Cancer Wellbeing Centre: Colchester <ul style="list-style-type: none"> Email: ESNEFT.CancerWell-beingCentre@nhs.net Tel: 01206 745 347 Ipswich <ul style="list-style-type: none"> Email: Cancer.Support@esneft.nhs.uk Tel: 01473 715 748
	MSEFT: Email: mse.psychologicaltherapiesservice@nhs.net
	NNUHFT: The big C referral form NHS Norfolk and Waveney Talking Therapies: Professionals Referral Form Norfolk (ensure you click that patient is on cancer pathway)
	NWAFT: Cancer Wellbeing services:

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Service	Availability
	Email: nwangliaft.cancerwellbeing@nhs.net Tel: 01733 678570
Pulmonary rehabilitation	CUHFT: Pulmonary rehabilitation - https://www.cpft.nhs.uk/pulmonary-rehabilitation-course/
	ESNEFT: Pulmonary rehabilitation
	MSEFT: Pulmonary rehabilitation
	NNUHFT: Referrals Via ICE or Nurse specialist Tel: 01603289779
	NWAFT: Healthy lifestyle services
Respiratory referral	Internal referral
Skin care, dressings	Contact patient's GP
Smoking cessation	CUHFT: Healthy You referral
	ESNEFT: Colchester well bring service Ipswich Feel Good Suffolk
	MSEFT: Essex wellbeing service
	NNUHFT: Smoke Free Norfolk
	NWAFT: Healthy You referral
Speech and Language Therapist (SALT) referral	CUHFT: Email: cpm-tr.adultslt@nhs.net
	ESNEFT: SALT service
	MSEFT: H&N CNS Team Broomfield Email: mse.broomfield.headneckcns@nhs.net Southend Email: mse.headneck.cns@nhs.net Basildon Email: mse.basildonheadandneckcns@nhs.net
	NNUHFT: Email: OPServicesPostTeam@nnuh.nhs.uk
	NWAFT: Email: cpm-tr.adultslt@nhs.net Tel: 0330 726 0077
Stroke services referral	Internal referral
Tissue Viability Team	CUHFT: Tissue viability
	ESNEFT: No referral information available

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Date to be reviewed: October 2026





Service	Availability
	<p>MSEFT: Depending on GP location tissue viability service Living in Basildon, Brentwood or Thurrock tissue viability service</p> <p>NNUHFT: Tissue viability service</p> <p>NWAFT: Tissue viability</p>
Urology referral	Internal referral
Wig referral	Internal referral

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EofE RTN Late Effects Support Document for Professionals V1

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