



Patient information on radiotherapy to the breast or chest wall

Side effects of breast or chest wall radiotherapy

This leaflet will help you understand:

- the radiotherapy side effects you might experience
- how best to care for yourself during and after treatment

The information combines guidance from several specialist centres to give you a clear overall picture. Remember, your treatment is tailored for you, and your team will advise you of any differences that apply to your care.

Managing and Understanding Side Effects

Radiotherapy can cause side effects that vary from person to person. Side effects of radiotherapy are described as:

- Early/short-term. These usually start during your course of radiotherapy and usually resolve within two to six months after finishing radiotherapy.
- Late. These are side effects that may happen many months or years after radiotherapy and may be permanent.

Side effects are then described as:

- Expected (50% - 100% chance, this means 50 to 100 people out of 100 people)
- Common (10% - 50% chance, this means 10 to 50 people out of 100 people)
- Less common (less than 10% chance, this means less than 10 people out of 100 people)
- Rare (Less than 1% chance, this means less than 1 person out of 100 people)

Your care team will discuss these with you and give you other advice tailored to your treatment. You may not get all the side effects discussed in this leaflet.

Early/Short-Term Side Effects

Expected (this means 50 to 100 out of 100 people)

- **Fatigue/Tiredness** - Very common - most patients experience some degree of tiredness.
 - Tips: Rest when needed, break up activities into smaller tasks, and try light exercise (if approved by your doctor). Try to drink plenty of fluids, such as water and herbal tea.

- **Temporary hair loss** may occur in the area being treated for example, loss of armpit hair with breast or chest wall treatment.

Common (this means 10 to 50 out of 100 people)

- **Skin Reactions:** Skin soreness, itching, colour changes and some skin peeling in the treatment area. Redness in white skin tones and subtle darkness, yellow, purple or grey appearance in brown and black skin tones. The skin reaction may worsen for 10-14 days after finishing radiotherapy. Reactions to your skin cannot be prevented, your skin reaction can be dependent on:
 - Your type of skin and the size and shape of your breast
 - If you received radiotherapy to areas where your skin folds, e.g. the curve under the breast and under the arm
 - If you have diabetes or heart disease
 - If you are a smoker as this can affect the oxygen levels in your skin

Most patients find their skin has improved 4 weeks after finishing treatment.

- Advice: Not smoking, drinking 6-8 glasses of water a day and eating a healthy diet can help minimise skin reactions. Follow skin care advice given to you by the Therapeutic Radiographers or radiotherapy nurses. Skin care advice from the Society of Radiographers can be found by going to:
<https://www.sor.org/news/radiotherapy/scor-updates-radiation-dermatitis-guidelines>

Less common (this means less than 10 people out of 100 people)

- **Discomfort or Swelling:** Some patients may notice swelling or a feeling of heaviness in the treated area - this is usually temporary.
- **Change in breast texture**

Rare (this means less than 1 person out of 100 people)

- **Sore throat:** This is only a possibility if we are treating lymph nodes in the neck or middle of the chest. If this was a possibility, you would have been told about this when you gave consent to have radiotherapy.
- **Skin blistering:** You might be more likely to have blistering if we place bolus on your skin during treatment, the Therapeutic Radiographers treating you will be able to advise you if this is the case.
- **Lung inflammation (swelling):** This is called pneumonitis – which can lead to a cough / breathlessness.

Late/Long-Term Side Effects

These are side effects that may happen many months or years after radiotherapy and may be permanent.

Expected (this means 50 to 100 out of 100 people)

- Breastfeeding – after breast radiotherapy with or without surgery, you may not produce milk in that breast, but the other breast will not be affected.

Common (this means 10 to 50 out of 100 people)

- Skin colour change in the treatment area including: lighter, darker or pinker.
- Subtle changes to the breast appearance including changes to breast size, shape and texture.
- Breast / chest wall / axilla discomfort, including aching and shooting pains.
- Worsened cosmetic outcome after reconstruction surgery – may require the implant to be replaced.

Less common (this means less than 10 people in 100 people)

- Marked change to breast appearance, including change to breast size, shape and texture.
- Breast / chest wall swelling.
- Shoulder stiffness - do continue with your exercises, and contact your physiotherapist, breast care nurses, or let the radiotherapy team know if you are having any problems.
- Swelling, which is called Lymphoedema, of the arm. This is caused by fluid collecting in the arm which may cause swelling, pain and might cause movement problems. Contact your breast care nurse if you notice this.

Rare (this means less than 1 person out of 100 people)

- Skin changes which are called Telangiectasia in the treatment area – these are small visible blood vessels that look like spidery marks.
- Rib fracture.
- Fibrosis or scarring of the underlying lung – can cause breathlessness, cough or changes on x-ray.
- Higher risk of heart disease later in life.
- Brachial plexopathy – nerve damage which may cause pain, numbness or tingling affecting the arm and shoulder.
- A different cancer in the treatment area.

It is important to note that whilst some of these side effects sound worrying, the benefit of giving you radiotherapy outweighs any of the risks. Specific risks are

considered for each individual and will be discussed with you if they differ from those above.

More support

For further advice or help, please refer to:

- **Your Radiotherapy Team:** They can provide more information tailored to your individual treatment plan during your treatment. If you are having any problems related to your radiotherapy after treatment, please contact your radiotherapy team see below where you will find the telephone numbers.
- **Contact numbers:** The numbers are given to you at the beginning of your radiotherapy. If you can't find the numbers, please ask for them and then keep them handy in case you need urgent advice. You will also receive contact numbers in the information given to you when you finish your radiotherapy treatment.
- **National Support Services:**
Cancer support charities such as Macmillan, Maggie's and Breast Cancer Now, offer information, counselling, and support groups.
 - Macmillan website: www.macmillan.org.uk
 - Macmillan Support Line: [0808 808 0000](tel:08088080000)
 - Maggie's: www.maggies.org
 - Breast Cancer Now website: www.breastcancernow.org
 - Breast Cancer Now Nurse helpline: [0808 800 6000](tel:08088006000)

This leaflet has combined information from several specialist radiotherapy centres to provide a comprehensive guide on what to expect during and after your radiotherapy treatment. While every patient's experience is unique, the key points above should help you prepare and know when to seek help. Always follow the specific instructions provided by your healthcare team.

Please remember: this document is for general information purposes. For personal advice, refer to the instructions and support offered by your own treatment team.

We welcome your feedback on this information leaflet. If you would like to provide us with feedback to improve this information, please complete our form by scanning the QR code or clicking on the link.

<https://forms.office.com/e/6spj6B4HQk>



For more information about radiotherapy, please see our website: eastofenglandradiotherapynetwork.nhs.uk and click on 'Information for patients'.