

SIDE EFFECTS OF CANCER TREATMENT



About this booklet

This booklet is about the possible side effects of cancer treatment. It is for anyone who is having, or thinking about having, treatment for cancer. There is also information for carers, family members and friends.

This booklet describes some common side effects of cancer treatment and some ways you may be able to manage them. No one will have all of these effects, but some people may have more than one.

There may be some side effects not mentioned here. This booklet is best read with information about the type of cancer you have. We can also send you more information about different cancer treatments and the side effects they may cause.

Everyone's experience of cancer and its treatment is different. The doctors and nurses at your hospital will discuss with you in detail the treatment you might have and its possible side effects.

We hope this booklet helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. This information should come from your doctor or specialist nurse, who know your medical history.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00** (Monday to Friday, 9am to 8pm) or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, we have interpreters. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**. You can also use the NGT Lite app.

We have some information in different languages and formats, including audio, ebooks, easy read, Braille, large print and translations. Visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you and your health is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at **macmillan.org.uk/cancerregistry**

How to use this booklet

The booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 5 to help you. It is fine to skip parts of the booklet.

We have included quotes from people who have had cancer treatment, which you may find helpful. Some are from the website **healthtalk.org** Others are from people who have chosen to share their story with us. If you would like to share your story, visit **macmillan.org.uk/shareyourstory**

There is an example on page 11 of how you can record any side effects and what helps with them.

We have added icons (see key below) in some sections to show the information that may apply to your treatment. Use the icons and the contents pages to help guide you.

Key



Surgery



Chemotherapy



Radiotherapy



Hormonal therapies



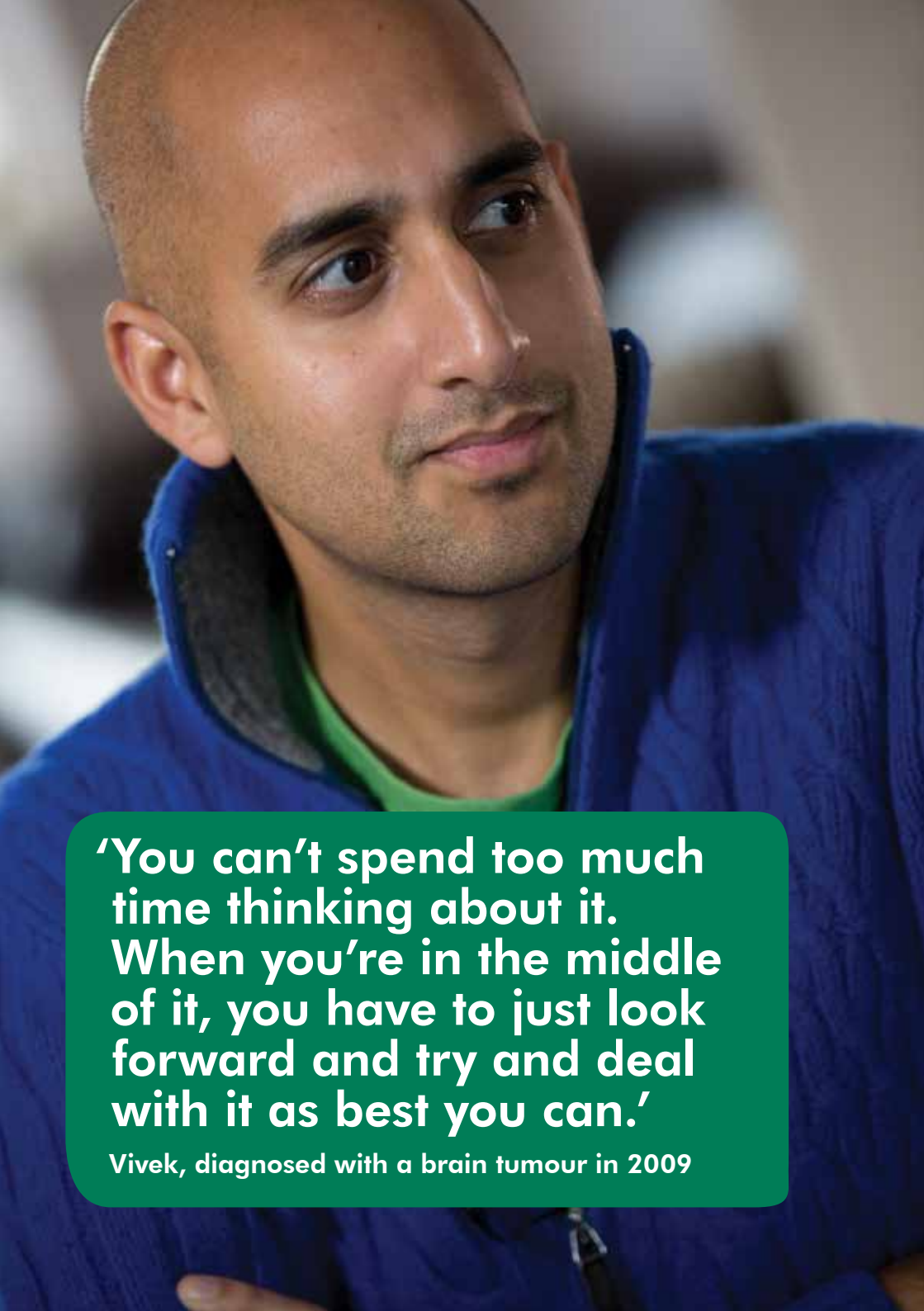
Targeted (biological) therapies

We have more information about these individual treatments.



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'You can't spend too much time thinking about it. When you're in the middle of it, you have to just look forward and try and deal with it as best you can.'

Vivek, diagnosed with a brain tumour in 2009

CANCER TREATMENTS AND SIDE EFFECTS

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What are side effects?

Side effects are problems you might get because of cancer treatment. They can be mild and temporary. But sometimes they can have a big impact on your life.

Any side effects you may have will depend on your treatment. You will probably only have a few of the ones we mention. Or you may not have any side effects at all. This does not mean that your treatment is not working. Some people don't have any side effects and feel better during treatment than before they were diagnosed.

The thought of side effects can be frightening, but there are many ways to help manage them. And there are many people who can help you.

If you are frightened or worried about a problem, don't wait until your next appointment. When you start treatment you will be given details of who to call. This is usually a 24-hour helpline at your hospital. Keep some details with you about your treatment. This helps the hospital staff know which side effects are expected.

Always ask your doctor, nurse or other healthcare professionals before using any medicines, creams, mouthwashes, dietary supplements or complementary therapies.

Coping with cancer and the side effects of treatment can affect you emotionally, too. You might find it helpful to read our booklet **How are you feeling? The emotional effects of cancer.** You can order this by calling **0808 808 00 00** or visiting **be.macmillan.org.uk**

Treatments for cancer

There are many types of cancer treatment. You may have more than one type. Your doctor or specialist nurse will talk to you about the best options for you. When planning your treatment, they will look at your general health as well as the type and stage of the cancer.

The most commonly used treatments for cancer are:

- **Surgery**, which is an operation to remove a tumour and nearby tissues that may contain cancer cells.
- **Chemotherapy**, which uses anti-cancer (cytotoxic) drugs to destroy cancer cells.
- **Radiotherapy**, which uses high-energy x-rays or particles to destroy cancer cells.
- **Hormonal therapies**, which change the way hormones are produced or work in the body.
- **Targeted (biological) therapies**, which is a term that covers certain treatments that work in different ways. We have more information about these treatments and how they work.

Some treatments are used to treat cancer in one area of the body. These are called **local treatments**. They include surgery and radiotherapy. Others can treat cancer in more than one part of the body at a time. These are called **systemic treatments**. Chemotherapy, hormonal therapy and targeted therapy generally work in this way.

There are also some cancer treatments that are used less commonly. Your doctor or nurse will talk to you about these if they are an option.

Keeping a note of your side effects

You may find it helpful to keep a record of some side effects. This can help you talk to your doctors and nurses, and find the best way to manage them.

You may have some side effects that you can't record in this way, but you should still talk to your healthcare team about them.

See the page opposite for an example of how you could do this.

'It helps to keep notes during chemo treatment to see how it affects you day to day, so you know what to expect and when for other sessions. Make a list of questions to ask when they pop into your head to save forgetting them and take notes of answers when you go through your questions list.'

George

Questions	Examples
How would you describe the side effect? Where is it and what does it feel like?	<ul style="list-style-type: none"> • It is in my hands and feet • My fingers and toes feel tingling and numb
How often do you notice it, or how long have you had it?	<ul style="list-style-type: none"> • It started three days ago • It comes and goes • I notice it mostly at night
How bad is it? (0=very mild, 10=severe)	<ul style="list-style-type: none"> • 3 during the day • 7 at night
How is it making you feel?	<ul style="list-style-type: none"> • Uncomfortable • Embarrassed • Frustrated • Irritated • Worried • Exhausted
Is there anything that helps?	<ul style="list-style-type: none"> • Asking people to help with housework • Taking regular breaks • Wearing gloves and warm socks when it is cold



CHANGES TO YOUR BLOOD

Reduced numbers of blood cells

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Reduced numbers of blood cells



This side effect is most common with chemotherapy and some targeted therapies. It may also happen if radiotherapy is given to large areas of the body.

Blood cells are made in the bone marrow, which is in the middle of your bones. There are three different types of blood cell:

- white blood cells, which fight infection
- red blood cells, which carry oxygen around the body
- platelets, which help the blood to clot and prevent bleeding.

Some cancer treatments reduce the number of blood cells made in your bone marrow, but this is usually temporary. Your doctors will check the number of blood cells in your blood regularly. They will do this with a blood test called a full blood count (FBC). Your medical team will plan your treatment so that your blood cells have time to recover between treatments.

Low white blood cell count (neutropenia)

If the number of your white blood cells is low, you are more likely to get an infection. The main white blood cells that fight infection are called neutrophils. When they are low, this is called being neutropenic.

Your cancer doctor or nurse will tell you when your white blood cell levels are most likely to be low. It is important to take extra care to prevent infection at these times.

What you can do:

- Avoid people who have an infection.
- Always wash your hands before preparing food and after going to the toilet.
- Ask your doctor or nurse if there are foods you should avoid.
- When you go out, try to avoid the busiest times of day and crowded places.

We have a slide show on our website about how to avoid infections during chemotherapy treatment. You can watch this at **[macmillan.org.uk/avoidinginfection](https://www.macmillan.org.uk/avoidinginfection)**

Signs of infection include:

- Developing a high temperature – this may be over 37.5°C (99.5°F) or over 38°C (100.4°F), depending on the advice that you have been given by your hospital team.
- Suddenly feeling unwell, even with a normal temperature.
- Feeling shivery and shaky.
- Having a cold, sore throat, cough, diarrhoea or passing urine frequently (urine infection).

Infections can usually be treated with antibiotics. If an infection is not treated quickly, it can be much more difficult to get it under control.

Always contact the hospital immediately on the 24-hour contact number you have been given and speak to your doctor or nurse if you think you may have an infection.

To avoid getting an infection you may be given treatment to prevent it (prophylaxis). Some people having chemotherapy are given a drug called G-CSF. It helps the bone marrow make white blood cells more quickly and reduces the risk of infection. G-CSF is given as an injection under the skin (subcutaneously).

Low red blood cell count (anaemia)

Red blood cells contain haemoglobin (Hb), which carries oxygen around the body. A low red blood cell count is called anaemia. If you have anaemia, you may look pale and feel:

- tired
- breathless
- dizzy and light-headed
- aches in your muscles and joints.

If your red blood cell count is low, you may be offered a blood transfusion. This will increase your haemoglobin levels, giving you more energy and making you feel less breathless.

Sometimes a drug called erythropoietin is given instead of a blood transfusion. A nurse gives it to you as an injection under the skin (subcutaneously).

We have more information on transfusions and erythropoietin.

Low platelet count

Platelets help the blood to clot. Your doctor or nurse will tell you if your platelets are low. They will explain what you need to be aware of. If you have a low number of platelets in your blood, you may:

- bruise easily
- have nosebleeds or bleeding gums
- bleed more than usual from small cuts or grazes
- have heavier periods.

You may also develop a rash of small red or purple spots just beneath the skin. This is called a petechial rash and can be anywhere on the body. It is a sign of blood leaking out of tiny blood vessels.

Contact the hospital straight away on the 24-hour contact number you have been given if you have any of the side effects mentioned above.

You may have to go to hospital for a platelet transfusion. This is given through a drip (infusion). The platelets will start working immediately to prevent bruising and bleeding.

What you can do if you have a low platelet count

- Use a soft toothbrush when brushing your teeth.
- If you shave, use an electric razor.
- Take care to avoid injury, for example by wearing gloves if you are gardening.
- Avoid sports and activities that can lead to injuries.



‘Exercise helps me deal with the fatigue – I experience a form of adrenaline rush which makes me feel wide awake’.

Jane, diagnosed with colon cancer in 2011

TIREDNESS AND CANCER TREATMENT

Tiredness (fatigue)

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Tiredness (fatigue)



Most cancer treatments can cause tiredness. This can vary from mild tiredness that is better after rest, to extreme tiredness (fatigue) where you feel you have no energy at all. Tiredness usually improves gradually after treatment ends.

Tell your cancer doctor or nurse if you are feeling very tired. Some causes of tiredness can be treated. For example, there are things you can try if you are not sleeping well, are not eating enough (see pages 31–32) or if you are anaemic (see page 16).

Physical activity, such as gentle strengthening exercises combined with some walking, can help to reduce tiredness caused by cancer treatments.

Ask your doctor or specialist nurse about what is okay for you and your level of fitness. Being active may help to boost your appetite, give you more energy and improve your general well-being. It is important to try to exercise a bit, even if you don't feel like it. Try to get a good balance between being active, exercising and getting plenty of rest.

We have a video about coping with tiredness (fatigue) that you may find helpful. Visit [macmillan.org.uk/fatigue](https://www.macmillan.org.uk/fatigue)

What you can do

- Try to keep to a regular sleeping pattern, even if you feel tired during the day.
- Do a little bit each day rather than a lot at one time. If you have a big task, break it down into smaller, easier ones.
- Try to cut down on things you don't really need to do yourself. Ask family and friends to help with shopping and household jobs. Or ask for help from social services.
- Do things when you have the most energy.
- Prepare meals in advance and keep prepared food in the freezer, ready to heat up.
- If you have children, ask for help looking after them. Some people may need extra childcare support. A social worker can usually arrange this for you.
- Some people choose to or need to carry on working during cancer treatment. Ask your employer about reducing your hours, working from home or changing your work duties to make things easier for you. Our booklet **Work and cancer** has more information.

'I'm eating healthily and walking up to five miles now at weekends, but I still have days when I need to just sit. I often feel fine and get stuck into doing some chores but then feel tired and have to stop. I have been told this is normal and I need to be patient.'

Sue



MOUTH AND EATING PROBLEMS

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Feeling sick (nausea)



This is a side effect that can usually be very well controlled. Many people have no sickness at all.

Your hospital doctors will usually prescribe anti-sickness (anti-emetic) drugs if sickness is a possible side effect of your treatment. It helps to take these drugs as they are prescribed. Anti-sickness drugs work better when you take them regularly, or before you start to feel sick. Tell your doctor or nurse if the symptoms do not improve.

There are different types of anti-sickness medicine which work in different ways. Some may work better for you than others. Often you may be given more than one type of drug.

Some anti-sickness drugs can make you constipated (see pages 52–53). Let your doctor or nurse know if this happens.

‘I found the best way of settling nausea was dry biscuits – they really settled my tummy. I found that when I couldn’t drink water, weak orange squash was okay.’

Lynn

What you can do

- If possible, let someone else cook or prepare food for you.
- Eat cold food or food at room temperature if the smell of cooking bothers you.
- Avoid fried, fatty foods or foods with a strong smell.
- Try eating dry food, like crackers or biscuits, before you get up in the morning.
- Eat several small snacks and meals each day, and chew your food well.
- Ginger can help reduce feelings of sickness – try crystallised ginger, ginger tea or ginger biscuits.
- Sipping a fizzy drink can help – try ginger beer or ginger ale, mineral water, lemonade or soda water and sip slowly through a straw.
- Try eating peppermints or drinking peppermint tea.
- Some complementary therapies such as acupuncture may help, but ask your doctor first. Some people find wearing acupressure wristbands helpful. You can buy these from a chemist.

We can send you more information about the different drugs used to control sickness. Call us on **0808 808 00 00**.

Mouth or throat problems



Mouth or throat problems can happen after treatments given directly to the mouth or head such as radiotherapy or surgery. They can also be caused by drug treatments such as chemotherapy or some targeted therapies.

Tell your doctor or specialist nurse if you have any of these problems. They can give advice and treatment to help.

Speech and language therapists can help with problems with swallowing and speaking. Sometimes dentists may give treatment and support.

Sore mouth or throat

This is quite common with chemotherapy. It is also common with some targeted therapies and with radiotherapy to the head and neck. The lining of the mouth or throat can become thinner and you may get ulcers. If this happens, you are more likely to get an infection.

The most common infection is oral thrush. This usually appears as white patches or a white coating over the lining of the mouth, tongue or throat. Tell your doctor or nurse if you have a sore mouth or throat. They can give you treatments to help.

What you can do

- Clean your teeth or dentures gently every morning and evening and after meals using a soft-bristled toothbrush.
- Rinse your mouth regularly with salt water.
- Avoid strongly flavoured toothpaste.
- Change your toothbrush when the bristles become worn.
- Keep your lips moist by using Vaseline® or a lip balm.
- If your doctor prescribes a mouthwash, use it as advised.
- If possible, drink at least two litres (three and a half pints) of fluid a day.
- Avoid alcohol (particularly spirits and wine) and acidic drinks (orange and grapefruit juice).
- Avoid hot spices, garlic, onion, vinegar and salty food.
- Avoid smoking.

'Foods can't be spicy. Yogurt and ice cream were my favourite as they were soothing. I also ate lots of homemade soup or pasta with sauces where the pasta was really soft.'

Liz

Swallowing problems

Chemotherapy and some targeted therapies can give you a sore mouth or throat, which can make swallowing painful. Having radiotherapy or surgery to these areas can also affect swallowing.

Your cancer doctor, nurse or dietitian can give you information and support to help with swallowing problems. If you have had surgery or radiotherapy to your mouth or throat, you may be referred to a speech and language therapist for assessment and treatment.

What you can do

- Keep eating your favourite foods, but make changes to soften them. If you have a blender, you could blend or liquidise food.
- Use sauces and gravies.
- Chop meat and vegetables finely, and cook in a casserole or stew them.

Let your nurse or dietitian know if you are having difficulty swallowing. They can advise you on making changes to your diet so you get enough calories every day.

Our booklet **Eating problems and cancer** has more details. You can order it by calling **0808 808 00 00** or by visiting **be.macmillan.org.uk**

Dry mouth

Some cancer treatments can cause the salivary glands in the mouth to make less saliva, which leads to a dry mouth. This can be temporary or permanent. Lack of saliva can increase the risk of tooth decay or infections.

What you can do

- Speak to your doctor about drugs that can help you produce more saliva.
- Try using an artificial saliva product to moisten your mouth. Your doctor can prescribe these.
- Keep your mouth moist – carry a bottle of water with you to sip from. Some people find sucking on ice helps.
- Keep your mouth clean. Brush your teeth with a soft toothbrush after every meal.
- Have regular dental checks.
- Try chewing sugar-free gum or sucking on sugar-free sweets to help you produce more saliva.
- Avoid alcohol, caffeine and cigarettes as these can make your mouth dry.
- Try soft, moist food such as soup, melon, ice cream, and yogurt. Add gravies, sauces and dressings to moisten food.



Eating problems



If you have problems eating or your appetite isn't good, you can ask your hospital doctor or GP to refer you to a dietitian. A dietitian can tell you which foods are best for you, and if food supplements would help.

Some side effects can cause problems with eating. These include a sore or dry mouth (see pages 26–29), tiredness (see pages 20–21) or feeling sick (see pages 24–25). You may have other symptoms that make eating difficult.

Loss of appetite

What you can do

- If you don't want to eat big meals, eat small amounts as often as possible.
- Keep snacks handy. Bags of nuts or dried fruit, or a bowl of grated cheese, are high-calorie (energy) foods. If these are hard for you to swallow, try yoghurt or ice cream.
- Add extra calories to your food with butter, full-fat milk and cream.
- Try a nourishing drink, such as a fruit smoothie or milkshake. You can add ice cream to these for extra calories.
- Try food supplement drinks and puddings. You can get these from your dietitian or chemist or on prescription.

Your appetite may change and you may have good and bad days. Make the most of the good days by eating well and treating yourself to your favourite foods.

We have more helpful tips on our website about things you can do to help if you have lost your appetite.

Increased appetite

Some medicines, such as steroids, may give you a big appetite and make you want to eat more than usual.

What you can do

- Eat healthy foods such as fruit and vegetables instead of sweets and crisps.
- At mealtimes, try having the portions you normally would.
- Try to cut down on alcohol as it is high in calories and can contribute to weight gain.
- Be more physically active.

If you are not sure about changing your diet, ask your doctor or specialist nurse. You may be referred to a dietitian to help you make these changes.

Taste changes

Some people find that their taste changes, although this is usually temporary. They may find that all foods taste the same or notice a metallic taste in their mouth. Occasionally, they cannot taste anything at all.

What you can do

- You might find cold foods taste better than hot foods.
- Use plastic cutlery if you notice a metallic taste.
- Drink herbal or fruit teas if you find you no longer like the taste of tea and coffee.
- Try food or drink that leaves a pleasant taste in your mouth, such as sharp-tasting fruit juices or sugar-free boiled sweets.
- Use seasoning, herbs and spices to flavour cooking.

Indigestion and heartburn

Indigestion is discomfort in the upper part of the tummy (abdomen), usually after meals. It can be a side effect of surgery that reduces the size of your stomach. It may also be caused by radiotherapy or chemotherapy irritating your stomach lining.

You may also have heartburn, which is a painful burning feeling behind the breastbone. This is due to a backflow of acid from the stomach into the gullet (oesophagus). This can be caused by certain medicines. Lying flat or wearing tight clothing around the waist can make this worse.

Your doctor will be able to prescribe drugs to help with indigestion or heartburn.

What you can do

- Eat small, frequent meals and snacks throughout the day, rather than two or three large meals. Avoid drinking when eating as this can make you feel full.
- Antacid medicines can help relieve irritation from acid. Check with your doctor before taking these.
- Wear loose clothing around your waist.
- Avoid food or drinks that irritate your stomach. These might include alcohol, fatty and spicy foods, fizzy drinks, coffee, chewing gum or hard-boiled sweets.
- If you smoke, try to stop or cut down. The chemicals in cigarettes may make indigestion worse. We can send you information about giving up smoking.
- Try not to lie flat on your back, especially after meals. Use extra pillows in bed or raise the head of the bed by a few inches.
- If you get a lot of indigestion at night, avoid eating for three or four hours before you go to bed.





'I am not ashamed of how I look. That is who I am. I want to show positivity in the face of it.'

Sara, diagnosed with breast cancer in 2014

CHANGES TO YOUR APPEARANCE

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Hair loss and changes to hair



Chemotherapy and other medicines can sometimes damage the condition and growth of your hair. Some people find that their hair becomes thinner. Others lose all of their hair.

Your feelings

Your hair may be an important part of your appearance and identity. Losing it may make you feel vulnerable and less confident. All these different feelings are normal. For some people, hair loss is one of the hardest parts of having treatment. For others, it is not as bad as they expected. It can help to talk to family and friends about how you feel. You can also talk to one of our cancer support specialists or a counsellor.

Types of hair loss

Any hair loss from chemotherapy is almost always temporary. Some chemotherapy drugs can cause hair loss or hair thinning. You may notice your hair coming out more when you brush, comb or wash it, and you may find hair on your pillow in the mornings. There may also be changes in your facial hair or your body and pubic hair. Some chemotherapy drugs also make the eyelashes and eyebrows fall out.

People who have radiotherapy to their head may find they have areas where their hair doesn't grow back.

Hormonal therapies rarely cause complete hair loss. But some people may notice that their hair becomes thinner. Sometimes hair becomes dry and brittle.

Some types of targeted therapies can lead to hair thinning and changes to the texture of hair. Some may also cause changes to hair on other parts of your body. For example, your eyelashes may become longer than usual.

Your doctor or specialist nurse will tell you if you are likely to lose your hair or have other hair changes due to cancer treatment.

With most treatments, hair usually grows back or returns to how it was a few months after you have finished treatment.

Scalp cooling

If you are having chemotherapy, you may be able to prevent hair loss on your head by using a **cold cap** (scalp cooling). This works by temporarily reducing the blood flow and the amount of the drug reaching the scalp. The cap will be fitted on by a chemotherapy nurse. Some people find it uncomfortable to wear. The cold cap only works for some types of chemotherapy drugs and doesn't always prevent hair loss. You can ask your doctor or nurse whether one would be useful for you.

We can send you more detailed information about scalp cooling.

Tips to care for your hair during treatment

What you can do if your hair is getting thinner or breaking easily

- Use gentle shampoos and conditioners.
- Pat your hair dry after washing it and gently brush it with a wide-toothed comb.
- Avoid using hair dryers, straighteners, tongs or curlers.
- Avoid perming or colouring your hair if it is brittle or your scalp is dry – get professional advice first.
- Use a mild vegetable-based colourant if you colour your hair and ask your hairdresser for advice. Always do a strand test first.

'I lost all my hair which was devastating at the time but it is growing back nicely now. I bought a wig which was similar to my own hair. The wig is lovely and comfortable and everyone tells me that you would never know it wasn't my own hair. I have grown to love it.'

Dawn

Options if you have hair loss

What you can do if you are losing your hair

- Try cutting your hair short before chemotherapy. The weight of long hair pulling on the scalp can make hair fall out earlier.
- Try wearing a hairnet, soft cap or turban at night. This stops your hair becoming tangled and helps to collect loose hair.
- You may be entitled to a free wig. Your nurse can tell you more about this.
- Ask your hairdresser about ways of styling your hair to cover any areas affected by radiotherapy.
- Visit **mynewhair.org** for information about specially trained stylists who can advise you on how to care for your hair during and after treatment. There is also information about hairdressers who are trained in cutting and styling wigs.
- If you decide to cover your head, there are lots of options. For example, you could wear hats, turbans, scarves or bandanas.
- If you decide not to cover up, use a suncream with a high sun protection factor (SPF) of at least 30 on your scalp when you go outside. It is important to do this even when it is cloudy.

Your hair will usually grow back over a few months once you have finished treatment. It will be very fine at first and may be a slightly different colour or texture than before.

We can send you more information about coping with hair loss. Call us on **0808 808 00 00**, or visit **macmillan.org.uk/hairloss**

Skin and nail changes



Chemotherapy, radiotherapy, and targeted and hormonal therapies can all cause skin problems. Your doctor or nurse will explain this before you start treatment and give you some advice.

Dry skin

What you can do

- Use moisturising soaps and creams if your skin is dry or itchy. Check with your nurse before using creams if you are also having radiotherapy.
- Avoid wet shaving. An electric razor is less likely to cause cuts.
- If you are out in the sun, wear suncream with a high sun protection factor (SPF) of at least 30 on exposed areas.

'My skin felt very tight and cream helped to soothe it – I always had some with me so I could apply it if I was out for the day.'

Ronni

Discoloured or sore skin **R** **T**

If you have fair skin, radiotherapy can make the skin in the treatment area red. If your skin is dark, it may darken more. It may also feel sore or itchy. Some drugs may cause the skin to become a lighter colour, often in patches (vitiligo).

What you can do

- Only use soaps, deodorants and creams that have been advised by the radiotherapy staff.
- Wearing loose-fitting clothes around the area that has been treated.
- Protect your skin from sunlight.

Increased sensitivity to sunlight **C** **R** **T**

What you can do

- Use a suncream and a lipbalm with a high SPF of at least 30. For some treatments you may be advised to use a suncream with an SPF of 50.
- Wear a hat or headscarf when you are outside.
- Wear loose clothes made of cotton or other natural fibres.
- Stay out of the sun during the hottest part of the day, usually between 11am and 3pm. Sit in the shade when possible.
- If you have had radiotherapy, keep the treated area completely covered.

Rashes or itching

What you can do

- Ask your doctor or nurse about medicines or creams that might help.
- Take cool or lukewarm baths or showers if hot water makes the itching worse.
- Protect your skin from damage caused by scratching. Keep your nails clean and short. Rub rather than scratch the itchy area.

Sore hands and feet

Some treatments can make the palms of your hands or the soles of your feet red or sore. This is called hand-foot (palmar-plantar) syndrome. Your doctor or nurse may prescribe creams or drugs to help. Sometimes your symptoms may be controlled by slightly lowering the dose of the treatment. Or some people may have a short break from the treatment.

What you can do

- Keep your hands and feet cool.
- Avoid hot water.
- Do not wear tight-fitting socks, shoes and gloves.
- Ask your doctor or nurse about creams that might help.

Nail changes **C** **T**

Chemotherapy or targeted therapies may make your fingernails and toenails grow more slowly or become brittle or flaky. You may notice white lines appearing, or changes in the shape or colour of your nails. Nails can sometimes be painful or come off.

If this happens, tell your doctor or nurse. You may have an infection that needs treatment.

Nails should go back to normal after cancer treatment ends.

What you can do

- Use a nail-strengthening cream.
- Nail varnish will help to hide discoloured nails, but don't use nail varnish if your nails are split or sore.
- Do not use false nails during treatment or if your nails are sore or damaged.
- Use an emery board rather than cutting your nails.
- Wear rubber gloves while doing housework.
- Wear comfortable shoes that are not too tight.

Boots Macmillan Beauty Advisors

Some of the side effects of your cancer treatment may affect how you feel about yourself. If so, Boots Macmillan Beauty Advisors can support you.

Boots Macmillan Beauty Advisors are trained beauty experts. They can give you face-to-face advice about caring for your skin, nails and hair.

Visit **[boots.com/storelocator](https://www.boots.com/storelocator)** to find your nearest Boots Macmillan Beauty Advisor.

We have more information about looking after your skin, nails and hair in our booklet **Feel More Like You**.

'I'm really excited about my new role. It's about boosting people's self-esteem and helping them feel better about themselves. It's really special to be able to help somebody have a bit of respite and escape.'

**Jay Hickson, Boots Macmillan
Beauty Advisor, Manchester**

Lymphoedema



Lymphoedema is swelling caused by a build-up of fluid (lymph) in the body's tissues. This can happen if lymph nodes (glands) have been:

- removed by surgery
- damaged by radiotherapy
- blocked by a cancer.

Contact your nurse or doctor straight away if you notice swelling in an area that has been treated. This is usually an arm or leg but may be another area of your body. If lymphoedema is diagnosed early, it is easier to treat.

What you can do to help reduce the risk of lymphoedema

- Contact your doctor or nurse straight away if you notice any changes.
- Take good care of your skin to prevent injury and infection.
- Do some gentle exercise and keep active.
- Keep to a healthy weight.
- Wear comfortable clothes and shoes, and avoid anything tight-fitting or restricting.

There are many treatments for lymphoedema if it develops. A specialist nurse or a physiotherapist with expert knowledge of lymphoedema can talk to you about this.

You may find it helpful to read our booklet **Understanding lymphoedema**. There are also videos about coping with lymphoedema at macmillan.org.uk/lymphoedema

Body image



Changes in your body can affect your body image. This is the picture you have in your mind of how you look. If your body has changed, you may feel differently about it.

You may feel upset about changes in your body or even feel you do not recognise yourself. These feelings are quite normal, but can sometimes lead to anxiety or depression.

If you feel you need extra help to adjust to body changes, you can ask to be referred for expert help and support. This will usually be offered by a trained counsellor or psychologist. You can also talk to other people who are affected in a similar way.

We have an online community where people can share their worries and thoughts at any time. To find out more, visit **community.macmillan.org.uk**

'I developed a new style of dressing which made me feel more in control. I also started wearing statement glasses to draw attention away from my lack of eyelashes or eyebrows.'

Penny

What you can do

- Get information from your doctor or specialist nurse about treatment options. For example, reconstruction of affected areas or using a replacement body part (prosthesis).
- Regular exercise can make you feel good and improve your body image.
- Talk to your family and friends about how you feel and what they can do to help you.

We have more information about body image and body changes. Call **0808 808 00 00** or visit **be.macmillan.org.uk**



BOWEL AND BLADDER CHANGES

Bowel changes

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Bladder changes

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Bowel changes



Bowel side effects are quite common during chemotherapy and can also happen with some targeted and hormonal therapies. Radiotherapy to the abdomen or the pelvis can cause bowel changes. Surgery to the bowel or any organs involved in digestion, such as the stomach or pancreas, can also affect your bowel habits.

Constipation

Constipation is when your bowels do not open as often as usual or it is difficult or painful for you to pass bowel motions. Cancer treatments and medicines such as painkillers and anti-sickness drugs can cause constipation. Not eating enough fibre (roughage) or not drinking enough fluids can also make you constipated. If you are less active than usual, you are also more likely to become constipated.

Everyone's bowel habits are different. But you should tell your doctor or nurse if you have not had a bowel movement for three days, unless this is usual for you. They can advise you on what might help and may prescribe medicines to get your bowels moving again.

What you can do

- Try to include plenty of fibre in your diet. You will find this in wholemeal bread, high-fibre breakfast cereals, fruit, vegetables, beans, lentils, grains and seeds.
- Drink plenty of fluids. Aim to drink at least two litres (three and a half pints) of fluid a day.
- Gentle exercise, such as walking, will help keep your bowels moving.
- Natural remedies for constipation include apricots, prunes, prune juice and syrup of figs.

Diarrhoea

Diarrhoea may be a side effect of cancer treatments. It can also be caused by infection.

Cancer treatments such as radiotherapy to the pelvis and some chemotherapy drugs or targeted therapies almost always cause diarrhoea. This can sometimes be severe. If you are having a treatment that is likely to cause diarrhoea, your cancer doctor or nurse will give you advice to follow. Your doctor can prescribe drugs to control it. It is important to take them exactly as explained.

If you are having cancer treatment and have diarrhoea, it is important to tell your doctor or nurse. They might ask you for a diarrhoea sample. If there is no infection, they can prescribe anti-diarrhoea medicines.

Severe constipation can sometimes be mistaken for diarrhoea. If hard stools block the bowel, liquid stool sometimes passes around it. This is called overflow diarrhoea. Your doctor or nurse can examine you and check if you are constipated.

What you can do

- Cut down on your fibre intake from cereals, fruit and vegetables.
- Avoid milk and dairy products, such as cheese, until the diarrhoea has stopped.
- Drink plenty to replace the fluid lost with diarrhoea.
- Avoid alcohol and coffee. Also avoid fizzy drinks, which can cause wind and stomach cramps.
- Eat small, frequent meals of light foods, such as white fish, chicken, eggs, white bread, pasta and rice.
- Avoid highly spiced or fatty foods.
- Eat your meals slowly.

Bladder changes



Some cancer treatments can change how your bladder works. Pelvic radiotherapy and some chemotherapy drugs can irritate the bladder. Surgery to the bladder or organs close to it can also cause problems.

Symptoms can include:

- a need to pass urine often (frequency)
- a feeling that you cannot wait when you need to empty your bladder (urgency)
- a need to pass urine during the night (nocturia)
- a burning sensation when you pass urine (dysuria)
- blood in your urine (haematuria)
- leaking small amounts of urine (incontinence).

Tell your doctor or specialist nurse if you have any of these problems. They can give advice and treatment to help. If you have incontinence, they will take a urine sample to check for signs of infection. If you have a high temperature, or you feel you cannot pass urine, contact the hospital straight away.

What you can do

- Drink at least 2 to 3 litres (3.5 to 5.5 pints) of fluids a day to keep your urine a clear or pale yellow colour.
- Some drinks such as tea, coffee, cola and alcohol cause bladder irritation and can make symptoms worse.
- Constipation can make some bladder problems worse. See pages 52–53 for tips on coping with constipation.
- Avoid smoking as it can make the symptoms of bladder irritation worse.

Toilet cards

Sometimes you may need to go to the toilet more often or feel you have to go straight away. You can get a card to show to staff in shops, pubs and other places. The card usually allows you to use their toilets without them asking awkward questions.

You can get a card from **be.macmillan.org.uk** or the Bladder and Bowel Community (see page 79). Or you can call us on **0808 808 00 00**.

‘I still have accidents, sometimes I don’t always make the toilet but I know how to deal with it. Mentally it doesn’t upset me anymore. I just know that it is going to be a part of my life. It is a small price to pay.’

Krina

Getting support

Bowel or bladder problems can be embarrassing and difficult to talk about. This can make you feel isolated. Your doctors and nurses can give you lots of support and advice. They are used to dealing with these issues. There are drugs or other treatments that can help with your symptoms.





SEX AND FERTILITY CHANGES

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Changes to your sex life



Your sex life can be affected in different ways by treatment.

You might feel less interested in sex because of side effects such as tiredness. Your feelings about how you look (body image) can also affect your confidence and attitude to sex.

Some treatments can directly affect your physical ability to have sex. For example, they might make the vagina drier or narrower, make it difficult or impossible to get or maintain an erection (erectile dysfunction) or reduce your sex drive. If treatment is likely to affect your ability to have sex, your doctor or nurse will talk to you.

Try not to feel embarrassed talking to your doctor or specialist nurse about changes to your sex life. They can tell you about different ways of helping with these problems, including medicines, practical tips or counselling. You can ask for referral to a sex therapist or you can find a therapist privately.

What you can do

- If you have a partner, let them know how you feel. Explaining why you don't feel like having sex can reassure them that it is not because your feelings for them have changed.
- There are many different ways to show how much you care for your partner. You can cuddle and touch, and explore new ways of giving each other pleasure.
- If tiredness is a problem, it might help to think of times of day when you have more energy. This may make having sex easier and more enjoyable.
- Try different positions to see which are most comfortable for you.

If you feel embarrassed talking to your doctor or specialist nurse, there are organisations that can help (see page 81).

We can send you more information about sexuality and cancer. Call **0808 808 00 00** or visit **be.macmillan.org.uk**



Fertility



Your doctor or specialist nurse will tell you if cancer treatment could affect your fertility. In some cases, effects on fertility are temporary, but sometimes they are permanent.

Being told you have cancer and that treatment may make you infertile can be very difficult. For some people, the possibility of losing their fertility may be as difficult to accept as the cancer diagnosis. You may have planned to have children in the future or you may not have thought much about it before treatment. There is practical and emotional help available (see page 79). You may be able to store sperm, eggs or embryos for future fertility treatment.

What you can do

- Talk to your partner, if you have one, about the possible effects on your fertility.
- Speak to your doctor or specialist nurse about how your fertility might be affected before treatment starts.
- You (and your partner, if you have one) can ask to be referred to a specialist fertility team.
- Counselling can be arranged if you think this would help.

We have more information about fertility issues for men and women. Call us on **0808 808 00 00** to find out more. Or you can visit **[be.macmillan.org.uk](https://www.be.macmillan.org.uk)**

'Treat yourself well and make yourself feel as good as you possibly can. Maybe do a course or learn something new that you hadn't thought about doing. You will regain control.'

Rocio, diagnosed with breast cancer in 2014



OTHER SIDE EFFECTS

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Hormonal changes



Some cancer treatments can change the levels of hormones like oestrogen or testosterone. Surgery or radiotherapy to the pelvic area, chemotherapy and hormonal therapies may all cause these symptoms.

Some women may experience an early menopause because of treatment. Men can also have hormonal symptoms.

Your doctors will explain beforehand if you are likely to have hormonal symptoms. They will also give you advice about how to manage them. The symptoms can be temporary or permanent and can include:

- hot flushes and sweats
- breast tenderness (in women and men)
- mood changes
- lowered sex drive
- erection problems
- changes in periods
- weight gain
- bone thinning (osteoporosis) over a long period of time.

What you can do

- Use layers of light clothing and bed clothes that you can take on and off if you have flushes and sweats.
- Fans can help to keep the room cool. Or you can carry a handheld fan with you.
- Cooling scarves and pillows can be useful.
- Have lukewarm baths and showers rather than hot ones to help manage flushes and sweats.
- For men, there are a number of medicines and devices that can help with symptoms such as erection problems. Talk to your doctors about what may be most suitable for you.
- For women, there are medicines or products that can help with menopausal symptoms. Hormone replacement therapy (HRT) may be prescribed for some women, but is not suitable for everyone. Some complementary therapies can help ease symptoms. But it is important to check with your doctor before trying these.
- Talk to your doctor or nurse if you are having mood changes. They can offer you support and refer you to a specially trained counsellor.
- Eat a diet with plenty of calcium and vitamin D to keep your bones healthy. A dietitian can give you advice about what to eat. You can also get advice on keeping to a healthy weight.
- Do regular weight-bearing exercises such as walking, dancing, hiking or gentle weight-lifting.

Some drugs may affect the hormones produced by the thyroid or adrenal glands. You may need to take medicines to replace some of the hormones. Your doctor or specialist nurse will be able to talk to you about this.

Changes in memory or concentration



Some people notice changes in memory or concentration during and after cancer treatment. Doctors call this **mild cognitive impairment**. It may also be called 'chemo-brain' or 'chemo-fog'. But it can happen with other cancer treatments as well.

It is not always clear what causes this. Sometimes, the treatment may cause it directly. For example, radiotherapy given to the brain could cause it. Or it may be due to another side effect, such as a low number of red blood cells (anaemia). Menopausal symptoms, tiredness, anxiety or depression can also affect concentration and memory.

Symptoms can include:

- trouble finding the right word or not being able to finish sentences
- trouble remembering facts such as names and dates
- difficulty concentrating and not being able to focus on what you are doing
- difficulty doing more than one thing at the same time, such as answering the phone while cooking
- taking longer than usual to do things.

These symptoms often improve gradually after treatment finishes.

What you can do

- Keep a diary of your symptoms. They may seem worse first thing in the morning, or when you are tired or hungry. Noticing patterns can help you to plan your day so that you do more difficult tasks when you feel at your best.
- Carry a notebook and make notes, lists and reminders.
- Keep a calendar or diary – or use your mobile phone calendar if you have one – to help you remember important dates and appointments.
- Keep your mind active by doing crosswords, word games or number puzzles like sudoku.
- Relaxation can help to reduce stress and may help to improve your memory and concentration.
- Physical exercise can help you feel more alert. It can also help reduce tiredness (fatigue).
- Avoid alcohol if it makes your symptoms worse.

Tell your doctor or nurse if you notice changes in your memory or ability to concentrate. They can give you more information and support.

We can send you more information about mild cognitive impairment. Call **0808 808 00 00** for more information.

Numbness or tingling in hands and feet



Some drugs can cause numbness or tingling in the hands or feet (peripheral neuropathy). This is due to their effects on nerves outside the brain and spinal cord – the peripheral nerves.

Symptoms can include:

- numbness, or a prickly or tingling feeling in your hands or feet
- pain or sensitivity
- difficulty doing up buttons, fastening jewellery or other fiddly tasks
- difficulty with balance or coordination.

It is important to let your doctor or nurse know if you have any of these symptoms. They may lower the dose of the drug or change it. Peripheral neuropathy usually improves slowly a few months after the treatment has finished. If these symptoms continue, let your doctor or nurse know.

If your hands or feet are affected, it is important to protect them as much as possible.

What you can do

- Wear gloves when working with your hands. For example, when gardening or washing up.
- Use pot holders and take care to avoid burning your hands when cooking.
- Check the temperature of water with your elbow to make sure it is not too hot before baths, showers or doing the washing up.
- Wear clothes without buttons or zips. Wear gloves and warm socks in cold weather.
- Avoid walking around barefoot. Wear well-fitting shoes or boots.
- Check your feet regularly for any problems.
- See a chiropodist (a foot specialist) for foot and nail care if you need extra help.

We can send you more information about peripheral neuropathy.



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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at **macmillan.org.uk/cancerinformation**. There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you would like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres.

There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the online community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**



Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Bladder and Bowel Community

Tel 01926 357220

Email help@bladderandbowelfoundation.org
www.bladderandbowelfoundation.org

Provides information and advice on bladder and bowel symptoms.

Fertility Network UK

Tel 0121 323 5025

Email support@fertilitynetworkuk.org
www.fertilitynetworkuk.org

A national charity that provides free and impartial support, advice, information and understanding for anyone affected by fertility issues.

General cancer information and support

Cancer Black Care

Tel 020 8961 4151

Email info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers UK-wide information and support for people with cancer from ethnic communities, their friends, carers and families.

Cancer Focus Northern Ireland

Helpline 0800 783 3339
(Mon–Fri, 9am–1pm)

Email nurseline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Research UK

Helpline 0808 800 4040

(Mon–Fri, 9am–5pm)

www.cancerresearchuk.org

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland

Tel 0800 652 4531

(Mon–Fri, 9am–5pm)

Email

info@cancersupportscotland.org

www.

cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie's Centres

Tel 0300 123 1801

Email

enquiries@maggiescentres.org

www.maggiescentres.org

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Tenovus

Helpline 0808 808 1010

(Daily, 8am–8pm)

Email

info@tenovuscancercare.org.uk

www.

tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an 'Ask the nurse' service on the website and benefits advice.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

Tel 01455 883 300

Email bacp@bacp.co.uk

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

Relate**Tel** 0300 100 1234**www.relate.org.uk**

Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support – face-to-face, by phone and through the website.

Relationships Scotland**Tel** 0345 119 2020**www.****relationships-scotland.org.uk**

Provides relationship counselling, sex and relationship therapy and family support.

Samaritans**Helpline** 116 123**Email** jo@samaritans.org**www.samaritans.org**

Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

The College of Sexual and Relationship Therapists (COSRT)**Tel** 020 8543 2707**Email** info@cosrt.org.uk**www.cosrt.org.uk**

A national specialist charity for sex and relationship therapy. Has a list of qualified practitioners and clinics providing sex or relationship therapy in the UK.



You can search for more organisations on our website at **macmillan.org.uk/organisations** or call us on **0808 808 00 00**.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr Ruth Board, Consultant Medical Oncologist; Alison Keen, Head of Cancer Nursing, University Hospital, Southampton; Jenny King, Chemotherapy Nurse Specialist; Dr Jane Orton, Consultant Clinical Oncologist; and Dr Nick Reed, Consultant Clinical Oncologist. Thanks also to the people affected by cancer who reviewed this edition and those who shared their stories.

Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at

cancerinformationteam@macmillan.org.uk

Dougherty & Lister (eds). The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 9th edition. Wiley-Blackwell. 2011.

United Kingdom Oncology Nursing Society. Acute Oncology Initial Management Guidelines. UKONS. 2013.

Yarbro et al. Cancer Symptom Management. 4th edition. Jones and Bartlett Publishers. 2013.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping.
Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help.
Take part in one of our events or create your own.

Give money

Big or small, every penny helps.
To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Expiry date

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Issue no

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Security number

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Signature

Date / /

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- ☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

This booklet is about the possible side effects of cancer treatment. It is for anyone who is having or thinking about having treatment for cancer.

The booklet describes some common side effects of cancer treatment. It includes practical tips and advice on the best ways to manage these side effects.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these visit **macmillan.org.uk/otherformats** or call our support line.

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What's this logo? Visit **macmillan.org.uk/ourinformation**

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CANCER SUPPORT**