# Contents

Introduction ........................................................................................................... 2

Our service commitment ..................................................................................... 3
  Infection control ................................................................................................. 3

Effects of chemotherapy on your blood ............................................................. 4

Intraperitoneal chemotherapy ............................................................................. 5

Managing cytotoxic waste at home ..................................................................... 7

Care following sedation ...................................................................................... 8

Managing treatment side effects ......................................................................... 9
  Nausea and vomiting ............................................................................................ 9
  Mouth care during chemotherapy ....................................................................... 9
  Hair loss .............................................................................................................. 11
  Pain Management ............................................................................................... 11
  Preventing infection ........................................................................................... 11
  Dry skin ............................................................................................................... 12
  Constipation ....................................................................................................... 12
  Diarrhoea ............................................................................................................ 13
  Hand-foot syndrome .......................................................................................... 14
  Sexuality and body image ................................................................................. 14

Medication in hospital: Supporting your health and wellbeing ......................... 15
  What medications do I take before I come to hospital? .................................... 15
  What medications do I bring to hospital? ............................................................ 15
  What happens to my medication while I’m in hospital? .................................... 16
  How much will my medication cost? ................................................................. 16
  What do I need to do about my medication when I’m discharged? ............... 16

What now? When your treatment ends ............................................................. 17

Icon Cancer Care contact and after-hours details ............................................. 18

Your notes and treatment diary ........................................................................ 19
Introduction

Now you are about to commence treatment, it’s likely you have many questions, different concerns and the need to keep key information about your treatment and schedule in one place. This booklet has been created to help you learn more about what to expect when you begin treatment and to have somewhere to help you manage your appointments and take notes.

The information in this booklet is not intended to replace the information provided by your doctor or the nurses caring for you. As such, we encourage you to approach your doctor and our nursing staff with any questions or concerns relating to your treatment.

We warmly welcome you to Icon Cancer Care and welcome your thoughts on this publication and any aspect of our service. Please speak with our friendly staff about completing one of our survey feedback forms.
Our service commitment

Your comfort and satisfaction is important to us and, as such, we are committed to ensuring every aspect of our service is of the highest calibre.

Icon Cancer Care strongly supports the Australian Charter of Health Care Rights, which describes the rights of everyone using the Australian health system, and the Australian Government’s Private Patients’ Hospital Charter, which outlines the rights and responsibilities of a private patient in a public or private hospital.

In addition to these rights, which are essential to ensuring health care is safe and of high quality, we strongly encourage you to speak with our staff should any aspect of our service not meet your expectations. Complete details of our contact information are included on page 18 of this booklet.

For more information, visit:
www.safetyandquality.gov.au
www.health.gov.au

Infection control

All of our clinical staff members receive extensive training regarding correct hand hygiene techniques. Icon regularly monitors our team’s adherence to our stringent hand washing policy through an in-house auditing process. We also participate in Hand Hygiene Australia’s quarterly national audits to measure our hand hygiene performance.

Speak with our friendly staff should any aspect of our service not meet your expectations.
Effects of chemotherapy on your blood

The bone marrow is responsible for the production of white blood cells, red blood cells and platelets. Some chemotherapy agents affect the bone marrow and suppress normal blood cell production. As a result, levels of these cells may be lowered with each cycle of chemotherapy treatment.

Each time you attend Icon Cancer Care for treatment, your doctor will order blood tests to monitor your blood cell levels. Many patients like to have a deeper understanding of what the results mean, so the following information provides a very simple explanation of what your blood counts measure.

The adult body contains approximately 5-6 litres of blood. This will depend on your size and age. Blood consists of a yellow coloured fluid known as plasma and within the plasma there are three major types of cells: red blood cells, white blood cells and platelets. Many factors can affect your blood cell counts, especially chemotherapy. Your blood cells will begin to decrease approximately seven days after chemotherapy and reach their lowest point around 10-14 days.

Red blood cells
Red blood cells (erythrocytes) are disc shaped cells that carry oxygen to the tissues and remove waste from the body. They also contain haemoglobin, which gives blood its red colour. When the haemoglobin level is lower than normal it is called anaemia. A normal haemoglobin level is between 115-175g/L but it may drop down as low as 80-100g/L during treatment without causing serious harm.

The following assessments will be included in your regular blood tests:

- Haematocrit, which measures what percentage of the blood is made up of red blood cells.
- Mean corpuscular volume (MCV), which measures the average size of the red blood cell.

When your red blood cells/haemoglobin are low you may experience:

- breathlessness
- dizziness
- fatigue
- racing heart beat
- weakness.

A more serious anaemia may require a blood transfusion. Your doctor will discuss what actions will be taken if you become anaemic.

White blood cells
White blood cells (leukocytes) are an important part of the immune system and help in fighting infections and destroying foreign materials within the body. When your white cells are low you have a higher risk of getting an infection.

There are five different types of white blood cells:

- **Neutrophils**: are the most mature forms of white blood cells and the most important first line of defence in fighting infection. When these are low it is called neutropenia.
- **Lymphocytes**: are white cells that are more specialised in the way that they fight infection. There are 2 types of lymphocytes, T cells and B cells.
- **Monocytes**: are cells that eat bacteria and unwanted particles in the blood or the tissues.
- **Eosinophils**: are important in protecting us against parasites such as worms. They are also involved in allergic reactions.
- **Basophils**: play an important role in allergic reactions.

If your white cells are low and you develop signs of infection, you must contact your doctor immediately. The first signs of infection include:

- fever – temperature of 38 degrees celsius or higher
- chills
- shivers and shakes
- flushed skin
- feeling generally unwell – aches and pains.

Platelets
Platelets help the blood to clot. When there are not enough platelets in the blood, you may bruise or bleed more easily. The normal platelet count is 150 x 109/L or higher. It may drop as low as 75 x 109/L during treatment without causing serious harm.

If your platelet count is low you are likely to experience any number of the following symptoms, which you should immediately report to your doctor or nurse:

- Multiple tiny pin point red or purple dots on your skin (petechiae)
- Nose bleeds
- Severe headaches
- Blood shot eyes
- Brown or red urine
- Tarry black bowel motions
- Increased or heavy vaginal bleeding

You should avoid taking any aspirin as it will prevent your platelets from working. Be aware that many cold and flu medications can contain aspirin. If your platelet count falls below 20 x 109/L, you may need a platelet transfusion. Your doctor would discuss this with you.

Remember, always let your doctor or nurse know about any side effects that you experience. There are usually ways in which they can be controlled or improved.
Intraperitoneal chemotherapy

Intraperitoneal (IP) chemotherapy refers to the chemotherapy being administered directly into your abdomen, your peritoneal space (see Figure 1). This is done through a small catheter or a port-a-cath (see Figure 2). A peritoneal port-a-cath may be inserted into a pocket beneath the skin near your rib cage. The port-a-cath consists of a raised chamber with a self-sealing silicone rubber septum or disc embedded into the top of the chamber. The chamber has a catheter, or flexible tube, which is placed in your abdomen or peritoneal space. A doctor usually inserts the port-a-cath at the time of your surgery.

IP chemotherapy is used most commonly in women with ovarian cancer who have minimal tumour remaining after surgery. This method, of administering the chemotherapy directly where the cancer is located, allows a higher concentration of the drug to be given safely. Your doctor will discuss your suitability for this treatment with you.

Different types of chemotherapy may be given. Your nurse will tell you about the possible side effects or problems associated with your specific chemotherapy medications.

How is IP chemotherapy given?

To start your IP chemotherapy, your nurse will place a special needle through your skin and into the septum in the port chamber. The needle will be taped securely and covered with a small dressing. A drip set will be attached to the needle and warm salty water will be run into your abdomen prior to the chemotherapy. This helps the chemotherapy to spread evenly around your abdomen. The chemotherapy is then infused into your abdomen followed by some more salty water.

Once the chemotherapy and fluids are given, the needle will be removed and you will be asked to move from side to side every 15 to 20 minutes for one to two hours. This allows the chemotherapy to disperse evenly throughout your abdomen. The procedure can take up to five hours.

Your body will absorb the fluid in your abdomen over the next few days. During this time your abdomen may be bloated and you may feel some abdominal pressure.
What are the side effects of IP chemotherapy?
You may not experience many side effects, however, the following are some effects that patients have reported.

<table>
<thead>
<tr>
<th>Possible side effects</th>
<th>What you can do to help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pressure and bloating (caused by the large volume of fluid injected)</td>
<td>Walk around after the treatment is finished. Wear comfortable clothing with an elastic waist.</td>
</tr>
<tr>
<td>Frequent urination/bladder fullness (a desired side effect caused by the intravenous fluids)</td>
<td>Empty your bladder just before treatment starts. You may use the toilet during treatment if necessary.</td>
</tr>
<tr>
<td>Breathing faster and more frequently (caused by increased pressure in the abdomen from the fluid)</td>
<td>Make sure the head of your bed is elevated during treatment. Walk around after the treatment or sit in an upright chair.</td>
</tr>
<tr>
<td>Nausea and vomiting (caused by the chemotherapy drugs)</td>
<td>Anti-sickness medication will be given to you before your treatment.</td>
</tr>
<tr>
<td>Decrease in appetite</td>
<td>Eat smaller meals more frequently. Drink high-nutrition supplements.</td>
</tr>
<tr>
<td>Mild pain and discomfort</td>
<td>Speak with your doctor or nurse about pain management.</td>
</tr>
</tbody>
</table>

How do I care for the port-a-cath at home?
- The port-a-cath is located under the skin, so no dressing or covering is required.
- Having a peritoneal port should not restrict your activities.
- You may bathe or shower.
- Intimacy with your partner does not need to change. If pressure on the port is uncomfortable, try a different position.
- Inspect the skin around the peritoneal port each day. If the skin around your port-a-cath becomes reddened, swollen or tender to touch, you should contact your doctor.

When should I contact my doctor?
Always let your doctor or nurse know about any side effects that you experience, as there are usually ways in which they can be controlled or improved. Contact your doctor immediately if you:
- Have a temperature greater than 38 degrees celsius.
- Have any abnormal bruising or bleeding.
- Experience severe vomiting or persistent vomiting for more than 24 hours.
- Have any unusual pain.
- Experience severe constipation or diarrhoea.
- Experience shortness of breath, cough with phlegm, or sore throat.
- Have any pain or pass blood when urinating.

The majority of specialists can be contacted during normal centre hours. Several specialists have different after-hours arrangements in place. Refer to page 18 for the contact numbers and after-hours details relevant to the centre you are attending.

In the event of an emergency please call 000.
Managing cytotoxic wastes at home

Chemotherapy drugs (cytotoxic drugs) are normally present in small amounts for between 48 hours and up to 7 days, in urine, stool/faeces and vomit after chemotherapy treatment is given.

Many patients and carers are keen to know how to manage chemotherapy infusions (via CADD pumps) and chemotherapy waste at home.

There are a number of home safety measures that should be taken to make sure waste is disposed of safely and any soiled items or spillages are cleaned up correctly.

As well as your usual household detergent and garbage bags, we recommend keeping a supply of latex disposable gloves on hand to clean up accidental spills of chemotherapy, urine or vomit. We also recommend patients and carers wash their hands frequently, even after removing the latex gloves. This can also help to limit the spread of germs and, therefore, infection.

Personal waste
Normal bodily waste (such as urine and faeces) can be safely disposed of in the toilet; use a full flush. Any splashes or spills should be cleaned up with detergent and water, while wearing gloves, as soon as possible.

If you have a composting toilet or aerobic toilet, you may wish to seek advice from the manufacturer about their system’s handling of chemotherapy waste.

Items affected by chemotherapy such as dressings, incontinence pads, colostomy bags and used gloves can be disposed of in the household garbage. Simply place these items into a plastic bag, seal it or tie it off, and then place it into a larger plastic bag before disposing of it in the household garbage bin.

Laundering soiled bed linen or clothing
It is important to handle bed linen or clothing that has been soiled with bodily waste up to 48 hours after chemotherapy treatment with care. We recommend soiled bed linen or clothing be managed as follows:

- Wear two pairs of gloves and dispose of them safely (as mentioned above).
- Keep the soiled bed linen/clothes separate from other laundry items and wash immediately:
  - Wash the items in your washing machine’s longest running cycle using either hot or cold water.
  - Dry the items in your usual way.
  - If you are unable to wash the items immediately, store them in a sealed plastic bag until you are able to launder them.

Cleaning up a spill
If you do accidentally spill the chemotherapy drug or bodily waste affected by chemotherapy, the spill should be cleaned up as soon as possible. Wearing two pairs of gloves:

- Wipe up the spill with an absorbent paper towel, which can be flushed down the toilet or placed in a large plastic rubbish bag.
- Wash the area with detergent and water, using paper towels.
- Dispose of the paper towels and gloves safely (as mentioned above).
- Wash your hands after removing the gloves.

Personal safety
If chemotherapy or affected body waste comes into contact with your skin or your carer’s skin, wash the affected area with soap and large amounts of water.

If your eyes are splashed, flush your eyes using running tap water for approximately five minutes.

There is limited information about whether chemotherapy is present in semen or vaginal fluids, so we recommend that you use condoms during sexual intercourse for at least 48 hours after your chemotherapy treatment.

Remember to wash your hands every time you handle contaminated items or remove gloves.
Care following sedation

During your procedure, you may receive an injection of a mild sedative drug called Midazolam. This drug produces a mild amnesic effect and may cause you to not recall your procedure.

For your safety, a responsible adult must take you home after your procedure. For the next 24 hours following the procedure, you should not:

- operate machinery
- drive
- make important business decisions
- sign legal papers
- drink alcohol.

In addition you should take care when handling sharp objects or hot liquids. Sometimes you may experience mild after effects of the sedation such as:

- headache
- nausea
- feeling sleepy for several hours.

These effects should settle after 24 hours.

Care of the biopsy site

Once the effect of the local anaesthetic has worn off, you may feel some discomfort in the site of the procedure, which may persist for a number of days. In this case, Panadol or Panadeine may be taken, but aspirin must be avoided. If discomfort increases, please contact your doctor. Other things you should be aware of:

- You may have some bruising at the site – this is normal.
- Notify your doctor if there is excessive bleeding from the site.
- You may remove the dressing after 24 hours.
- Apply a fresh dressing if the site is still oozing, otherwise leave open.
- Contact your doctor if the site becomes red or painful as this may indicate infection.

Discussing your concerns

The majority of specialists can be contacted during normal centre hours. Several specialists have different after-hours arrangements in place. Refer to page 18 for the contact numbers and after-hours details relevant to the centre you are attending.

In the event of an emergency please call 000.
Managing treatment side effects

NAUSEA AND VOMITING

Feeling sick or queasy (nausea), and vomiting (throwing up), may be caused by the cancer itself or the chemotherapy you are receiving. Unfortunately, it’s a common problem for people being treated for cancer, however it can be well managed and controlled.

What causes nausea and vomiting?

A section of the brain called the vomiting centre controls nausea and vomiting and may be stimulated by nerves within the stomach or other parts of the brain. Emotional factors may also influence whether a person feels sick or not. Nausea and vomiting may be caused by:

- chemotherapy
- radiation therapy
- hormonal therapies
- pain medications – particularly medications such as morphine
- anxiety or anticipation
- cancer itself.

After chemotherapy, some people develop nausea and vomiting within minutes or hours while others may develop symptoms two to three days later. The nausea and vomiting may last for up to 24 hours or in some cases can last up to seven days. Some people feel sick before their treatment or when a circumstance such as a smell or sight reminds them of their treatment. This is known as anticipatory nausea and vomiting.

However, it is important to remember that not everyone experiences nausea and vomiting.

How is nausea and vomiting treated?

Medication

There are a number of medications available to treat, prevent or control nausea and vomiting. The medications, called anti-emetics, can be taken as a tablet, a wafer, given by suppository or given into a vein through a drip. Often a combination of anti-sickness medications will be given with your chemotherapy. One or two medications will be given through the drip before chemotherapy and then you will be given some tablets or wafers to take home. If the medications you are given don’t seem to be working well for you, you should speak to your doctor or nurse as a different medication might work better for you.

Non-drug approaches

There are other ways that some people find helpful to manage nausea and vomiting that do not involve drugs. These techniques use your mind and body to manage the nausea and vomiting and they include things such as guided imagery, relaxation, meditation, acupuncture or aromatherapy. Talk to your doctor or nurse if you are interested in more information about any of these techniques.

Some approaches you can take to help prevent or control nausea and vomiting include:

- minimise the use of products with strong smells such as perfumes or certain cleaning products
- eat small amounts of food more frequently – commonly called grazing
- eat bland food rather than strong smelling or spicy food
- drink plenty of fluids throughout the day (small amounts regularly)
- avoid foods with strong odours – cool foods will have less smell
- avoid high fat, greasy and fried food – they may make your sickness worse
- limit alcohol intake
- try ginger tea or ginger beer – ginger is also available in tablet form as a common treatment for sea sickness
- peppermints or peppermint tea may help
- avoid preparing food when you feel sick – try to prepare and freeze meals in advance for those days when you do not feel like cooking.

When should I seek medical advice?

If vomiting becomes severe or occurs frequently within the first 24 to 48 hours, please seek immediate medical assistance from your doctor. Always seek medical advice if you:

- have nausea that lasts for more than a few days, or if the nausea keeps you from doing things that are important to you
- vomit more than once or twice a day for two days
- cannot keep any liquids or food down
- are vomiting and becoming dehydrated: you will feel thirsty and your mouth will be dry
- are vomiting and feel light headed or dizzy or confused.

MOUTH CARE DURING CHEMOTHERAPY TREATMENT

Chemotherapy damages cancer cells by preventing them from dividing. Unfortunately in the process it also damages normal cells. The cells lining the mouth and throat (mucosa) may be affected. Chemotherapy can cause the lining of the mouth to become sore and sometimes ulcerated. The soreness and ulceration to the lining of the mouth is known as mucositis.

Mucositis may cause mild to very serious changes in the mouth and may range from a red tender mouth to ulceration of the mouth, lips and throat. If the ulcers extend into the throat, it can be very painful and you may have difficulty talking and swallowing. Ulcers may also become infected and lead to more serious illness.

Some chemotherapeutic drugs are more likely to cause mucositis than others. If you do develop mucositis, your doctor may need to reduce the dose of chemotherapy for your next treatment.
Common mouth problems

- Dry mouth
- Thick sticky saliva
- Soreness and ulceration
- Infection
- Fungal (thrush)
- Bacterial
- Viral (cold sores)
- Bleeding gums
- Difficulty swallowing
- Difficulty talking
- Taste changes

How to keep your mouth healthy

It is a good idea to check your mouth regularly to know what is normal and what is not. Becoming familiar with what is normal for you will help you to recognise problems early on. If you can, visit your dentist before you start chemotherapy to have a check up. If you urgently need to visit a dentist while having treatment, talk to your doctor so that the best timing can be worked out.

Helpful tips

- Brush your teeth or dentures morning and evening as well as after each meal using a soft toothbrush and toothpaste. An electric toothbrush may be used if you prefer.
- You can use dental tape or floss daily, but check with your doctor that the level of platelets in your blood is high enough (a low platelet count may cause bleeding in the mouth even with very gentle flossing). You should not use a toothpick at all.
- If you wear dentures, ensure they fit properly. Loose dentures may rub and irritate the gums leading to ulcers. It may also be helpful to soak your dentures in an anti-microbial solution overnight.
- Replace your toothbrush frequently to prevent problems with infection.
- Rinse your mouth with salt and water about 4 times a day (1/4 teaspoon of salt into 1 cup of warm water). Dentures should be removed prior to mouth rinsing. Do not use commercial mouthwashes unless instructed by the doctor or your dentist. They often contain alcohol and can irritate and dry your mouth. You may use sodium bicarbonate instead of salt if you prefer.
- Keep your lips moist with lip balm or Vaseline, especially if they are dry and cracking. Do not bite or chew on your lips.
- Avoid alcohol and tobacco as they can irritate and dry the mouth.
- If your mouth is dry, sip fluids regularly. Moisten your food with gravies or sauces to make them easier to swallow. Sugar-free chewing gum may be helpful to stimulate saliva e.g. Biotene. Other products such as moisturising gels and false saliva products are also available. Try to drink at least two litres of fluid a day (includes water, weak tea and coffee and fruit juices).
- Taste changes may occur during treatment but this should return to normal after treatment is finished.

When should you seek help?

It is important to let your doctor or nurse know if you develop any problems with your mouth or throat as there are a variety of medications that may be prescribed to help you. If you notice any of the following changes, contact your doctor or nurse:

- Ulcers
- White patches on mucous membranes or tongue (thrush)
- You find it difficult to swallow
- You have bleeding from the gums or mouth
- You have increasing pain in the mouth, jaw or throat
- You develop a temperature of 38 degrees Celsius or higher.

ORAL HYGIENE AND MOUTH CARE

Phase One

After meals and prior to bed:

- Brush teeth well with a soft toothbrush
- Rinse mouth with salt or sodium bicarbonate solution (see recipes below).
- Apply lip balm as necessary.
- Take Nystatin 2ml and/or Amphotericin lozenge as ordered by treating consultant.

Phase Two

Every four (4) hours when awake:

- Brush teeth well with a soft toothbrush
- Rinse mouth with salt or sodium bicarbonate solution (see recipe below).
- Apply lip balm as necessary.
- Take Nystatin 2ml and/or Amphotericin lozenge as ordered by treating consultant.

Phase Three

Every two (2) hours when awake (if awake overnight, perform mouth care):

- Rinse mouth with salt or sodium bicarbonate solution (see recipe below).
- Apply lip balm as necessary.

Every four (4) hours when awake:

- Brush teeth well with soft toothbrush.
- Take Nystatin 2ml and/or Amphotericin lozenge as ordered by treating consultant.

Recipes

Salt water mouthwash—one-quarter teaspoon of salt in a glass of water.

Sodium bicarbonate mouthwash—one-quarter teaspoon sodium bicarbonate (baking soda) in a glass of water.
HAIR LOSS

Sadly, hair loss is a common side effect of chemotherapy and radiotherapy, and can be very distressing for some people, causing significant emotional and psychological impact. However, not all chemotherapy treatments cause significant hair loss. With a little bit of forward planning you may be able to disguise your hair loss.

Why could I lose my hair?

Hair loss usually occurs two to three weeks after treatment begins. In most instances, the hair will begin to grow back after completing treatment. The process of hair growth is slow and gradual, with the first sign of soft hair taking four to six weeks, and a reasonable covering in three to six months. However, the colour and texture of the new hair may appear slightly different from before you started treatment – for example, straight hair may come back a little curly.

To increase your confidence here are some tips to manage the hair loss stage of your treatment:

Short hair

As hair does not fall out evenly, losing hair can be easier to manage if it is cut short. Some people choose to shave their heads in order to beat the hair loss process. It is important you protect your head from sun exposure during this time by applying sunscreen and wearing a cap or scarf when you go outside.

Wigs

Wigs can be made from real hair or synthetic materials. Wigs made with real hair are more expensive and need to be dry cleaned. Synthetic wigs are cheaper, can be washed and need less care. Some of the cancer support networks and service providers will be able to provide you with some more details about wigs and wig suppliers.

Caps, hats and scarves

Some people find it easier and more comfortable to wear a cap, hat or scarf rather than a wig. These can be custom made to suit your individual appearance and style.

Cold cap therapy system

Cold cap therapy may minimise hair loss while undergoing chemotherapy treatment, however there is minimal evidence to suggest that it works for everyone. Cold caps are placed on the head to chill the scalp, thereby reducing blood flow to the scalp and preventing chemotherapy agents from getting to the hair follicles. This system does not guarantee against significant hair loss.

PAIN MANAGEMENT

Patients with certain types of cancer experience nerve pain – it could be as a result of a tumour invading local nervous tissues, or an internal organ or bone tissue causing localised pain. Chemotherapy or radiotherapy induced nerve pain, or peripheral neuropathy, is common and usually causes pain, numbness and tingling of the extremities such as the hands and feet.

The best way to manage nerve pain is to talk with your doctor about your pain experience. We recommend that you keep a pain diary to monitor the pain experience and timing. The pain diary should include the following information to help you and your doctor work toward a speedy assessment and diagnosis:

- Onset: Where does the pain start?
- Location: Where is the pain? Is it localised, affecting large areas or spread to different areas?
- Intensity: How bad is your pain? Rate your pain on a 0-10 numerical pain scale, where 0 means no pain and 10 means the worst possible pain.
- Duration: How long did the pain last?
- Character: Does the pain go away and then come back? Is it predictable, unpredictable or constant?
- Aggravating factors: Does the pain increase when you perform specific activities, for example certain physical movements or during coughing? How often do you suffer from an episode of breakthrough pain?
- Relieving factors: Are there any things you do that may improve your pain control? Are there any things you think may help to relieve the pain?
- Your feelings and thoughts.

Managing nerve pain usually involves both drug and non-drug based treatment. There are different types of medicine available that provide relief for nerve pain, including non-opioid and opioid analgesics, antidepressants and anticonvulsants. The choice usually depends on the type and location of nerve pain.

Non-drug treatments may involve relaxation and behavioural therapies such as massage, tai chi, yoga or meditation to help you relax and reduce stress. Before commencing any of these treatment methods, please discuss them with your doctor to ensure it will not aggravate your pain.

PREVENTING INFECTION

Cancer patients are more susceptible to infection because of the underlying disease and/or side effects caused by chemotherapy. Diseases such as leukaemia, myeloma and lymphoma affect the bone marrow and interfere with the body’s ability to fight infection. In addition to this, most chemotherapy agents lower white blood cell levels affecting your ability to fight foreign bacteria. Blood test results showing low white blood cells may indicate an increased risk of infection.
Here are some simple measures that may assist you in decreasing your risk of infection:

- Wash your hands thoroughly and regularly with hand wash or sanitiser, i.e. before preparing food to eat, before eating, after handshaking, after touching animals and after using the bathroom.
- Avoid close contact with people who are unwell or have cold or flu symptoms.
- Avoid any dental procedures or operations when your white blood cell levels are low.
- Wearing a facemask may be appropriate if you are required to be in close contact with someone who has cold or flu symptoms. It may also be necessary if you are walking through an area with heavy dust or debris.
- Wash all raw fruit and vegetables before eating.
- Wash your hands thoroughly after touching raw meat and cook it well before eating.
- Use an electric shaver to lower the risk of minor cuts when shaving. Even a minor cut is a possible site for infection to occur.
- Wear gloves and a facemask while gardening, especially when handling potting mix. This minimises the risk of inhaling airborne bacteria or fungal spores that can lead to serious infection. Wash your hands thoroughly after removing your gloves.
- If you have a catheter or port, keep the area around it clean and dry.
- General housecleaning such as dusting, sweeping or vacuuming is fine when you are feeling well. However, a facemask is recommended to limit the amount of household dust you breath in.

DRY SKIN

It is very common to develop skin reactions as a result of your chemotherapy treatment. The majority of intravenous and oral chemotherapy cause some mild to moderate skin reactions – dry skin, rash, photosensitivity, nail problems and hyper-pigmentation are just some of the more common reactions.

Skin dryness is particularly common and is described as scaly, red, flaky, tight and itchy. The epidermis, which is the top layer of your skin, appears dry, flat and rough.

If you do have a skin reaction, it is likely to be widespread and include the face, hands, feet, neck, back and chest.

We have compiled some strategies that you may also find helpful to manage dry skin:

- Use a moisturising cream or lotion daily to prevent moisture loss and restore moisture to the skin. Apply moisturiser up to two to three times a day after you shower or bathe.
- Avoid using moisturising products containing lanolin, parabens and fragrance because these ingredients can irritate and worsen dry, sensitive skin.
- Use bath oils after you shower or bathe. Bath oils contain mineral oils that provide an extra oily layer of protection against water loss in the skin.
- Avoid using soap, particularly perfumed soaps, as soap can have an excessive drying effect on the skin and sometimes cause irritation.
- Wear sufficient protective clothing and apply sunscreen before going outside. Sunscreen products with SPF factor 30, which have broad UVA and UVB protection, are the most suitable choice.
- Drink up to two to three litres of water every day to help keep the skin hydrated.
- Make sure your shower or bath is short and warm rather than long and hot.
- Wear cotton clothes if possible – wool and synthetic fibres can further irritate dry skin.

CONSTIPATION

Confusion is the infrequent or irregular passing of a bowel motion or stool, and is a common problem experienced by people receiving chemotherapy treatment. You may need to push harder to move your bowels and the stool may be hard, dry and difficult or painful to pass. It is important that constipation is managed early as it may lead to problems and affect quality of life.

Normal bowel habits may vary from every day to every second or third day. Therefore, lack of a bowel movement every day does not necessarily mean you are constipated. It is important to know what is normal for you and what is not.

What causes constipation?

Confusion may occur for a number of reasons:

- Low fibre diet
- Inadequate fluid intake – dehydration
- Immobility and lack of exercise
- Ignoring the urge to have a bowel motion
- Changes in your lifestyle or routine (even the lack of privacy may lead to constipation)
- Diseases of the bowel
- Some medications may cause constipation:
  - pain killers (opioids) – most patients will experience constipation when on opioids
  - anti-nausea medications – particularly those used with chemotherapy
  - some chemotherapy medications – e.g. Vincristine, Taxol.

What are the signs and symptoms of constipation?

You may experience some of the following:

- Abdominal bloating
- Abdominal pain
- Gurgling or rumbling sounds in the abdominal area
- Heartburn
- Upset stomach or vomiting
- Decreased appetite
- Headache
- Fatigue
• A feeling of incomplete emptying of your bowel after going to the toilet
• The need to strain/push during a bowel movement
• Passing of small, hard, dry motion.

When is constipation a problem?
Constipation becomes a problem when it leads to other complications such as haemorrhoids or bowel blockages. When your white cell count or platelet counts are low, constipation may result in a higher risk of infection and/or bleeding.

How do I manage constipation?
The best way to manage constipation is to prevent it from occurring in the first place. This involves maintaining a healthy diet with high fibre content, drinking plenty of fluids, increasing exercise within your level of tolerance and the appropriate use of medication.

Lifestyle changes are important in managing or preventing constipation. Some ways you can manage or prevent constipation include:
• Drinking plenty of fluids – about 6-8 glasses a day.
• Eating foods that are high in fibre – wholegrain breads and cereals, fruits and vegetables, beans and legumes, lentils are all high in fibre.
• Drinking fresh fruit juice – pear and prune juices are particularly good.
• Having a warm drink – especially first thing in the morning.
• Exercising regularly if possible.
• Trying to establish a regular bowel routine.

Unfortunately, some people with cancer may have difficulty increasing their fluid and fibre intake or increasing their tolerance for exercise due to other symptoms such as feeling sick (nausea) or being tired. In this case, medication to ease constipation is often required. These medications are called laxatives or aperients. Some of the different types of medication used to prevent or manage constipation are:
• Bulk-forming laxatives: e.g. Metamucil, Psyllium – you must drink plenty of fluids if using these. They can cause increased abdominal bloating and discomfort.
• Stimulating laxatives: e.g. Senekot, which stimulates the intestines. They are usually taken in the evening and work overnight. They may cause abdominal cramping and discomfort.
• Osmotic laxatives: e.g. Epsom salts, Lactulose. These are fast acting and can cause watery stools.
• Stool softeners: e.g. Agarol, Coloxyl. These soften the stool so it moves more easily.
• Suppositories and enemas: Irritate the lower part of the bowel and stimulate emptying of the bowel. Should not be used when the white cell count or platelet count are low as they may increase the risk of bleeding or infection.

Many of these medications are available over the counter at the chemist or in the supermarket. Please remember to discuss with your doctor or nurse before taking any medications, as they will be able to advise you of the best type of medication for your condition.

DIARRHOEA
Diarrhoea refers to the passage of frequent unformed stools or liquids. There are several possible causes of diarrhoea when undergoing treatment:
• Chemotherapy
• Radiation therapy to abdomen
• Infection
• Certain medicines
• Irritable bowel syndrome
• Anxiety or stress.

Certain chemotherapy agents are more likely to cause diarrhoea than others. The severity of symptoms can range from mild to severe, with symptoms lasting several days after treatment. Your doctor may prescribe a course of anti-diarrhoea medicine as a precaution if you begin experiencing symptoms or if your treatment is likely to cause diarrhoea.

Here are some tips to assist you in managing and alleviating diarrhoea symptoms:
• It is very important to remain hydrated, so drink plenty of fluids such as water and juices throughout the day. Adults should aim to increase their intake by at least two to three glasses per day, to a maximum of eight to 10 glasses.
• Alternatively, oral re-hydration solutions can be used to replenish lost fluids and electrolytes.
• Eat small amounts of soft, bland foods frequently to aid easy digestion, i.e. bananas, white bread, white rice, skinned chicken or noodles.
• Avoid greasy, fatty, fried or spicy foods.
• Avoid raw fruits or vegetables.
• Avoid foods and beverages that cause gas formation such as broccoli, cabbage, beans or carbonated beverages.
• Avoid caffeine and alcohol.
• Avoid foods high in fibre during episodes of diarrhoea, i.e. whole grain bread, cereals and nuts.

If you notice black stools or blood in your stools, dark concentrated urine, stomach cramping, pain or diarrhoea that does not resolve in 24 hours, or becomes severe and very frequent (more than five episodes within 24 hours), please consult your doctor immediately.
HAND-FOOT SYNDROME

Hand-foot syndrome, also known as palmar-plantar erythrodysaesthesia (PPE), is a side effect of certain chemotherapy drugs. It can take between one to two days and up to several weeks to develop, but this depends on the chemotherapy drug and dose prescribed by your doctor. Although the actual cause of hand-foot syndrome is not known, it is thought that a small amount of chemotherapy leaks into the hands or feet causing damage to healthy cells. Symptoms include redness, swelling, tenderness and pain in your palms, with the affected areas susceptible to dryness and peeling. Numbness and tingling can also develop.

If you develop hand-foot syndrome and commence treatment to slow the development of the syndrome and reduce its severity, there are a number of things you can do to support the treatment. This may involve some small changes to your daily activities to reduce friction and heat exposure to your hands and feet:

- Avoid applying excessive pressure on the soles of your feet or palms of your hands, i.e. wear shoes with cushioning inner-soles.
- Avoid jogging, jumping and long hours of walking and standing.
- Avoid using household or garden tools that require squeezing your hands around a hard surface.
- Between treatments, or during if you are taking chemotherapy tablets, apply moisturising cream or lotion to your palms and soles. This should be done after bathing or cleansing the skin to keep it moist. Apply using the least amount of palm pressure and avoid strong rubbing and massaging motions. Suggested products include Udderly Smooth and Dermaveen.
- Apply sun protective cream with SPF ≥30 before going outside and keep exposure to a minimum.
- Cooling the skin can provide temporary relief from some of the symptoms you may be experiencing. Placing the palms or soles of your feet on an ice pack or bag of frozen peas for 15 minutes at a time can give you some relief.

SEXUALITY AND BODY IMAGE

A diagnosis of cancer may affect you in a number of different ways. One concern you may have is how the disease and treatment will affect your current or future relationships, including effects on sexuality.

Sexuality refers to physical, psychological, social, emotional and spiritual factors. It includes self-image, body image, reproductive ability, emotional intimacy, sensual feelings and sexual functioning.

Sexuality-related concerns may arise from the physical aspects of your disease or treatment as well as from emotional aspects – anger, guilt, or worry about illness and survival, treatment or finances may also affect sexuality.

Sexuality and intimacy are often overlooked topics of discussion at the time of diagnosis. Initially, this may not be a priority in your list of concerns for you or by your treating health care team. If you have not received any information from your physician, it is not because sexuality and intimacy are not important. These can be topics difficult to discuss or bring up with your doctor or nurse – particularly in a busy, close environment such as a day hospital.

Please feel free, if comfortable, to ask to discuss any concerns you may have regarding any sexuality issues in a private area. If we are unable to provide sufficient answers for you, we can refer you on to more experienced practitioners.

The following websites may be a useful source of additional information:

**General information**
- Cancer Council Queensland – www.cancerqld.org.au
- Cancer Council SA – www.cancersa.org.au
- Cancer Council Victoria – www.cancervic.org.au
- Cancer Council NSW – www.nswcc.org.au
- Cancer Backup – www.cancerbackup.org.au

**Coping with cancer, sexuality and fertility**
- OncoLink – University of Pennsylvania Cancer Centre – www.oncolink.upenn.edu
- American Cancer Society – www.cancer.org
- The Leukemia & Lymphoma Society – www.lls.org

**Sexual function after treatment**
- Lions Australia Prostate Cancer – www.prostatehealth.org.au

If you do not have access to the internet please discuss with the nurse treating you and we will be able to print some information from these sites for you.
Medication in hospital: Supporting your health and wellbeing

Icon’s pharmacy staff are committed to supporting your care. To help in this process, we have provided a thorough overview of all your medication needs throughout the treatment phase.

What medications do I take before I come to hospital?
If you are undergoing surgery, you may need to stop taking some medications prior to your hospital stay. Your doctor will let you know if this is required. To help them make this decision, it is important you notify the doctor of all medications you are taking at your scheduled appointment. You should outline:

• prescription medicines, including prescription creams, inhalers, patches and drops
• over the counter medicines, such as cold and flu tablets, cough medicines and pain relief
• aspirin
• vitamins
• herbal or alternative medicines.

Please do not stop taking any medication without consulting your doctor first.

What medications do I bring to hospital?
When preparing for your hospital stay, please pack all of the following items that are relevant to you.

Health and medication records
So our pharmacy can bill you correctly for your medication, please bring your:

• Medicare card
• Concession, Pension or DVA card (if applicable)
• Safety Net entitlement card (if applicable)
• Prescription Record Form, your local pharmacy can supply you with a printout of this (if applicable).

On admission, you may wish to advise our pharmacy if you are nearing the limit to receive a Safety Net subsidy. If this happens while you are in hospital, our pharmacy can issue your entitlement card and ensure all further medications are charged at the subsidised rate. To help with this process, it is important you bring the Prescription Record Form with you. This will outline what medications you currently take and your current total.

Current medicines
To reduce the cost of ordering new medicines, please pack all the medication that you are currently taking when you come to the centre. To simplify the identification process, please leave all medications in their original packaging.

Current prescriptions
Depending on the length of your admission, you may need a repeat prescription to be filled during your stay. To simplify this process it is important you pack all your current repeat prescriptions.
What happens to my medication while I’m in hospital?
Any medications you currently take will be administered from the packets you bring to hospital, but if you need new medications or a repeat prescription, depending on your circumstances, you may be required to pay for this.

Private Health Insurance, DVA or Workers’ Compensation Patients
As a Privately Insured, DVA or Workers’ Compensation patient, you may have some out-of-pocket expenses at the end of your hospital stay. This depends on your level of cover and the hospital’s agreement with your fund or organisation. Often this applies to medication which is dispensed on discharge or if a repeat script is filled for your current medication. In this circumstance you will need to pay for these items before you leave the hospital.

Self-insured patients
If you are a self-insured patient you will be need to pay for all new or repeat prescription medications dispensed during your hospital stay.

How much will my medication cost?
The Pharmaceutical Benefits Scheme (PBS) provides government subsidy for many medicines. If you have a valid Medicare Card, you will receive the subsidy for PBS eligible medication during your stay. This will incur the same price reduction that you receive at your local pharmacy. Medicines not covered by the PBS will be charged at the normal retail price. For people who do not hold a Medicare Card, all medication will be charged at the normal retail price.

If you would like to know the cost of medication at any stage during your hospitalisation, please ask our friendly pharmacy staff.

What do I need to do about my medication when I’m discharged?
Understand your medication regime
When you are preparing to be discharged, a pharmacist may visit to make sure you are prepared for your new medication regime when you arrive home. They will cover a few points, including:

• What medications you are now taking and the dosage of each.
• What medication you have stopped since you were hospitalised.
• What medication you have started since you were hospitalised.
• What medication is to be taken for the short-term only, i.e. only for a few days.
• What side effects your medication could cause.
• If your medication interferes with any other medication you are taking.
• If your medication restricts driving and food or alcohol intake.

It is important to know that most health funds will not cover the cost of your discharge medication.

Check your Safety Net total
If you wish to update your local pharmacy regarding the total of your safety net, please request a Prescription Record Form from our pharmacy. A printout of this will be given to you on discharge.

Advise if you don’t want any discharge medications dispensed
If you have a supply of some medications at home and do not wish to receive these when you are discharged, it is important you advise our pharmacy staff. If not, you will be charged for the dispensed medications.

Update your general practitioner
As your general practitioner is responsible for your ongoing care, it is important you update them of any changes to your medication. You can request a Discharge Medication Summary, which outlines this information.
What now? When your treatment ends

Finishing your treatment is a new phase in the cancer journey that brings with it a variety of feelings and concerns – both positive and negative.

Positive feelings may include feelings of gratitude and good fortune or a sense of inner-strength and self-esteem having finalised your treatment.

Negative feelings might include:

- fear of the cancer returning
- depression or sadness
- you might feel unable to make plans
- there may be problems adjusting to physical changes
- there may be a sense of loss for what might have been, such as loss of fertility
- employment, financial and insurance worries.

Many people who have experienced a cancer diagnosis feel that their life is never the same. Changes often occur in your values, goals, priorities and outlook on life. It is often referred to as a new normal way of living and is usually a permanent change. In some cultures, cancer is viewed as contagious and incurable and is not discussed. This can be very distressing.

There are also physical effects that may last for some time after treatment has finished. Some of these might include:

- Fatigue or tiredness, which are very common effects that last for some time after treatment is completed. Many people describe fatigue as being very draining, exhausting and interfere with their ability to enjoy life and carry out normal daily activities.
- Pain may become a chronic problem for some survivors and can sometimes lead to depression.
- People who have undergone treatment with chemotherapy also report changes in cognition. These changes may not be very noticeable but can interfere with memory and learning. Research is now being carried out to further understand this effect.
- Body image and sexual problems are common following treatment. Chemotherapy induced menopause, pain and fatigue all play a part in causing sexual problems. They may also have an effect on intimacy and relationships.
- Loss of fertility after treatment can also contribute to relationship problems, particularly in younger people. There may be a sense of grief at the loss of ability to have children.
- Social relationships may also be affected after cancer treatment. Some friendships will last and provide support while some may not. You may also make new friendships during this time.
- After cancer treatment many people try to make healthy changes in their lifestyle. It is important to do so as you may be at higher risk of some health problems as a result of treatment. Some of these problems might include being overweight, heart problems, thinning of the bones or diabetes.

Because developing a healthier lifestyle is important for your overall health, we have prepared some tips to help you begin to make changes in your own life:

- Maintain a healthy weight.
- Maintain good nutrition – more fruit and vegetables, less fats.
- Limit or avoid alcohol.
- Stop smoking – avoid second hand smoke as well.
- Exercise – check with your doctor before beginning the program.
- Take care when in the sun – Slip, Slop, Slap.

Look after your mental health – manage your stress, have some fun with friends and family, join a support group, get enough sleep and talk things over with someone.

It is also important after finishing your treatment to keep your scheduled follow-up appointments with your doctor. You should still undertake regular screening programs just like everyone else: for example having mammograms, pap smears or prostate checks.

### Additional resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Cancer Survivorship Centre</td>
<td><a href="http://www.petermac.org/Survivorship">www.petermac.org/Survivorship</a></td>
</tr>
<tr>
<td>Lance Armstrong foundation</td>
<td><a href="http://www.livestrong.org">www.livestrong.org</a></td>
</tr>
<tr>
<td>Asco – Cancer Net</td>
<td><a href="http://www.cancer.net">www.cancer.net</a></td>
</tr>
<tr>
<td>Prostate Cancer Foundation</td>
<td><a href="http://www.prostate.org.au">www.prostate.org.au</a></td>
</tr>
<tr>
<td>National Breast and Ovarian Cancer Centre</td>
<td><a href="http://www.nbocc.org.au">www.nbocc.org.au</a></td>
</tr>
<tr>
<td>Leukaemia foundation</td>
<td><a href="http://www.leukaemia.org.au">www.leukaemia.org.au</a></td>
</tr>
<tr>
<td>Cancer Council Qld</td>
<td><a href="http://www.cancerqld.org.au">www.cancerqld.org.au</a></td>
</tr>
<tr>
<td>Cancer Council SA</td>
<td><a href="http://www.cancersa.org.au">www.cancersa.org.au</a></td>
</tr>
</tbody>
</table>
# Icon Cancer Care contact and after-hours details

<table>
<thead>
<tr>
<th>Icon Cancer Care centre</th>
<th>Contact details</th>
<th>After-hours details</th>
</tr>
</thead>
</table>
| Adelaide                | First Floor, Tennyson Centre  
520 South Road  
Kurralta Park SA 5037  
P 08 8292 2333  
F 08 8292 2287 | You can contact your specialist during normal centre hours to discuss your concerns.  
The after-hours number to contact an Adelaide Cancer Centre specialist is 0407 118 597. |
| Chermside               | Level 1, Chermside Medical Complex  
956 Gympie Road  
Chermside QLD 4032  
P 07 3737 4500  
F 07 3737 4801 | The majority of specialists can be contacted on 07 3834 6922.  
Please ask the after-hours service provider for your Specialist by name and they will advise how your call will be managed. |
| South Brisbane          | Level 5, Mater Medical Centre  
293 Vulture Street  
South Brisbane QLD 4101  
P 07 3737 4500  
F 07 3737 4701 | |
| Wesley                  | Level 1, Wesley Medical Centre  
40 Chasely Street  
Auchenflower QLD 4066  
P 07 3737 4500  
F 07 3737 4601 | |
| Southport               | Level 9, Premion Place  
39 White Street (cnr Queen and High Streets)  
Southport QLD 4215  
P 07 5657 6400  
F 07 5657 6401 | If your temperature > 38°C or other symptom/s require urgent attention, please present to Pindara Emergency Centre, Allchurch Avenue, Benowa. |

In the event of an emergency, please call 000.
Your notes and treatment diary

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
For us, cancer is personal

This information was current at the time it was published and is intended as a guide only. It is not intended to replace information provided by your doctor or nurses. Each patient is an individual and responses may vary. If you have any questions, please talk to your doctor or clinic nurse.