Patient information

Mount Vernon Cancer Centre

NHS
East and North Hertfordshire Teaching NHS Trust

Chemoradiotherapy MVCC

To the head, neck, mouth and throat

Introduction

Your oncologist has recommended that your cancer should be treated with a course of chemoradiotherapy at Mount Vernon Cancer Centre (MVCC). This leaflet is a simple guide to chemoradiotherapy. We hope it will answer some of your questions.

If you have further questions before, during or after your treatment, please contact one of your healthcare team. The contact telephone numbers are at the end of this leaflet.

During your chemoradiotherapy there will be a team of oncologists, specialist nurses, dietitians, speech and language therapists (SALT), radiographers and other hospital staff caring for you.

You could be seen by both male and/or female radiographers when you have your radiotherapy planning and treatment.

What is chemoradiotherapy?

Chemoradiotherapy is the combined use of chemotherapy and radiotherapy. Chemotherapy is the treatment of cancer with drugs.

Radiotherapy is the treatment of cancer with radiation using x-rays. You will not feel the radiotherapy when you have your treatment. It is like having a normal x-ray.

By combining these treatments, the chemotherapy makes the radiotherapy more effective. There are two types of radiotherapy given to patients with head and neck cancers: conventional radiotherapy and intensity-modulated radiation therapy (IMRT).

Your oncologist will decide the most suitable type of radiotherapy for you.

Both types of radiotherapy are carefully planned and shaped to match the part of you that needs treatment. This helps to reduce any side affects you may get.

What happens before I start my treatment?

Before your treatment begins your oncologist will see you to explain your treatment plan.

If you are having treatment to your mouth, you will have a dental assessment to see if you need any dental treatment or some teeth removed. Teeth are removed before treatment to prevent or reduce the risk of dental problems and infections after your treatment has finished.

The number of teeth to be removed will depend on the condition of your teeth. If they are in a poor condition, some or all teeth may need to be removed. Teeth that are heavily filled or crowned may also need to be removed.

Your oncologist will discuss this with you and arrange this before your radiotherapy planning. Before you can have chemoradiotherapy, you will need some blood tests.

If you require an additional kidney function test, you will have an injection followed by a blood test two hours later, with another blood test one hour after that. These will need to be done at Mount Vernon Hospital. You may need additional blood tests during chemoradiotherapy.

If you are diabetic and taking Metformin, please call **020 3826 2622** as soon as possible. We may need to arrange for you to have a blood test prior to your planning appointment.

The week before you start, you will have a pre-treatment consultation either by phone or in person.

What happens at my planning appointment?

All patients having radiotherapy to the head, neck, mouth or throat will need to have a special mask called an 'immobilisation shell' made. This shell is made specially for you. It will hold you in the correct position while you are lying flat. It will help you to keep still and help ensure your treatment is accurate.

The radiographers will show you an immobilisation shell and explain how yours will be made. There is a video that you can watch on the Lynda Jackson Macmillan Centre (LJMC) website.

You will be asked to take off your clothes from above your waist. We will maintain your dignity at all times. After your shell is made, you will have a CT scan while you are wearing it. You may need an injection of a special dye during this scan. This will be explained to you if it is needed.

While you are having your scan you will be alone in the room for 20–25 minutes. During this time, you are watched through a window. The radiographers will tell you how you can let them know if you have any problems. You will not have any radiotherapy during your planning appointment.

You may have some pen marks drawn on your skin. Don't worry if these fade or wash off. With your permission, the radiographers will make a tiny permanent mark on your chest (tattoo). This is very small and is done by pinpricking the skin with some special dye. The permanent dot is important as it enables accurate positioning and treatment delivery each day.

Your planning appointment may take between one to three hours, so expect to be at the hospital for most of the morning or afternoon on that day.

Your radiotherapy will usually start about two to three weeks after your planning appointment. This allows time for your oncologist and planning physicist to calculate your treatment doses.

Before starting your radiotherapy, you will have a consultation with the head and neck specialist nurse. This session is a chance to ask about your treatment, your care and any other questions you have. This may be in person or by phone.

Many people find it helpful to attend the Head and Neck Cancer Support Group before starting their treatment. This is a chance to meet people who have had similar treatments and can share useful information and advice.

What will happen during my treatment?

On your first day, the radiotherapy may take up to 30 minutes.

After that your radiotherapy appointment normally lasts for about 10–30 minutes. The radiographers will get you in the correct position; it then takes about 10–20 minutes for your treatment to be given. You will be alone in the room during that time, but the radiographers can see you all the time by using closed circuit television. They will tell you how you can let them know if you have any problems while you are having the treatment.

The number of treatments you have depends on a few factors which the oncologist will discuss with you.

How are the treatments combined?

Radiotherapy is given as an outpatient, each day of the week from Monday to Friday for six weeks.

Chemotherapy is given as an additional treatment on the first day and at the start of week 5 of your treatment. We use either Cisplatin or Carboplatin chemotherapy, and this will be decided by your consultant. Both are given as a day case in our Chemotherapy Treatment Suite. Please allow a full day for this. However, depending on your treatment, it may be slightly shorter.

Clinical trials

If your treatment is part of a clinical trial your treatment may differ. It may consist of a 7-week radiotherapy schedule with chemotherapy given on weeks 1, 4 and 7. Your healthcare team will discuss this with you.

What side effects am I likely to have from my chemotherapy?

The details of the chemotherapy drug you will be having, along with its specific side effects, will be discussed with you at your clinic visit.

Before each chemotherapy you will usually have a blood test. This is a routine check as these drugs affect blood cells, particularly the ‘white cells’ which protect our bodies from infection. If the number of blood cells becomes too low, your chemotherapy may need to be delayed for up to a week, to allow the blood cells to recover.

While you are receiving chemotherapy, if you feel pain or stinging at the cannula site, tell the nurse straight away. If at any time during your chemoradiotherapy you develop a fever or become unwell, contact the Acute Oncology Service number immediately, 07825 028855**.**

Before starting treatment, please read ‘A patient’s guide to chemotherapy at Mount Vernon Cancer Centre’ available from the LJMC.

What side effects am I likely to have from my radiotherapy?

Radiotherapy kills cancer cells but can also damage some normal cells causing side effects. The side effects you may have will depend on which part of your head, neck, mouth or throat is being treated. Please remember not everyone will have every side effect.

Side effects develop gradually over the course of the treatment and for the two weeks following treatment.

After this most will gradually reduce over the next 6–12 weeks. But some changes may be permanent. These will be discussed in more detail by your oncologist or specialist nurse.

During your treatment, you will be reviewed weekly by your oncologist, nurse, dietitian and sometimes a speech and language therapist (SALT)

At these appointments you will be given medicines and advice to help you cope with side effects.

Everyone reacts and responds differently to treatment. Your healthcare team will advise you about what you should expect. The following pages give some tips to help you manage your side effects.

If you are having difficulties with any of the following symptoms, please tell your head and neck specialist nurse. Not everyone will have every side effect.

Symptom	**When will it occur?**	**How to manage it?**	**When will it get better?**
Red/sore/ulcerated skin on neck, face, upper chest and shoulder	Redness - around week 2–3 Ulcerated/sore – around week 4 onwards	- please discuss the use of creams with your healthcare team - electric shave only - avoid perfumes, make-up, talcs etc - dressings daily when skin is ulcerated	Most reactions will have healed by about 2 weeks after finishing treatment. Any redness or darkening of the skin will get better over the next 8–12 weeks.
Ulcerated mouth/throat/lips	About week 3	- use your mouthwash as prescribed - regular painkillers	Slowly settles over 6–10 weeks after finishing treatment.
Painful swallowing	About week 2–3	- avoid citrus/spicy/salty food - soft texture food - use regular painkillers - review by dietitian - review by SALT - possible PEG tube support	After finishing treatment, swallowing improves and tube feeding is not needed. Regular review by dietitian and SALT are necessary. This will also depend on what your swallowing function was like before radiotherapy.
Trismus	Week 3-4	This depends on where your cancer is. You will be given specific mouth exercises by your SALT.	This can be a long-term problem. It is important to do regular mouth exercises to improve and keep your ability to open your mouth. These exercises are a lifetime activity.
Extreme tiredness	Week 4-5	- follow nutrition plan from dietician - plan rest periods during the day. Try to do some gentle exercise (short walks) when you feel able to	8-12 weeks after finishing treatment. Try gentle nonstrenuous daily exercise, gradually increasing over the next few months. E.g. walking, swimming. It may take up to 12 months to fully recover.

Hair loss	Week 5 Facial hair loss and hair at side/back of head	Electric shave. You may find you don't need to shave after a few weeks.	Usually re-grows within 3 months. Hair may not grow back in the area that has been treated.
Dry Mouth	Usually as soon as radiotherapy has finished	Water spray. Carry a bottle of water. Many saliva replacement products are available. Your nurse will help you find the best one for you.	Some patients will have dryness up to 2 years after finishing treatment. For others this may be permanent.
Lymphoedema (facial and neck swelling)	Sometimes occurs towards the end of treatment. Usually occurs 8-12 weeks after finishing treatment	You will be shown how to massage the area by a lymphoedema nurse. Sometimes you may need a course of massage treatment.	This usually gets better between 6-12 months after you have finished treatment. You may need to carry on doing self-massage for longer than 12 months.

How should I look after my skin?

Your skin may become red and itchy during your radiotherapy. This advice will help you cope with any skin changes:

- Wash the treated area very gently using tepid water (warm but not hot) and a mild unperfumed soap. Pat your skin dry, using a soft towel.
- Do not use make-up, creams (except moisturiser), perfumes, lotions or aftershave in the area being treated.
- Try to let the area being treated get as much air as possible. Avoid wearing tight collars.
- Use a moisturiser. Do not put anything else on your skin in the treated area unless your oncologist has recommended it. If you are in any doubt, ask your healthcare team.
- There may be a time in your treatment when your skin becomes ulcerated and sore. If this happens, stop your cream and use dressings which will be given to you by your head and neck specialist nurse.
- Your skin will heal about two weeks after you have finished your treatment. The redness will fade over the next few weeks. District nurse support can be arranged for you after your treatment, to help you with the dressings.
- Men wishing to shave should take extra care. Once the skin becomes pink or darker toned you should stop shaving. You will find that your beard stops growing at this stage.
- Do not expose the treated area to strong sunlight both during and after your radiotherapy. This is because your skin will be more easily sunburnt and will take longer to heal.
- In the summer, we recommend that you wear a wide brimmed sun hat to shade you from strong sunlight.
- In the future you must always protect this area from the sun and use a high factor sun cream.

How should I look after my mouth?

- You will be given Tellodont mouthwash which will loosen mucus and refresh your mouth. You can use this as often as you need.
- Brush your teeth with a soft toothbrush after food. You may find this gets more difficult after a number of treatments. If so, stop brushing your teeth and use mouthwashes.
- Do not use mouthwashes which contain alcohol.

- Brush dentures after food and soak them overnight in denture cleaning solution.
- If possible do not use denture adhesive.
- Use your painkillers as this will make your mouth feel more comfortable. They work better if you take them regularly. The specialist nurse will give you advice and support.
- Avoid hot spicy foods, citrus and tomato-based foods.
- Also avoid dry foods (moist foods are easier to manage).
- Do not drink any alcohol. Please speak with a member of your health care team if you feel this will be difficult.
- Do not smoke. If this is a problem, please discuss it with a member of your healthcare team.
    - Smoking during treatment will make your side effects worse and make your recovery time longer. Smoking will also reduce the effect of your treatment on your cancer.
- If you have been told to do jaw opening exercises, it is important you do these. If this becomes painful, please ask the SALT for advice. These exercises will help to prevent future problems with mouth opening.

How will my taste be affected?

Your sense of taste will change. Please see the LJMC factsheet 'Managing taste changes (HHC244)'. It may improve after your radiotherapy has finished but this may take several months. For some patients these changes in taste may never return to how you were before starting treatment.

What can I eat or drink?

It is important that you are well nourished and do not lose weight during your treatment. Your treatment mask is fitted closely. Weight loss can cause the mask to become loose and may mean that your treatment needs to be replanned. This can cause a delay in your treatment. The dietitian will talk to you about ways to keep your weight the same to help avoid any delays in treatment. If you have a feeding tube, the dietitian will advise you on how much prescription feed and fluids you will need. Following their instructions will help you not to lose weight.
You may have difficulty chewing and swallowing your food because of the pain. A SALT will be able to offer advice on consistencies and textures of food. See the LJMC factsheet 'Chewing and swallowing problems (HHC224)'.

It is very important that you continue to swallow during the treatment and the recovery period, even if it is only small sips of tepid water or milk. This keeps your ability to swallow and helps with the rehabilitation of your speech and swallowing. Please talk to a SALT for further advice if you are concerned or having problems.

In some circumstances you may be advised not to take anything by mouth and be dependent on tube feeding. Your team will discuss this with you.

How will my mouth feel?

This depends on how much of your mouth is receiving radiotherapy.

When you are about halfway through your treatment you will begin to produce thick mucus and saliva. There are no medicines available to stop this side effect happening. Some people may also feel sick (nauseous) due to the thick mucus. Sometimes patients find that rinsing their

mouth with mouthwash can help prevent the mucus building up and reduce some of these side effects.

Spraying water (from a water spray bottle) can help to loosen the mucus. When you have excess saliva or mucus you may need to rinse your mouth frequently (i.e., every 10–15 minutes).
Nebulised saline (salt water) or steam inhalations can help to clear this mucus and make you feel better. Your healthcare team may lend you a nebuliser machine if one is available. Please return it as soon as you no longer need it. We do not always have a nebuliser machine available. Sometimes we may need to advise you to buy one.

Steaming may also help. You can buy a steam cup from our pharmacy, or they are available online.

The radiotherapy can affect the salivary glands if they are in the area being treated. If your mouth becomes dry, you may find regular sips of water helpful. Do not drink alcohol during this time as it will increase the dryness in your mouth, and it will also be painful to swallow. Many patients will always have some dryness in their mouth. However, some patients find this gradually gets better for up to two years after they finished their treatment.

Will I lose my hair?

Some of the hair on your face may stop growing. This will depend on the exact area you are having treated. For some people this hair may not grow back (may be permanent).

Some people may lose hair at the back or side of their head. This hair usually starts to grow back a few months after finishing treatment.

Your oncologist will tell you whether you will lose any hair, and if it is likely to regrow after the treatment has finished. This will depend on the dose of radiation you will receive.

What should I do if I need to visit the dentist?

After your radiotherapy, you may be more prone to tooth decay. It is very important to tell your dentist about your radiotherapy, and any other treatment you have had.

Once your treatment is finished, it is important to brush your teeth three times a day after meals with a fluoride toothpaste. A fluoride gum tray may be used; you can get this from your dentist/hygienist.

You are strongly advised to see your dentist and oral hygienist every 3–6 months. In the future if you need any dental work to the treated jaw area, the bone may not heal properly, and this may cause other problems. For this reason, it is important that you ask your oncologist before having any dental treatment to this area.

After your treatment has finished your oncologist will be pleased to answer any queries from your dentist. Please give your dentist your oncologist’s secretary’s phone number.

Can I have dentures or implants?

You may not be able to wear dentures for a few months after treatment. This will depend on how much of your mouth is treated. Usually new dentures should not be made until six months

after your treatment. This is to allow time for your gums to heal and for any changes in your mouth to settle.

Dental implants are not suitable for all patients. You will need an assessment by a head and neck (maxillofacial) surgeon to find out if implants are suitable for you.

What will happen if I smoke?

Your oncologist or specialist nurse will discuss this with you. We recommend that you stop smoking completely. This is because smoking increases the ulceration and pain.

Your oncologist will discuss this with you and will recommend that you give up smoking both during treatment and afterwards.

Giving up smoking will ensure you give yourself the best chance to recover from cancer. This is because nicotine in cigarettes causes the blood vessels to shrink (vasoconstriction) and this may make your treatment less effective.

Make every effort not to re-start smoking after your treatment has finished. If you do smoke, there may be an increased risk of some long term side effects. If you want more information, please ask your oncologist or nurse. If you smoke your cancer is more likely to return.

Nicotine replacement treatments are available on prescription. Your oncologist or GP will be able to prescribe them for you. Please ask at the LJMC for leaflets to help you give up smoking. You can also contact the NHS smoking helpline.

Will I lose my voice?

If you are having radiotherapy to your throat, it is likely that your voice will get hoarse. You may also lose your voice completely at some stage. Because of this it is best to:

- rest your voice as much as possible during your treatment.
- don’t strain to make it louder when it is quiet.
- don’t over-talk when it seems stronger.

After your treatment has finished, it may be a few weeks before your voice starts to recover. It may remain husky for some time. The SALT will be able to offer advice and support.

What if I have a laryngectomy?

If you have had a laryngectomy and are using a speaking valve you will not be able to wear your base plate during treatment. This is because it will irritate the skin around your stoma. We advise you to wear a stoma button or a laryngectomy tube and a special bib.

You will need to nebulise regularly (6–8 times per day) to keep your secretions loose and easy to clear.

It is important you always wear the special bib provided to help keep your secretion moist and airway clear. You may also find it easier to use suction to clear your secretions.
Your head and neck specialist nurses will show you how to do this.

What can I do to help myself?

- You will be given medicines to help manage some of your side effects. These will include painkillers to help you feel comfortable while eating and drinking. It is usual for patients to be on strong painkillers by the end of treatment and for some weeks after treatment while the tissues heal. Your healthcare team will discuss how to take painkillers regularly so that they are most effective, helping to keep any pain under control. Please use your painkillers as advised and tell one of your healthcare team if you are having any side effects from them. These side effects can be managed so that you stay comfortable and able to carry on with daily activities.
- Attend the weekly Monday review clinic during your treatment. You will be seen by the oncologist, specialist nurse, dietitian and SALT. This may mean you are in the clinic for a few hours.
- Follow your nutrition plan from the dietitian. If you need more advice, please ask.
- It is very important that you follow the advice for looking after your mouth. Regular mouth care will help with your comfort and the prevention of infection.
- If you have any concerns or questions talk to your healthcare team.

How will I feel once my treatment has finished?

Within 8–12 weeks of finishing your radiotherapy, most of your side effects will have settled. Some will carry on improving over many months, but some changes may stay.

You may have ongoing difficulty chewing and swallowing your food. If this happens a SALT will give you advice on consistency and textures of food. They will suggest swallowing techniques which may be easier for you. The dietitian will advise you about what foods to eat so that you get the right nutrition to help you recover from your treatment.

Most patients feel tired and lethargic at some stage during and after their radiotherapy. This is to be expected. For some patients this can last many months or even years. Try to pace yourself and not do too much. Some gentle exercise can help with tiredness. See the LJMC factsheet ‘Living with tiredness (fatigue) (HHC229)’.

It is unwise to become sunburnt on any part of your body. Try not to expose the treated area to the sun at any time. You will need to apply a high protective factor sun cream to the treated area for the first year after your treatment if you cannot keep it covered when you are in the sun. Please ask your oncologist or specialist nurse for advice on how to deal with long-term symptoms.

Will I need to have physiotherapy?

We advise patients who have had surgery and/or radiotherapy to attend for physiotherapy. You will be given instructions on exercises to improve neck and shoulder movement. Your doctors, specialist nurse or SALT will refer you to the physiotherapist.

What is lymphoedema?

When your initial side effects of treatment have eased, you may notice swelling around the neck area or under the chin. This happens because the fluid from the head and neck area may not be able to drain away from the tissues in that area. This is an effect of surgery and/or radiotherapy. It is called lymphoedema. It may happen 6–12 weeks after finishing radiotherapy.

If this happens to you, please tell your oncologist or nurse. They will arrange for you to be seen by a lymphoedema therapist who will use special massage techniques to improve the circulation of fluid in these areas. This will usually settle over time.

When will I see the oncologist after my treatment has finished?

You will be seen weekly for about 6–8 weeks after your treatment has finished. This will depend on the type of treatment, and the side effects you have. Your specialist nurse or radiographer will advise you when you will be seen.

As soon as your side effects have settled you will be referred back to your original hospital or clinic to see your oncologist, surgeon, SALT, dietitian and nurse.

To start with you will be seen there every 4–6 weeks. As time passes these appointments will be less frequent, i.e., every 2–6 months. The reason for these appointments is to check that your side effects have settled and that your cancer is not returning.

You should be contacted with a date for the first of these appointments within two weeks of your last appointment at Mount Vernon. If you have not heard from us, please contact your consultant's secretary.

How can I get to hospital?

If possible, patients should provide their own transport to hospital. This may mean that you start your treatment sooner and that you will not have long waits for your transport to take you back home. You might like to have a friend or relative come with you.

If you provide your own transport, you can get help with your travel costs (bus, train or car mileage) if you are getting any of the following benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-based Employment and Support Allowance
- Universal Credit
- the Guarantee Credit part of Pension Credit
- if you have an HC2 or HC3 certificate.

If you are eligible, the Patient Affairs Department will pay your travelling expenses. You will need to bring proof that you receive one of the benefits, your travel receipts and your appointment letter. Patient Affairs is located at the main hospital reception near the restaurant and is open Monday–Friday 8.30am–4.30pm.

Department of Work and Pensions (DWP) rules state that we cannot refund taxi fares. Your head and neck nurse can apply for a Macmillan grant which can be used towards travel costs. This is means tested.

If you are on a low income or travelling long distances but not getting any of the above benefits, you may still be able to get some help. Get the HC1 claim form from your local DWP office or Patient Affairs Department. This grant is means tested.

If you are unable to provide your own transport, hospital transport can be requested but 48 hours' notice is required. Please speak to a member of your health care team if you need transport. If you wish to cancel your transport, please give as much notice as possible.

If you have a morning radiotherapy appointment you would need to be ready for pick up from 7am onwards. If you have an afternoon appointment you need to be available from 12 noon onwards. We cannot give an exact pick-up time.

Car parking at the hospital

A Pay & Display parking scheme operates 24 hours a day. Cancer patients have a £1 concessionary parking rate but must register for this.

Registration forms are on the back of appointment letters or are available at the Cancer Centre Reception desk.

On your first visit, take your registration form to one of the following offices (Monday–Friday), where you will be given a yellow Concessionary Parking Pass:

- **Facilities Office**: 8am–4pm
- **Car Parking Office**: 8am–1pm and 2pm–4pm
- **Post Room**: 8.30am–12pm and 1pm–4pm

Buy a Concession ticket for £1 at the Pay and Display machine and display this and your yellow pass on the car dashboard. Your yellow pass can be used in any car.

Blue Badge holders do not need to register or pay. Please display your Blue Badge on your dashboard and make sure you park in a parking bay.

Am I entitled to financial help?

If you work, it is advisable to inform your employer that you may need up to 6–9 months off work.

We know that this may impact upon your household income, and we would advise you to contact the LJMC (see back cover). Advice is also available on benefits for carers.
Your specialist nurse will be able to give you advice on Macmillan grants and give you information about Macmillan's benefits service.

Further information

People who have cancer often say that, during their illness, they experience a range of emotions. Many find it to be a stressful, anxious and confusing time.

If you have any questions or concerns about cancer and your treatment, are struggling to cope or need some support, please visit the Lynda Jackson Macmillan Centre (LJMC). Please feel free to drop in before, during or after any of your visits to the Cancer Centre.

The team at the LJMC works as part of the overall team caring for you to provide help, support and information in a relaxed setting to help you better cope with cancer and its treatment. Your family and friends are also welcome to visit the centre or call the Helpline.

A range of support services are available at the centre. These include complementary therapy, relaxation sessions, counselling and financial advice. Please ask for more details.

You do not need an appointment to visit the LJMC which is located next to the Chemotherapy Suite by Gate 3. If you are unable to get to the LJMC, you can call the Helpline on **020 3826 2555.**

Some patients find it helpful to meet and discuss their experiences with other patients who have been through similar treatment. Details of support groups are below or, if you would like us to arrange for you to meet another patient, please speak to a member of your health care team.

There is a great deal of help and support available, including:

Head and Neck Cancer Support Group

The group meets on the second Tuesday of each month at 4pm at the Post Graduate Centre at Mount Vernon Hospital. You do not need to book, just turn up. It offers a chance for patients and carers to share their experiences, discuss concerns and get practical advice.

A head and neck specialist nurse is always at this group. The group also has its own Facebook page: Moving on from Head and Neck Cancer. The Swallows Head and Neck Cancer Support Group

- Website www.theswallows.org.uk
- Telephone 07504 725 059
    - 24/7 support line

Moving on from Head and Neck Cancer

A two-day self-help workshop for patients and carers. We recommend that all our patients attend. Carers are also welcome. You will be given important information about living well after head and neck cancer treatment and how to cope with any side effects. Please call the head and neck nurses on 020 3826 2089 for more information about this workshop.

Head and Neck Cancer 'What can I tell You?' videos

A series of short videos developed by the head and neck patient group at Mount Vernon Cancer Centre. They give an insight into some concerns you may have before, during or after treatment. There are links to these videos in the Head & neck cancer section on

- www.ljmc.org/information.

Lynda Jackson Macmillan Centre (LJMC)

A range of support and information services is available for patients and their families at the LJMC. The centre is located next to the Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the team caring for you.

Please feel free to drop in before, during or after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

Services include complementary therapy, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on **020 3826 2555**.

Where can I get more information?

At the Lynda Jackson Macmillan Centre there is an extensive range of leaflets on all aspects of cancer and its treatments. Please feel free to drop in before, during or after any of your visits to Mount Vernon Cancer Centre to ask any questions you may have.

The LJMC website also has links to many sources of information and support. Follow the links to the Head & neck cancer section from **www.ljmc.org/information**

We have produced a range of factsheets that you may find helpful. These are available from the LJMC and can also be downloaded from the website.

- Chewing and swallowing problems (HHC224)
- Living with tiredness (fatigue) (HHC229)
- Loss of appetite (HHC214)
- Managing taste changes (HHC244)

Resources

Changing Faces:
National charity offering written information and telephone support for people who have disfigurements of the face.

- Telephone 0300 012 0275
- www.changingfaces.org.uk

Macmillan Cancer Support:
Information and support services to patients and carers. Includes benefit advice.

- Telephone 0808 808 0000
- www.macmillan.org.uk

Cancer Research UK:
Information for patients and carers.

- Telephone 0808 800 4040
- www.cancerresearch.org.uk

Cancer Black Care:
Information and support to all members of the community, who are affected by cancer.

- Telephone 020 8961 4151
- www.cancerblackcare.org.uk

Useful contact details

Head & Neck specialist nursing team:

- Mobile 07825 025499
- Office 0203 826 2089

Radiotherapy clinic radiographers:

- Telephone 020 3826 2612 / 2613 or 07825 024058

Speech & Language Therapy (SALT):

- Mobile 07825 034934
- Office 0203 826 2124

Lynda Jackson Macmillan Centre:

- Telephone 020 3826 2555

Dietetic department:

- Telephone 0203 826 2129

24-hour Acute Oncology Service Mount Vernon Cancer Centre:

- Telephone 07825 028855
    - Please note: This is not a walk in service, and you require an appointment to be seen.

MVCC Contact Centre:

For general enquiries and appointments

- Telephone 0333 332 5470

Other Emergency details:

If you need urgent help or advice, please call.

- Your GP or NHS 111
- Your local Emergency Department (A&E)

Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

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