

**Patient
Information**

Radiotherapy for skin cancer

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Radiotherapy

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Introduction

Your oncologist has recommended that you have a course of radiotherapy. This leaflet gives you information about the planning, delivery and side-effects that you may experience during and after treatment.

Please be aware that radiotherapy centres are training areas for doctors, nurses and radiographers. Students may be present in the department but they are supervised at all times. If you would prefer not to have students present during your treatment, please let a member of staff know.

You may find it useful to write down some questions before you start your treatment. A space is provided towards the end of this leaflet for you to do so.

What is radiotherapy?

Radiotherapy is the use of radiation to treat a disease, most commonly cancers. The type of radiotherapy you will receive may be superficial radiotherapy (low energy X-rays that only penetrate a short distance into the skin) or external beam radiotherapy which is either strong X-rays or electrons.

Radiotherapy causes physical and chemical damage to the cancer cells in the treated area of the skin. The treatment will cause damage to the normal cells in the area too, but they can repair themselves much more effectively than the cancer cells. This damage is what causes the side-effects you are likely to experience during the treatment.

Your treatment will be divided evenly into a number of sessions (fractions), usually given during the week, with a rest at the weekend. Some departments work at weekends, or weekend treatments may be given around bank holidays or in the event of a machine breakdown.

The treatment delivered will be exactly the same every day and should take between 10 to 20 minutes. The number of sessions you have will vary depending on a number of factors. For this reason, each patient's treatment is specially tailored to them, and even those with the same type of cancer as you may receive different treatments.

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The radiotherapy will be delivered by a team of therapeutic radiographers, who will see you every day and can answer your questions about radiotherapy, as well as help look after you during your treatment.

When is radiotherapy used for skin cancer?

- When the cancer is too large or in a difficult site for surgery.
- If you are offered but decline surgery; or you may not be fit enough for surgery.
- When radiotherapy will usually give a better cosmetic result than surgery (for instance, when the nose is involved).
- When there has been a big operation to remove the cancer and it is considered that radiotherapy might reduce the risk of recurrence.

Radiotherapy planning

Before you can start your radiotherapy, your treatment needs to be planned. Everybody's treatment is planned individually to make sure that all of the area needing treatment is included and that other areas and organs are avoided as much as possible.

At your first clinic appointment with the oncologist, you will be asked to sign a consent form confirming that you wish to go ahead with the treatment. Your oncologist will explain any risks and answer any questions you may have about the treatment. You may also have some non-permanent marks drawn on your skin. Do not worry if these marks fade as photographs will also be taken to help reproduce the area for treatment. You will always be asked for your permission before any photographs are taken and the images are protected by our privacy policy.

It is very important that we can target the radiotherapy as accurately as possible so it may be necessary for you to have a CT scan lying in the same position as for treatment. This will allow us to locate the area to be treated.

It may also be necessary for a mask to be made to help you keep your head still or to shield sensitive areas of the face. Your doctor or a radiographer will explain this to you if it is needed.

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Depending on the treatment area, you might have lead shielding made for you. This is to protect nearby areas of the body from radiation. For example, if you have skin cancer on your nose, your radiographer or mould room technician might mould a narrow strip of lead to fit your nostril.

In cases where it is necessary to give radiotherapy close to the eyes, a small eye shield, similar to a contact lens, may need to be placed inside your eye lid to shield it from the X-rays. This would be done before each treatment. Local anaesthetic drops will be used before the lens is inserted. When the lens is removed after your treatment, an antibiotic gel will be put into your eye to reduce the risk of infection.

Your eye will feel numb after the anaesthetic. An eye pad will be placed over your eye which you will be asked to wear for at least 4 hours. During this time, you are advised not to drive. Your doctor will explain at your clinic appointment if this is required for your treatment.

Once the area has been marked up, you will be contacted at home with a date and time to start the treatment.

Having your treatment

The first day of treatment is usually a little longer than the others as the team will have to do extra checks to make sure everything is correct.

You will be asked to lie on the treatment couch in the same position as you were when the treatment was planned. You will be asked to keep still and breathe normally.

The radiographers will help you get into the right position and put on any moulds or shields that you might need.

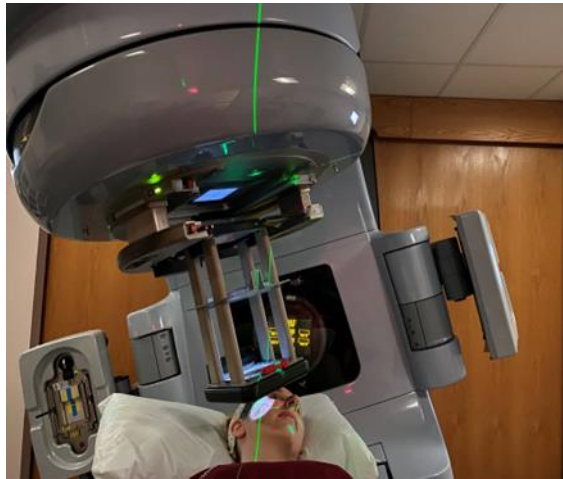
They will use the photographs and measurements to get you in the correct position.



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The radiographers will put part of the machine (applicator) on or close to your skin, depending on the machine being used. This will not hurt.

The machine will remain in this position for the whole treatment. The radiographers will then leave the room to switch on the machine. The radiographers will be watching you on a closed-circuit TV monitor. The treatment will only take a few minutes.



You will not be able to see or feel the radiotherapy as it is not painful. The machine may make a buzzing sound.

Radiotherapy does not make you radioactive. It is perfectly safe to be with other people, including children, throughout your course of treatment.

Please note that the treatment machines in your department may look slightly different to the ones in these pictures.

Side effects of the skin

The majority of side-effects from radiotherapy are predictable, expected and temporary (short term side effects), while other side-effects can be chronic (long term). Everyone's healing is different so you may find you experience some or all of these symptoms. Likewise, you may recover very quickly or it may take a while longer.

Radiotherapy for skin cancer only affects the area treated. You will not feel sick from the treatment or lose your hair, unless your skin cancer is in an area covered by hair.

You should be able to continue your usual activities or work throughout your treatment, but may feel a little more tired than normal. We suggest that you try to eat a well-balanced, healthy diet and drink plenty of fluids during your course of radiotherapy, as this may help your body to cope with the effects of the treatment.

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The radiotherapy has a delayed effect; this means that you usually do not notice any side effects until the end of the second week of treatment. Side effects usually start off mild and slowly build up during the course of your treatment. If you have treatment over a short period of time it may happen after your treatment has been completed.

You may notice that the skin becomes red and sore in the treatment area, and may feel itchy. To help minimise this, here are a few tips:

- Wash the area gently with warm water and your usual soap then pat dry with a soft towel. Do not rub.
- Wear loose fitting cotton clothing next to the skin.
- Moisturise the area using your own moisturiser, unless there are any scabs or areas that bleed. If you are buying a new product, choose one which is Sodium Lauryl Sulphate free.
- Avoid using make-up, perfume or talcum powder in the treatment area.
- Protect the skin from sun or cold wind by covering the area with clothing / accessories where possible.
- Avoid scratching the treatment area.
- Avoid wet shaving if possible.
- Avoid using a hairdryer (if the scalp is being treated).

During treatment, the skin may become flaky or a scab may develop over the treatment area. In some instances, the skin may become moist and weepy. The radiographers will give you advice on how to manage this.

If the area needing radiotherapy is close to your eyes, they may become sore and dry but your sight should not be affected. There is however, a small risk of cataract formation in later life.

If the treatment area is close to your nose, you may get some crusting inside the nose and experience some bleeding from the nostril. This will be temporary.

If the treatment area is close to your lip, a small area of the lining of the mouth will get sore or may crack and blister. It may also bleed a little but this will settle in a couple of weeks.

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If you have radiotherapy to a part of the body that has hair, you may have some hair loss. The hair will start to grow back some time after treatment has finished.

Any side-effects you experience will be monitored regularly by a radiographer who can give you advice on how to manage them. Please report any symptoms that cause you discomfort. Side effects are expected but medication can be prescribed that will ease your discomfort.

After radiotherapy

At the end of your course of treatment, the radiotherapy staff will advise you about continuing skin care, as the treatment will continue to work for 10 to 14 days.

The area may become crusty and scab over but will gradually improve over the next 6 to 8 weeks, this could differ depending on your skin type and the area treated. When the scab falls off, there will be healthy skin underneath. Sometimes a crust can form a second or third time before healing is complete. This is a normal pattern of skin response and healing following this kind of treatment. You will be given the contact details for the department or radiographer review team if you have any concerns about healing after treatment, so please call if you are experiencing any problems or would like some reassurance.

The area of skin treated will be more sensitive than usual for at least a year after radiotherapy. Be careful in the sun and use a sun screen of SPF 50 or above, wear a wide brimmed hat if the facial area was treated

Although all patients are glad to have finished their course of radiotherapy, it is quite normal to feel anxious as to what happens next. Please do not feel abandoned; if at any time between appointments you are concerned about anything, please contact your radiotherapy department or GP. They will be able to discuss any concerns you may have and make an earlier appointment if necessary.

If you need urgent help out of normal working hours, please contact **NHS 111** for advice.

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Follow up

You will be sent details for a follow-up appointment with your oncologist. This may be several weeks or even up to 3 months after your treatment has finished. This period of time makes sure that all the side effects have time to settle down. You will be given further information about what to expect after treatment at your last appointment.

Long term side effects

The skin in the treated area may look paler than the surrounding skin and feel quite thin and papery. Sometimes the skin may develop superficial thread veins in the treated area.

There is a small risk of cartilage damage if the area treated is near your nose or ear.

Scarring from radiotherapy is usually mild. Over time, scars tend to fade.

There is a very small chance that radiotherapy may not get rid of the cancer.

Second cancers

There may be a slightly higher risk of developing another skin cancer for those people who have had successful treatment with radiotherapy than there is in the rest of the population. It is not clear whether this is due to the treatment or if it would have happened anyway. The risk of a second skin cancer later in life is considered minimal compared to the risk you would face if your cancer is not treated.

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Questions

Please use this space to write down any questions you have, to help you remember to ask the team at your first radiotherapy appointment.

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Further information

Further information is readily available online; we would recommend beginning with:

Macmillan Cancer Support

Website: www.macmillan.org.uk



Cancer Research UK

Website: www.cancerresearchuk.org



The QR codes above and below will direct you to further resources relating to your radiotherapy treatment. You can use your smartphone camera to scan the codes.

Macmillan - Understanding Radiotherapy

Website: www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets/understanding-radiotherapy



The Society and College of Radiographers - Radiotherapy Skin Reactions

Website: www.sor.org/getmedia/e091da21-6dc8-47fb-9e08-094a0cb3135e/5056_-_sor_design_doc_a_patient_infosheet_-_skin_care_a5_leaflet_llv2-1_2.pdf



Patient Information

Further support will be available locally. Please speak to your oncology team who can advise what local charities are there to help you, and what support groups are available near you.

Your data

All personal images and photographs taken during your radiotherapy will be used in accordance with the local Trust policy on the protection and use of patient information.

Please visit the Gloucestershire Hospitals NHS Foundation Trust's 'Privacy notice' at www.gloshospitals.nhs.uk/privacy-notice/ for more information.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>