

Chemotherapy: advice on staying well during your treatment

Cancer Services

Information for patients

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Useful telephone numbers for oncology patients

For general enquiries about your chemotherapy, please call 0116 258 6107 (Monday to Friday 8am to 6pm).

Please telephone the emergency number 0808 178 2212 at any time if you are unwell while on chemotherapy.

Useful telephone numbers for haematology patients

Osborne Treatment Centre 0116 258 5263

(Monday to Friday 8am to 4pm)

Ward 41 (24 hours) 0116 258 6832

Please telephone the emergency number 0808 178 2212 at any time if you are unwell while on chemotherapy.

Important

Please telephone the **emergency number immediately** if you have any of the following:

- a high temperature (**37.5°C or higher**)
- a low temperature (**below 36°C**)
- any unexplained bruising or bleeding
- a sore mouth (especially if its interfering with eating or drinking)
- nausea/ sickness which makes drinking fluids impossible

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit

Introduction

If you, or a member of your family, are about to start a course of chemotherapy, you may have many questions.

This booklet aims to answer some of these questions, giving you general information about your treatment. Your doctor or nurse will be able to answer any specific questions or explain anything that you do not fully understand.

Notice that throughout this booklet we refer to 'your doctor'. We are referring to your Oncology or Haematology Consultant, or members of their team, at the Leicester Royal Infirmary and not your own GP.

What is chemotherapy?

Chemotherapy is a treatment used to destroy or control cancer cells. The drugs are carried by the bloodstream and can reach cancer cells all over the body. All chemotherapy drugs affect the ability of cancer cells to divide and reproduce, each drug does this in a slightly different way. This is why we often give a combination of drugs.

There are many different types of chemotherapy drugs, given over different lengths of time and in different ways. Treatment times vary, depending on the chemotherapy you are receiving, but the important thing to remember is that your doctor has prescribed the regime which he/she feels is most suitable for you.

Chemotherapy may be used on its own, or in combination with surgery, radiotherapy and immunotherapy.

Each chemotherapy dose is tailor-made for each person based on their height and weight.

Chemotherapy is pre-ordered, but most of it cannot be made and released from pharmacy until we have your blood results.

Clinical trials

Before starting any chemotherapy treatment, you may be given the option of entering a clinical trial. If this is the case, you will be given a separate information booklet about clinical trials and will meet the research team who will discuss this fully with you. The decision to enter a clinical trial is always yours. If you do not wish to enter a clinical trial, your doctor will discuss other standard treatment options with you. If, for any reason, you feel you cannot continue with a trial, you are free to withdraw at any time.

How is chemotherapy given?

Chemotherapy may be given a number of different ways, depending on the type of cancer you have and the drugs used. The most common methods of treatment are:

- **By injection into a vein (intravenous bolus) or through a drip (intravenous infusion):** a fine needle called a cannula will be inserted into a vein, usually in the back of your hand. The treatment is given by a nurse and is no more painful than any other injection or blood test. If you do feel pain or discomfort during the injection, please tell the chemotherapy nurse immediately.
- **Subcutaneous:** a short needle injected just under the skin without puncturing muscle tissue.
- **Infusion pumps:** these are used to give a controlled amount of drug/s into the bloodstream over a number of hours or days.
- With some treatments, patients go home with an **ambulatory pump**; this will reduce the amount of time spent in hospital. These pumps are compact and you will be given a separate leaflet about this as necessary.
- **By mouth:** some chemotherapy can be given as a tablet, capsule or liquid. It is important that you complete the course you have been given and take the medication exactly as prescribed.
- Sometimes those requiring chemotherapy over a number of days, or people with difficult veins, may require a different form of access into a vein:
- **Central line (sometimes called a Hickman line):** this is a tube which is inserted into a vein in your chest and is put in place under local anaesthetic. The central line can be used both to give chemotherapy and to take blood and can be left in for the duration of your treatment. This reduces the need for needles. The line can remain in place for many months.
- **PICC line:** also a central line but is placed in the arm. Again this is put in under local anaesthetic and can be left in for the duration of your treatment.

How often is chemotherapy given?

This depends on the type of cancer you have, the particular treatment given for that cancer and how your body responds to the drugs.

In most cases each treatment of chemotherapy will be followed by a rest period which could be between one and six weeks, depending on the chemotherapy you are having. This allows your body to recover from any side effects of the treatment.

The time from one treatment to another is called a 'cycle'.

It may take several months to complete all the chemotherapy cycles needed for the treatment of your cancer.

At the end of a certain number of treatments, a series of tests may be performed to see if your cancer has responded. Your doctor will keep you informed about these.

Where will my chemotherapy take place?

Chemotherapy is given on the Chemotherapy Suite, on Osborne Treatment Centre or as an in-patient on the ward. Your doctor or nurse will explain fully what your treatment involves before it starts and tell you if you require admission to hospital, or if you can be treated as a day patient.

New case talk

Before chemotherapy treatment begins you will have an appointment with a chemotherapy nurse or a cancer nurse specialist. This can take up to 1 hour. At this appointment you will be given the date and time of your first chemotherapy treatment, together with verbal and written information about the treatment you are to receive. You will be given the opportunity to ask questions about your treatment. Where possible, this appointment will be at least 48 hours before your treatment is due to start.

This appointment is usually held over the telephone but can be arranged to take place within the department if considered appropriate to your needs.

Giving consent for chemotherapy

- You have a legal right to withhold consent prior to treatment, and can therefore refuse treatment.
- You should be given sufficient information, in a way you can understand about the proposed treatment, the possible alternatives and any significant risks.
- You must be allowed to decide whether you will agree to the treatment proposed, and you can withdraw consent at any time.
- We are here to help you. We will explain the proposed treatment with possible alternatives to you. You can ask any questions about this as you feel necessary or seek further advice.
- You can ask a relative or friend to be with you.
- Training the professionals who work in the health service is essential both to maintain it and to improve patient care. Your treatment may provide an important opportunity for such training. You may of course refuse to participate in this training without adversely affecting your care and treatment.

How long will I be in hospital?

Chemotherapy treatments are very complex and have to be given by specially trained nurses. Some treatments can be as quick as ten minutes but most take between one and six hours. The majority of chemotherapy patients will be in the Osborne Treatment Centre or chemotherapy suite for most of the day. Speak to your consultant or nurse about how long your treatment may take.

Can I have visitors while I am receiving my treatment?

Hospital employees are required to follow certain regulations, including acts of law, in order to ensure patient, visitor and staff safety. These include:

- hospital regulations
- health and safety regulations
- fire regulations
- building regulations

As a result of this it is necessary for us to limit the number of friends or relatives who attend with you. One person may attend with you for your first treatment only. If you need additional support for further visits, please speak with one of the nurses within your treatment area.

Blood tests

Blood tests will need to be done before each course of chemotherapy. It is very important that these **blood tests are carried out** as they give us information about:

- how your liver and kidneys are working
- the number of red cells, white cells and platelets in your blood.

The body makes red cells, white cells and platelets in the bone marrow. However, chemotherapy can affect the bone marrow, causing a temporary fall in the number of these cells.

Chemotherapy treatment may have to be delayed if your blood count has not returned to normal after your last cycle of treatment. Your treatment will normally be delayed for one week, but sometimes it can be delayed for longer.

White blood cells: help to fight infection. A reduction in the number of these cells usually occurs with chemotherapy and means that you will be more prone to infection (this is discussed in more detail later in this booklet). The cells most affected are called 'neutrophils', and a reduced number of these is referred to as 'neutropenia'.

Platelets: help clot the blood to prevent bleeding. If the number of platelets falls, you may notice that your skin bruises more easily than normal, your gums bleed when you clean your teeth, or you may see blood in your urine or faeces. It is important that you report any bruising or bleeding to the nurses or your doctor.

Red blood cells: carry oxygen from the lungs to all parts of the body and give the blood its colour. A reduction in the number of these cells is called anaemia. A mild form of anaemia may result from chemotherapy, but this usually improves without treatment. Occasionally a blood transfusion may be necessary.

When and where should I have my blood tests?

Before each cycle of chemotherapy you should make an appointment at your GP surgery to have your blood tests. This must be done on the day before your consultants clinic, whether you are due to be seen in the clinic or not. If you are not sure which day the clinic is held, please ask your nurse. If the clinic is on a Monday, you should arrange for your blood tests to be taken on the Friday before. If any of your appointments fall on a bank holiday, alternative suitable arrangements will be made for you.

Will I require any other tests?

You may have already had some tests performed before treatment. However, these may be repeated or new investigations performed before or while you are on your treatment. These are routine and will be explained to you. They may include:

- chest X-ray
- 24 hour urine collection
- electrocardiograph (heart tracing)
- CT scan (computerised tomography)
- MRI (magnetic resonance imaging)
- ultrasound
- bone marrow aspiration
- lumbar puncture
- echocardiogram (scan of your heart)

Some of these tests may help the doctor when deciding which chemotherapy you should receive and to check whether you are responding to treatment. Please feel free to discuss these with your doctor.

You first chemotherapy treatment

You can eat and drink normally on the day of your treatment.

You will have been seen by your consultant or a member of his or her medical team one or two days before your treatment is due. The doctor will have discussed your treatment with you and answered any concerns or questions. After confirming that your blood results are satisfactory, the prescription for your treatment will have been sent to pharmacy where your chemotherapy will have started to be prepared in advance.

The nurse will call you when your treatment is ready. We aim to begin your treatment within thirty minutes of your appointment time. Before starting your treatment, the nurse will explain what is going to happen. The nurse will be able to answer any questions you may have.

If you have not started your treatment within thirty minutes of your appointment time, please mention this to a member of staff.

If you wish, you may bring and use electronic readers, laptops and tablets. You may also use your mobile phone.

Important: University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings.

Making an appointment to see the doctor

You may not see a doctor at every visit, so if you have a problem you want to discuss with your doctor, please telephone us in advance.

Will I have any side effects?

Many people complete their treatment with minimal side effects and are able to lead normal lives throughout the whole period.

All chemotherapy drugs can cause side effects. These vary considerably depending on the type of treatment given and the way you respond to the drugs. Reactions may also vary from treatment to treatment.

It is important to remember most side effects are temporary and will gradually disappear. However, some side effects can be long term.

Before starting treatment, your doctor and nurse will explain any side effects you may experience as a result of your treatment and offer you relevant advice.

If you are experiencing persistent side effects, it is very important that you report these and seek advice from the hospital.

If you are finding it difficult to cope with any of the side effects from your treatment, you should discuss this with your doctor or nurse. There's many types of medication that can help with these side effects.

Infection

The most significant side effect of chemotherapy is the risk of infection. Having chemotherapy treatment lowers the bodies resistance to infection (neutropenia). A minor illness can quickly become life-threatening, needing immediate hospital treatment.

If you feel unwell and/or develop a temperature of 37.5°C or higher or a temperature below 36°C you must contact us via the 24 hour emergency number **immediately**.

Some people with infections do not immediately develop a high temperature. It's very important to call the emergency number if you are unwell even if your temperature remains normal.

Contact numbers are at the beginning of this booklet. These details are also on your appointment card or book

How to reduce the risk of infection

- Wash your hands thoroughly with soap and water before preparing food, before you eat, and after you use the toilet.
- Try to avoid people who have infections, for example colds, sore throats, flu, diarrhoea and vomiting, measles or chickenpox.
- Wear protective gloves when gardening or cleaning up after animals.
- Check with your doctor before having any vaccinations or dental work.
- Try to avoid getting cuts or scrapes, as these can provide places for infection to enter your body. If you do get a cut or scrape, cover it quickly and keep it clean.

Infection

- When you take a shower or bath, dry yourself thoroughly, paying particular attention to skin folds, such as those in the groins, armpits and under your breasts. Also check your skin for any spots or rashes.
- Use an electric razor rather than a wet razor. This will prevent small cuts that may allow infection to enter your body through your skin.
- Clean your teeth with a soft tooth brush after every meal and at night. If you have dentures, these should be removed, brushed, and your mouth rinsed. Let your toothbrush dry in the air rather than keeping it in plastic or in a sponge bag.
- Try to drink two to three litres of water a day as this will keep your mouth moist and reduce the risk of infection.
- Foods and drinks rich in vitamin C (including oranges and fruit juices) and rich in vitamin E such as wholegrain cereals, eggs (thoroughly cooked) and vegetable oils are also helpful in helping your body to fight infection.

It is important, however, to carry on with your normal lifestyle. Do not stop normal daily activities such as shopping.

Nausea and vomiting

Not all drugs cause nausea and vomiting but some treatments can cause you to feel sick (nausea) and/or be sick (vomit). If you are affected, the sickness may begin within a few minutes of having the treatment or several hours or days later.

You will be given anti-sickness medication in the form of tablets before your chemotherapy is given and you will be given a supply of anti-sickness tablets to take home. These can be provided as syrups if necessary. If you find that these are not effective, then please tell your doctor or nurse. There are several anti-sickness medicines available and we can usually find one that will work for you.

Here are some useful tips to help reduce nausea and vomiting:

- take anti-sickness tablets or syrups regularly as prescribed - do not wait until you are sick, as they will not be as effective
- avoid eating or preparing foods when you feel sick
- try to eat a dry cracker or biscuit before you get out of bed in the morning. Some people find that eating ginger biscuits can help
- some people find that using 'Sea-Bands®' helps.

Problems eating and drinking

Chemotherapy may or may not cause you to lose your appetite and it may also alter your taste. It is important that you eat, little and often, even when you do not feel like eating.

Throughout your chemotherapy treatment it is important to drink plenty of liquid. We advise that you drink at least two litres (about four pints) of liquid daily. You may find this easier if you aim to drink small amounts regularly throughout the day.

If you are experiencing difficulties with your appetite, please inform your nurse or doctor who will be able to advise you and refer you to the dietitian if necessary.

Hair loss

Some chemotherapy drugs cause hair thinning or complete hair loss. Some drugs do not cause hair loss. The amount of hair lost depends on the type and dosage of drugs or combination of drugs used and again varies from individual to individual.

Hair can begin to fall out ten to fourteen days after treatment starts. For some people it takes longer than this. You may also lose your body hair. This is only temporary and your hair will grow back when your treatment has finished. Very occasionally, some people start to get their hair back before treatment is finished.

When your hair does grow back, it may be a different texture and colour, growing softer and finer or growing thicker and curlier than before. This should be temporary and eventually your hair should return to the way it was before.

It is best not to have your hair permed or highlighted whilst you are having chemotherapy and to wait about six months after completing treatment before doing so.

There are natural vegetable-based hair colouring products available, but ask your hairdresser to do a patch test before applying to your whole head.

If you have long hair and have been advised that you will lose your hair, then it is often advisable to get it cut short, as the weight of the hair tends to put added stress on the scalp, making hair loss more rapid, and sometimes more uncomfortable.

Here are some tips you may want to follow

- avoid using perm lotions or chemical dyes
- use gentle shampoo designed for frequent use
- do not use heated appliances, let hair dry naturally
- wear a bandana or scarf overnight.

For some people having certain chemotherapy drugs, using a scalp cooling system may prevent hair loss. This works by temporarily reducing the blood flow and the amount of the drug reaching the scalp. Unfortunately, the scalp cooling system does not work for everyone as it only blocks the action of certain chemotherapy drugs. Your doctor or nurse will be able to advise you about this.

Hair loss

We can arrange a wig referral for you, if you wish. You will have to pay for your wig, unless you are receiving certain benefits that entitle you to one wig free of charge. It is a good idea to get your wig before you lose your hair. For more details ask your nurse.

Some people choose not to wear a wig, and prefer to wear hats and scarves instead. A range of these can be bought from the Macmillan Information and Support Centre, situated in the reception area of the Osborne Building.

Constipation and diarrhoea

The lining of the digestive system may be temporarily affected by some chemotherapy drugs, leading to diarrhoea or constipation.

If you develop diarrhoea, it is important to drink plenty of fluid to replace the fluid that you are losing. **If diarrhoea occurs, please inform your doctor or nurse immediately.** Medication can be given to help with these symptoms. The main side effect of some chemotherapy drugs is diarrhoea and you will be given advice about controlling your symptoms. This may be by taking additional medication. If you have diarrhoea as a result of certain chemotherapy drugs, you may need to come to hospital as it can be very serious.

It is important to contact your consultant/nurse or emergency line if you have been constipated for more than three days. Constipation is easiest to treat earlier rather than later.

Sore mouth

Chemotherapy may cause the lining of your mouth and throat to become sore and sometimes ulcerated. If this happens, please ask your nurse or pharmacist about a suitable mouthwash. It is also very important to continue to clean your teeth regularly using a soft toothbrush.

Mouth soreness may be a sign of infection. It is important to check your temperature at this stage and contact your doctor or nurse for advice.

Before having any dental work carried out, you should inform your doctor and tell your dentist that you are receiving chemotherapy. Any treatment may have to be delayed or you may require antibiotics for dental work.

You will be given a separate leaflet about caring for your mouth - please read this for further advice.

Fatigue

Many people find that one of the side effects of chemotherapy is extreme tiredness that does not seem to be relieved by rest. This is quite normal and it is important that you do not overtire yourself. Try and get some gentle exercise and rest when you feel you need to. Try to get help with day to day tasks.

Skin changes

Some chemotherapy drugs may affect your skin. You may notice that it becomes dry, slightly discoloured along the veins and more sensitive to sunlight. Try to avoid too much exposure to the sun and use a high factor sun cream (SPF 50 or above).

If you have lost your hair, remember to protect your head, ears and back of your neck from the sun by wearing a hat. Any rashes should be reported to your doctor.

Your nails may also become brittle, discoloured and grow more slowly.

If your hands or feet become painful or you develop any breaks in the skin or blisters, contact the hospital immediately.

Fertility and contraception

Women

Your monthly period may become irregular or may stop completely and you may notice symptoms normally associated with the 'change of life' (menopause), such as hot flushes, dryness of the skin and dryness of the vagina. It may take many months before your menstrual cycle returns to normal.

If you are coming close to your natural menopause your periods may not return.

It is very important, however, that you do not become pregnant whilst receiving, or soon after chemotherapy, because of the risk of damage to the baby. It is therefore essential to use contraception.

Please tell your doctor or GP if you are planning to become pregnant as there is a risk that you may become infertile with some chemotherapy drugs. Before your treatment starts your doctor will discuss this with you fully. Please tell your doctor if you are using contraception, (or if you are planning to become pregnant), in case there is a need to change it.

Men

Chemotherapy can cause infertility. If this is likely, your doctor will discuss this with you and the possibility of storing sperm before starting treatment.

You may be fertile during the early stages of treatment, but it is important that you do not father children whilst receiving chemotherapy, or for a period of time following because of the risk of damage to the baby. It is therefore essential to use contraception.

If you have any worries or questions about this please ask the doctor or nurse.

Other side effects

There are other side effects that may occur which have not been mentioned above. These only occur with certain drugs and your nurse will discuss these with you, as appropriate.

Side effects specific to your treatment will be fully explained to you before you start chemotherapy. You will also be given information leaflets about your specific chemotherapy treatment.

Vaccinations

Whilst you are having chemotherapy treatment you must not be given any 'live' vaccines, for example the shingles vaccine. Please get advice from your hospital doctor before having any vaccines.

As chemotherapy affects your immune system, other vaccines may not be effective.

The 'flu' vaccine

You can have the 'flu' vaccine before or during your treatment, but please follow the advice below:

The Department of Health recommends vaccinations for people who are immunosuppressed because of disease or treatment. If you are having, or have recently finished cancer treatment, you should ask your GP practice nurse about the jab. If you are due to have, or have recently had, a bone marrow transplant, seek advice from the transplant team.

When should the vaccine be given to people who are having chemotherapy or radiotherapy?

If you are due to start treatment and have not already had the flu jab, you should have it at least two weeks before you begin treatment. This is to allow time for your body to produce antibodies which help protect you against the flu virus. If this is not possible, vaccinating between courses of chemotherapy treatment is safe and effective. While you are having chemotherapy treatment you are at most risk from infections ten to fourteen days after your last dose of chemotherapy. As the side effects of the flu jab may mimic signs of infection it is recommended that you avoid having the jab during this period.

The vaccine may be given during a course of radiotherapy.

You should not have the flu vaccine that is given nasally (through the nose) as it does contain 'live' flu virus. Live vaccines should be avoided by people having chemotherapy or immunotherapy.

It is important to know that children receive the flu vaccine nasally. You should avoid contact with children who have received this for up to 2 weeks as there is a chance of passing the flu virus onto you. If this is not possible it is recommended children receive the inactivated flu injection vaccine.

Appointments

It is important that you keep your appointment for treatment, so as to continue chemotherapy without delays if possible. Please ensure you have your next appointment before you leave the hospital after each treatment. If you wish to discuss changing or cancelling any appointment dates, please contact us as soon as possible. Treatment appointments can only be changed in certain circumstances.

The doctor may not need to see you every time you come to the hospital. This depends on the type of treatment you are having. If you would like to see a doctor and are not scheduled to, please telephone us in advance.

What happens when my treatment has finished

Once your treatment has finished, you will be given regular clinic appointments to see the consultant/registrars, who will monitor your progress.

If you have any problems between these appointments, please contact your GP or your consultant's team, so that an earlier appointment with the hospital can be arranged if necessary.

The nurses are available to help you if you have any questions or queries.

For the 6 weeks following your last treatment it is still important to call the emergency number if you feel unwell. After 6 weeks call your GP.

Car parking and hospital transport

For those having out-patient chemotherapy, we suggest you allow plenty of time to park your car as queues for the car park can develop. We understand that parking is sometimes difficult, so please do not worry if you are a bit late for your appointment.

If you require further information about car parking please ask a member of staff.

Hospital transport can only be arranged if you meet criteria based on clinical need. Please note that transport is normally for the benefit of patients only. However, if you require assistance (for example if you are blind, deaf, or disabled) you may bring a relative or friend with you.

Identifying the team

Matron: navy blue dress with red piping, or similar tunic with navy blue trousers

Senior Sister: navy blue dress with white piping, or similar tunic with navy blue trousers

Deputy Sisters / Charge Nurses: pale blue dresses with navy blue piping, or similar tunic with navy blue trousers

Senior SACT (chemotherapy) nurses: royal blue dresses with white piping, or similar tunic with navy blue trousers

Cancer nurse specialist: royal blue dresses with white piping, or similar tunic with navy blue trousers

Staff Nurses: pale blue dresses with white piping on collar and sleeves, or similar tunic with navy blue trousers

Health Care Assistants: grey tunics and navy blue trousers

Clinical Aide: teal-coloured tunic with white piping. Navy blue trousers

Housekeepers: grey-striped tunics, with salmon-pink piping. Navy blue trousers

Clerical Staff: our clinic co-ordinator and reception staff do not wear uniform

All members of staff wear identity badges.

University Hospitals of Leicester Volunteers

During your visit to hospital you may meet one or more of our hospital volunteers. They are a valuable support to patients in a number of different ways. Volunteers can visit you whilst you are in hospital, help with practical tasks such as handing out drinks, or be there to listen and talk to you. Some volunteers are trained to undertake hand massage, manicures and basic hairdressing. Volunteers will usually be wearing a turquoise blue polo shirt with 'UHL Volunteer' on the front and will always have a photo ID badge identifying them as a volunteer. If you would like more information about Volunteer Services or would like a volunteer to visit you please call 0116 258 7221 or ask a member of staff on the ward. You may also meet our Patient Partner, who does not wear a uniform but always wears an identity badge.

Day to day living

Relationships

The support of your loved ones is very important during your treatment, so try not to exclude them. Although it may be difficult to carry on the physical side of your relationship with your partner, try to make sure that your relationship is still a loving one. Spend time with your partner, just touching or hugging them when you do not feel like sex. Try not to rush things: once your treatment is completed, your sex life can gradually return to normal.

There is no medical reason for you not to have sex during your treatment, although you may experience difficulties in this area for a number of reasons:

- general tiredness
- nausea
- changes in body image
- lack of self-confidence
- coping with anxieties associated with your cancer and treatment.

This is completely normal and should gradually improve when the treatment is over.

Women may find that they experience vaginal dryness. Vaginal lubricants or moisturisers may help relieve this. Please ask your pharmacist for advice.

Men may experience difficulty getting erections after certain operations, radiotherapy or chemotherapy. If this problem persists after treatment is completed, please inform your doctor.

Chemotherapy is partially excreted in body fluids. It is therefore essential to use condoms during sex. This prevents partners being exposed to the drugs and also acts as an effective method of contraception.

Can I still go to work?

Some people feel well enough and the nature of their job enables them to continue with work, but everyone is different. There are no rules on this. It is best to discuss this with your doctor

Day to day living

Can I go on holiday?

Please discuss with your doctor before booking a holiday, as it may be advisable to wait until treatment is over. It is often possible to fit holidays in the UK in between cycles of chemotherapy. However, it may not be advisable to go abroad. Chemotherapy continues to work in the body for some time after treatment, therefore it is usually best to wait at least six weeks after your last treatment before going abroad. During treatment you may not be able to have vaccinations required to travel abroad, or they may not be effective, increasing your risk of infection or illness. If you are going abroad, you may find there may be exclusions on normal travel insurance policies because you have had a diagnosis of cancer or are undergoing treatment. The Macmillan Information and Support Centre (details at the back of this booklet) can provide information about companies that may offer travel insurance after Individual assessment.

Financial advice

Finances can be a problem, as chemotherapy treatment can be a lengthy process and can affect your ability to work.

Please contact the Macmillan / Citizens Advice Bureau Team on **0300 456 8400** for advice

Your feelings

Chemotherapy can have a profound effect on you, your family and your life. Everybody reacts in different ways, and there is no right or wrong way. It is important that you feel able to discuss how you feel with your doctor or nurse.

Fear of the unknown generates more fear and anxiety. So, if there is anything that you are concerned about, or do not fully understand, please do not hesitate to ask us.

Writing down your thoughts may help you to clarify any questions that you may have for your doctor or nurse. This will also help you to remember to ask them.

Who can I talk to?

There may be times when you want to be alone with your thoughts and feelings, and there may be times when you want to talk to someone. Patient support groups may be able to put you in touch with other people who have had, or are having, similar treatment. You may find it useful to talk to them.

Family and friends may want to help. However, they often find it difficult to talk to you for fear of upsetting you. They are afraid to say the wrong thing - so very often they do not say anything at all.

It is best to tell people how you feel, if you can. This way misunderstandings can be avoided and people are given an opportunity to show their support and love.

If you feel you would like to talk to someone who is specially trained to help you cope with your illness, there are specialist nurses both at the hospital and in the community that you can speak to. You will be offered a holistic needs assessment. This will give you the opportunity to discuss any of your concerns and possible solutions. If you have any unresolved concerns or are feeling any anxieties you can contact your cancer nurse specialist.

We hope this booklet has been of use to you. If there are any areas you feel we have missed, or there are areas where you would like more information, please let us know.

Complaints procedure

If you or your family/carers are unhappy with any aspect of your care, please discuss this with the nurse in charge of the area where you are being treated. We will try to answer any queries or concerns you may have.

If you wish to make a formal complaint, then you can contact:

Patient Information & Liaison Service (PILS)

Freephone: 0808 178 8337
Fax: 0116 258 8661
Email: uhl-tr.pals@nhs.net

Useful contacts

Macmillan Information & Support Centre

Level 0, Osborne Building
Leicester Royal Infirmary
Leicester
LE1 5WW

Phone: 0116 258 6189
Email: uhl-tr.cancerinformationcentre@nhs.net
Website: www.uhleicester.nhs.uk

Sue Young Cancer Support

Helen Webb House
35 Westleigh Road
Leicester
LE3 0HH

Phone: 0116 223 0055
Website: www.sueyoungcancersupportorg.org.uk

District Nursing Team

Phone: 0300 300 7777

Macmillan Cancer Support

Freephone: 0808 808 00 00
Website: www.macmillan.org.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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