



You are almost there!



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



TOPICS

Welcome to Week 5

Click the yellow “Next” button [NEXT ►](#) above if you want to go through the entire Week 5 step by step, or click on a button below to jump directly to a topic of interest.

Watch this video of Dr. Eileen Shinn, Assistant Professor, MD Anderson Cancer Center, as she introduces the topics this week.

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Information for Caregivers

Caregivers, [click here](#) for more information about caring for your loved one.

INFORMATION FOR CAREGIVERS

Information for Caregivers

Although treatment is nearly over, the coming weeks may still be very difficult. Some patients report that they feel the side effects of radiation most severely in the week or two *after* radiation ends.

Remember to take care of yourself. Eat regular meals, sleep well, and find time for fun or relaxing activities. Don't be afraid to ask for help from friends or family.



INFORMATION FOR CAREGIVERS

Some things for you to do this week:

Make sure you have all medications that are available only through your doctor's office before you leave for home (see below).

As a precaution, you or the patient may want to contact the physician who referred the patient to the oncology specialists. This might be the patient's ENT or primary care physician. The reason for making this contact is to make sure that doctor will be available for any medical needs the patient may experience after returning home. Ask your radiation oncologist whether he/she would recommend making an appointment with that doctor for one to two weeks after finishing radiation treatment.



If your loved one is on hydrocodone, or if they have been taking Ativan or another anti-anxiety medicine on a daily basis during treatment, get the tapering schedule and instructions from your doctor now.

Remember, you will be of no use to your loved one if you are ill or worn out. It is very important to take care of yourself, eat and sleep regularly, and lean on others for support.

Mini-Relaxation Exercise for Both Patients and Caregivers

[Click here for relaxation tips for both patients and caregivers.](#)

MINI-RELAXATION EXERCISE FOR BOTH
PATIENTS AND CAREGIVERS

The Six-Second Mini-Relaxation

This can be a very difficult time for both patients and caregivers. Here's a method known as "Six-Second Mini-Relaxation" that can help you take a quick break if you start to feel overwhelmed:

1. Become aware of what is annoying you. Is it the ringing telephone or an urge to smoke? Whatever it is, decide that you need to relax, and start the technique.
2. Silently say the phrase "alert mind, calm body" to yourself. Continue to repeat this phrase.
3. Smile inwardly with your eyes and your mouth. An inward smile is more of a feeling than an expression someone may notice. This stops the muscles in your face from tightening up in an angry expression.
4. Inhale slowly while you count to three. Imagine the breath comes from the bottom of your feet.
5. Exhale slowly. Imagine your breath moving back down your legs and out through your feet. Let your jaw and shoulder muscles go limp.



Fatigue

[Click here to learn about handling fatigue.](#)

FATIGUE

Fatigue

After 4 weeks of radiation treatment, you are probably feeling somewhat lethargic or weak. This is completely normal.

Radiation can be draining both physically and mentally, so be sure to get plenty of rest. Keep eating as much as your body can tolerate, and try not to stress. Right now, your body is doing its best to stay healthy and fight off the cancer.

Snore Relief, Breathe Right, and other nasal strips may help you sleep better by relieving dry mouth at night.

Using a cold-water humidifier at night can also help with dry mouth.

Focus and remember that this fatigue will pass. You will regain your strength and energy once again. You will once again be back to your normal activities!



Pain

[Click here to learn about dealing with pain.](#)

PAIN

Pain

Watch this video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about pain.

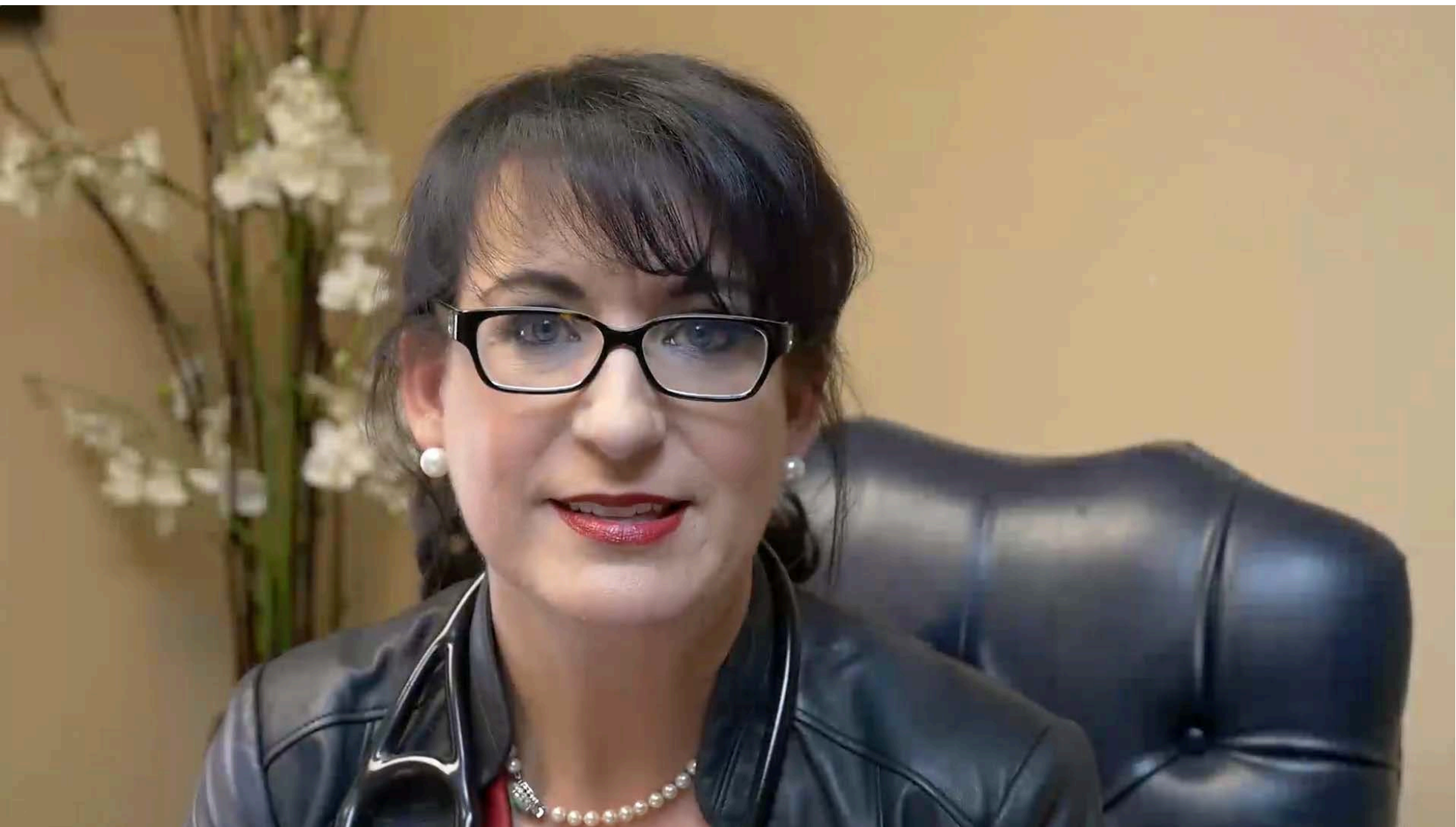
As treatment is nearly complete (only 1 or 2 more weeks to go!), you may be experiencing pain from mucositis, swallowing dysfunction, sores, infection, or other things.

It is normal to be experiencing pain. We may never achieve 100% pain free. Instead, aim to make pain more manageable.

Be sure to continue doing your swallowing exercises, and keep swallowing by mouth as much as possible.

If you need assistance in pain management, talk with your radiation oncologist, physician assistant or nurse. If you feel that you would benefit from consultation with an expert in pain management, ask your doctor to write a referral.





Taking Medications Through a Feeding Tube

Click [here](#) to learn about taking your medications through a feeding tube.

TAKING MEDICATIONS THROUGH A FEEDING TUBE

Taking Liquid Medication Through a Feeding Tube

Many medications are available in liquid form. If you are on medicines not related to your cancer or treatment, check with your pharmacist or health care team if those medicines come in liquid form, or can be crushed and flushed through the tube. If not, check if there are substitutes.

Some of the most common medicines used by head and neck cancer patients to help with their treatment are listed below:

Pain medications

(need special prescription from your doctor)

Hydrocodone (Lortab, Norco, Vicodin)

Oxycodone

Hydromorphone (Dilaudid)

Morphine

Methadone



Remember, your doctor will know the best medication for you. If you are unsure as to what to do, ask him or her for clarification.

TAKING MEDICATIONS THROUGH A FEEDING TUBE

Taking Liquid Medication Through a Feeding Tube Continued

Stool softeners

Senokot liquid – available at CVS, Walgreens or other pharmacies over-the-counter

Lactulose liquid – need prescription

Nausea medications

Zofran (ondansetron)

Phenergan (promethazine)

Reglan (metoclopramide)

Remember, your doctor will know the best medication for you. If you are unsure as to what to do, ask him or her for clarification.



TAKING MEDICATIONS THROUGH A FEEDING TUBE

Taking Pills Through a Feeding Tube

Your nutritionist will teach you about administering medications through your feeding tube.

For medications only available in pill form, some can be crushed with a pill crusher (available at pharmacies like CVS or Walgreens).

Caution: Some medications should not be crushed. Do not crush enteric coated or timed-release pills. Consult your doctor or pharmacist regarding any pill you are considering crushing.

Remember, be sure to check with your doctor, nurse or pharmacist regarding which medications should not be crushed.



Nausea

[Click here to learn about handling nausea.](#)

NAUSEA

Nausea

Your nausea may become especially bad during the next couple of weeks. Be sure to drink plenty of fluids, including broth, fruit juice and sports drinks to replace important salts that you may lose when you're sick.

If you have trouble keeping medication down, try crushing it up and mixing it with apple sauce, jelly or custard when you take it. **(Be sure to check with your doctor, nurse or pharmacist regarding which medications should not be crushed.)**

Avoid using caffeine, alcohol and tobacco.



NAUSEA

Try to Determine What is Causing Your Nausea

For example, does it tend to start late in the afternoon? If so, you might be fatigued and need a nap.

Does the nausea happen after a meal?

Try eating smaller meals instead, with a few minutes between each bite or sip.

Does the nausea occur only during the first five days or so after a chemotherapy treatment?

If so, it is likely that the nausea is caused by your chemotherapy; in this case anti-nausea medications can be effective.

Some radiation patients report that their nausea is not chemically-based, but instead is due to the thickening saliva that is constantly felt in the throat. In this case, gargling with salt water or water with baking soda may help relieve nausea.



Some patients swear by gargling flat diet ginger ale (carbonated drinks are likely to irritate your throat).

Don't forget that one of the great benefits of a feeding tube is that you can vomit through the tube instead of through your mouth; this prevents your throat and mouth from getting irritated and sore.

NAUSEA

Commonly Prescribed Anti-Nausea Medications

Note: The following list is meant to provide general information about the different types of drugs used to treat nausea. Remember, your doctor knows which medicine will work best for you and therefore you should follow his or her directions at all times. If you are unsure what to do, ask your doctor for clarification.

Remember, dehydration is a major cause of nausea and vomiting in patients getting radiation and or chemotherapy. Only hydration can remedy this; medications can not. Make sure to alert your health care team if in addition to nausea and vomiting you get light headed (especially when standing), and/or your urine is less frequent and or dark.

Name of Prescription Medication	Notes
Compazine (prochlorperazine)	This is a common general anti-nausea medicine. It is given in pill or suppository form.
Phenergan (promethazine)	This is a very common medicine for allergies and cough, but also is effective for nausea, and is in the same family as Compazine. It can cause drowsiness, but does come in a liquid.
Zofran (ondansetron)	This is a very common medicine for chemotherapy induced nausea, and is also used for radiation or chemoradiation related nausea. It can be prescribed as a pill, or as a dissolvable pill that you place under your tongue, or intravenously. One of the main side effects is constipation.
Reglan (metoclopramide)	This is a medicine used for refractory heartburn. However, it also helps to empty the stomach faster, and some patients who get chemotherapy and/or radiation can have slow emptying of the stomach that causes nausea, bloating and vomiting. It is used sometimes in patients with feeding tubes who feel they get full too fast or vomit when they insert the liquid nutrition into their stomachs.
Other drugs	There are several other drugs your doctor may try if the more common medicines do not work. These include but are not limited to Emend (aprepitant), Marinol (dronabinol), and a combination of lorazepam, diphenhydramine and haloperidol (a Compounded medication that comes in pill, suppository or gel). Often patients who get chemotherapy will get steroids with the chemotherapy to help with nausea, but most doctors prefer not to use this as a longer-term solution.

NAUSEA

Nausea: Strategy

Thick Saliva Can Cause Nausea

Thick saliva that is constantly in the throat can cause nausea.

Try gargling with salt water or water with baking soda to relieve the nausea.

Some patients swear by gargling **flat** ginger ale or diet ginger ale (carbonated drinks are likely to irritate you throat).



How to Throw Up Through Your Feeding Tube

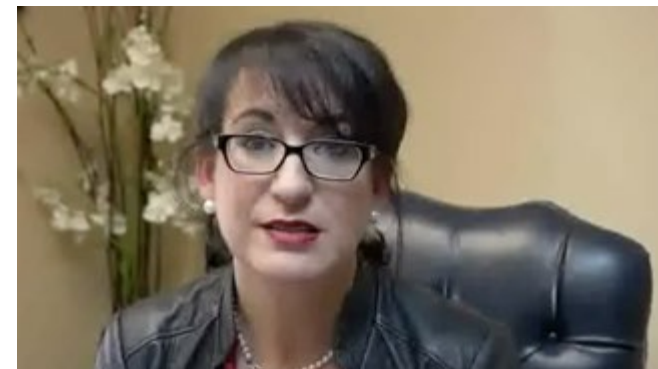
Click [here](#) to learn what to do if you need to throw up using your feeding tube.

HOW TO THROW UP THROUGH YOUR FEEDING TUBE

How to Throw Up Through Your Feeding Tube

Watch Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about how to throw up through your feeding tube.

Remember that one of the great benefits of a feeding tube is that you can throw up through the tube and bypass irritation of your mouth and throat linings. Detailed instructions are in the video.





Thrush (Candida) vs. Mucositis

[Click here to learn more about Thrush \(Candida\) and Mucositis.](#)

THRUSH (CANDIDA) VS. MUCOSITIS

Thrush (Candida) vs. Mucositis



	Thrush (Candida)	Mucositis
What it is	Fungal or yeast infection	Inflammation
What causes it	Increased acidity in the mouth promotes the environment for infection	Radiation damages the lining of the mouth
Similarities	Can be painful	Can be extremely painful
Treatments	Nystatin rinse or clotrimazole lozenges for 10 days More aggressive infections are treated with fluconazole pills.	Symptom control, including prescription and over the counter rinses and prescription pain medication

A pair of red Everlast boxing gloves is shown resting on a blue surface. The gloves are made of shiny red leather and have the 'EVERLAST' brand name printed in black on a yellow and white label on the wrist. The background is a blurred indoor setting.

“I hated every minute of the training, but I said, “Don’t quit. Suffer now and live the rest of your life as a champion.”

Muhammad Ali

WHAT DO I DO NOW?

What do I do now?

It is normal to be experiencing pain.

If you need assistance with pain management, talk with your radiation oncologist, physician assistant, or make an appointment with the clinic.

When taking pain medication, it is important to keep a record of when you took the medicine and when you had bowel movements.

If you are having nausea, try to determine whether there are any patterns to the nausea. For example, does it tend to start during the late afternoon? (Try taking a nap.) Does it happen after a meal? (Try eating several small meals.)

If your nausea is related to thickening saliva that is constantly felt in the throat, gargling with salt water or water with baking soda may help relieve the nausea.

Some patients swear by flat diet ginger ale.



Patient Stories and Tips to Encourage You

[Click here to read stories and tips from other patients.](#)

Maria's Story

“You need family support. I had my brother come in, my niece, and nephew, daughter in law, son, and some friends, too. They came separately, just a few at a time. And they didn't stay long – overnight or two nights. We had our routines that we followed – all the things we had to do that were part of my treatment – and some of my family came with us to the hospital and some of the appointments. Then they turned right around and went back home so that I could get enough rest. We wouldn't have been able to take care of all my needs comfortably and privately if we had people in and out of the apartment all the time.

My husband and I were a team – if something stopped working, we figured out something else to do. We just kept working

at it, and we got through it. During the first three weeks of radiation, we stayed active. We went out to eat, to Galveston and Old Town Spring and other places. We went walking around the apartment complex at night, when it was cooler.

Our faith was an important part of it too. We went to a church here in Houston every chance we had. We even went to the chapel in between my appointments. Then, when I felt too sick to go to church, I watched it on TV in the apartment. If there is one thing I must say – you have to believe in yourself first, support group and the one above (whoever your God may be) most of all. As the old saying goes you have to be able to help yourself do the right thing before God can help you.



My husband, family, friends, doctors, nurses and staff helped pull me through to the day when I was able to ring that bell in the radiation department. That was the moment, knowing that I was finishing the last of 33 treatments of radiation and 6 chemo treatments. For me it meant the beginning of a new life.”

PATIENT STORIES AND TIPS TO ENCOURAGE YOU

Patient Tip

“Don’t try to tough it out, ask for help.”

“Coming from the military, I felt a little bit macho going into this and it was hard for me to ask for help. It’s still hard to admit when I’m having problems dealing with something. But, the fact of the matter is that you can be so macho that you can send yourself to the grave. So don’t try and tough things out. If there is a pain response or if you need some help, then get the help that you need. Don’t try to tough this out thinking, “Oh it’ll get better on its own.” The fact of the matter is, it won’t. You can actually do some permanent damage to yourself if you don’t get help.”

Former Patient



PATIENT STORIES AND TIPS TO ENCOURAGE YOU

Patient Quotes

Tips on Nausea

“For nausea, put salt in your baking soda rinse. It helped my husband stop throwing up right away.”

“The more you lay around, the sicker you get.”

Former Patients



PATIENT STORIES AND TIPS TO ENCOURAGE YOU

Patient Quotes

Tips on Pain

“Pain patch – they’re good for three days and that made life a lot better.”

“Well, despite the pain, I told myself I wanted to keep going and get it over with.”

“The pain pills work at first, but after a couple of weeks it doesn’t help anymore.”

“You gotta tell yourself ‘It’s just another bump in the road.’”

Former Patients



PATIENT STORIES AND TIPS TO ENCOURAGE YOU

Patient Quotes

Tips on Fatigue

“You know what your own limits are. Do a little bit. You don’t need to do it all. Your strength will come back, I never doubted that.”

“Patients have to listen to their bodies.”

“Don’t think about what you have to do, think about what you’ve done.”

“Set little goals during the day like, folding towels or be proud of getting up and accomplishing little tasks.”

Former Patients



PATIENT STORIES AND TIPS TO ENCOURAGE YOU

Patient Quotes

Tips for Caregivers

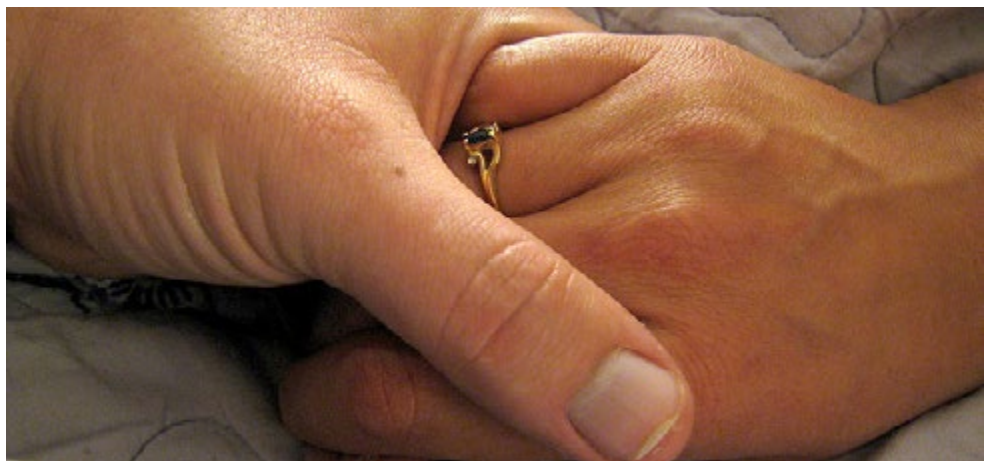
“My husband hardly used any pain medicine during radiation, so we thought we had plenty of medicine when we left to go home. Well, he went through a whole bottle very quickly after we got home. Tell future caregivers to make sure they have refills for their pain medicine!”

“My wife was so nauseated. Be general with food. Don’t suggest specific foods to your spouse.”

“It was important for my caregiver to be at meetings/appointments with the doctors because she heard things that I forgot.”

“Ask little favors. Rely on friends.”

“Have friends cook for your family.”



“Have friends involved and be part of your life.”

“None of us can do it alone. Support your team.”

“Meet basic needs – pain management, feeding, if you can. If you can’t, then call others for help.”

“My advice to other caregivers it to just stay in the day. I told myself ‘There is an end to this.’”

“God held my hand during radiation, and my wife held my hand every other second.” – Former Patient

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