

Skin Care

During and After Chemotherapy and Radiation Therapy

During your course of treatment, you may encounter reactions to your skin. These reactions are usually temporary and depend on your individual sensitivity. If you notice redness, itching, or drying of the skin, especially within **Radiation markings**, please notify your doctor or nurse. If you are receiving Radiation, keep area clean and dry. **DO NOT** scrub off marks applied to the skin.

Common Side Effects

Radiodermatitis: Is a common side effect of radiation therapy. It is characterized by redness, swelling, scaling and possibly peeling of the skin at the site of radiation.

- People with fair skin may be more prone to this type of reaction than those that are not fair skinned.
- Notify MD immediately if skin begins to peel (like after a sunburn).
- Use lukewarm water, never hot, when bathing and gently pat your skin dry. Do not rub.
- Wear loose fitting clothing; lightweight cotton is the best. Avoid scratchy fabrics such as corduroy and wool. For women getting radiation to the breast avoid wearing bras with an under wire.
- Avoid extremes in temperatures from heating pads to ice packs. This also includes exposure to the sun and extreme cold. Keep indoor temperatures comfortably cool.
- Wash area with water and cotton balls or gauze. If using soap, it must be **VERY MILD SOAP**.
- Do not apply ointments or medications used for ordinary burns or cuts without speaking to your doctor.
- Do not apply heavy creams, deodorants, lotions, after shaves, perfumes or body oils. These may dry out your skin even worse. Speak to your doctor or nurse if dry skin becomes bothersome. They can recommend lotions or treatments for your specific condition.
- Shave with an electric razor, and avoid aftershave lotion.

Radiation Recall: A severe skin reaction often seen when chemotherapy is given with or soon after radiation therapy.

- May occur up to 15 years after radiation therapy.
- Occurs with certain chemotherapy agents such as: adriamycin, actinomycin- D, methotrexate, bleomycin, cyclophosphamide, 5-flourauracil, hydroxyurea, vinblastine or vincristine.
- Notify MD if you may develop redness, tenderness, or wet peeling skin.
- Treatment is usually given to relieve symptoms and prevent infection.
- Stay out of the sun and avoid tanning beds. If you must be in the sun, use protective clothing. Ask you doctor about using sunscreen.

Itching (Pruritis): May be caused by cancer treatment or the cancer itself. Some tumors (Lymphoma and Leukemia) produce a substance that stimulates the need to scratch. Do not scratch areas that are irritated or broken down especially over the site for radiation.

- Drink plenty of non-caffeinated liquids, avoid alcohol. We recommend at least 2 quarts of water daily; unless your doctor tells you otherwise.
- A lukewarm bath with soothing substances such as oatmeal, cornstarch, or baking soda may help to relieve symptoms.
- Cool wet packs may be applied over the site
- Wear loose fitting clothing; lightweight cotton is the best. Avoid scratchy fabrics such as corduroy and wool. For women getting radiation to the breast avoid wearing bras with an under wire.
- If the itching becomes worse, contact your doctor and they may prescribe a steroid cream or an antihistamine (i.e. diphenhydramine or hydroxazine).

Continued on reverse

Skin Color or Texture Changes: Mild itching, dryness or tanning is common during radiation therapy. Skin folds may have an enhanced skin reaction.

Hyperpigmentation: A temporary condition that may be “blotchy” or generalized. May appear at the site of the IV infusion but can be seen over the joints or around/ under nails. Commonly seen with the following chemotherapy agents: melphalan, busulfan, cyclophosphamide, 5-flourouracil, adriamycin, daunorubicin, bleomycin and topical BCNU.

- Usually appears 2-3 weeks from the start of chemotherapy and gradually disappears 10-12 weeks after chemotherapy ends.

Photosensitivity: Radiation therapy and some chemotherapy can cause your skin to burn easily in sunlight.

- Avoid exposure to direct sunlight. Protect and cover areas that have been treated with radiation therapy forever.
- If you must be outside in the sun, wear a wide brimmed hat and protective clothing.
- **Do not** use sunscreen unless you speak to your doctor first.

Skin Thickening (Hyperkeratosis): Is the thickening of the skin on the hands, feet, face or an area of previous trauma.

- Reverses once when treatment is discontinued.
- Commonly seen with the chemotherapy agent bleomycin.

Hand-Foot Syndrome: Characterized by a tingling or burning, redness, flaking, swelling and small blisters or sores on the palms of hands and soles of feet. Seen with certain chemotherapies such as capecitabine, 5-Flurouracil, continuous-infusion doxorubicin, doxorubicin liposomal, and high-dose Interleukin-2

- Notify MD if present.
- Avoid excessive pressure, heat and friction to soles of feet or palms of hand. Do not press down on garden tools, knives etc. with the palms of your hand.
- Use cold packs on feet and hands.
- Avoid aggressively rubbing lotions into the skin. You may **gently** apply emollients to the skin (i.e. Lubriderm, Udder Cream, Aveeno).

Sources:

www.chemocare.com 02/05/07

University Hospital Syracuse NY
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University Hospital Syracuse NY
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www.cancerpage.com 02/05/07

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