

The other side of the fence (3) – The radiotherapy marathon

Introduction

Radiotherapy to the mouth and neck is perhaps rather analogous, apart from a different time span, to running a Marathon of which I have experienced two (London 1999, 2000). It becomes tougher as it progresses and there is definitely a 'wall' where you have to dig deep to take more punishment. Unfortunately veiled warnings that it was a worse experience than the surgery which I had undergone almost three months before, were definitely correct. After an operation you experience a daily improvement (hopefully!) but after radiotherapy you get worse as it progresses and for some weeks afterwards.

In simplistic terms radiotherapy microwaves the designated part of the anatomy with photons or electrons, thereby damaging all the cells. The theory then is that the 'normal' cells regenerate over a period of time but any cancer cells are eliminated.

Pre-therapy procedures

On arrival at the Royal Surrey County Hospital you entered through a door over which was a prominent sign 'St. Lukes Cancer Centre'. I'm not sure that I wished to be reminded about the fact I had the big 'C' every time I arrived for yet another of the 30 treatments I endured.

The first event was a pre-mould screen with an image intensifier, then it was off to the 'Mould Room' which was a windowless box with plain painted walls and no pictures. A truncated No.4 Guedel airway was then put in my mouth to maintain a constant tongue position. I was then asked whether I was allergic to peanuts before they smeared my face and neck with special cream. I was then told to shut my eyes before the technicians covered my face and neck with plaster of Paris which, when set, would act as a template for making my 'Mask.' The function of the tight fitting plastic mask (fig 1) was to keep my head in an identical position for each session of therapy.

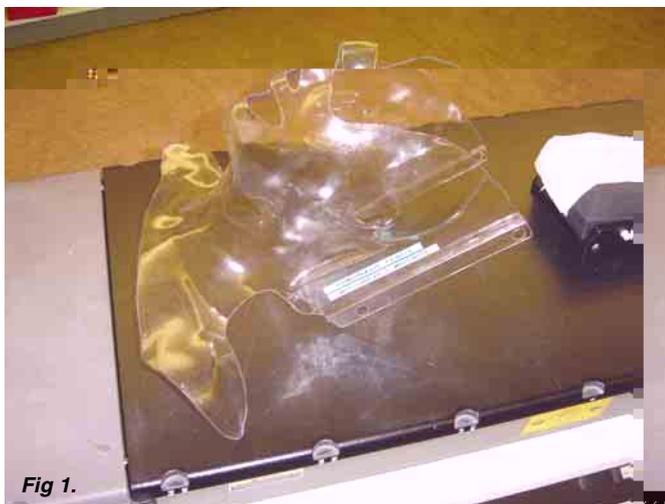


Fig 1.

A few days later I had a CT scan with the mask on, then it was off to the 'Simulator Room' where I had to lie perfectly still for nearly an hour under the somewhat claustrophobic mask while the oncologists acquired anatomical measurements using multiple X-rays from which the medical physics department could calculate the appropriate dose of therapy to the relevant areas of the neck and oropharynx. I was pleased that I tolerated the time involved as it was longer than I would experience during each treatment session.

The sessions

I have to admit that I was very anxious with a feeling of dread before each session. This anxiety never left me during the 30 sessions. I suppose the underlying reason was that with each successive session my oral mucosa and the skin over my anterior neck and supraclavicular fossae was getting progressively damaged. Taste started to disappear, I had my last takeaway curry after about 8 sessions but even then could not really taste much. Soon after this I went onto a total liquid diet. One of the worst aspects was, and still is, the smell of food and others eating my favourite meals while I could only take calories in liquid form which begin to taste like cardboard. After about 10 sessions the 'mucositis' started – this is basically multiple ulcers on the tongue and cheeks. My lower lip mucosa was also involved in this process. I queried whether this was necessary with the oncology SpR and he kindly consulted the team who agreed to put in an extra piece of lead shielding to protect the lower lip.



Fig 2.

For the first 20 sessions (fig 2) in LA4 (linear accelerator 4) I had five beams, two to each side of the neck and the final one from the front. The last took the longest time to administer the appropriate dose of 'Grays' – about 45 sec. Although I had a tape of relaxing music playing I found I always counted (one elephant, two elephant etc – giving accurate seconds) the time of each beam so I knew how long there was to go.

For the last 10 sessions I moved to LA3 where some of the photons were changed to electrons, (apparently this was to protect my spinal cord from further blasting) this required another session in the simulator and mould room.

Even though the staff were extremely kind and supportive it was still a major ordeal for me. Analgesia wise I was on co-codamol and diclophenac with zopiclone to help sleep. Fluconazole was prescribed to prevent oral candida. I regularly visited my GP which I feel was important because as a doctor it is all too easy to go down the route of self prescribing. I survived on high calorie drinks either Fortisip (300 cal/200ml) or Scandishake (600 cal per packet). The former had all the vitamins and mineral included but with the latter one needs to take appropriate supplemental tablets. I met up with the speech therapist and the dietitian every week and a regular record was kept of my weight and haemoglobin. I managed to almost maintain my pre-therapy weight probably due to my very supportive wife 'force feeding' me Fortisip!

One major factor about undergoing radiotherapy is that the whole process is extremely tiring. We had approximately 40 min drive each way from where we live to the hospital but some other patients had longer. Kind friends helped my wife by doing some of the transporting. As well as losing my sense of taste I gradually lost my normal saliva production (probably never to return), this was to be replaced by a horrible sticky secretion or exudate which became increasingly difficult to expel from my mouth. I also lost all my beard except on the upper lip and chin.

In summary

Radiotherapy for me was an extremely unpleasant experience, the effects of which will last for many months. But with cancer you must take the advice of one's colleagues and look at the potential of the more unpleasant alternative of not having such treatment. At least living in a developed Western Country there is therapy available for life's unpleasant illnesses unlike the countries in West Africa which I have visited on board the Mercy Ship *Anastasis* over the past fourteen years.

Writing this article has been therapeutic in helping memories of a personally challenging time to fade.