

UNDERSTANDING AND MANAGING CHEMOTHERAPY SIDE EFFECTS

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ASSESSING AND TREATING PAIN

Key points

- It is best to control pain before it becomes severe and hard to manage.
- All patients deserve the best pain relief.

Assessing pain

- **Rate it:** Use a 0-10 scale. (0 = no pain, 10 = worst pain you've ever had)
- **Onset:** When did the pain start? What were you doing when you had pain?
- **Quality:** What does the pain feel like? Is it knifelike and stabbing, or dull and constant?
- **Location:** Where is the pain? Can you point to it with your finger, or is it spread all over?
- Intensity: How bad is your pain all the time? How bad is it with certain activities that cause you to feel pain?



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Duration: How long did the pain last for?

Other factors: Does the pain come and go whenever you perform a certain activity, or is it unpredictable?

Describe it:

- Where is it?
- How does it feel?
- Sharp?
- Shooting?

- Dull?
- What makes it better or worse?
- If your health care team does not ask you to rate your pain, please tell them because it is important for them to know if you are in pain.

Treating pain

What are your options for pain control?

Both drug and nondrug treatments can be successful in helping to prevent and control pain. You and your doctors will decide which ones are right for you. Many people receive a combination of two or more methods to get greater relief.

Side effects of pain medications can be controlled and treated. The most common side effects of pain medications are constipation and extreme fatigue or sleepiness. Please tell your health care providers about your side effects before they become severe.

Physical dependence is normal and expected. It could happen with medications other than pain medications. It may arise from withdrawl, when the medication is suddenly stopped. *Tolerance* is also normal, and it means you may need to take a higher dose of your pain medication to have the same effect.

Addiction is not normal or common. The main sign is the need to use drugs for nonmedical purposes (for example, to get high). Addiction is a serious problem, but is rare in cancer patients who are taking these medications for pain.

Talk to your health care team if you worry about addiction or being dependent on pain medication.

While trying to ease pain, you may also have other symptoms. Getting help for these symptoms can help control pain. Talk to your health care team if you have:

- Constipation (trouble having a bowel movement)
- Nausea (feeling like you want to vomit)
- Fatigue (much more tired than normal)
- Insomnia (cannot sleep well)
- Depression (feeling very sad)
- Urine retention (not able to pee)

COPING WITH THE EMOTIONAL AND SOCIAL IMPACT OF **PAIN AND FATIGUE**

Cancer symptoms, such as pain and fatigue, can affect your emotional, social and spiritual well-being.

Distress is a term used to describe unpleasant feelings or emotions that may make it harder to cope with cancer. It is normal to be distressed when you find out that you have cancer.

Distress covers a wide range of feelings, including:

- Depression
- Anxiety
- Panic
- Fear
- Stress

Distress can happen at different times. Times that patients often find most stressful include:

- Hearing the initial diagnosis of cancer
- Waiting for the first treatment to begin
- · Dealing with side effects of treatment
- Completing cancer treatment and facing an uncertain future
- Follow-up visits with doctors
- Hearing news of recurrent or advanced illness
- Facing advanced stages of cancer

Distress can sometimes become more serious.

Signs of depression may include:

- Sad or "empty" mood almost daily
- Loss of interest or pleasure in doing things you used to enjoy
- Feeling hopeless
- Do not feel hungry or overeating (not related to chemotherapy)
- Disrupted sleep or oversleeping

- Decreased energy almost daily
- Feelings of guilt, worthlessness or helplessness
- Trouble concentrating, remembering or making decisions
- Thoughts of death or suicide
- Not able to cope with pain or fatigue
- Questioning your faith or religion

Signs of anxiety may include:

- Feelings of panic
- Feeling a loss of control
- Anger or irritation
- Increased muscle tension
- Trembling and shaking
- Sweaty palms, racing pulse or trouble breathing
- Abdominal distress (nausea or pain in stomach)

What you can do

Keep in mind that it is common to feel depressed or anxious while going through cancer treatment, and there are ways to lessen these feelings.

- Talk with your doctor or nurse about these feelings and ways to treat them.
- Seek help through counseling (pastoral care, social workers, psychologists, psychiatrists) or support groups.
- Use prayer or other types of spiritual support.
- Try to identify the situations that may be adding to your anxiety.
- Take deep breaths to help lessen anxiety.
- Write down your feelings to help you express yourself.

When to call your doctor or nurse

- You have thoughts of suicide.
- You cannot eat or sleep for several days.
- You are having trouble breathing, and you feel shaky.
- Nothing you do seems to help.

MANAGING BLEEDING

Thrombocytopenia is the term for a low platelet count. Platelets are cells that help your blood clot when you bleed. Chemotherapy treatment can cause you to have a temporarily low platelet count. This often happens seven to 10 days after treatment and gets better within two to six weeks.

The most common treatment is a platelet transfusion. Your doctor will check your platelet count closely. You may need treatment if your **platelet count is low** or if you have any of the symptoms listed below.

When to call your doctor or nurse

- Bleeding gums with or without brushing your teeth
- Bruising without injury
- Bleeding from nose, mouth or rectum
- Rash with tiny red dots, usually starting on feet and legs
- Pink or red urine
- Black or bloody bowel movements
- More than usual amount of vaginal bleeding during your monthly periods
- Bad headaches, dizziness or blurred vision
- Trouble speaking or moving

What you can do

- Brush your teeth with a very soft toothbrush.
- Blow your nose gently.
- Prevent constipation.
- Use an electric razor, no blades for shaving.
- Be very careful when trimming your fingernails or toenails.

- Be careful with sharp objects.
- Avoid activities that may lead to injuries.
- Apply pressure to the area after blood draws.
- Talk to your doctor or nurse before having sex.

What not to do

- Do not use dental floss or toothpicks.
- Do not play sports or participate in activities that may cause injury.
- Do not use tampons, enemas, suppositories or rectal thermometers.
- Do not wear clothing or shoes that are tight fitting.
- Do not strain when you have a bowel movement.
- Do not blow your nose or cough forcefully.
- Do not take anti-inflammatory medicines (such as ibuprofen, naproxen or others with aspirin) unless instructed by your doctor.

What to do if you are bleeding

- For nosebleeds, pinch your nostrils closed while placing ice on your nose. Sit up, and lean forward to keep the blood from dripping down your throat. Keep holding your nostrils for five minutes, then let go and check to see if the bleeding has stopped.
- For bleeding from cuts or open areas on skin, apply pressure with a towel or cloth until the bleeding stops.
- If the bleeding does not stop within a few minutes, contact your doctor. For severe bleeding, call 911.

Fatigue is being tired — physically, mentally and emotionally. It means having less energy to do the things you need or want to do. The fatigue that comes with cancer, called cancer-related fatigue, is different from the fatigue of daily life.

— American Cancer Society

MANAGING FATIGUE

What is fatigue?

- A very strong sense of exhaustion physically, mentally and emotionally
- Caused by cancer or cancer treatment
- · Can last over time and interfere with usual activities
- Differs from the tiredness of everyday life, which is usually temporary and relieved by rest
- More distressing and not always relieved by rest
- Can vary in its unpleasantness and severity
- Can make being with friends and family difficult
- Can make it difficult to follow your treatment plan

Common causes of cancer-related fatigue

- Anemia (low red blood cell count)
- Pain
- Emotional distress
- Sleep problems
- Poor nutrition
- Lack of exercise
- Side effect of medication or cancer treatment
- Other illnesses, such as infection, hypertension or diabetes

Common words used to describe cancer-related fatigue

- Feeling tired, weak, exhausted, weary or worn out
- Having no energy or not being able to concentrate
- Feelings of heaviness in arms and legs, feeling little to no motivation, sadness and/or irritability, and unable to sleep/sleeping too much

What to tell your doctor

- When did the fatigue start?
- Has it gotten worse over the course of your treatment?
- What makes your fatigue better?
- What makes your fatigue worse?
- How has the fatigue affected your daily activities?

Energy-saving tips

- Try to do your most important activities first.
- Take naps as needed throughout the day to restore your energy.
- Plan activities during times of higher energy.
- Balance rest and activities.
- Set up a structured routine.
- Ask for help with tasks when you can.
- Place items you use often within easy reach.
- When you can, sit instead of stand while doing tasks.
- Set up a regular bedtime.

Exercise

 Your heart, lungs and muscles need a daily workout. When you are less active, especially while in bed, your heart, lungs and muscles have very little work to do. Over time, your heart pumps less forcefully, your lungs expand less fully and your muscles will become weak and tight. This causes a drop in your energy level, which makes it harder to carry out your daily routine.

Check with your doctor

- Before exercising
- If you were given exercises:
 - Do exercises slowly and completely.
 - If you're too tired to finish exercises, do what you can.
 - Always work at your own pace, do not rush.
 - Work within your own target heart rate (ask your doctor for details).
 - Remember to breathe while you exercise.
- Walk!

MANAGING MOUTH OR THROAT CHANGES

Some types of chemotherapy and radiation can harm fast-growing cells, such as those that line your mouth, throat and lips. This can affect your teeth, gums, the lining of your mouth/throat and the glands that make saliva. If you have a sore mouth, gums or throat, check with your doctor to be sure that it is a treatment side effect and not an unrelated dental problem. Mouth and throat problems may include any of the following:

- Dry mouth (caused by having little or no saliva)
- Changes in taste and smell (such as foods tasting like metal or chalk or having no taste at all, smells unfamiliar to you)
- Infection of your gums, teeth or tongue
- Higher sensitivity to hot or cold foods
- Sores on lips or in mouth
- Problems eating, swallowing or drinking due to mouth/throat sores

What you can do

- Before you begin chemotherapy or radiation, ask your doctor if it is recommended you visit a dentist. If you cannot go to the dentist before treatment, ask your doctor or nurse when it is safe to go. Be sure to tell your dentist that you are being treated for cancer and what your treatment plan is.
- Check your mouth and tongue each day so you can see or feel problems such as:
 - Mouth sores
 - White patches
 - Infections
 - Keep your mouth and lips moist
 - Sip water throughout the day
 - Suck on ice chips, sugar free hard candy or chewing sugar free gum.
 - Ask your doctor or nurse for a saliva substitute if your mouth is always dry.

- Brush your teeth, gums and tongue gently after each meal, when you wake up and before bedtime. Use a soft bristle. If brushing is painful, you can use cotton swabs or a toothette (popsicle stick with gauze on the tip), and use a fluoride mouthwash.
- Rinse your mouth with water frequently. You may add salt or baking soda (1/2 to 1 teaspoon in 8 ounces of water). Do this every two hours when you are awake and when awake during the night.
- Gently floss your teeth daily. If your gums bleed or hurt, do not floss those areas. Ask your doctor or nurse about flossing if your platelet count is low, as you are at risk for bleeding.
- If you wear dentures, make sure they fit well and keep them clean.
- Ask your doctor if you have any diet restrictions.
- If your mouth is sore be careful what you eat. Choose foods that are moist and easy to chew and swallow, such as:
 - Pureed or mashed potatoes
 - Scrambled eggs
 - Macaroni and cheese
 - Oatmeal and other cooked cereals
 - Bananas
 - Applesauce
 - Custards and puddings
 - Gelatin
 - Cottage cheese
 - Yogurt
 - Soft foods with gravy, sauces, broth, yogurt or liquids
 - Milkshakes

- Take small bites of food, chew slowly and sip liquids between bites.
- Eat smaller, more frequent meals.
- Suck on ice chips or popsicles to lessen mouth pain.
- Eat foods that are cool or at room temperature.

What to avoid if your mouth is tender or you have sores

- Foods that can hurt, scrape or burn your mouth
- Sharp or crunchy foods, such as crackers, chips or raw veggies
- Spicy foods, such as curry dishes, salsa and citrus fruits, may also burn. Avoid grapefruit juice, tart lemonade, beer and wine.
- Do not smoke or use tobacco products (such as cigarettes, pipes, chewing tobacco, cigars, etc.) as they may dry out your mouth.
- Use a straw or small spoon to drink liquids.

When to call your doctor or nurse:

Tell your doctor or nurse immediately if you notice mouth, gum or throat sores, especially after your chemotherapy.

MANAGING HAIR LOSS

Chemotherapy and radiation therapy may cause some or all of your hair to fall out. However, not all treatments will cause hair loss. Hair loss often starts 10 to 14 days after starting therapy. Signs that hair loss may be starting include an itchy or tender scalp. Hair loss from chemotherapy usually occurs in the following pattern: scalp, eyebrows, eyelashes and body hair.

What you can do

It usually is not possible to prevent hair loss. However, there are some things you can do to lessen the distress of losing your hair.

- Think about cutting long hair short to avoid dramatic loss while showering or sleeping.
- You may want to sleep with a head covering on at night after getting chemotherapy to catch hair that is falling out.
- Avoid coloring your hair, perms and straighteners while getting chemotherapy, as they cause more breakage.
- Scarves, hats and wigs are available at the Positive Image CenterSM at City of Hope and through other resources, such as the American Cancer Society.
- Your hair not only keeps you warm, but also covers your head to prevent sunburn. Wear sunscreen, hats or scarves when in the sun and in cold weather.
- Wear sunglasses to protect your eyes against dust until your eyelashes regrow.

- Think about joining a support group to share your feelings about hair loss. The Sheri & Les Biller Patient and Family Resource Center has support groups you can join.
- There are many programs, such as City of Hope's Positive Image Center "Look Good, Feel Better" program which can help you with makeup tips and ways to minimize the physical changes of treatment.

Speak to your doctor or nurse about hair loss and possible options to minimize hair loss.



TREATING AND MANAGING **NAUSEA AND VOMITING**

Types of nausea and vomiting

- Acute nausea and vomiting usually occurs a few minutes to several hours after chemotherapy and goes away within 24 hours.
- Delayed nausea and vomiting occurs around 24 to 72 hours after chemotherapy and can last six to seven days.

Nausea and vomiting

- Nausea is an unpleasant feeling in the back of the throat and stomach that may result in vomiting. You may experience increased saliva, dizziness, light-headedness, difficulty swallowing, skin temperature changes and fast heart rate.
- Nausea and vomiting can often occur together.

Treating nausea and vomiting

- The key is to prevent nausea. Consider taking medications for nausea regularly.
- Anti-nausea/vomiting medications are given based on your condition, ability and preference.
- Medication by mouth is most common.
- For severe vomiting or for those unable to swallow, medicines can be given into a vein (IV).
- Nondrug treatments can be helpful, such as relaxation, distraction or imagery.

Managing and reducing nausea and vomiting

- Take small sips of water often to stay hydrated. This is key when you are vomiting and losing fluids.
- Do NOT force yourself to eat when you feel nauseated.
- Try to eat small frequent meals instead of three large meals.

- Eat foods high in calories and protein.
- Eat food cold or at room temperature if the smell of cooked food makes you feel nauseated.
- Ask someone else to make the meals if you are nauseated.
- Try eating when you are best able to eat (some people are hungrier at breakfast time).
- Avoid overly sweet, greasy, hot or spicy foods, or foods with a strong odor.
- Choose foods and drinks that are easy on the stomach, such as ginger ale, bland foods, sour candy, dry crackers or toast.
- Rest after eating, but do not lie down for at least one hour after eating.

What to do if you vomit after taking oral chemotherapy medication:

Call your doctor or nurse and answer these questions:

- How many pills did you take?
- Was your vomit clear or the color of the medication?
- Did you vomit a solid pill?

Call your doctor or nurse if you

- Have had almost nothing to eat or drink for five days or more
- Have trouble chewing or swallowing
- Are losing weight
- Would like a referral to see a dietitian about your nutrition concerns

NEUROPATHY

Chemotherapy can cause damage to your nerves, which is a condition called neuropathy. The type of neuropathy that affects the sensory areas of the body is called peripheral neuropathy. In most cases, symptoms of peripheral neuropathy start in the feet and, over time, may affect the hands, too.

Common symptoms of neuropathy

- Pain, tingling, burning, "pins and needles"
- Weakness or numbness in your hands or feet
- Losing your balance or feeling clumsy
- Tripping or stumbling while walking
- Feeling cold more than you used to
- Trouble picking up objects or buttoning your clothes

Neuropathy can begin any time after your first treatment. Sometimes it gets worse as treatments go on. Neuropathy can be short-term, fade over a year or two after treatment ends or may last for the rest of your life.

What you can do

- Talk to your doctor about medications to help with pain or discomfort.
- Neuropathy can make it hard to feel when water is too hot. Consider turning down your water heater in your home to avoid burning yourself when using hot water.
- Be careful when handling knives, scissors or other sharp objects, since you may not feel it if you cut yourself.
- Wear sneakers or well-fitting shoes with rubber soles to protect your feet.
- Check your feet daily to see if you have any sores or redness.
- Don't drink alcohol. It can make neuropathy worse.
- Steady yourself when you walk by using a cane or other device.

- If you have diabetes, control your blood sugar. High blood sugar levels can damage nerves.
- Avoid things that seem to make your neuropathy worse, such as hot or cold temperatures, or snug clothes or shoes.

Treating neuropathy

Treatment is mostly done to relieve the pain that can come with neuropathy.

- Steroids short-term only
- Patches or creams of numbing medicine that can be put on the painful area
- Anti-depressant medications often in smaller doses than are used to treat depression
- Anti-convulsion medicines
- Pain medications, such as opioids or narcotics for severe pain

Other treatments

- Occupational therapy
- Physical therapy and exercise
- Relaxation therapy
- Talk to your heatlh care team about other options that may work for you.

Talk to your doctor or nurse right away about any signs of neuropathy that you may have. They will want to watch the signs to see if they get worse.

NUTRITION DURING CHEMOTHERAPY

Managing and optimizing your nutrition can help to

- Prevent or reverse nutrient deficiencies
- Preserve lean body mass
- Better tolerate treatments
- Minimize nutrition-related side effects and complications (nausea, vomiting and dehydration)
- Maintain strength and energy
- Protect immune function
- Decrease risk of infection
- Aid in recovery and healing
- Maximize quality of life

Effects of poor nutrition

In people with cancer, certain changes in nutrition can affect fatigue levels. These changes include the ability to process nutrients, increase energy needs and decrease intake of food, fluids and some minerals. Fatigue can affect your interest in food and your ability to shop and prepare healthy meals. Poor nutrition and not eating can increase your fatigue.

These changes can be caused by

- Changes in the body's ability to break down food products (metabolism)
- Competition between your cancer and your body for nutrients
- Poor appetite
- Nausea/vomiting
- Diarrhea or bowel obstruction

What you can do

- Be familiar with your treatment and possible side effects.
- Make sure you get enough rest.

- Save favorite foods for nontreatment days so they won't be linked to an unfavorable event.
- If you cannot eat regular size meals, eat small meals more often.
- Include protein in your diet (fish, beans, milk, cheese).
- Drink plenty of fluids (8 to 10 cups per day).
- If you cannot eat, drink high calorie/protein drinks (milk, smoothies, milkshakes, nutrition supplements).
- Stock your pantry to avoid extra shopping trips.
- Keep foods handy that need little to no preparation (pudding, peanut butter, canned tuna fish, cheese, eggs).
- Do some cooking before treatment and freeze meal-sized portions.
- Eat larger meals when feeling better.
- Talk to family/friends about help with shopping/cooking.

Please ask your doctor to refer you to a dietitian if you

- Have had minimal food intake for five days or more
- Have trouble chewing or swallowing
- Are receiving tube feedings or IV nutrition
- Have a pressure injury or skin breakdown
- Are losing weight
- Wish to see a dietitian about your nutrition concerns



PREVENTING, MANAGING AND TREATING **CONSTIPATION**

Constipation is common in patients with cancer. Chemotherapy, pain medication and decreased activity can all slow bowel movement.

What to do

- Drinking lots of fluids is very important. Drink 8 to 10 cups of liquid each day (if allowed by your doctor).
- Try to eat at the same times each day.
- Eat foods high in fiber (e.g., uncooked fruits with the skin on, leafy green vegetables, whole grain breads and cereals, fresh raw fruits with skins and seeds).
- Add 1 or 2 tablespoons of unprocessed bran to your food. This adds bulk and helps with bowel movements. Sprinkle on food at mealtimes.
- Avoid foods and drinks that cause gas, such as cabbage, broccoli, cauliflower, cucumbers, dried beans, peas, onions and carbonated drinks if they don't work for you.
- Get as much exercise as you can, even if that means only walking a very short distance.
- When on the toilet, try using a small footstool to help relax the muscles for an easier bowel movement.

- Try to have a bowel movement whenever you have the urge.
- If you are confined to bed, try to use the toilet or bedside commode when you have a bowel movement. Check with your doctor or nurse first to see if it is safe to leave the bed.

Do not

- Do not strain or use extreme force when trying to move your bowels.
- Do not use suppositories or enemas unless first instructed by your doctor.

When to call your doctor or nurse

- Before using any over-the-counter laxatives or medication
- If your constipation is still a problem, and you are having discomfort
- If you do not have a bowel movement for more than three days
- If at any time you develop rectal bleeding, fever and chills, or severe abdominal pain, please contact your medical team immediately.



MANAGING DIARRHEA

Diarrhea is the passage of loose or watery stools three or more times a day with or without discomfort. It happens when water in the intestine does not go back into the body for some reason.

What you can do

- Try a clear liquid diet (water, weak tea, apple juice, peach nectar, clear broth, popsicles and plain gelatin).
- Drink lots of water or drinks with electrolytes (ask your nurse which drinks are best for you).
- Avoid acidic drinks, such as tomato juice, citrus juices and fizzy soft drinks.
- Keep track of the amount and how often you have bowel movements.
- Eat frequent small meals.
- Eat foods high in potassium (bananas, potatoes, apricots), an important mineral that is lost through diarrhea.
- Try small amounts of low-fiber foods (e.g. rice, bananas, applesauce, yogurt, mashed potatoes, low-fat cottage cheese and dry toast).

Do not eat foods that that can cause irritation

- Whole grain breads/cereals or bran
- Fried or greasy food
- Nuts
- Raw fruits or vegetables
- Rich pastries/candy or jellies
- Strong spices/herbs
- Caffeinated, alcoholic or carbonated (fizzy) drinks
- Milk or milk products
- Very hot or very cold foods

When to call your doctor or nurse

- Three or more loose bowel movements per day for more than one day
- Blood in/around anal area or in stool
- Weight loss of 5 lbs. or more after diarrhea starts
- New abdominal (stomach) cramps or pain
- If you cannot urinate for more than 12 hours, or if urine starts to get darker than usual or cloudy. You may be dehydrated.
- Cannot drink liquids for more than eight hours
- Fever
- Suddenly puffy or bloated abdomen (stomach)
- Constipation for several days with a small amount of diarrhea or oozing of fecal matter

PREVENTING INFECTIONS

Chemotherapy can slow down your body from making white blood cells, which help you to fight off infections. Low white blood cell count is called "neutropenia."

Washing your hands with soap and water is the best way to kill germs. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

DO NOT use hand sanitizer if your hands are visibly dirty or greasy — for example, after gardening, playing outdoors, fishing or camping.

Hand washing instructions

- Wash your hands for 20 seconds with soap and water, or use hand sanitizers:
 - After using the bathroom
 - Before, during and after preparing food
 - Before eating food
 - Before and after caring for someone at home who is sick with vomiting or diarrhea
 - After changing diapers or cleaning up a child who has used the toilet
 - After blowing your nose, coughing or sneezing
 - After touching an animal, animal feed or animal waste
 - After handling pet food or pet treats
 - After touching garbage

What to do

- Wear a mask as recommended by your doctor
- If you have an IV catheter device, wash your hands or use hand sanitizer before and after caring for your catheter, port or other access device. Follow directions given by the health care team to change dressing and caps, and flushing the catheter.

- Bathe daily, paying special attention to areas under the arm, around genital areas and under skinfolds which hold bacteria.
- Prevent injury to skin, such as tears, cuts or friction.
- Try to stay away from large crowds if you can.
- Minimize exposure to visitors, school-age children or children in day care.
- Wash raw fruits and vegetables very well.
- Check expiration dates on food; throw dented cans away.
- · Keep your kitchen and bathroom regularly sanitized.
- Make sure you refrigerate foods right away (groceries and leftovers).
- Avoid getting foods and drinks (ie. soda, milkshakes) from self-serve/fast food restaurants or public places.
- Be aware of mold, moisture build in your walls, etc. Address as appropriate.



What not to do

- DO NOT visit with friends or family who are sick or coughing.
- DO NOT get a live vaccination unless you get approval from your doctor.
- DO NOT thaw foods at room temperature. Thaw food in the refirgerator, or you can also thaw food in frequently changed cold water or in the microwave, but cook it as soon as it thaws.
- DO NOT drink unpasteurized milk and juices.
- Foods to avoid
 - Avoid raw or undercooked meat or poultry.
 - Avoid hot dogs and deli meats that have not been reheated.
 - Avoid any raw or undercooked fish or shellfish, or food containing raw or undercooked seafood (i.e., sashimi found in sushi, ceviche, etc).
 - Avoid partially cooked seafood (i.e., shrimp and crab).
 - Avoid foods that contain undercooked eggs (i.e., homemade ceasar salad dressings, raw cookie dough, eggnog)
 - Avoid raw sprouts (i.e., alfafa, beans or any other sprout)
 - Avoid unwashed fresh fruit and vegetables, including lettuce and salads.
 - Avoid soft cheeses from unpasteurized raw milk (i.e., feta, brie, Camembert, blue, queso fresco).

When to call the doctor

Tell your doctor or nurse immediately if you notice any signs of infection.

- Temperature greater than 100.4 F
- New cough (may or may not have mucus with cough)
- Shortness of breath
- Frequent need to urinate or trouble passing urine
- Burning pain when you urinate
- Blood in your urine or stools
- Diarrhea lasting more than 24 hours
- Red, swollen or draining IV catheter site
- Mouth sores, cold sores or white patches in your mouth
- Shaking chills or body aches
- Skin breakdown or open sores
 - Call your doctor or nurse right away if you see drainage, pus or bleeding.
- Red or swollen eyes

SEXUAL HEALTH

Some types of chemotherapy can cause changes that affect your sexuality and intimacy. Whether you have sexual changes during chemotherapy may depend on any issues you may have had before treatment, such as age or other illnesses. It is important that you talk to your doctor or nurse if your treatment affects your sexuality and intimacy.

It may be difficult to talk openly and honestly with others about sex, sexuality and intimacy. You may find some of this information helpful.

Some issues that may affect your sexual desires

- Anxiety about your disease, treatment or financial concerns
- Body image changes, such as hair loss or surgery
- Side effects from treatment, such as nausea, diarrhea, skin changes, fatigue and hormonal changes

Symptoms you may experience while on treatment

Women

- Menopause symptoms, such as hot flashes, vaginal dryness, feeling irritable and irregular or no menstrual periods
- Bladder infections
- Vaginal infections that may include discharge and/or itching
- Lack of sexual desire

Men

- Can't get or keep an erection
- Not able to reach climax
- Lack of sexual desire

What you can do

- Talk to your doctor or nurse about sexuality concerns.
- Talk to your partner about your feelings.
- Ask your doctor or nurse if it is okay to have sex.
- Talk with your doctor or nurse about birth control and family planning.
- Touching, holding and being close.
- Explore new ways to show your love.
- Use pomegranate seed oil for vaginal dryness.

Additional information

- Avoid sexual intercourse if your platelet count is low.
- Use personal lubricants when needed for sex (use water-based products such as KY jelly or Astroglide).
- Men should use condoms when having sex.
- Women should wear cotton underwear and avoid wearing tight-fitting pants or shorts to lessen the chance of a yeast or bacterial infection.
- Women can cope with hot flashes by dressing in layers, staying active and reducing stress.

What not to do

- Do not keep your feelings to yourself.
- Do not isolate yourself from your partner.

When to call your doctor or nurse

- Most of the side effects that affect your sexuality are temporary and may go away after treatment. Always talk to your doctor or nurse regarding the effects your treatment may cause.
- For any additional help in managing these symptoms

SPIRITUAL CARE AT CITY OF HOPE

66 There is no profit in curing the body if, in the process, we destroy the soul.

SAMUEL H. GOLTER, CITY OF HOPE CREED

Spiritual Care Services

Many patients and their families rely on faith and/or spiritual beliefs to help them through the difficulties of cancer and its treatment. Spiritual care chaplains are trained to provide spiritual support and counseling for patients and families of all religions and beliefs. Please notify your health care team if you would like to speak with one of our chaplains



What do chaplains do?

- Offer compassion and presence.
- Listen to your concerns.
- Address spiritual or religious concerns.

When should I ask for a chaplain?

- If you're feeling your faith, or world view, is being challenged
- If you're asking yourself, "Why is this happening to me?"
- If you're trying to find meaning in the experience
- If you're experiencing distress related to religious or spiritual matters
- If you have fears about your own mortality
- If you would like to tell your story
- If you feel alone or lonely
- If you're struggling with making decisions
- If prayer and/or meditation might be helpful
- If you would like to see a clergy person from your faith tradition
- If you want the rituals or sacraments from your faith tradition

How do I contact a chaplain?

- Call the Spiritual Care Office at (626) 218-3898 (or dial ext. 83898 from an inpatient room).
- Let your doctor or nurse know you want to see a chaplain.

STRATEGIES TO HELP PROMOTE SLEEP

Sleep hygiene strategies

- Avoid caffeinated foods and drinks, such as coffee, tea, chocolate and soft drinks after lunch.
- Exercise when possible,t but avoid exercising two hours before bedtime.
- Expose yourself to sunlight during the day.
- Sleep in a dark, cool, quiet and relaxing room.
- Develop a bedtime ritual (e.g., warm milk before bedtime or a high protein, light snack).
- Use your bed only for sleeping and intimacy.
- Go to bed at the same time each night.
- Turn off the TV and computer before bedtime.
- Put your smart phone or tablet away before getting in bed.

Sleep restriction strategies

- Get up at the same time each day. Add one more hour of sleep if you feel ill or unable to get up at the scheduled time in the morning.
- Limit naps to no more than two a day, each lasting less than 30 minutes.

Relaxation strategies

- Take a warm shower or bath before going to bed.
- Try relaxing activities before bed, such as reading, meditation, prayer or music.
- Use meditation, massage, progressive relaxation, guided imagery or other strategies to decrease stress.
- Guided imagery and relaxation exercises are available to view on the in-hospital TV.

Other strategies

- Keep yourself as active as possible during the day to help with promoting sleep at night (check with your doctor for what forms of exercise are safest for you).
- Other symptoms, such as pain or fatigue, can affect your sleep. If you are currently experiencing other symptoms, please talk to your doctor about how to best manage these symptoms.
- Some medications can interfere with sleep. Ask your doctor or nurse to review your prescriptions for this side effect.
- If you are worried, depressed or anxious, talk to your doctor about resources to help you cope with these concerns.

There are many medications (over-the-counter or prescribed) to help you sleep. Sleep medications have side effects. Please ask your doctor before taking any medicine for sleep.



LOCAL AND NATIONAL RESOURCES

American Cancer Society

TOLL FREE: 800-227-2345

Trusted information about all cancer types, cancer treatments and support

www.cancer.org

Cancer Care

Financial assistance for medications, home care, transportation and childcare; online and over the phone educational workshops and support groups

www.cancercare.org

Cancer Legal Resource Center

866-THE-CLRC (866-843-2572)

Free, confidential, one-on-one consultations; insurance coverage, time off work, government benefits, estate planning

Cancer Support Community

202-659-9709 | TOLL FREE 888-793-WELL (9355)

An international nonprofit providing support, education and hope to people affected by cancer

www.cancersupportcommunity.org

Cancer.net

Information from the American Society of Clinical Oncology on cancer types, treatments, advocacy, survivorshop, resources, podcasts and news

www.cancer.net

CaringBridge

Provides a complimentary online space where patients and families can share cancer stories, connect, provide updates and receive support

www.caringbridge.org

City of Hope

TOLL FREE: 800-826-HOPE (4673)

Information about treatments and diagnoses, educational programs and clinical trials search engine

CityofHope.org

National Cancer Institute

TOLL FREE: 800-422-6237

Part of the National Institutes of Health; provides cancer information/resources, clinical trials

www.cancer.gov (live chat on website)

OncoLink

TOLL FREE: 800-826-HOPE (4673)

Information about specific types of cancer, updates on cancer treatments and news about research advances

www.oncolink.org

Partnership for Prescription Assistance

TOLL FREE: 888-4PPA-NOW (888-477-2669)

Qualified patients without prescription drug coverage get the medicines they need for free or nearly free

www.pparx.org



Patient, Family and Community Education Department of Supportive Care Medicine 1500 E. Duarte Road, Duarte, CA 91010 800-826-HOPE (4673)

2021

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