PATIENT EDUCATION

Acute toxicity during lymphoma and myeloma radiation

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

Why these effects happen

Lymphoma and myeloma radiation follows the field, not a single organ. A neck field behaves like head-and-neck care. A chest (mediastinal) field can irritate the esophagus. An abdominal or spleen field can cause nausea. A pelvic or spine field can irritate bowel or bladder. Myeloma often treats a painful bone. Chemo or steroids in the same season add low counts and infection risk.

What often shows up by week

- Neck: sore swallow, thick saliva, skin pinkness.
- Chest: burning swallow, cough, fatigue.
- Abdomen: queasy stomach, loose stool, cramping.
- Pelvis or spine: urinary frequency, loose stool, or a flare of bone pain before it eases.
- Any field: tiredness. Steroids can raise blood sugar and mask fever.

Confirm with your care team. Fever is an emergency if your counts are low — do not wait for the next fraction. Confirm which anatomic printout (mouth, diarrhea, esophagus) matches your field.

What you can expect

- Shorter courses than many solid-tumor plans, but the lining effects still follow the field.
- Pain from a myeloma bone often eases during or shortly after the course — a sudden new pain elsewhere is a new call.

Self-care and medicine pointers

- Match care to the field: rinses for neck, soft food for chest swallow, sitz and fluids for pelvis.
- Take anti-nausea and bowel medicine only as written. Steroid tapers are not optional.
- Infection precautions if they said counts are low — crowds, razors, and fever rules.

Monitor for (named conditions)

- **Field-matched mucositis or esophagitis** — neck or chest swallow pain.
- **Radiation enteritis or proctitis** — abdominal or pelvic loose stool and cramping.
- **Acute cystitis** on pelvic fields.
- **Radiation dermatitis** in the outline.
- **Bone-pain flare** then improvement on a myeloma spot — or a new unsuspected site of pain.
- **Neutropenia and febrile neutropenia. Thrombocytopenia** — unusual bruising or bleeding.
- **Hyperglycemia** on steroids. **Shingles** (herpes zoster) in a treated or other dermatome.
- **Tumor-lysis or electrolyte change** is uncommon with RT alone but matters if large-volume disease and chemo overlap.

When to call the clinic vs go to the ER

- Same-day clinic: swallow or diarrhea you cannot keep up with, or a new bone pain site.
- ER or 911: fever 100.4 F (38 C) or higher when counts may be low, coughing blood, or you cannot pass urine.

Questions to ask

- Which organs are in my field this week, in plain words?
- What is my fever rule and who has my latest counts?
- Should I use the mouth-care or the diarrhea sheet with this course?

How to schedule or learn more

CureRays Radiation MedicineÂ® â€” 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: (844) CURERAYS / (844) 287-3729 Â· Office: (530) 802-6400 Â· office@curerays.com Â· www.curerays.com