PATIENT EDUCATION

Acute toxicity during head-and-neck 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

The mouth, throat, and salivary glands turn over fast and sit in or next to many head-and-neck fields. A mask holds you still so the beam stays on target. Mucositis (raw lining), thick saliva, and taste change are expected on a long course. Finishing on time matters. Chemo, if given, usually makes sores and fatigue harder.

What often shows up by week

- Weeks 1 to 2: dry or sticky mouth; food starts to taste off.
- Weeks 2 to 4: sore throat or mouth ulcers; thick saliva; skin on the neck turns pink.
- Weeks 5 to 7: peak pain with swallow; weight risk is highest; skin may peel.
- The first 2 weeks after the last beam can still be the hardest week for eating.

Confirm with your care team. Ask for a dietitian and a swallow therapist early. Honey or glutamine is only if your team wrote the product and schedule. Confirm rinses — alcohol mouthwash makes pain worse.

What you can expect

- Weekly weight and mouth checks. A feeding tube is a planning tool for some people, not a failure.
- The Mouth care, Dry mouth, Nutrition, and Dysphagia printouts go with this sheet.

Self-care and medicine pointers

- Rinse after every meal. Soft, cool or room-temperature food. A straw can bypass sores.
- Pain medicine before meals if they ordered it. Antifungal rinse if they diagnose thrush.
- Honey (if agreed): 1 tablespoon in the mouth 15 minutes before RT, 15 minutes after, and about 6 hours later.
- Keep the mask clean and tell us if sores under it are wet or foul.

Monitor for (named conditions)

- **Oral and pharyngeal mucositis** — ulcers, a scalded feeling, or white patches.
- **Acute xerostomia** and **thick saliva** — you cannot pack food into a swallow.
- **Odynophagia and dysphagia** — pain or food sticking; **aspiration** — cough or wet voice with sips.
- **Oral candidiasis (thrush)** — white plaques that wipe or leave a raw base.
- **Radiation dermatitis** of the neck, including moist peel in skin folds.
- **Dehydration and unplanned weight loss. Feeding-tube blockage or leak** if you have a tube.
- **Neutropenic fever** if you are on chemo.

When to call the clinic vs go to the ER

- Same-day clinic: you skip a day of fluids, a tube will not flush, or pain stops all eating.
- ER or 911: you cannot swallow saliva, stridor or noisy breathing, fever on chemo, or choking that does not clear.

Questions to ask

- What is my weight 'call today' number?
- Do I need a feeding-tube talk now or only if weight drops?
- Which rinse and pain plan do you want this week?

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