PATIENT EDUCATION

Acute toxicity during lung and chest 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

A lung or mediastinal field often crosses the esophagus (the swallowing tube) and sits near remaining lung and the heart. The esophagus lining reacts in days to weeks. Cough can be the tumor, the lung, or the treatment. Skin on the chest is usually milder than a breast fold, but still needs care. Chemo or immunotherapy nearby can add its own risks.

What often shows up by week

- Weeks 1 to 2: fatigue; a scratchy swallow for some central plans.
- Weeks 2 to 5: **esophagitis** — burning with food, as if hot coffee sits in the chest.
- Cough, thicker sputum, or a need to sleep more upright.
- Skin pinkness on the chest or back. Taste or appetite dip if the esophagus is sore.

Confirm with your care team. New or suddenly worse shortness of breath is a same-day call — do not wait for the next fraction. Confirm cough medicine, steroids, and acid reducers with your care team.

What you can expect

- Swallow pain often improves in the weeks after the last session if you can keep fluids up.
- The Cough / breath and Nutrition printouts pair with this sheet.

Self-care and medicine pointers

- Soft, cool or room-temperature foods. Sit up after meals. A liquid-calorie shake if solids hurt.
- A numbing swallow mix or acid reducer only if they wrote it. Avoid smoking and secondhand smoke.
- Use the incentive spirometer or walking goal they set. Sleep with the head of the bed up if cough is worse at night.

Monitor for (named conditions)

- **Acute radiation esophagitis** — pain on swallow, food sticking, or drooling because it hurts too much.
- **Dehydration and weight loss** from skipping meals.
- **Radiation pneumonitis** can begin near the end of treatment or in the following 1 to 3 months — dry cough, fever, new breathlessness.
- **Superimposed pneumonia** — fever, colored sputum, shaking chills.
- **Chest-wall dermatitis. Cardiac rhythm change** if you already have heart disease and feel fluttering or faint.
- **Hemoptysis** — coughing blood. **Venous clot** — one-sided leg swelling if you are less mobile.

When to call the clinic vs go to the ER

- Same-day clinic: swallow pain so you cannot keep fluids, a new oxygen need at home, or fever.
- ER or 911: severe shortness of breath, chest pain, coughing more than streaks of blood, or lips that look blue.

Questions to ask

- Is my esophagus in the high-dose region this week?
- What is my 'call today' rule for oxygen levels or stairs?
- Who manages steroids if they suspect pneumonitis?

How to schedule or learn more

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