PATIENT EDUCATION

Late toxicity after skin radiation

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

Why late effects can appear

Healed skin in an old field can stay thinner, lighter or darker, and more fragile. Tiny visible vessels (telangiectasia) and firmness (fibrosis) are common cosmetic changes. A small number of fields, especially on the shin or over cartilage, can break down later. Melanoma node fields add lymphedema and, if the neck was treated, the same late list as other neck radiation.

What this sheet is for

Use it at dermatology and surgical follow-up. A new lump in or next to the old outline still needs a look — radiation change and a new skin cancer can live in the same neighborhood.

Confirm with your care team. A sore that has not healed in a few weeks, or a purple growing patch on a treated breast or chest (rare angiosarcoma), is a same-week call. Confirm sun care and who does skin checks.

Who usually follows you

- Dermatology or Mohs/surgery for the original site.
- Radiation oncology if the field was a melanoma basin or a large IG-SRT course.
- Lymphedema therapy if an arm or leg swells after node radiation.

Monitor for (named conditions)

- **Chronic radiation dermatitis** — dryness, itch, or easily bruised thin skin.
- **Telangiectasia, hypopigmentation, or hyperpigmentation** in the outline.
- **Fibrosis and contracture** — tightness that limits a joint or eyelid.
- **Chronic ulcer or delayed wound breakdown** — especially shin, ear, or scalp.
- **Cartilage necrosis** (uncommon) after some ear or nose fields.
- **Lymphedema** after axillary, groin, or neck melanoma fields.
- **Neck xerostomia, dysphagia, or hypothyroidism** if a melanoma neck field included glands or thyroid.
- **Second skin cancer** in or at the edge of the field — a new pearly bump, scaly patch, or changing pigment.
- **Radiation-associated angiosarcoma** (rare, years later on treated skin) — a bruise-like spreading purple area.

Usual surveillance cadence (your letter wins)

- Skin exams on the dermatology interval they wrote (often more than once a year after melanoma).
- Sun protection every day on the old field. Photos help you notice a new bump.
- Arm or leg measurements if nodes were treated.

When to call

- Clinic: a sore that will not heal, a new bump in the outline, or new limb swelling.
- ER: a rapidly spreading infection on the face, or heavy bleeding from an ulcer.

How to schedule or learn more

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