



Symptom Management

Bladder irritation (Cystitis)

Cystitis is an inflammation of the urinary bladder lining. It may be caused by cancer treatment. You may feel a need to urinate more often, see blood in your urine and experience burning or pressure during urination. Follow these suggestions to help control cystitis:

- Drink at least eight glasses of liquid daily.
- Urinate when you need to. Do not try to “hold” urine.

See “when to call” section.

Bone Metastasis

What is bone metastasis?

Bone metastasis is the spread of cancer cells to the bones. Bone metastasis usually originates from the primary site of your cancer. Metastasize means to spread from the first cancer site to another part of the body, for example, breast cancer spreading to the bone. Cancer cells spread to the bone through the blood and lymph circulation. Bone metastases most commonly occur in the spine, pelvis and skull. Other sites of metastases include the ribs and the long bones of the legs and arms. While many cancers can cause bone metastases, breast cancer, lung cancer and prostate cancer are common cancers that spread to the bone. Multiple myeloma patients have a high incidence of bone metastases. Other cancers including kidney, thyroid, pancreas, stomach, colon and ovary may spread to the bone.

What are the symptoms of bone metastases?

The signs and symptoms will depend on the bones involved. Often people will report pain and limited movement of an arm or leg. The pain is typically worse on movement. The pain may be sudden and severe or you may experience a dull ache, even at rest.

The risk for bone fractures is increased in people with bone metastases. A *pathological fracture* occurs when a diseased bone breaks without injury. Some people report hearing a pop or crack over a bone. A pathological fracture may occur at any time and with the simplest of movement., for example, getting out of a chair. People with multiple myeloma are at increased risk for pathological fractures.

How are bone metastases diagnosed?

Several types of imaging techniques can detect bone metastases. These include x-rays, bone scans, CT scans, and MRI.



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What treatment is available for bone metastases?

The treatment will depend on the location and the extent of bone involvement and your overall health. Treatment may include hormone therapy, chemotherapy and/or radiation therapy.

What special precautions should I take if I have bone metastases?

You should take precautions against falling. Make your environment safe so that you will not trip or slip. (Remember that you may break a bone even if you are not active). Consider some of the following suggestions:

- Avoid sudden twisting or jerking.
- Avoid heavy lifting.
- Remove scatter rugs.
- Wear supportive shoes with non-skid soles.
- Walk with support.
- Wear shoes or slippers when walking or standing.
- Use bathmats on non-slip stickers in the bath tub or shower.
- Have uncluttered walking areas (pick up any throw rugs).
- Avoid exercises that have a high risk of falling (for example- cycling, walking on unlevel surfaces or grass where there may be a lot of holes).

Constipation

Some chemotherapy drugs and pain medications may cause constipation. Constipation is a major problem for many cancer patients. It is very important to maintain good bowel function by moving your bowels every day or every other day. Pain in the abdomen, nausea or a bloating sensation can all be a result of constipation. Please address any problems with your bowels promptly with your GYN Oncology case manager or your physician. You can help reduce constipation by:

- Increasing your intake of high-fiber foods like bran, nuts, popcorn whole grain bread, oatmeal, fresh and frozen vegetables, and fresh fruit.
- Increasing fluid intake to two or three quarts of liquids each day.
- Taking a stool softener as directed by your physician.
- Taking a laxative as directed by your physician.
- Getting regular, daily exercise.
- Following your physician's advice if there is no bowel movement in two days.

See the "When to call" section.



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Diarrhea

Diarrhea is the frequent passage of bowel movements. It may be caused by cancer therapy, infection, food sensitivity and emotional upset. With diarrhea, the body does not get enough water, minerals and vitamins. This may result in dehydration and increased risk of infection. You can help relieve diarrhea by:

- Taking antidiarrheal medicine as prescribed by your physician.
- Eating low-fiber foods such as applesauce, ripe bananas, gelatin, cottage cheese, soft-cooked vegetables, white bread, rice, noodles, boiled potatoes, baked fish and skinned chicken or turkey.
- Eating foods and drinking liquids that contain sodium and potassium such as fat-free broth, bananas, peaches and boiled or mashed potatoes.
- Avoiding foods that are raw, greasy, fatty or fried.
- Avoiding high-fiber foods such as broccoli, corn, dried beans, cabbage, raw fruits or vegetables and foods containing bran.
- Avoiding foods that are spicy and strong such as hot peppers and curry.
- Avoiding food and drinks with caffeine such as coffee, tea and chocolate.
- Eating small, frequent meals.
- Drinking plenty of room-temperature liquids.
- Avoiding milk or milk products if you are lactose-intolerant.
- Cleansing your rectal area with mild soap and water or using baby wipes after each bowel movement.

See the “when to call” section.

Difficulty swallowing (dysphagia)

Dysphagia, or difficulty swallowing, can occur if you are receiving radiation to the head, neck and chest or if you are receiving certain chemotherapy drugs. Follow these suggestions to help relieve dysphagia:

- Avoid hot or spicy foods; acidic foods such as citrus fruits and juices; and dry or hard foods such as crackers, nuts, potato chips, pretzels and raw fruits and vegetables.
- Avoid alcoholic beverages and carbonated drinks.
- Avoid commercial mouthwashes which may burn the throat and esophagus. You may use Biotene mouthwash. It is available at most drug stores. Or, you may rinse with two tablespoons of three percent hydrogen peroxide mixed in eight ounces of water, followed by ¼ teaspoon of baking soda in eight ounces of water.
- Take medications prescribed by your physician to relieve your discomfort and make swallowing easier.
- Use gravy, sour cream and sauces to soften foods and make swallowing easier.
- Use antacids, drink milk or eat dairy products such as yogurt and cottage cheese every two to four hours to coat and protect the throat and esophagus.
- Eat high-calorie, high protein foods such as macaroni and cheese, peanut butter, dairy products and meat.

See the “when to call” section.



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Fatigue

Most people describe fatigue as feeling tired or weak sooner than usual after physical, mental or emotional activity. Fatigue can make normal tasks such as housework or yard work difficult to start or finish.

Fatigue is a common side effect. Radiation therapy, chemotherapy, immunotherapy and surgery have been shown to cause fatigue. Tumors, dehydration, stress, medications, anemia (low red blood cell count) or a hormone imbalance may cause fatigue. There are medications designed to help patients with fatigue secondary to anemia.

Some fatigued people may want to sleep more often, talk more slowly or give short answers to questions because they do not feel like talking. Paying attention or concentrating is often more difficult.

These suggestions will help you control fatigue:

- Sit or lie down often. Take short rest periods between each hour of activity.
- Short naps can be helpful.
- Plan activities. Be realistic about what you can accomplish. Keep your daily activities simple. Do important activities first and limit the number of less important activities.
- Recruit others to help you. Many friends and families want to help but need you to tell them how.
- Read. Reading may help you keep your mind off fatigue. Many books are available on CD or cassette tapes.
- Walk or exercise. Regular, light exercise such as walking can decrease fatigue. Exercise can increase your tolerance for physical activity.
- When lifting:
 - Use both hands
 - Utilize correct working surface heights
 - Slide or roll heavy objects rather than lifting them
- Find activities to distract you and keep your mind off fatigue.
- Follow a normal sleeping routine.
- Eat a balanced diet that includes high-energy foods such as peanut butter and crackers, cheese, fruit, fruited yogurt, milkshakes and cereal with milk.
- Be comfortable. If you are too cold or too hot you may tire more quickly. Avoid temperatures above 75 degrees. Rest your head on a pillow when you are sitting in a chair. Elevate your feet.
- Socialize. Try to keep a balance between the activities you must do and those that make you happy.

See the “when to call” section.



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Hair loss (Alopecia)

Hair loss may occur as a side effect of chemotherapy drugs and as a result of radiation to the head. Hair loss can occur at the scalp, body, face, underarms and the pubic area, depending on the type and amount of chemotherapy drug or areas of radiation. Hair loss usually begins two to three weeks after your first treatment. The new hair sometimes has a slightly different color or texture.

Hair loss is an emotional experience, and your nurse will work with you to find a wig supplier in your area and review scarf, turban and wig options. The American Cancer Society's "Look Good Feel Better" program is offered here at Walter Reed, and at your local ACS. Wigs are available at no cost to you. We can assist you with finding this program close to home.

Hair loss with radiation may be permanent depending on the total dose of radiation received. The radiation oncologist will inform the patient if alopecia will or will not be permanent.

Follow these suggestions to help reduce the amount of hair loss and care for remaining hair:

- Use a mild shampoo such as baby shampoo.
- Use a conditioner to help decrease tangles.
- Do not use permanents, rinses or dyes on your hair. Wait at least three months after stopping therapy to use permanents, rinses or dyes.
- Do not use curling irons or hot rollers. Use a cooler setting with a blow dryer.
- Do not use brush rollers or pull your hair into a ponytail.
- Cut your hair to decrease the weight and strain on the hair follicle.
- Use a wide-tooth comb instead of a brush.
- Sleep in a cotton cap or turban to prevent loss of body heat and to collect loose hair.

See the "When to call" section.



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Loss of appetite (anorexia)

One of the most common side effects of cancer and cancer treatment is appetite loss or poor appetite. Follow the tips below to help you eat more:

- Eat whenever you feel hungry; small, frequent meals may be more appealing.
- Eat high-protein, high-calorie at meals.
- Keep high-protein, high-calorie snacks handy.
- Let family or friends prepare food for you.
- Take a short walk before mealtime.
- Make meals more interesting and pleasant by changing their time, place and surroundings. Eat with family or friends. Listen to soft music or watch your favorite television program while eating.

See the “When to call” section.

Low blood cell counts (myelosuppression)

The bone marrow, an organ of the body, makes three kinds of blood cells: white cells to fight infection, red cells which carry oxygen and platelets that help control bleeding. Cancer treatment can reduce the bone marrow’s ability to make these cells/

Neutropenia (low white blood cell count)

After your treatment, your white cell count may drop to a low point called a nadir. A low white blood cell count will increase your risk for infection. Any part of your body may get an infection. It is important to try to prevent infections.

To prevent infections:

- Wash your hands well before eating and after using the rest room.
- Clean your rectal area gently after each bowel movement. Ask your physician for advice if the area becomes irritated or if you have hemorrhoids.
- Avoid people with colds, flu, measles or chicken pox. Stay away from large crowds.
- Be careful not to cut or nick yourself when using knives, needles or scissors.
- Use an electric shaver instead of a razor.
- Use a soft toothbrush that is gentle to your gums.
- Take a warm bath, shower or sponge bath every day. Pat your skin dry.
- Do not drink alcoholic beverages unless your physician approves.



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Signs of infection:

Report infection signs to your nurse or physician.

- Fever higher than 101 degrees.
- Shaking chills
- Sweating or increased skin temperature.
- Diarrhea.
- Burning when you urinate.
- Cough or sore throat.
- Vaginal discharge or itching.
- Sore mouth.
- Redness or swelling around a wound, pimple, sore or boil.
- Feeling weak.
- Body aches
- Unusual shortness of breath.

Anemia (low red blood cell count)

Cancer treatment reduces the bone marrow's ability to make red blood cells which carry oxygen to all parts of the body. When there are too few red cells, body tissues do not get enough oxygen to do their work. This condition is called anemia. The following suggestions will help you feel better if you have anemia:

- Get plenty of rest. Sleep longer at night and take naps during the day.
- Limit your activities. Do only what is important to you.
- Ask family or friends to help with child care, shopping, driving or cooking.
- Eat well and include iron-rich foods like red meats, liver, spinach and fortified breads and cereals. Include foods rich in Vitamin C such as orange juice and grapefruit juice.
- Stand up slowly to prevent dizziness.
- A blood transfusion can be given to raise the red blood cell count; this will be decided by your doctor.



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Thrombocytopenia (low platelet count)

Cancer treatment affects the bone marrow's ability to make platelets. If your blood does not have enough platelets, you may bleed or bruise more easily. Let your physician know if you have unexpected bruising, small red spots under your skin, reddish or pinkish urine, black or bloody bowel movements or unusual vaginal bleeding. Follow these suggestions to avoid problems:

- Do not take aspirin or aspirin-free pain relievers without first checking with your physician.
- Do not drink alcoholic beverages unless your physician approves.
- Use a soft toothbrush.
- Clean your nose by gently sniffed saline may help clean
- Be careful when cooking,
- Avoid contact sports and other
- Wear protective gloves when
- Clean scrapes and cuts with
- Do not get any immunizations
- If your platelet count is very can be given to raise your or bruising.

See the "When to call section".

Lymphedema

Lymphedema can occur when lymph nodes are removed during cancer surgery or as a side effect of radiation therapy for cancer. Lymphedema is the result of abnormal accumulation of protein-rich edema fluid, which can result in some swelling of the part of the body that is affected. With lymphedema, one's limb such as hand, leg or foot a well as the joining trunk may swell. In Stage I lymphedema, the swelling may be temporarily reduced by simple elevation of the limb. If it remains untreated, the lymphedema causes a progressive hardening of the affected tissues.

Lymphedema may occur immediately following surgery or several months or years after therapy. It is important t protect the affected limb.

Anyone who has had a lymph node dissection of the groin or pelvis, particularly if accompanied wit radiation therapy, is at risk for lymphedema of the lower extremities. Lymphedema is uncommon, but when it does occur it can usually be controlled with proper education and care.



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Things you can do to control lymphedema of the leg:

- If you notice any continual increase of swelling or tightness in the toes, foot, ankle, legs, abdomen or genitals- consult your nurse or physician.
- Never allow an injection or a blood draw in the affected leg. Keep the edemic leg, or the “at-risk” leg very clean. Use lotion (Eucerin, Nivia) after bathing. When drying your leg, be gentle, but thorough. Make sure you dry any creases and between your toes.
- Avoid vigorous, repetitive movements against resistance with the affected leg.
- Do not wear socks or stockings with tight elastic bands.
- Avoid extreme temperature changes with bathing or sunbathing (no saunas or hot tubs). Keep your legs protected from the sun.
- Avoid any type of trauma (bruising, cuts, sunburn or other burns, sports injuries, cat scratches).
- When manicuring your toenails, avoid cutting your cuticles (inform your pedicurist).
- Exercise is important, but consult with your therapist. Do not overtire your affected leg; if it starts to ache, lie down and elevate it. Recommend exercises are walking, swimming, light aerobics, bike riding and yoga.
- Patients who have lymphedema should wear a well-fitting compression stocking during all waking hours. See your therapist for follow-up at least every four to six months. If the stocking is too loose, your leg circumference has most likely reduced or the stocking is worn.
- Warning: If you notice a rash, blistering, redness, increase of temperature or fever, see your physician immediately. An inflammation or infection in the affected leg could be the beginning or a worsening of lymphedema.
- Maintain your ideal body weight by eating a well balanced, low sodium, high fiber diet. Avoid smoking and alcoholic beverages. Lymphedema is a high-protein edema, but eating too little protein will not reduce the protein element in the lymph fluid; instead, it will weaken the connective tissue and worsen the condition. Your diet should contain protein that is easily digested, such as chicken or fish.
- Always wear closed shoes (high tops or well fitted boots are highly recommended). Do not wear sandals, slippers or go barefoot. Dry your feet thoroughly after swimming.
- See a podiatrist once a year for prophylaxis (fungi, ingrown toenails, calluses, pressure areas).
- Wear clean socks and hosiery at all times.
- Use talcum powder on your feet, especially if you perspire a great deal; it will make it easier to pull on compression stockings. Make sure you wear rubber gloves as well when pulling on stockings. Powder behind the knee often helps; it prevents rubbing and irritation.

See the “When to call” section.



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Mouth sores (mucocitis or stomatitis)

Mouth pain and sores, called mucocitis or stomatitis, are common complications of chemotherapy and head and neck radiation therapy. Your age, the types of chemotherapy, amount of radiation, tobacco usage and length of treatment can determine how bad your symptoms are.

Mouth sores cannot always be prevented. However, reducing the number of germs in the mouth and protecting the mouth may delay break out, decrease severity and speed healing of sores. We would be happy to make recommendations to your dentist on treatment plans.

Take the following precautions before chemotherapy begins:

- Have your teeth cleaned professionally before beginning chemotherapy.
- Keep your teeth and gums clean at all times. Brush after every meal, being careful not to scrape your gums. Switch to using a soft toothbrush at the first signs of sore gums or mouth. Make sure to let your toothbrush air dry. Do not cover it.
- Do not wear loose dentures or denture adhesives. You may choose to have your dentures refitted a week or two before chemotherapy begins.
- Keep dentures or partials clean. There should be no food, plaque or tartar deposits on them.
- Do not sleep in dentures or partials. At night, soak your dentures in fresh water or denture cleaner.
- Make sure there are no sharp teeth or sharp areas on dentures or partials.
- Do not use over-the-counter mouthwashes which contain alcohol.
- Avoid commercial mouthwashes which may burn the throat and esophagus. You may use Biotene mouthwash. It is available at most drug stores. Or, you may rinse with two tablespoons of three percent hydrogen peroxide mixed in eight ounces of water, followed by $\frac{1}{4}$ teaspoon of baking soda in eight ounces of water.
- Beginning several days before chemotherapy or radiation therapy, avoid sharp abrasive foods such as popcorn, toast or chips.
- Avoid very hot foods, acidic foods such as tomatoes or citrus fruits, and spicy foods. Choose foods that are easy to chew and swallow such as milk shakes, cottage cheese, mashed potatoes, puddings or oatmeal.
- Eat foods with gravies or sauces to make them easier to swallow.
- Cut foods into small pieces.
- Cook food until it is soft and tender.
- Use a straw to drink.
- Serve foods cold or at room temperature.
- Some people will find that tilting the head back or forward may help to make swallowing easier.
- Do not smoke, chew tobacco or dip snuff.
- Dissolving ice chips slowly in your mouth may offer some relief.
- Apply a non-petroleum-based cream, such as SAGE Mouth Moisturizer or Biotene Oral Balance, to



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your lips to relieve dryness. You can purchase at your local drug stores. See the “When to call” section.

Nausea and vomiting

Nausea and vomiting are often associated with treatment. The following steps will help you control these side effects:

- First take the anti-nausea drugs as directed by your nurse and physician to interrupt the nausea cycle as soon as possible. Take the medication as soon as you can to see if the nausea will pass.
- Avoid unpleasant sights, smells and tastes.
- Avoid foods that are fatty, greasy or fried; very sweet such as candy and cookies; and spicy and hot.
- Eat small, frequent meals.
- Eat foods that are dry and salty such as crackers, toast, and pretzels; or soft such as canned fruit, oatmeal, yogurt and sherbet.
- Drink beverages that are clear and cool such as carbonated beverages, popsicles and ice cubes made from fruit juices.
- Eat foods at room temperature or cooler.
- Try activities like listening to music or reading to take your mind of feeling sick.

See the “When to call” section.

Pain Management

An essential principle of using medications or drugs to manage cancer pain is to individualize the plan to the patient. Cancer pain is to individualize the plan to the patient. Cancer pain is usually treated with medicine but, surgery, radiation therapy and other treatments can be used along with medicine to give even more pain relief.

The pain medicines that your physician prescribes for you are based on many factors including your diagnosis, your kidney and liver functioning, your previous response to pain medications, a drug’s duration of action, available forms of the medicine, it’s side effects, the amount you need and any contraindications associated with certain drugs.

It is our goal to help you control pain. Taking medicine as your physician tells you will help control pain. Do not skip a dose, or wait your the pain to get worse before taking your medicine. Ask your physician or nurse how and when to take extra medicine. This may mean taking it on a regular schedule and around-the-clock



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Many types of medicines are used for pain. Your physician will choose the best one for you. Rate your pain before you take the medication and then rate the amount of relief from the medication. This helps your physician know if you are taking the right medicine and the correct amount. One way to rate your pain is on a scale of zero to ten where zero is no pain and 10 is the worst possible pain.

Types of pain medicines

Many medicines are used to treat cancer pain and your doctor may prescribe one or more of them to take. The list below describes the different types of medicine that your doctor may prescribe for you and the kind of pain they work on.

Do not start to take a new medicine without checking with your doctor or nurse first. *Even ASPIRIN can be a problem in some people who are taking other medicines or having cancer treatment.*

For mild to moderate pain:

Non-opioids- Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, Naproxen and ibuprofen. NSAIDs may relieve bone pain or generalized musculoskeletal pain and decrease swelling around nerve endings. Some of these medicines can cause an upset stomach.

* If you are taking Acetaminophen/ Tylenol, do not take more than a total of 4 grams per day, that is about 12 regular strength tablets (325mg tablets) or 8 extra strength tablets (500mg tablets). Remember to count the Acetaminophen/ Tylenol that is included in medications where Acetaminophen/ Tylenol are included with another drug- such as Percocet or Tylenol #3 or in cold preparations.

For moderate to severe pain:

Opioids- Morphine, Hydromorphone, oxycodone, fentanyl, and codeine. These medications can be very effective in managing cancer pain. The most commonly used opioid, morphine is readily available in several forms, including slow-release or immediate release tablets. Fentanyl is available as a slow-release patch that you apply to your skin and change every 2-3 days. Opioids can be used in combination with non-opioids for moderate to severe pain. Opioids may cause constipation, sleepiness, nausea and sometimes vomiting. Opioids sometimes cause problems with urination or itching. They may also cause slowed breathing. A slower breathing pattern sometimes happens when the dose of medicine is first given or the dose is increased, but this is unusual in people who take opioids on a regular basis for pain.



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For tingling and burning pain:

Antidepressants- Amitriptyline, imipramine, doxepin, trazadone. Taking an antidepressant does not mean that you are depressed or have a mental illness. These medicines can work very well with opioids to relieve pain. These medicines can cause dry mouth, sleepiness, and constipation. Some cause dizziness and lightheadedness when standing up suddenly.

Anticonvulsants- Carbamazepine and phenytoin. And Antiepileptics- Neurontin, Gabapentin Anti-convulsants block the transmission of pain impulses across nerves and therefore are used for pain caused by nerve injury caused by cancer or cancer treatments. Taking an anti-convulsant does not mean you are going to have convulsions.

For pain caused by swelling:

Steroids: Many cancer patients have taken steroids to treat their disease. These drugs also have pain relief properties. They can help relieve bone pain, pain caused by inflammation and can relieve pain by reducing swelling that can be caused by a tumor.

Steroids may elevate your blood sugar. If you are a diabetic and are on steroids you may need to monitor your blood sugar more often. Please consult with your doctor about this.

Steroids may also make you more prone to thrush especially in your mouth. Oral thrush can cause a sore mouth, pain when you swallow and hoarseness. If you see white patches in your mouth or your mouth looks reddened- this may indicate thrush. Please call your nurse if you have any of the signs or symptoms of thrush.

See "When to call" section.



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About side effects

All pain medicines have some side effects, but not all people get them. Most side effects happen in the first few hours of treatment and gradually go away. Some of the more common side effects of pain medicines are:

- **Constipation:** The best way to prevent constipation is to drink lots of water, juice and other liquids, and to eat more fruits and vegetables. Exercise is also important in preventing constipation- even if it means walking short distances.
- **Nausea and vomiting:** When this happens it usually lasts for the first day or two after starting a medicine.
- **Sleepiness:** Some people who take opioids feel drowsy or sleepy when they first take the medicine. This usually does not last too long.

How medicine is taken

Most pain medicine is taken by mouth (orally) and is easy to take. Most are in tablet or capsule form but sometimes they are liquids you can drink. Many of these oral pain medicines can provide immediate and sustained pain relief. If you are unable to take your pain medicine by mouth, your doctor may prescribe another medicine and another way to take your pain medicine. Many pain medicines can be given in the following way:

- **Rectal suppositories:** medicine that is dissolved by the rectum and absorbed in the body.
- **Patches:** that are filled with medicines and placed on the skin and absorbed by the body.
- **Injections:** through a tube or needle. This route places medicine directly into the body several ways including: subcutaneous injection (just under the skin using a small needle), intravenous injection (medicine that is placed directly into the vein through a needle that stays in the vein) and epidural or intrathecal injections- (medicine that is placed directly in the back using a small tube). Most of these injections give pain relief for hours.

Commonly asked questions about pain treatment:

Will the medicine stop working if I take too much?

The medicine will not stop working. However, your body may become used to the medication. This is called tolerance. Tolerance is not usually a problem with cancer pain treatment because the amount of medicine can be increased or other medicines can be added to make the pain medicine work better.

Am I a bad patient if I complain?

No. Controlling your pain is an important part of your care. Tell your physician or nurse if you have pain, if your pain gets worse, or if you are taking pain medicine and it is not working.



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When should I take my pain medicine?

Take your pain medicine when the pain starts. You should not wait until the pain becomes severe to take your medicine. Pain is easier to control before it becomes severe. Take your pain medicine regularly and as your physician or nurse tells you. Complimentary treatments such as breathing exercises, relaxation, distraction, ice or hot packs may also assist you in controlling your pain.

Will I become addicted to pain medicine?

Studies show that cancer patients rarely get hooked or addicted to pain medicine/ Many studies have shown that cancer patients can stop pain medications easily when their health improves. Remember, it is important to take pain medicine regularly to control pain.

How can I obtain refills for my pain medicines?

Please remember to plan ahead when you have prescriptions refilled. Call your nurse during working hours two or three days before your medication runs out. This is particularly important if you are taking strong pain medications. *Always check Friday morning to make sure you will have enough to get you through the weekend, as it is more difficult to refill these on the weekends.* Not all narcotics are stocked at every military hospital pharmacy, so you may need to come in to Walter Reed to pick the medication up. Do not let your pain medicines get below 3 or 4 day's supply.

Please call your nurse for your prescription refills. Call between 7:30am and 4pm. Please leave a message on your nurse's voicemail if she is away from her desk and note when and how she can return your call. Please also let her know what pharmacy you need to have the prescription sent to. See "When to call" section.



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Peripheral Neuropathy

Peripheral neuropathy is a change in your sensory and perceptual functioning. Patients with peripheral neuropathy may experience numbness, tingling in fingers and toes, changes in their hearing, vision, taste and touch or a decrease in the muscle tone and strength in the hands and feet. Patients may also experience constipation. Follow these suggestions to help control symptoms:

Changes in touch:

- Lower the setting on water heaters.
- Use pot holders when cooking to avoid burns.
- Wear gloves when washing dishes and gardening.
- Check your skin regularly for cuts, scrapes and burns.
- Use button hooks to button clothes.
- Use rubber grips for pencils.
- Use zipper pull rings to zip clothes.
- Get larger and thicker eating utensils that are easier to hold.

Changes in walking and balance

- Wear high top shoes for ankle support.
- Take short walks.
- Massage your feet.
- Use a cane or walker.
- Exercise your legs by alternating flexing and stretching muscles.
- Install shower and tub rails.
- Walk in well-lit areas.

See “When to call” section.

Changes in hearing

- Ask people to look at you when you speak.
- Get a hearing aid if your physician recommends one.



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Skin Care

Radiation treatment may cause redness, swelling, dryness, itching and darkening of skin in the treatment area. Skin reactions usually start 10 to 14 days after radiation begins and may last for several months following radiation. Your physician and/or nurse will review with you what skin care products to use. The following suggestions will help control skin irritation:

- Wash the treatment area gently, using a mild soap and warm or cool water. Rinse well and pat dry.
- Do not use creams, lotions, alcohol, after-shave, perfume, deodorant or powders in the treatment area.
- Use pure cornstarch to ease itching. This can be found in grocery stores.
- Avoid using hot packs, cold packs or heating pads on the treatment area.
- Avoid wearing tight clothing over the treatment area.
- Protect the treatment area from direct sunlight. If the area must be exposed to sun, use a sunscreen with a sunscreen protection (SPF) of 15 or greater. **THE SUNSCREEN MUST BE REMOVED PRIOR TO THE NEXT RADIATION TREATMENT.**

Chemotherapy medicines and radiation treatments can also make your skin more sensitive to sunlight. To prevent sunburn or other irritations, take the following precautions when exposed to the sun:

- Wear long sleeves and pants.
- Use at least 15 SPF sunscreen on arms, legs, face and hands.
- Keep your head covered.
- Avoid tanning booths and sun lamps.
- Limit prolonged sun exposure.

See “When to call” section.



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Taste Changes

Cancer and cancer treatment may change the way foods smell and taste to you. Food may taste bitter or like metal or taste less than usual. The tips below may help make food taste better:

- Keep your teeth and gums clean.
- Eat foods that look and smell good to you.
- Eat chicken, turkey, eggs, dried beans or dairy products as a substitute to beef for protein.
- Marinating meat, chicken or fish can help retain flavor. Use sweet fruit juices, sweet wine, Italian dressing or sweet-and-sour sauce.
- Try using bacon, ham or onion to flavor vegetables.
- Try small amounts of seasonings such as basil, oregano or rosemary.
- Tart foods such as oranges or lemonade may have more taste.
- Serve foods at room temperature.
- Eat with plastic utensils to decrease metallic taste.

See “When to call” section.



Gynecologic Disease Center

At Walter Reed Army Medical Center

Walter Reed Army Medical Center
6900 Georgia Avenue, NW
Building 2, Room 6743
Washington DC 20307

202-782-8513 (Phone) *Please note: only military health beneficiaries should call this telephone number.*
202-782-9278 (Fax)

This material is provided for informational purposes only as a service of the Gynecologic Disease Center. It is not intended to provide comprehensive coverage of the subject or to suggest a diagnosis or treatment modality. For further information on this subject, please contact your health care provider.