

Self-Care Tips During Cancer Treatment

If you are deaf or hard of hearing, please let us know. We provide many free services including sign language interpreters, oral interpreters, TTYs, telephone amplifiers, note takers and written materials.

Contents

Introduction	3
Coping with Neutropenia (Low White Blood Cells)	5
Coping with Anemia (Low Red Blood Cells)	7
Coping with Thrombocytopenia (Low Platelets).....	9
Coping with Nausea and Vomiting.....	11
Coping with Diarrhea	13
Coping with Constipation	15
Coping with Fatigue	17
Coping with Mouth Sores	19
Coping with Hair Loss	21
Coping with Sexual Concerns: For Women	23
Coping with Sexual Concerns: For Men	25
Coping with Anorexia	27
Coping with Bone Loss	29
Coping with Depression and Anxiety	31
Coping with Dry Mouth	33
Coping with Hand-and-Foot-Syndrome	35
Coping with Memory Loss	37
Coping with Symptoms of Menopause	39
Coping with Nerve Damage	41
Coping with Pain	43
Coping with Skin and Nail Problems	45
Coping with Taste Changes	47

Introduction

Many people fear the side effects of chemotherapy and radiation. But for most patients, fear is often the worst part of treatment. Cancer treatment has greatly improved in recent years, and most side effects can be managed.

This booklet explains some of the more common side effects of cancer therapy. We will help you manage any side effects to make your treatment as easy as possible.

It's important for you to tell us about any new symptoms so we can treat them right away. You will also need to follow the guidelines below before and during your cancer therapy.

Before treatment

Give your doctor or nurse a list of all your medicines (prescribed or over the counter), including vitamins and herbal products.

Please arrange to have any dental work done before you start cancer treatment.

Be sure to tell your doctor or nurse if you:

- Have any allergies to medicines, either prescribed or over-the-counter.
- May be pregnant, plan to get pregnant, or are breastfeeding.
- Have had cancer treatment in the past.
- Have any of these medical conditions: chicken pox, herpes zoster, lung disease, kidney disease, liver disease or infection.

During treatment

Don'ts:

- Don't get pregnant or father a child.
- Don't drink alcohol, unless your doctor says it is okay.
- Don't get flu shots or other shots before checking with your doctor.
- Don't take aspirin (or products that contain aspirin) without first checking with your doctor.

Do's:

- Call your doctor's office if you have a fever at or above 100.4°F (38°C) (under the tongue).
- Take anti-nausea medicines as ordered. Tell your doctor if they do not help.
- Drink plenty of fluids (8 to 10 glasses of water per day).
- See your doctor regularly to check your progress.
- Call your doctor before having any dental work during cancer treatment. Your doctor will need to take steps to prevent a serious infection.

Food Safety Guidelines

During cancer treatment, your body may have trouble fighting germs.
To prevent food poisoning and infections, follow these tips.

Buying Food

Buy foods before the expiration date listed on food labels (also called the “use by” date).

Check that milk, apple cider, egg and cheese products have been pasteurized. This should be printed on their labels.

Buy fruits and vegetables with unbroken skins.

Preparing food

Wash your hands before making food.

Wash food-preparation surfaces with soap and water, then dry them well. Use only clean utensils.

Wash all raw fruits and vegetables.

Use one cutting board (non-wood) for raw meats, another for fruits and vegetables, and a third for cooked foods. Wash cutting boards often. This will help prevent cross-contamination.

Thaw frozen food in the refrigerator or in cold water. Do not thaw at room temperature.

Cook raw meat well. The temperature inside the meat should stay at the following for at least 15 seconds:

- 165°F (74°C) or higher for poultry (whole or ground chicken or turkey)
- 155°F (68°C) or higher for ground meat (beef, pork) or ground fish
- 145°F (63°C) for whole beef, pork or fish.

Meals and snacks

Wash your hands before eating. Always use clean plates, glasses and utensils.

Avoid raw fish, raw meat, uncooked eggs, raw cookie dough and natural cheese. (This includes moldy cheese, such as blue cheese, as well as cheese made with unpasteurized milk).

Do not drink from a can or bottle. Wash the can or bottle before opening it and then pour the drink into a cup.

Storing leftovers

Throw out leftovers that have been at room temperature longer than two hours.

Throw out leftovers older than two days.

When reheating leftovers, the temperature inside should be at 165°F (74°C) for at least 15 seconds.

Refrigerated foods should be stored at of 40°F (4.5°C) or less.

Dining out

Ask staff to make sure there are no raw ingredients (such as raw eggs or meat) in your food.

Ask that egg dishes be fully cooked. Meat should be medium-well or well-done.

Avoid buffets and salad bars.

Coping with Neutropenia

What is neutropenia?

Neutropenia means that you have fewer white blood cells than normal.

Your white blood cells protect you from infection. If your white blood cells become too low, your risk of infection increases.

Signs of an infection include:

- Any temperature at or above 100.4°F (38°C) (taken under the tongue)
- Shaking chills
- Pain when urinating
- Pain when breathing
- Cough or sore throat
- A red, swollen or painful cut or wound, or fluid coming from a cut or wound.

How is neutropenia treated?

If you already have an infection, your care team may give you medicine to help fight it. If you do not have an infection, you may receive:

- Neulasta (pegfilgrastim)
- Neupogen (filgrastim)
- Other: _____

These medicines can help your body make more white blood cells. Your care team will tell you if medicine is right for you. You will need a number of blood tests to see how well your treatment is working.

What else can I do to prevent infection?

- Wash your hands often, including before meals and after using the toilet. Hand washing is the best way to prevent infections. Remind visitors to wash their hands as well.
- Take a warm shower each day and pat your skin dry.
- Rinse your mouth with mild salt water four times a day.
- Brush your teeth with a soft toothbrush after meals. Floss gently.
- Take steps to prevent cuts or scrapes, which can lead to infection. For example: use an electric razor, be careful with sharp objects, wear gloves when possible and don't go barefoot.
- If you have a cut or scrape, wash the area with soap and water, then cover it with a clean bandage until it heals.
- Use lotion to prevent cracks in your skin.
- Do not cut your cuticles. Use cream removers instead. Do not wear fake fingernails.

- Try to prevent constipation (hard stools). Drink plenty of fluids. If you can, eat whole grains and fresh fruits and vegetables. Ask your care team if you should take a stool softener (such as Colace).
- Wipe yourself from front to back after using the toilet.
- Avoid:
 - People who have a cold or the flu
 - Young children who have recently received a live vaccine
 - Large crowds
 - Fresh plants, flowers, dried moss and dirt.
- Do not have surgery or dental work.
- Do not have sex until your white blood cells are back to normal. Do not use enemas, suppositories, douches or tampons.
- Ask others to clean up after pets.
- Always talk to your cancer doctor before receiving shots (immunization) .

When should I call my care team?

Call your care team if:

- Your temperature is at or above 100.4°F (38°C) (taken under the tongue).
- You have chills and are shaking.
- You have pain when urinating (using the toilet), or you need to pee more often than normal.
- You have itching or unusual drainage from your vagina.
- You have pain when breathing, or you are having a hard time breathing.
- You have a cough or sore throat.
- You have soft white patches on your tongue or the sides of your mouth.
- You see redness, swelling or fluid draining from a cut or wound.
- You suddenly feel very weak and tired.

Comments:

Coping with Anemia (Low Red Blood Cells)

What is anemia?

Anemia means you have fewer red blood cells than normal, or you do not have enough iron in your blood. When this happens, your red blood cells cannot carry enough oxygen to the rest of your body.

Symptoms include:

- Feeling very weak, tired or short of breath
- Feeling dizzy or light-headed
- Skin, gums, nail beds or lower eyelids that are pale.

How is it treated?

Anemia can be treated with:

- Aranesp (darbepoetin alfa)
- Iron pills
- Other: _____.

These medicines may increase your iron, help your body make red blood cells, or treat the cause of your anemia.

Severe anemia requires a blood transfusion. In this case you would receive donated blood through an IV line (a small tube in your vein). This usually takes four to five hours. You can receive blood at one of Fairview's outpatient infusion centers.

You will need a number of blood tests to see if your treatment is working.

What else can I do to treat or prevent anemia?

- Eat a healthy diet with lots of iron-rich foods (like beef, liver, canned salmon, dried fruits and fortified cereals). Drink lots of fluids.
- Sleep more at night and take naps during the day.
- Plan your day to include rest periods. Don't try to over-schedule yourself. Save your energy for the things that are most important to you.
- Try to do light exercise every day. Avoid heavy exercise or activity.
- Don't be afraid to ask for help when you need it. Family and friends can help with child care, shopping, housework or driving.
- Don't get up too quickly when lying or sitting. This may make you dizzy. Change positions slowly.
- Avoid injuries that might cause bleeding or bruising. Keep your home as safe as possible. Do not use razors or sharp knives.
- Make time for activities that help you relax (meditation, reading, talking with friends, listening to music).

When should I call my care team?

Call your care team if:

- You feel very weak and tired all the time.
- You have trouble breathing or feel short of breath.
- You are dizzy or light-headed.
- Your heart rate is faster than normal.
- You have headaches often.
- You have heavy vaginal bleeding (soaking one pad an hour) or a change in your periods. This includes increased bleeding or bleeding between cycles.

Comments:

Coping with Thrombocytopenia

What is thrombocytopenia?

This is a term for a low platelet count. Platelets are blood cells that help your blood to clot. When your platelets are low, you may bruise or bleed more easily.

Signs of low platelets include:

- A lot of bruises
- Bleeding gums
- Nosebleeds
- Tiny purple spots on the feet or legs.

How is it treated?

If your platelets are too low or you have active bleeding, you may need a platelet transfusion. In this case, we would give you donated platelets through an IV line (a small tube in your vein). This usually takes one to two hours.

You will need blood tests to see how well your treatment is working.

What can I do to prevent bleeding?

Until your platelets are back to normal, you need to reduce your risk for bleeding or bruising.

- Do not have surgery or dental work.
- It is ok to take acetaminophen (Tylenol). You may also take opioids that your doctor prescribes. Do not take the following medicines unless your care team says it's okay:
 - Aspirin or products that contain aspirin
 - Aspirin-free pain relievers (such as Advil).

Be sure to read the labels on any store-bought medicines.

- Do not drink alcohol unless your care team says it's okay.
- Avoid foods that can make your mouth bleed, including popcorn, chips and raw vegetables.
- To avoid injuries:
 - Make your home as safe as possible.
 - Take care when using knives and other tools.
 - Be careful not to burn yourself when ironing or cooking.
 - Wear heavy gloves when working in the garden or near thorny plants.
 - Wear shoes when you walk.
 - Wear loose-fitting clothes to prevent bruising.

- Do low-impact exercise such as walking or swimming. Avoid contact sports.
- Keep your lips moist with lip balm. Keep your skin soft with cream or lotion.
- Blow your nose gently. Never use your fingers to clean your nose.
- Use an electric razor.
- Use a soft toothbrush. Do not floss.
- Use a water-based gel during sex (intercourse), such as K-Y Jelly or Astroglide. Do not have sex if your platelets are below 50,000.
- Do not use enemas, suppositories, douches or tampons.
- Try not to strain when using the toilet. Ask your care team if you need a stool softener (such as Colace).

When should I call my care team?

Call your care team if:

- You bleed from a cut or wound and it doesn't stop within 30 minutes of applying pressure.
- You notice blood in your urine or stool after using the toilet.
- You notice any black, tarry stools.
- You see blood or dark brown spots in your vomit.
- You have nosebleeds, bleeding gums or headaches that you cannot explain.
- You see tiny, pinpoint-sized red or purple spots on your skin.
- You have heavy bleeding from the vagina (you are soaking one pad an hour) or any change in your periods. This includes heavier bleeding or bleeding between cycles.

Comments:

Coping with Nausea and Vomiting

What are nausea and vomiting?

Nausea is feeling queasy or sick to your stomach, as if you're going to throw up. Vomiting is emptying your stomach by throwing up.

How are they treated?

If your symptoms are severe, your care team can give you medicine to control them. You may need to try several drugs before finding the one that works best.

- If you know you get sick at a certain time each day or before certain events, take your medicine before you feel sick.
- If you do not take anti-nausea medicine at regular times, take it before meals or first thing in the morning, before you get out of bed.
- Some patients find alternative therapies help. Ask your health care team for more information.

What else can I do to treat or prevent nausea and vomiting?

- Before getting out of bed in the morning, eat dry foods (crackers, toast, dry cereal).
- Eat several small meals throughout the day. Choose bland, starchy foods that are easy to digest, like toast, rice, dry cereals, chicken noodle soup and canned fruit.
- Eat foods cold or at room temperature. The smells from hot foods may make nausea worse.
- Do not eat favorite foods when you feel sick.
- If possible, have somebody else make meals when you feel sick.
- Avoid foods that are fatty, fried, very spicy, very sweet, hard to digest (like tough meat) and foods that have a strong odor. Also avoid caffeine and alcohol.
- Once vomiting has stopped, try small sips of fluids between meals. Slowly increase your fluids as you are able. Try water, ginger ale, Popsicles, sports drinks, soups, broths or frozen juice chips.
- If your body can handle it, drink 6 to 8 glasses of fluids a day (8 ounces each). Drink one hour before and after meals, but not during meals.
- Wear loose-fitting clothes when you eat.
- Eat in a cool, airy, quiet place. Avoid eating in a room that is warm or has cooking odors.
- Rest in a chair for an hour or two after meals. Wait one hour before lying flat.
- Distract yourself from nausea with music, TV or visits with friends and family.

- A clean mouth will make you feel better, so brush your teeth often. Rinse your mouth before and after meals.
- Suck on hard candies (such as lemon drops or mints) if you have a bad taste in your mouth.

- You can't eat for more than two days.
- You can't keep your medicine down.

When should I call my care team?

Call your care team if:

- You vomit more than three times in an hour for over three hours.
- You can't keep liquids down for 12 hours or more, or you can't drink more than 4 cups of liquid a day.
- You see blood in the vomit, or the vomit looks like coffee grounds.
- You choke while vomiting. You can't stop coughing after you vomit.

Comments:

Food group	Recommended foods	Foods to avoid
<i>Meats, eggs and cheese</i>	Broiled or baked meat, fish or poultry. Cold meat or fish salad, lean ham, eggs (not fried), cream soups made with low-fat milk.	Sausage, bacon and other fatty and fried meats. Fried eggs.
<i>Breads and starches</i>	Saltine crackers, breads, toast, cold cereals, English muffins, bagels, plain noodles, rice.	Doughnuts, pastries, waffles, pancakes, muffins.
<i>Fruits and vegetables</i>	Juices, canned or fresh fruits, potatoes (baked, boiled or mashed). Other vegetables if your body can handle it.	French fries and hash browns. Breaded, fried or creamed vegetables.
<i>Milk products</i>	Low-fat milk, non-fat yogurt.	High-fat milk shakes, cream, ice cream.
<i>Drinks</i>	Soft drinks, iced tea, sports drinks. (No caffeine.)	Alcohol, coffee.
<i>Desserts</i>	Sherbet, Popsicles, juice bars, fruit ice, gelatin, angel food cake, sponge cake, vanilla wafers, pudding made with low-fat milk.	Pies, rich cakes.
<i>Other</i>	Butter or margarine in small amounts, low-fat gravy, pretzels. Salt and spices if your body can handle it.	Spicy salad dressings, olives, pepper, chili powder, onion, hot sauce, potato chips.

Coping with Diarrhea

What is diarrhea?

If you have loose, watery bowel movements at least three times a day, you have diarrhea. You may also have gas and stomach cramps.

Emotional upset, infection and bad reactions to food may make diarrhea worse.

How is it treated?

Severe diarrhea can be treated with medicine, such as Imodium and Lomotil. These slow the digestive tract and reduce the amount of fluid lost in bowel movements. Your care team can tell you if medicine is right for you.

What else can I do to treat or prevent diarrhea?

- Avoid:
 - Fried, fatty, greasy, spicy or very sweet foods
 - Caffeine and alcohol
 - High-fiber foods such as whole grains, raw vegetables, unpeeled fresh fruits, dried fruits, dried beans and peas, nuts, seeds and popcorn
 - Chewing gum and sugar-free candies (these often contain a sugar alcohol that may increase diarrhea)
 - Gas-forming foods such as broccoli, cauliflower, brussels sprouts and carbonated (fizzy) drinks.
- Eat smaller amounts of food, but eat more often. Serve foods cold or at room temperature.
- Drink six to eight 8-ounce glasses of fluid each day, such as:
 - Fruit juice, watered-down (half water)
 - Broth or gelatin
 - Popsicles
 - Sports drinks or flat decaf soda pop (leave it open for at least 10 minutes before drinking).
- Limit milk products to two low-fat servings daily.
- Increase your potassium with watered-down orange juice, sports drinks, potatoes without skin, bananas or tomato products.
- Increase your sodium with soups and broths, sports drinks, crackers and pretzels.
- Rest and avoid stress.
- Weigh yourself daily. Keep a record of your weight and how often you pass loose stools.
- Take warm baths to keep yourself clean. Tell your doctor if your rectum is red, painful or swollen.
- Think about buying a skin barrier (such as Aquaphor) at the drug store. This can help protect the skin around your rectum from irritation and skin breakdown. Use it after each bowel movement.

- If diarrhea is severe, have only clear liquids (liquids that you can see through) until it stops. Once it stops, slowly return to your normal diet.

Comments:

When should I call my care team?

Call your care team if:

- You follow the steps listed here, but your diarrhea does not improve within 24 hours.
- You have more than six loose stools in one day.
- You have sudden, severe belly pain.
- You have been unable to eat for over two days.
- You have fever or dizziness along with diarrhea.
- You notice blood in your stool or you have black, tarry stools.

Food group	Recommended foods	Foods to avoid
<i>Meats, eggs and cheese</i>	Broiled or baked lean meat, fish, chicken or turkey (no skin). Eggs, well-cooked.	Beans. Chicken or turkey with the skin.
<i>Breads and starches</i>	Breads, rolls and pastas made from white flour. Instant white rice, refined cereals (Cream of Wheat, Cream of Rice, Cornflakes, Rice Krispies), pancakes, waffles, muffins, cornbread, graham crackers.	Whole grain breads and cereals, bran, Shredded Wheat, wild rice, granola.
<i>Fruits and vegetables</i>	Canned, frozen or peeled fresh fruits such as bananas or applesauce. Tomato paste, tomato sauce, tomato puree, cooked vegetables (acorn squash, asparagus, beets, carrots, celery, green beans, mushrooms, baked potato without skin, peeled zucchini).	Unpeeled fruits, melons, grapefruit juice, all vegetables not listed on the left.
<i>Milk products</i>	Skim or 1% milk, low-fat yogurt, low-fat cheese.	Whole or 2% milk, high-fat ice cream, cream.
<i>Drinks</i>	Sports drinks, watered-down fruit juices. (No caffeine.)	Prune juice, caffeine.
<i>Desserts</i>	Cookies, cake, gelatin, sherbet, fruit pies (avoid pies made with unpeeled fruit).	Nuts, coconut, chocolate, licorice.
<i>Other</i>	Broth, butter, margarine, mayonnaise, salad dressing, vegetable oil.	Hot sauce, pepper, chili powder, taco seasoning.

Coping with Constipation

What is constipation?

If you have hard, dry stools that are difficult to pass, you have constipation. You may also have bloating, gas and stomach cramps.

How is it treated?

If the problem is severe, your care team can suggest medicine to relieve it (a laxative, stool softener or enema). Do not use medicine unless your care team tells you to.

You should not use an enema (rectal wash) if your white blood cell or platelet count is low.

What else can I do to treat or prevent constipation?

- Eat at the same times each day.
- Add fiber to your diet by eating:
 - Whole grain breads, cereals and pastas
 - Whole grains such as barley or brown rice
 - Raw vegetables
 - Fresh and dried fruits
 - Dried beans and peas
 - Nuts, seeds and popcorn.
- Drink lots of fluids: at least eight to ten 8-ounce glasses each day. Try water, prune juice, warm juices, herbal teas and lemonade.
- Have a hot drink with high-fiber foods for breakfast.
- Eat the skins on fruits and potatoes. Wash them well before eating.
- Add wheat bran to cereals, casseroles and homemade breads.
- If gas is a problem:
 - Avoid gas-forming foods such carbonated (fizzy) drinks, broccoli, cabbage, cauliflower, dried beans and peas, peppers and onions.
 - Do not use a straw.
 - Do not chew gum.
- Stay active. Simply getting out for a walk can help. Increase your exercise as you are able.
- Try to use the toilet at the same times each day. Keep a record of your bowel movements.
- If you take medicine that may cause constipation, your doctor may ask you to take a stool softener.

When should I call my care team?

Call your care team if:

- You do not have a bowel movement for two or more days.
- You have sudden, severe belly pain.
- You notice blood in your stool.
- You have severe hemorrhoids (swelling, itching and pain around the anus).

Comments:

Coping with Cancer-Related Fatigue

What is cancer-related fatigue?

Fatigue is one of the most common side effects of cancer and its treatments. It can feel very different from other kinds of fatigue. Almost all cancer survivors say they feel fatigue during or after treatment. For some it slowly goes away over time. But for others, it lasts a long time. It can keep you from returning to your normal routine. Many people don't tell their doctor about fatigue. They may think it is normal. Or they think they can't do anything about it.

Normal fatigue

- Appears and changes quickly
- Feel tired because of activity you have done
- Sleep makes you less tired

Cancer fatigue

- Occurs and stays for a long period of time
- Feel tired for no reason
- Sleep and rest may not help

Normal daily routines like grocery shopping, work, making meals and cleaning the house can be exhausting. This makes it hard to act and can lower your quality of life. Cancer survivors say that fatigue is the worst symptom they feel after treatment.

- With **chemotherapy**, fatigue often begins three to four days after the start of treatment. This may vary depending on your treatment plan. Your strength will slowly return after your treatment ends.
- With **radiation therapy**, fatigue may increase very slowly during treatment. You may start to notice it after three to five weeks. Your strength will slowly return after your treatments have ended.

Thoughts and emotions can cause fatigue

- Cancer treatments can cause a shorter attention span. You may have a hard time thinking and perceiving things. This can cause mental fatigue.
- Stress can also make fatigue worse. Most people feel some stress and anxiety from dealing with the disease and worrying about the future.
- Depression affects about 1 in 4 people who have cancer. Depression may cause:
 - a loss of interest in normal activities
 - feelings of hopelessness
 - trouble concentrating
 - mental and physical tiredness.

Depression can make physical fatigue seem worse and last longer.

What can I do to treat or prevent fatigue?

- Keep regular sleep habits. Rest is important, but too much rest can lower your energy. A daytime nap should be one hour or less.
- Take short walks or do light exercise each day, if you can. Set short-term goals such as walking 10 minutes or two blocks. Slowly increase your exercise as you are able. Reward yourself.
- Eat a healthy diet and drink 6 to 8 glasses of fluid each day (8 ounces each). You should also:
 - Eat a balanced diet that includes fresh fruits, vegetables and whole grains.
 - Eat more protein. Try cheese, yogurt, milk shakes, nuts, peanut butter, meat, chicken, turkey and fish.
 - Eat more calories. Try 6 small meals a day or snacks in between your meals. To add calories with healthy fats, try olive oil, canola oil, nuts and seeds or nut butters.
 - Avoid caffeine and alcohol.
- Plan your day so that you have time to rest. Don't over-schedule yourself.
- Focus on doing the things that are most important to you. Plan your activities around your energy level.
- Ask for help with household chores.
- If you can, reduce your hours at work or take time off until you get your energy back.
- Do activities that you enjoy or that make you feel good.
- Talk with your care team about getting an order for the Fairview Cancer Rehabilitation (rehab) program. These therapists are trained to work with cancer survivors. They can help you reduce cancer-related physical and mental fatigue.

When should I call my care team?

Call your care team if:

- You are too tired to get out of bed for 24 hours.
- You feel confused or cannot think clearly.
- You believe your fatigue is getting worse.
- You have severe shortness of breath.
- You feel dizzy when you change positions.

Comments:

Coping with Mouth and Throat Sores

What are mouth and throat sores?

Some treatments and medicines will cause pain, redness, swelling or sores in the mouth, gums or throat. Symptoms include:

- Pain or burning
- Taste changes
- Problems swallowing
- Mild redness and swelling along the gum line
- White patches in the mouth.

Mouth and throat sores often occur three to 14 days after certain treatments. You may feel burning in your mouth and throat before the sores appear. Your mouth may be red. Sores may look like canker sores at first, then slowly become open sores.

How are they treated?

Ask your care team about pain medicine. You can also use a homemade mouth rinse. Here are two ideas:

- **Mouth rinse made of water, salt and baking soda** will make your mouth feel better. Mix 1 teaspoon salt, 1 teaspoon baking soda and 1 quart water. Swish, then spit.
 - **For no pain or very mild pain:** do this after meals and before bedtime.
 - **For mild pain:** do it every 4 hours while awake.

- **For moderate to severe pain:** do it every 2 hours while awake.

What else can I do to treat or prevent sores?

- Try to see your dentist before starting any treatments that might cause mouth sores. Your dentist will clean your teeth, take care of any problems and show you the best ways to brush and floss. If your treatment makes cavities more likely, your dentist may suggest a fluoride rinse.
- Brush your teeth after every meal with a soft toothbrush and a gentle touch. If your gums are very sensitive, use a cotton swab or gauze instead of a toothbrush. Use non-abrasive toothpaste or make a paste of baking soda and water.
- Rinse your toothbrush well after each use. Store it in a dry place.
- Do not use dental floss or toothpicks if your white blood counts are low.
- If you wear dentures, wear them only when needed. Clean them every day. Soak them every night in fresh solution.
- Do not use mouthwash that contains alcohol.

If you get mouth or throat sores:

- Eat cool or warm foods.
- Choose soft, bland foods such as those listed below. Try baby food, or put cooked foods in the blender to make them easier to eat.
- Cut food into small pieces so you can chew less. Eat with a baby spoon.
- Avoid food and drinks that might irritate the mouth and throat because they are coarse, tart, acidic, salty or spicy. Also avoid alcohol, coffee, tea and tobacco.
- Eat high-protein, high-calorie foods (milk shakes, smoothies, custard) or nutrition drinks. These will help meet your nutrition needs and speed healing.
- Drink with a straw to bypass mouth sores.

When should I call my care team?

Call your care team if:

- Your sores become red, painful or swollen.
- You cannot eat or drink because of pain.
- You have a fever at or above 100.4°F (38°C).
- You develop white patches on your tongue or the inside of your mouth.

Comments:

Food group	Recommended foods	Foods to avoid
<i>Meats, eggs and cheese</i>	Easy-to-chew or chopped bland meats and casseroles (macaroni and cheese, tuna noodle casserole), creamed soups, eggs.	Spicy foods (spaghetti, chili, tacos), whole meats, dry meats.
<i>Breads and starches</i>	Breads (if they cause no pain), lukewarm cooked cereals, cold cereals with milk, pasta or rice in cream sauces.	Dry toast, hard rolls, crackers, bagels, hard taco shells, crusty bread, granola. Crunchy and salty snacks (potato chips, popcorn, pretzels).
<i>Fruits and vegetables</i>	Soft or cooked fruits and vegetables (non-acidic), such as bananas, applesauce, watermelon, peaches or nectarines or mashed potatoes. Frozen grapes, melon, or peaches.	Raw vegetables, citrus fruits (orange, lemon, grapefruit), berries, tomatoes and tomato sauces.
<i>Milk products</i>	Milk, milk shakes, yogurt, ice cream.	
<i>Drinks</i>	Grape juice, apple juice or caffeine-free coffee, tea and soda pop.	Citrus juices (orange, grapefruit), tomato juice, caffeine, alcohol.
<i>Desserts</i>	Sherbet, gelatin, custard and pudding. Cakes, cookies and chocolate if they cause no pain.	
<i>Other</i>	Butter, margarine, gravies, sauces—add to foods to make it easier to swallow.	Salsa, vinegar, pickles, relish, chili powder, hot sauce, cloves.

Coping with Hair Loss

What may happen during hair loss?

Radiation and some medicines, like chemotherapy, can cause hair loss. You may start to lose your hair two to three weeks after treatment begins.

Your hair may become brittle and break off at the surface of the scalp, or it may simply fall out from the hair follicles. For many people, the head starts to itch or may be tender to the touch as the hair falls out.

Loss of eyebrows, eyelashes, pubic hair and other body hair may also happen, but this is often less severe. Hair growth is less active in these places than in the scalp.

Some people will lose all their hair. Others have only thinning of the hair. Often it depends on the dose and length of your treatment.

Will my hair grow back?

Hair loss caused by medicine will almost always grow back after treatment ends—and sometimes sooner. It may have a different color or texture than before.

Your hair may not grow back if you receive radiation to the head.

What can I do to cope with hair loss?

- For some people, hair loss can cause depression or loss of self-confidence. Talk to your loved ones and care team if you are concerned about your hair loss.
- Cut your hair short. A shorter style will make your hair look thicker and fuller. And if hair loss occurs, it will be easier to manage.
- Use mild shampoo. You may not need to wash your hair every day.
- Use a soft hairbrush.
- Avoid the hair dryer, or use only the lowest heat setting.
- Don't use brush rollers to set your hair.
- Don't dye your hair or get a permanent.
- Change your linens and pillowcases often. Some people prefer satin.
- Cover your head or use sunscreen (SPF 30) when in sunlight.
- Cover your head in the winter to prevent heat loss.

If you choose to wear a wig or hairpiece:

- You may want to get fit for one before you lose a lot of hair. This way you can match your hair color or style.
- Check with your care team to see if there is a “Look Good, Feel Better” program in your area. They are a resource for hats, turbans, scarves, hairpieces, wigs and make-up.
- Your hairpiece may be tax deductible, and insurance may cover part of the cost. Check your policy and get a prescription from your doctor.

Comments:

When should I call my care team?

Call your care team if:

- Emotional distress gets in the way of normal daily living.
- You have a rash or small, open sores on your scalp.
- You have dry, flaky skin that does not improve with the use of lotion. (Choose alcohol-free lotion.)

Coping with Sexual Concerns

For Women

What kinds of sexual problems can occur with my treatment?

Chemotherapy, radiation, some medicines and certain surgeries can cause sexual problems. These problems often depend on your age and how much treatment you receive.

Sexual changes may include:

- Vaginal dryness
- Pain during sex
- Light spotting or bleeding after sex
- Shrinking of the vagina
- Low sex drive
- Problems with fertility (having children)
- Symptoms of early menopause such as hot flashes, tightness during sex and irregular or no menstrual periods
- An increase in vaginal infections
- A return of genital warts or herpes if you have had these in the past.

Your illness or treatment may create other problems that affect you sexually such as:

- Stress and anxiety
- Fatigue or tiredness

- Hormone changes
- Nerve problems
- Conflict with your partner
- Physical changes such as hair loss or the loss of a body part (like a breast or limb).

How are they treated?

If you are being treated for cancer and are sexually active, you will need to use a good form of birth control (like lubricated condoms with contraceptive gel). If you get pregnant during treatment, the medicine you are taking could cause birth defects.

Ask your care team about birth control pills—these are not advised during certain treatments.

Ask your care team if there are times during treatment when it is not safe to have sex. For example, you should not have sex when your blood and platelet counts are low. This will reduce pain, infections and bleeding.

Your care team may want you to use a vaginal dilator. This is a plastic tube that helps prevent the vagina from shrinking.

If you have genital herpes or warts, your doctor may give you medicine to control it.

What else can I do to manage or prevent sexual problems?

- Talk to your care team about fertility before you start treatment. Some treatments make you sterile (not able to have children). Often women will “bank,” or freeze, their eggs for the future. This way, they may be able to have children later if therapy makes them sterile.
- Talk to your partner about having children. Share your feelings and concerns.
- Use birth control every time you have sex. Ask your care team when it is safe to stop using birth control.
- If vaginal dryness is a problem, use a water-based gel (Lubrin, Condom Mate suppositories, K-Y Jelly, Astroglide). A vaginal moisturizer (Replens) may also help. Avoid oil-based gels (petroleum jelly, Vaseline), as these may increase the risk of yeast infections.
- Relax. A change in your sex life is less troubling if you don’t worry about it.
- Having sex is not the only way to show love and sexuality. Find new ways to share love with your partner. Do what fulfills you both and makes you happy.
- Enjoy just touching your partner. Hug, cuddle, hold, touch, kiss and massage each other.
- Do things that have made you feel sexy in the past (look at sexy pictures, read a sexy story, watch a movie).
- Most women can have an orgasm by touching or stroking their breasts or genitals. Few women lose the ability to have an orgasm, but it may take longer to reach orgasm.

When should I call my care team?

Call your care team if:

- You have heavy vaginal bleeding (you are soaking one pad an hour).
- You have vaginal discharge, burning or pain with sex.
- You think you might be pregnant.
- You are worried about sexual problems.
- You have questions about your medical care.

Comments:

Coping with Sexual Concerns

For Men

What kinds of sexual problems can occur with my treatment?

Chemotherapy, radiation, some medicines and certain surgeries can cause sexual problems. These problems often depend on your age and how much treatment you receive. Sexual changes may include:

- Erection problems
- Low sex drive
- Problems with fertility (having children)
- An increased risk for infections
- Flare-ups of genital warts or herpes, if you have had these in the past.

Your illness or treatment may create other problems that affect you sexually such as:

- Stress and anxiety
- Fatigue or tiredness
- Hormone changes
- Nerve problems
- Conflict with your partner
- Physical changes such as hair loss or the loss of a body part (like a testicle or limb).

How are they treated?

If you are being treated for cancer and are sexually active, you will need to use a good form of birth control (like lubricated condoms with contraceptive gel). Your partner may also want to use birth control pills. It is possible to get a woman pregnant during this time. If you do, the medicine you are taking could cause birth defects.

Ask your care team if there are times during treatment when it is not safe to have sex. For example, you should not have sex when your blood and platelet counts are low.

You may have traces of chemotherapy in your saliva, sperm and other bodily fluids for 48 hours after treatment. Ask your care team if you need to take any precautions.

Your care team may suggest medicine to treat sexual problems. They may refer you to another doctor (a urologist) for other treatments. These may include a vacuum erection device or prosthetic device.

If you have genital herpes or warts, your doctor may give you medicine to control it.

What else can I do to manage or prevent sexual problems?

- Talk to your care team about fertility before you start treatment. Some treatments make you sterile (not able to have children). Often men will “bank,” or freeze, their sperm for the future. This way, they may be able to have children later if therapy makes them sterile.
- Talk to your partner about having children. Share your feelings and concerns.
- Use birth control every time you have sex. Ask your care team when it is safe to stop using birth control.
- Use a water-based gel (K-Y Jelly, Astroglide) during sex. This will reduce the risk of infections.
- Relax. A change in your sex life is less troubling if you don’t worry about it.
- Having sex is not the only way to show love and sexuality. Find new ways to share love with your partner. Do what fulfills you both and makes you happy.
- Enjoy just touching your partner. Hug, cuddle, hold, touch, kiss and massage each other.
- Do things that have given you erections in the past (look at sexy pictures, read a sexy story, watch a movie).
- Most men can have an orgasm by touching or stroking their genitals. Few men lose the ability to have an orgasm, even if they have trouble getting an erection.

When should I call my care team?

Call your care team if:

- You are worried about sexual problems.
- You have questions about your medical care.

Comments:

Coping with Anorexia (Poor Appetite) and Weight Loss

What is anorexia?

This is a loss of appetite that can lead to weight loss. You may not feel like eating because of illness, emotional problems or treatment side effects, such as:

- Nausea (feeling sick to your stomach) and vomiting (throwing up)
- Dry mouth
- Changes in taste and smell.

Some people lose their appetite for only a day or two. For others, it can last much longer.

How is it treated?

Your care team may give you medicine to improve your appetite, such as:

- Megace (megestrol)
- Marinol (dronabinol)
- Low-dose steroids.

Your care team will tell you if medicine is right for you. And they may refer you to a dietitian.

What else can I do to increase my appetite and prevent further weight loss?

- Try to eat at least five or six small meals a day. Use small dinner plates so you do not feel overwhelmed by the amount of food.
- Stop drinking fluids 30 to 60 minutes before each meal. Fluids will fill you up.
- Limit fluids during meals. Drink what you need to help you swallow.
- Keep snacks within easy reach. This makes you more likely to “graze” throughout the day.
- Try to eat something at bedtime.
- Choose high-calorie, high-protein foods like:
 - Eggs and meats
 - Nut butters
 - Cheese and crackers
 - Puddings and custards
 - Cream soups
 - Cereals
 - Ice cream and yogurt
 - Granola bars, snack chips, dried fruits, nuts and seeds (unless you have mouth sores, a dry mouth or a sore throat).

- Read nutrition labels. Make sure that what you eat is high in calories (at least 200 calories per serving).
- Use plenty of butter, margarine, sour cream, salad dressing and sandwich spread.
- Sprinkle powdered milk into soups, scrambled eggs, mashed potatoes, yogurt, milk shakes, cooked cereals, cottage cheese and custards. This will give you more protein.
- If you don't feel like eating, try to drink high-calorie liquids like whole milk, milk shakes, juices and cream soups.
- Try nutrition drinks, such as Boost, Carnation Instant Breakfast or Ensure. You can buy these at the drug store.
- If you take pain medicine, take it 30 to 60 minutes before eating.
- Weigh yourself and record your weight every day.
- Stay as active as you can. Activity may increase your appetite.
- Try to make eating more enjoyable. Set the table with nice dishes. Play your favorite music, watch television or eat with family and friends.
- If it is okay with your care team, have a small glass of wine or beer with your meals. This may increase your appetite.

When should I call my care team?

Call your care team if:

- The steps listed here do not improve your appetite.
- You keep losing weight.

Comments:

Coping with Bone Loss

What causes bone loss?

Certain medicines, cancers and lifestyle choices (such as smoking, alcohol abuse and too much weight loss) can cause your bones to become weak and brittle. Women and people over age 65 have an increased risk for bone loss.

How is it treated?

Medicines called bone modifying agents may reduce or delay bone loss. These are given by IV (through a tiny needle in the vein), subcutaneous (injection in fat tissue), by mouth or as nasal spray. Your care team can tell you if medicine is right for you.

If bone loss is causing you pain, your doctor may prescribe pain medicine.

What else can I do to treat or prevent bone loss?

- Take calcium and vitamin D pills.
- Eat foods with calcium:
 - Yogurt, milk, cottage cheese
 - Dark green vegetables

- Orange juice with calcium and vitamin D
- Canned salmon
- Dried beans and peas.
- Eat foods with vitamin D:
 - Oily fish (salmon, mackerel or tuna)
 - Cereal with vitamin D added
 - Egg yolks.
- Do weight-bearing exercise: walking, jogging, stair climbing, tennis or Tai Chi.

If you already have bone loss, it is important to prevent falls.

- Use a cane or walker if you are weak or unsteady.
- Install railings in the tub or shower and next to the toilet.
- Keep your home well lighted. Avoid clutter.

Ask your care team about pain medicine if you have pain resulting from bone loss. Other ways to manage pain include:

- Hot and cold compresses
- Massage
- Relaxation exercises
- Restricting movement in the painful area.

Comments:

When should I call my care team?

Call your care team if:

- You need help managing your pain.
- You have fallen.
- You need a cane, a walker, handrails or other assistive devices.

Coping with Depression and Anxiety during Serious Illness

What causes depression and anxiety?

Many people struggle with depression and anxiety after a serious diagnosis. Sometimes these are side effects of medicines and other treatments. At other times, the illness itself causes symptoms of depression and anxiety.

Symptoms may also arise from the changes that illness brings. You may worry about your future, family, job, finances and other responsibilities. Perhaps you face difficult treatments with an uncertain outcome. Changes in the way you look and feel might cause grief and fear.

The side effects of your treatment might take a toll as well: you may not feel well and be very tired. Perhaps you are not eating well or getting enough sleep. If pain or other symptoms are not well controlled, they can have an effect on your mood.

Both depression and anxiety can keep you from seeing options for the future and from making good health choices. They may even make the physical symptoms of your illness worse.

What are symptoms of depression and anxiety?

Signs of depression and anxiety include:

- **Ways of feeling**—irritable, nervous, angry, sad, hopeless, helpless, guilty, worthless, worried, afraid.

- **Ways of acting**—crying, restless, withdrawn, less active, angry outbursts, poor self care (not taking medicines, eating, visiting the doctor).
- **Ways of thinking**—problems concentrating or making decisions, poor memory, preoccupied, less interested in things you used to enjoy.
- **Physical symptoms**—very tired, low energy, eating more or less than normal, weight loss or gain, sleeping too much or too little, headaches, muscle aches, sweating, shaky hands or voice, increased heart rate, heart palpitations, weakness, bowel problems.

It is normal to feel sad and worried after a serious diagnosis or medical event. **But if symptoms are severe or last for more than two weeks, tell your care team.**

Your family and friends might be the first to notice your symptoms. If they do, listen to what they have to say, and then ask your care team for the help you need.

How are depression and anxiety treated?

No matter what the cause, mood changes must be treated. Without treatment, symptoms can last for months or even years. But with proper care, most people start to improve within weeks.

Your care team may suggest counseling and medicine to treat your depression or anxiety. They may also

change your care plan if they believe that your medical treatments are causing your symptoms.

What else can I do to treat or prevent depression and anxiety?

- Learn all that you can about your disease and treatments. Knowledge is power.
- Take time for yourself. Find ways to enjoy something every day. For example, get a massage, take a walk or read.
- Stay physically active. Any activity is better than none, and more is better than less. Walk to the mailbox, walk to your neighbor's house, go to the mall. Be creative.
- Share your feelings and worries with your family, friends, faith leader and care team. A support group may also help—be sure to ask your care team for information about this.
- Don't give in to negative thinking. Instead of saying, "I should feel better," say "I can or will feel better." Don't say, "It's awful that I'm tired," but "It may be hard or unfair, but it's manageable." Often our feelings reflect what we think, rather than what is really happening.
- Make a list of ways to relax. Use this list when you begin to worry. For example:
 - Try quiet music, reading or a warm bath.
 - Breathe deeply and slowly. Feel your stomach go out as you inhale and in as you exhale.
 - Buy or borrow a relaxation tape.
 - Practice "progressive relaxation." Relax all your muscles starting at the top of your head. Slowly work your way down to your toes.
- Pace yourself. You may not be able to do all that you used to do. It's okay. Slow down, and set a realistic schedule. Let yourself take breaks. You have the right to rest.

- Identify situations that increase your anxiety. Try to express your fears to someone you trust.
- Be proactive. As soon as you feel distress, do something to relieve it. Don't allow small stresses to build.
- Remove unneeded stress. What is most important to do now? What can wait? Learn to let go of things that are not important.
- Problem-solve. Know which problems can be changed and which cannot. Be at peace with those that cannot be changed. But fight for the changes that can and should be made.
- Nurture your sense of humor. Learn to be happy in spite of things, not because of things. Keep laughter and joy in your life.
- Try to get enough rest and eat a balanced diet. Avoid alcohol and nicotine. These can make depression and anxiety worse.

When should I call my care team?

Call your care team if you:

- Have thoughts of hurting yourself.
- Are thinking about death a lot.
- Feel so depressed or anxious that you cannot perform normal daily activities.
- Feel helpless and out of control.

Comments:

Coping with Dry Mouth and Thick Saliva

What happens when you have dry mouth and thick saliva?

If you have a dry mouth or thick saliva, it affects simple activities like speaking and swallowing. It can also cause taste changes.

Dry mouth can last long after your treatment has ended. Symptoms may be worse at night and when you get up in the morning.

How are they treated?

Ask your care team about “artificial saliva” (for example, Biotene). This is a medicine that coats, protects and moistens your mouth and throat. You can buy this at the drugstore.

What else can I do to treat or prevent dry mouth and thick saliva?

- Sip water every few minutes to help yourself swallow and talk. Keep a water bottle with you at all times.
- Use a straw to make drinking easier.
- Suck on hard candy, frozen grapes, frozen watermelon, Popsicles or ice chips.
- Chew sugar-free gum.
- Moisten foods with broth, soup, sauce, gravy, sour cream, milk, butter or margarine.
- Eat cool foods (yogurt, ice cream, ice chips, sherbet, Popsicles) to help soothe your mouth.
- Try very sweet or tart foods and drinks, such as lemonade. These foods may help your mouth make more saliva. **Do not try this if you have mouth sores. It could make your mouth hurt more.**
- Choose foods that are moist and easy to chew (see the following [food list](#)). Take small bites and chew food well.
- Avoid:
 - Hot foods and drinks
 - Caffeine and alcohol (these may dry out your mouth)
 - Foods that irritate the mouth (such as high-acid foods like tomatoes, or coarse, dry foods like raw vegetables, granola, crackers and toast)
 - Store-bought mouthwash, since the alcohol it contains can dry out your mouth.
- If you wear dentures, be sure they fit you well.
- Do not smoke.
- Use a humidifier to moisten the air at home, especially at night.
- Clean your teeth with a soft toothbrush.
- Rinse your mouth with water before and after meals. Or use a mild mouth rinse: combine one quart water, one teaspoon salt and one teaspoon baking soda.

When should I call my care team?

Comments:

Call your care team if:

- You still have problems after trying the steps listed here.
- Your symptoms get worse.
- You develop grooves on your tongue.
- You cannot eat your usual amount of food, and you begin to lose weight.
- You notice food sticking to your teeth, gums and tongue.

Food group	Recommended foods	Foods to avoid
<i>Meats, eggs and cheese</i>	Moist meats, chicken, turkey and fish served in sauce, gravy or salad dressing. Soups, stews, casseroles, scrambled or soft-boiled eggs, cottage cheese.	Dry meats, chicken, turkey and fish. Any meats with a dry, crunchy coating or breading.
<i>Breads and starches</i>	Breads, rolls, cereals, pasta or rice soaked in milk, gravy or sauce.	Dry breads, rolls, cereals, pasta and rice. Pretzels, chips, crackers.
<i>Fruits and vegetables</i>	Canned and juicy fresh fruits (like peaches, pears, melons, watermelon and applesauce). Frozen berries, grapes, melons or peaches. Cooked vegetables in sauce.	Dried fruits, vegetables without sauce.
<i>Milk products</i>	Milk, half-and-half, milk shakes, ice cream.	
<i>Drinks</i>	Any fruit juice. Caffeine-free coffee, tea and soda pop.	Tomato juice, caffeine, alcohol.
<i>Desserts</i>	Sherbet, gelatin and pudding.	Cakes, cookies, pies (unless soaked in milk first).
<i>Other</i>	Butter, margarine, sour cream, salad dressing.	

Coping with Hand-and-Foot Syndrome

What is hand-and-foot syndrome?

Hand-and-foot syndrome is caused by certain chemotherapy drugs. They may cause tissue damage and other symptoms on the palms of the hands and soles of the feet.

Symptoms include:

- Pain, tenderness, swelling, tingling or burning
- Red or dark pink skin
- Ulcers, blisters or sores
- Peeling skin.

How is it treated?

If you are being treated with chemotherapy, we may stop your treatment until your hands and feet have time to heal. Healing may take from two to four weeks.

What else can I do to treat or prevent hand-and-foot syndrome?

- Use a cold, wet washcloth on painful areas several times a day.
- Use a thick, unscented, alcohol-free lotion (such as Udderbalm or Aquaphor) on hands 4 times per day and feet 2 times per day. Apply it with a gentle touch—do not rub your palms and soles too long.
- Keep your skin clean. Wash with mild soap and cool or warm water.
- Avoid very cold or hot temperatures.
- Keep your nails and cuticles trimmed and clean. Try to prevent scratches, snags and hangnails.
- Wear shoes that fit well. They should be low-heeled and allow feet to breathe. Avoid tight socks and gloves.
- Try not to put pressure on your skin. For example, do not kneel or lean on your elbows for a long time.
- Avoid activities that cause friction. For example, avoid drying your hands with a rough towel, typing and sweeping.

- Protect your hands and feet from injury:
 - Wear slippers or shoes with closed toes, even around the house.
 - Wear gloves while using strong cleaning products.
 - Use padded gloves when reaching into the oven or picking up hot pots and pans. Be careful not to burn yourself when cooking or ironing.
 - Wear heavy work gloves when you dig in the garden or work around thorny plants.
 - Be careful not to cut yourself when using knives, nail clippers, scissors or other tools.

Comments:

When should I call my care team?

Call your care team if:

- You have pain that makes it hard to do daily activities.
- You have discomfort that keeps you from eating, dressing or sleeping.
- You have open wounds, ulcers or sores on your palms of your hands or soles of your feet.
- You have any symptoms months after treatment is finished.

Coping with Memory Loss

What happens when you have memory loss?

Memory loss causes problems with thinking, learning and memory. You may feel forgetful or have trouble focusing on tasks.

Memory loss may be a side effect of medicine, chemotherapy or radiation. In these cases, problems with memory may improve after you finish your treatment. But you could have long-term problems.

Other factors that affect memory and your ability to focus include:

- Aging
- Illness
- Depression
- Hormonal changes
- Anemia (low red blood cells)
- Stress.

What can I do to treat or prevent memory loss?

Problems with thinking and memory can be very frustrating. There is no standard treatment at this time. But there are things you can do to reduce the effects of memory loss:

- Really pay attention. Use your eyes, ears and sense of touch to remember things. Focus when someone tells you something.
- Limit distractions when you need to complete tasks that require you to focus.
- Tell yourself what you are doing as you do it. For example, if you're going out for a few hours, as you close the door tell yourself, "I'm locking the door now and putting the key in my pocket so I don't have to worry about whether I locked the door."
- Give yourself clear reminders. If you need to buy dog food, put the empty bag at the door so you'll see it as you leave the house. Or write yourself a note and put it where it's needed.
- Keep things in the same place. This way you don't have to wonder where you put your keys, remote control or medicine.
- Keep a journal of daily events and activities. Carry a notebook and write down important information that you want to remember.

- Exercise your brain. For example, do crossword puzzles, painting, sudoku.
- Use word play and rhyming to help remember things.
- Use helpful tools, such as:
 - A daily planner
 - A wall calendar
 - Checklists
 - Sticky notes
 - A key holder near the door
 - A pre-programmed phone
 - A wristwatch with an alarm
 - A pill box to keep track of your medicines.
- Get plenty of sleep and exercise each day.
- Stay positive, and try to manage stress.
- If you think you may be depressed, talk to your doctor. Depression should be treated.

Comments:

When should I call my care team?

Call your care team if:

- You feel depressed.
- You cannot complete basic daily activities.

Coping with Symptoms of Menopause

What symptoms of menopause may occur with my treatment?

Chemotherapy drugs or medicines that block hormones may bring on menopause.

These changes may include:

- Hot flashes and sweating
- Libido (desire) changes
- Weight gain
- Vaginal dryness
- Trouble falling asleep (insomnia)
- Headache
- Mood changes (depression, anxiety and irritability).

How are hot flashes treated?

Your doctor may suggest medicine to help with your symptoms.

What else can I do to cope with hot flashes?

- Wear clothes made of natural fabric such as cotton.
- Dress in layers. You can remove them when you feel too warm.
- Avoid hot drinks (coffee or tea) and spicy foods.

- Keep the room temperature low if you can.
- Control your stress. Exercise and relaxation techniques may help.
- Keep track of when and how often hot flashes occur. Note what is happening right before a hot flash. This may give you some control over future hot flashes.

How is vaginal dryness treated?

- You can try drugstore products such as Replens, Gyne-Moistrin or Lubrin. They last for about three days.
- Use water-based lubricants during sex. These include Astroglide and K-Y Jelly. **Do not use** Vaseline or petroleum jelly because they are not good for vaginal tissues.
- Use low-dose estrogen cream in the vagina. Your doctor must prescribe this medicine.

How can I cope if I have trouble sleeping?

- Get in bed when you are ready to go to sleep. Do not watch TV or read in bed.
- Follow a sleeping routine: Go to bed and get up at the same times. Get up on time even if you did not sleep well.
- If you do not fall asleep within 30 minutes, get up.
- Get regular exercise. Do not exercise right before bedtime.
- Avoid alcohol. It may disrupt your sleep.
- Try natural remedies just before bedtime such as warm milk, chamomile tea or verbena tea.

Comments:

How can I treat headache?

Ask your doctor if it is safe to take aspirin, Tylenol (acetaminophen) or Advil (ibuprofen). They may cause side effects when mixed with chemotherapy.

How can I cope with depression?

Mild depression

- Start an exercise program. Exercise with a friend. Any activity is better than none. Walk to the mailbox, to see your neighbors or in the mall.
- Share your feelings with family and friends.
- Don't give in to negative feelings.

Severe depression

If your depression lasts longer than two weeks, talk to your care team. They may suggest counseling or medicine.

Coping with Nerve Damage (Peripheral Neuropathy)

What causes nerve damage?

Some illnesses, certain medicines, injury and very poor diet may cause problems with some nerves in your body (called peripheral neuropathy).

You may feel tingling, itching, burning, weakness or numbness in your fingers, hands, toes or feet. You may have less feeling: You may be unable to feel hot, cold or pain.

While this may improve over time, there could be long-term problems.

How is it treated?

If your chemotherapy drugs are the cause of the nerve damage, your care team may stop them or change to safer drugs.

There are several medicines that are helpful in treating nerve damage.

You may also ask your care team about alternate treatments, such as:

- Acupuncture
- Massage
- Physical therapy
- A referral to Fairview Pain and Palliative Care Clinic.

What else can I do to protect myself?

- Protect your feet, especially if they are numb or have less feeling than usual. Always wear well-fitted shoes with rubber soles, even around the house.
- Move carefully, especially on the stairs. Use the handrails.
- Apply nonskid surfaces on floors, tubs and showers so you do not slip and fall..
- Remove items, such as rugs, that might make you trip.
- Keep rooms well lighted.
- Protect your hands and fingers if they are numb or have less feeling. Be careful when grasping hot or sharp objects.
- Lower the temperature on your hot water heater as needed.
- Wear padded gloves when you reach into the oven or pick up hot pots and pans. Be extra careful when cooking or ironing.
- Inspect skin for cuts, scrapes and burns daily
- Wear heavy work gloves when you dig in the garden or work around thorny plants.

- Keep walking or doing other mild exercise.
- Share your feelings and worries about nerve damage with your family, friends, faith leader and care team. A support group may also help—be sure to ask your care team for information.

Comments:

When should I call my care team?

Call your care team if:

- The symptoms (tingling, burning, weakness, numbness) get worse in your fingers, hands, toes or feet.
- You have trouble using buttons or zippers on your clothes.
- You have trouble walking.
- You hurt yourself and the area becomes red, painful or swollen.

Coping with Cancer Pain

What causes pain?

Pain may be caused by your cancer, or it might be a side effect of cancer treatment. In either case, **pain can be managed.**

It is very important to tell us about any pain you have. If it is not managed, pain can cause increased blood pressure, lack of sleep, depression, anxiety, fatigue and many other health problems. Managing your pain can make you feel better, and this will help you better cope with other health concerns.

Remember that all pain is real. Don't try to tough it out—untreated pain can have a major effect on your life. It's important to work with your care team to find ways to manage your pain.

How is it treated?

Your care team can give you pain medicine. **Always take your pain medicine as directed.**

The type of medicine we give you depends on how severe your pain is. To select the right pain medicine, we may ask you questions such as:

- Where is your pain?
- When did it begin?
- Does it come and go? If so, how long does it last?
- Does it stay in one place, or does it move around?

- How does your pain feel (for example: dull, aching or burning)?
- How strong is your pain? (We may ask you to rate your pain on a scale from 0 to 10, with 0 meaning no pain and 10 meaning the worst pain you can imagine.)
- What helps your pain? What makes it worse?
- Does pain prevent you from doing your daily activities?

Keep a diary of your pain. Write down the dates and times you had pain, your rating on the pain scale and what you did to make the pain better. Include other things you noticed: where it was, how long it lasted and what it felt like. Bring your pain diary to your clinic and share it with your care team.

What else can I do to treat or prevent pain?

- **Call your care team** if pain does not improve within 48 hours of starting a new pain medicine.
- Remember that medicine may not take away all your pain. Explore other ways to manage pain such as biofeedback, visual imagery, relaxation methods, acupuncture, massage, meditation, distraction, emotional support and counseling.

- Ask your care team about Fairview’s palliative care services. These services are provided by comfort care experts who can help you manage your symptoms at all stages of disease and treatment.
- Ask your doctor if exercise is safe for you. Regular exercise can help relieve pain in several ways:
 - It releases chemicals in the body that block pain signals from reaching your brain.
 - It reduces anxiety and depression, which makes pain easier to manage.
 - It helps you sleep better and gives you more energy to cope with your pain.

Comments:

When should I call my care team?

Call your care team if:

- You continue to have problems managing pain.
- You have problems sleeping.
- You notice that your mood has changed.
- You have trouble with normal daily activities.
- You notice a decrease in appetite.
- You have any of these side effects:
 - Feeling very sleepy.
 - Feeling confused.
 - Constipation (hard, dry stools that are difficult to pass).
 - Trouble urinating (emptying your bladder).
 - Nausea (feeling sick to your stomach).

Coping with Skin and Nail Problems

What causes skin and nail problems?

Some medicines may cause skin problems such as redness, rash, itching, peeling, dryness, acne and increased risk of sunburn. Your nails may become darker, yellow, brittle or cracked. They may develop vertical lines or bands.

Medicines that are injected may cause the skin along the vein to darken, especially in people who have dark skin.

How are they treated?

These problems are usually not serious, and you can take care of them yourself. Your skin and nails should go back to normal after your treatment has ended.

Your doctor may order medicine for pain, itching, acne and bleeding or redness around the nails. Some medicines are applied to the skin or nails. In severe cases, your doctor may order medicine to be taken by mouth for pain or infection.

What else can I do to treat or prevent skin and nail problems?

General skin care

- Use mild soap (such as Ivory, Dove or Basic). Pat the skin dry with a soft towel.

- Use cream or lotion (hypo-allergenic, no alcohol or perfume) on moist skin. Coat hands and feet with lotion and wear cotton gloves and socks to bed.
- Avoid perfume, cologne, aftershave, body oil, ointment, powder, detergent, cleaning products and home remedies that contain alcohol.
- Do not rub, scratch or massage problem areas.
- Avoid extreme heat and cold on problem areas. Do not use heating pads, hot water bottles, ice, gel packs, heat-producing ointments or lotions.
- Take short showers or sponge baths to help prevent dryness.
- Avoid direct sunlight, especially between 10 a.m. and 4 p.m. Do not use tanning beds.
- Use sunscreen and lip balm with SPF 15 or higher.
- Wear long-sleeve cotton shirts, pants and wide-brimmed hats to block the sun.
- Avoid harsh winds.

For acne or rash

- Tell your care team about any acne, rash or skin pain as soon as you can.

- Treatment will depend on the medicine you are taking. You may need to keep your skin clean and dry or clean and moist.
- Before using any drugstore acne product, talk to your care team.

For nail problems

- Protect your hands and nails with rubber or cotton-lined gloves when cleaning, washing dishes or gardening.
- Tell your care team if you have redness or pain around the outside of your nail or cuticle.
- Do not cut or push back your cuticles or bite your nails.
- Do not wear fake nails.
- Do not wear tight shoes if you have toenail changes.
- Use liquid bandages to cover cuts and tears around the cuticle. You can buy these at the drugstore.
- Keep nails trimmed.
- Don't get manicures or pedicures.

When should I call my care team?

Call your care team right away if you have an allergic reaction such as:

- Sudden or severe itching
- A rash or hives
- Wheezing or trouble breathing
- Skin or nail becomes red, painful or swollen.

Comments:

Coping with Taste Changes

What happens when treatment causes changes in taste?

Some treatments will cause foods to taste or smell different.

There are no medical treatments to improve your sense of taste or smell.

If the changes in taste are side effects of your treatment, food should taste normal again after your treatment has ended.

What else can I do to cope with taste changes?

- Try a range of foods to find what works for you.
- Before eating, rinse your mouth with tea, ginger ale or water with baking soda. This will help clear your taste buds.
- If you have a metal taste in your mouth, try using plastic forks and spoons.
- Pour high-calorie nutrition drinks out of their metal cans. Or, if odor is a problem, cover the drinks and use a straw.
- Serve foods cold or at room temperature. They will likely taste better and have less odor.
- Mix fresh fruits into milk shakes, ice cream or yogurt.
- Fresh vegetables sometimes taste better than canned or frozen ones.
- If foods are too sweet, add sour sauces, lemon or salt.
- Add flavor to your foods with:
 - Spices and seasonings
 - Bacon pieces, ham strips, onion or garlic
 - Tart flavors (orange or grapefruit juice, lemonade, lemon wedges, vinegar)
 - Sugar.

- If red meat tastes bitter:
 - Marinate the meat in soy sauce, fruit juice, wine or sweet and sour sauce.
 - Try other protein sources such as chicken, fish, eggs, ham, peanut butter, nuts, yogurt or cheese.
- Avoid coffee or chocolate if they taste bitter.
- Avoid salty foods if salt bothers you.
- After eating, chew on lemon drops, gum or mints to get rid of any bad tastes.

Comments:

When should I call my care team?

Call your care team if:

- You still have problems after trying the steps listed here.
- You cannot eat your usual amount of food and you begin to lose weight.