

Looking after your skin following radiotherapy treatment

Following radiotherapy, skin that has been irradiated will become more delicate and sensitive than normal. It is not uncommon to notice some subtle changes in the colour of your skin during the first 2 weeks of your treatment. This is normal because the effects of radiotherapy on the skin are cumulative and last in the skin for some time. These changes will gradually fade over a period of time after the treatment is finished, although the skin that was in the treatment areas may still appear darker or slightly blemished. Another side effect is a skin reaction which is most likely to start around weeks 2-3 and be at its worst in the last week of treatment or in the 7-10 days after your treatment is finished.

Common types of skin reactions:

- The skin may become sore, reddened and may be itchy/uncomfortable
- The skin may be dry, scaly, cracked and painful. This is called dry desquamation
- The skin may be moist, have broken areas and be painful and sore. This is called moist desquamation

Looking after your skin:

If your skin becomes red

- Apply a moisturising/emollient cream several times a day, especially if the area is dry and itchy

If your skin becomes broken

- Stop using the moisturising/emollient cream on the broken areas. You can continue to use this on the dry areas
- Use appropriate dressings such as PolyMem on the broken areas, which your Radiotherapy Nurse, GP or District Nurse can prescribe for you.

The broken areas of the skin may produce a yellow discharge, which is normal as this fluid is produced by the skin to help it heal. An appropriate dressing will help to contain this fluid and will not stick to the damaged skin and therefore will be more comfortable to wear. Some dressings such as PolyMem, will be soothing, reduce any inflammation and pain and not cause damage to the skin on removal.

If you have any questions or concerns about your skin, you can contact your GP/District Nurse, or you can call the radiotherapy department on:

Patient information

PolyMem is a soft, absorbent, conformable dressing with moisturising and wound cleansing ingredients. It is designed to help control inflammation, relieve soreness and reduce wound pain and swelling.

You may have been given PolyMem because you have a moist area on the skin at your treatment site or because your skin has become moist after your treatment has finished. This reaction on your skin is normal and PolyMem will help provide the right conditions for your radiotherapy reaction to heal.

How do I use PolyMem dressings?

- Wash the skin gently with lukewarm water or the solutions prescribed by your nurse or radiotherapist and pat dry
- If necessary, cut the dressing to size and shape making sure to cut the dressing larger than your treatment area
- Place the plain side of the dressing onto the wound and skin with the printing side facing upwards
- Secure the dressing as shown by your nurse or radiotherapist

Note: moisturising creams are not required in the area that will be covered by the dressing. PolyMem contains ingredients that help to moisturise the skin.

How often should I change PolyMem?

Your nurse or radiotherapist will advise how often you need to change your dressing.

As a guide: dressing change is ideally required when the absorbed fluid is visible through the upper side of the dressing (the side with printing on it). If your wound is wet, it may need to be changed more frequently.

When do I stop using PolyMem?

You can stop using PolyMem once the skin is no longer moist and the broken areas have healed.

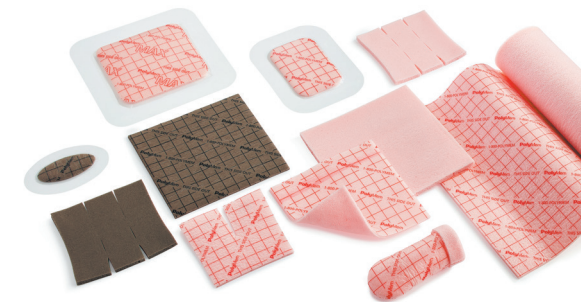
Is PolyMem showerproof?

You may shower only if the tape or securement device is waterproof.

Caution!

Be alert for signs and symptoms such as:

- An increase in redness, swelling or pain
- A sudden change in colour of the wound fluid (remember, yellow is normal)
- If the amount of wound fluid requires you to change your dressing more than once a day
- Any other effects that cause you discomfort



www.hrhealthcare.co.uk/portfolio/polymem/



GP and District Nurse information

Hand this to your GP or nurse when you see them

Advice on what to expect and how to care for irradiated skin is given to patients in the radiotherapy department, however as many of the reactions do not reach maximum severity until the end or after completion of treatment, decisions on dressings often need to be made in the community.

Managing skin reactions following radiotherapy

Skin reactions may occur 2-3 weeks after commencing treatment and worsen in the last week of treatment, or, in the 7-10 days after the treatment has been completed.

These common types of skin reaction are*:

- RTOG 1 – The skin is sore, reddened and may be itchy/uncomfortable
- RTOG 2a – Bright or tender erythema with or without dry desquamation
- RTOG 2b – Patchy moist desquamation, moderate oedema
- RTOG 3 – Confluent moist desquamation, pitting oedema

For dry and moist desquamation reactions, we recommend the use of PolyMem dressings. PolyMem will protect the delicate skin, absorb exudate, provide comfort, minimise pain, keep the damaged skin clean and reduce the risk of infection.

For further advice on managing skin reactions or dressing choices:

Please feel free to contact: _____

Radiotherapy dept: _____

Skin care and dressing advice

Here are some of our suggestions:

- Because irradiated skin is delicate and painful, adhesive dressings are generally discouraged. Appropriate underwear, net garments, etc. can all be used to hold a dressing in place without adhesives
- Dressings chosen should be soft, flexible, and comfortable to wear
- Choose dressings that will not become adherent to the areas of damaged skin, as this can cause further damage and a lot of pain when the dressing is changed
- Dressings that are easy to use and change will help patients manage their skin reaction at home
- The damaged areas of the skin need to be kept clean to reduce the risk of developing infections, but be aware, over-cleansing/ washing of an area can also have detrimental effect on the irradiated skin, as well as being a painful process
- Dressings that contain silver are not recommended during radiotherapy. However, should an infection develop after treatment has finished, appropriate antimicrobial dressings such as PolyMem Silver may be used

PolyMem dressings

PolyMem dressings are a polymeric membrane dressing with a mild, non-toxic wound cleanser, a soothing moisturiser, a superabsorbent and a semi-permeable film backing**.

The dressing components work individually and synergistically to support wound healing and pain relief¹- it must be activated by wound fluid (or if the wound is dry with saline/water).

PolyMem dressings have been used on patients with radiotherapy skin reactions and have been shown in clinical practice to:

- Relieve wound pain by inhibiting the action of some pain-sensing nerve fibres (nociceptors)²
- Reduce oedema, bruising and the spread of inflammation into surrounding undamaged tissues by modulating the inflammatory signalling cascade²
- Positively support healing
- Eliminate the need for cleansing during dressing changes
- Prevent the dressing from sticking

Dressing guide and Ordering information

Please tick	Product code	Size	Pieces per box	PIP code	NHS code
<input type="checkbox"/>	5033	8cm x 8cm	15	326-9511	ELA301
<input type="checkbox"/>	5044	10cm x 10cm	15	326-9503	ELA303
<input type="checkbox"/>	5055	13cm x 13cm	15	326-9552	ELA305
<input type="checkbox"/>	5077	17cm x 19cm	15	326-9529	ELA306
<input type="checkbox"/>	5244	10cm x 61cm Roll	4	326-9545	ELA321
<input type="checkbox"/>	5045 (MAX)	11cm x 11cm	10	326-8729	ELA1150
<input type="checkbox"/>	5733 (WIC)	8cm x 8cm	10	346-7990	ELA1152

* RTOG Skin Assessment Tool, 2001. **Not included in cavity products.

References

1. Denyer J, Agathangelou C, White R, Ousey K, HariKrishna R et al (2015) PolyMem Made Easy. *Wounds International*. Available at <https://www.woundsinternational.com/resources/details/polymem-dressings-made-easy>.
2. Beitz AJ, Newman A, Kahn AR et al (2004) A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain* 5(1): 38–47.

www.hrhealthcare.co.uk/portfolio/polymem/