Understanding cancer of the oesophagus
This booklet has been written to help you understand cancer of the oesophagus.

It has been prepared and checked by cancer doctors, other relevant specialists, nurses and patients. The information contained in this booklet represents an agreed view on this cancer, its diagnosis and management, and the key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can make a note below of the contact names and information that you may need quickly.

<table>
<thead>
<tr>
<th>Specialist nurse</th>
<th>Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family doctor</td>
<td>Tel</td>
</tr>
<tr>
<td>Medical oncologist</td>
<td>Hospital Tel</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Hospital Tel</td>
</tr>
<tr>
<td>Radiation oncologist</td>
<td>Hospital Tel</td>
</tr>
<tr>
<td>Emergency Tel No</td>
<td></td>
</tr>
</tbody>
</table>

Treatments Review dates

If you like, you can also add:
Your name
Address
# Contents

4 Introduction  
5 What does that word mean?  

## Before diagnosis  
6 What is cancer?  
8 The oesophagus  
10 What causes cancer of the oesophagus?  
11 What are the symptoms of cancer of the oesophagus?  
12 How does the doctor make the diagnosis?  

## Treatment and side-effects  
19 After the tests, what about treatment?  
21 Surgery  
30 Radiotherapy  
37 Chemotherapy  
42 Relief of symptoms  
46 What effect will treatment have on my sex life and fertility?  
49 Research – what is a clinical trial?  
50 Complementary and alternative therapies  

## Coping and emotions  
53 How to cope with your feelings  
57 If you are a relative or friend ...  
58 Caring for someone with oesophageal cancer  
59 Talking to children  
60 What you can do  

## Support resources  
63 Who else can help?  
64 Health cover  
72 Irish Cancer Society services  
75 Useful organisations/Helpful books  
80 Frequently asked questions  
81 Your own questions  

---

The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by the Nursing Services Unit of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.
Introduction

This booklet has been written to help you understand more about cancer of the oesophagus (gullet). It is also called oesophageal cancer. By reading the booklet you can learn more about its diagnosis, treatment and side-effects, and also the feelings that you may experience at this time.

We hope it answers some of the questions you may have. However, we cannot advise you about which treatment to choose. This decision can only be made by you, along with your doctor, when all your test results are ready.

At the end of the booklet, you will find a list of organisations, useful websites and books that can give you more support at this time.

Reading this booklet

Read the sections of this booklet that are of interest to you only. Some of the information may not be relevant to your situation.

You may find that there is a lot of information to take in and that it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything about oesophageal cancer straight away. Read a section and when you feel relaxed and want to know more, read another section. If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freephone National Cancer Helpline 1800 200 700.

If you have found the booklet of help, you could pass it on to your family and friends who might find it helpful too.

What does that word mean?

Abdomen The part of the body that lies between the chest and hips.

Adjuvant treatment Treatment given soon after surgery when a diagnosis of cancer is made.

Alopecia No hair where you normally have hair.

Anti-emetic A tablet, injection or suppository to stop you feeling sick or vomiting.

Benign Not cancer.

Biopsy The removal of a small amount of tissue from your body to find out if cancer cells are present.

Cells These are the building blocks that make up your body. They are tiny and can only be seen under a microscope.

Chemotherapy Treatment using drugs that kill or control cancer cells.

Fatigue Tiredness.

Malignant Cancer.

Medical oncologist A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Metastasis The spread of cancer from one part of the body to other tissues and organs.

Nausea Feeling sick or wanting to be sick.

Oncology The study of cancer.

Radiation oncologist A doctor who specialises in treating cancer patients using radiotherapy.

Radiotherapy The treatment of cancer using high-energy X-rays.

Staging A series of tests that measure the size and extent of cancer.
What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

The organs and tissues of the body are made up of tiny building blocks called cells. All cancers are a disease of the body's cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. When there is cancer, the cells do not behave as normal and keep on growing in number even when there is no need.

These groups of abnormal cells can form a tumour. Tumours can either be benign or malignant. Benign tumours do not spread to other parts of the body so are not called cancer. Malignant tumours are made up of cancer cells that can sometimes spread from where they started and can go on to invade other tissues and organs. This happens when a cell or group of cells break away and is carried by the bloodstream or lymph glands to form a new tumour elsewhere in the body. This is called a metastasis or secondary tumour.

The lymphatic system

The lymphatic system is one of the body’s natural defences against infection. It includes a network of tiny tubes like blood vessels, which pass through almost all the tissues of the body. These vessels carry a clear watery fluid called lymph. Along this network are hundreds of bean-shaped glands called lymph nodes. Their job is to filter the lymphatic fluid for foreign particles as it passes through. They also allow the white cells, known as lymphocytes, to protect the body against infection.

Lymph nodes can be found in groups throughout the body such as in the neck, armpits and groin. Sometimes you may become aware of these glands if they become swollen or enlarged. More of these lymph nodes are found grouped together in the chest and the abdomen.

To sum up

- Cancer is a disease of the cells of the body.
- When there is cancer, the cells do not behave as normal and keep on growing even though there is no need.
- If a tumour is malignant, cells can break away and be carried by the bloodstream or lymph glands to form a new tumour elsewhere. This is called a metastasis or secondary tumour.
When cancer occurs, the cells in part of the lining of the oesophagus change to form a tumour. The tumour may cause very few symptoms in the early stages of growth. As the tumour gets bigger, it can interfere with digestion and give rise to symptoms. When the tumour is malignant, cells may break away from it and spread to other parts of the body.

To sum up

- The oesophagus is a long muscular tube that connects the throat to the stomach.
- The muscles of the oesophagus propel food, which has been swallowed, to the stomach.
- When cancer occurs, the cells in part of the lining of the oesophagus change to form a tumour.
- When the tumour is malignant, cells may break away from it and spread to other parts of the body.

Various lymph glands are located near the oesophagus. They can be found in the neck, in the middle of the chest and close to where the oesophagus connects to the stomach. A tumour can occur anywhere along the length of your oesophagus. Doctors consider the oesophagus in three sections, upper, mid and lower, when diagnosing and treating cancer.
What causes cancer of the oesophagus?

The exact cause of cancer of the oesophagus is unknown. It is more common in men than in women. Most people who develop it are over age 60. Cancer of the oesophagus, like other cancers, is not infectious and cannot be passed on to other people. It is not inherited.

Research has shown that any of the following can increase your risk of developing it.

Tobacco use

Smoking is one of the major risk factors for oesophageal cancer. This includes cigarettes, cigars and pipe tobacco.

Alcohol use

Chronic or heavy use of alcohol is another major risk factor. People who use both alcohol and tobacco have an especially high risk for oesophageal cancer. Scientists believe that these substances increase each other’s harmful effects.

Acid reflux and Barrett’s oesophagus

Long-term irritation of the oesophagus can increase the risk of cancer. Tissues at the bottom of the oesophagus can sometimes become irritated if the stomach acid repeatedly backs up into the oesophagus. This is a problem called acid reflux.

Over time, cells in the irritated part of the oesophagus may change and begin to look like the cells that line the stomach. This condition, known as Barrett’s oesophagus, may develop into cancer of the oesophagus.

Obesity

People who are obese have an abnormally high amount of body fat. Research has shown that cancer of the oesophagus is linked to obesity.

Achalasia

Achalasia is a medical condition where the ring of muscles between the oesophagus and the stomach cannot relax or open, after swallowing. This prevents food passing from the oesophagus into the stomach. It may very occasionally lead to cancer.

If you feel you could be at risk, go to your own family doctor and talk about your concerns. He or she will advise you what to do.

What are the symptoms of cancer of the oesophagus?

The symptoms may include any of the following:

- Difficult or painful swallowing
- Poor appetite and weight loss
- Pain or discomfort behind the breastbone or in the back
- You may have heartburn or a cough
- Frequent hiccoughs or belching.

Though these symptoms can be caused by complaints other than cancer, it is very important that you have them checked out by your doctor.
How does the doctor make the diagnosis?

Most people begin by visiting their family doctor (GP). If your doctor has concerns about you, he or she will refer you to a hospital for further tests. At the hospital, a doctor will ask you questions about your health before examining you. A blood test may be done and a chest X-ray taken to check your general health.

To examine the oesophagus in more detail, your doctor may arrange for you to have the following tests.

Barium swallow
This is a special X-ray of the oesophagus. For this test, a liquid called barium, which shows up on X-ray, is swallowed and used to outline your oesophagus. You cannot have anything to eat or drink for 6 hours before the test. In the X-ray department you will have to drink a white liquid, which contains the barium.

While you are drinking the barium, a doctor will watch as it flows down your oesophagus towards your stomach on an X-ray screen. At the same time X-ray pictures will be taken of your oesophagus. A barium swallow takes about 15 minutes and is not painful. The doctor, and often a nurse, will be in the room with you and will answer any questions you may have about the test. Although most people feel all right afterwards, it's a good idea to arrange for someone to travel home with you.

For a few days after the barium swallow you may notice that your bowel motion is white or chalky-looking. This is not unusual, as all the barium does not leave the bowel straight after the test. You may feel a bit constipated (unable to pass a bowel motion), so drink plenty of clear fluids such as water or fruit juice. You can also take a mild laxative for a couple of days. This will help you have a bowel motion.

Endoscopy
During this test the doctor can look inside your oesophagus and, if necessary, take a small sample of tissue (biopsy) to examine under a microscope. A thin flexible tube called an endoscope is used. There is a light attached to the tube that helps the doctor to see any abnormal areas or swelling. The test is usually done under a local anaesthetic in an examination room.

Before the test you will have to fast for a few hours. Your doctor may prescribe a mild sedative for you. This will help you feel more relaxed during the test. During the test you will have to lie down on your side. When you are ready, a local anaesthetic is sprayed onto the back of your throat and the doctor will gently pass the tube into your oesophagus. The doctor can look through the tube to check for any abnormalities. A small sample of tissue (biopsy) can be taken at the same time.

The test may be a bit uncomfortable but is not painful. Many people do not remember any of the test because of the effects of the medication. You may feel drowsy and sleep afterwards. You cannot eat or drink anything for at least 4 hours after the test. This is because your throat will be numb after the anaesthetic, and food or drink may go down the wrong way.

As soon as the sedation has worn off you can go home. You will have to arrange for someone to take you home. You may have a sore throat for a couple of days after the test but this will soon disappear. If it does not, you should contact your doctor at the hospital. You should also tell your doctor as soon as possible if you have any chest pain, bleeding or fever.
Sometimes a general anaesthetic is given before the test. In this case, an overnight stay in hospital is more likely. Occasionally, the doctor may wish to carry out treatment such as dilatation of the oesophagus at the same time as the endoscopy. For more information about this procedure, see page 43.

**Staging**

If you have cancer your doctor may want to do more tests. This is called staging. These tests are very important, as they will show if the cancer has spread to other parts of the body. The results of the tests will help to decide on the best treatment for you. You may have to attend another hospital once the diagnosis of cancer is made, and some or all of the tests already carried out may have to be repeated.

Further tests may include some or all of the following:

**CT scan (CAT scan)**

This is a special type of X-ray that builds up a detailed picture of the inside of your body. The scan is painless. For some CT scans you may have to fast for 4 hours beforehand. You may be given a special drink which helps show up parts of your body on the scan.

It is important to let the radiographer know if you are allergic to iodine or have asthma before you take the drink or injection. The injection may make you feel hot all over for a few minutes.

Preparation for a CT scan can vary. The doctor or nurse in your hospital will tell you what to do. This test is usually done as an outpatient.

**Endoscopic ultrasound**

This test is similar to an endoscopy but, in this case, a tiny ultrasound probe is connected to the end of the endoscope and passed along your oesophagus. By using this probe, deeper views of your oesophagus and the surrounding areas can be obtained. It also allows the doctors to see if lymph glands nearby are enlarged and check if it is due to cancer or simply an inflammation caused by infection.

**Liver ultrasound**

This scan is carried out in the X-ray department of the hospital. A picture is built up of the inside of your liver and upper abdomen using sound waves. You will be asked to lie on your back and gel will be spread over the area to be scanned. A small device like a microphone, which produces sound waves, is used to take the scan. It is then converted into a picture by a computer. This test is painless and only takes about 10 minutes.

**MRI scan**

This is a special scan that uses magnetic energy to build a picture of tissues inside your body. It does not hurt but can be very noisy. You will be given earplugs to wear during the scan. You may have an injection before the scan to highlight certain areas of your body. You cannot wear metal jewellery during the scan and patients who have certain medical devices implanted are not suitable for the test. The doctor in the hospital will advise you.

Most people can go home after the scan.
PET scan
This test is carried out in the Nuclear Medicine department of the hospital. As this type of scan is not available in all hospitals, you may have to attend a different hospital for the procedure.

You will have to fast for 4 hours before the test. If you are a diabetic, tell your doctor before the test so that you can be given special instructions. As part of the test, a blood sample is taken to measure your blood sugar, and then a very small amount of a mildly radioactive substance is injected into a vein, usually in your arm. Following the injection you will have to wait for about 60 minutes before the scan can be taken. You may want to take a book or magazine with you, or a friend to keep you company.

A scan is then taken of your body. As any abnormal areas will absorb more of the radioactive substance than normal areas, these will show up on the scan. The level of radioactivity used in these scans is very low and is not harmful. The radioactivity disappears from the body within a few hours. You can help to clear the radioactive substance from your body more quickly by drinking extra clear fluids such as water or fruit squash after the scan.

Laparoscopy
This procedure allows the surgeon to look inside your abdomen. The result of the laparoscopy will help your doctor to decide whether you are suitable for surgery or not. It is done under a general anaesthetic and will probably involve an overnight stay in hospital. Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre.

While you are asleep the doctor will make a small cut in your abdomen and carefully insert a thin, mini telescope called a laparoscope. By looking through the laparoscope, the doctor can see the organs close to your oesophagus and check the lining of your abdomen for cancer. A small sample of tissue (biopsy) may be taken for examination under a microscope.

During the operation, carbon dioxide gas is passed into your abdominal cavity and this can cause uncomfortable wind and/or shoulder pains for 3 or 4 days. Walking about or taking sips of peppermint water often eases the pain. After a laparoscopy you will have one or two stitches at the wound site. In most cases, the stitches do not need to be removed, because they usually dissolve as the wound heals.

Waiting for results
It will take about a week for all the test results to come back. This can be an anxious time for you. It may help to talk things over with a relative or close friend. You may also wish to call the National Cancer Helpline 1800 200 700 to speak to one of our specially trained nurses.

The following tests are used to diagnose cancer of the oesophagus
- Barium swallow
- Endoscopy.

Depending on the results of these tests, you may need further tests. These may include:
- CT (CAT) scan
- MRI scan
- Endoscopic ultrasound and liver ultrasound
- PET scan
- Laparoscopy.
Treatment and side-effects

After the tests, what about treatment?

Surgery, radiotherapy and chemotherapy are all used on their own or in combination to treat cancer of the oesophagus. The type of treatment recommended to you will depend on the size of the tumour, where it is located and whether it has spread to the lymph nodes near the oesophagus or to other parts of the body. Your doctor will also take into consideration your age and general state of health.

**Surgery**

Surgery is the most common treatment for cancer of the oesophagus. If the cancer is confined to a small section of the oesophagus, it may be possible to remove the entire tumour along with the part of the oesophagus affected. Sometimes, radiotherapy and/or chemotherapy are given before surgery depending on the type of cancer. The tumour may be attached to surrounding tissues and organs and treatment given before surgery may cause the tumour to shrink in size and make it easier to remove. You may need further chemotherapy or radiotherapy after your operation.

**Radiotherapy**

Radiotherapy can be used alone or in combination with chemotherapy. It may also be used before and after surgery.

**Before surgery:** Radiotherapy may be given before surgery to reduce the size of the tumour making it easier to remove. It may also improve swallowing.
Understanding cancer of the oesophagus

Helping you decide about your treatment. Your doctor will refer you to another specialist for a second opinion if you feel this will be helpful.

Surgery

Surgery is mainly used to treat cancer that is confined to one section of the oesophagus. In most cases, the aim of surgery is to remove all, or as much as possible, of the tumour. The type of surgery you have will depend on:

- The type of tumour
- Where in the oesophagus the tumour is located
- The size of the tumour
- Whether the cancer has spread to other parts of the body
- Your general health.

Some of this information may only become available during the operation. Before any operation, make sure you discuss all the possible options with your doctor. No operation or course of action can take place without your consent.

Usually, during the operation the section containing the tumour is removed and the stomach is joined to the remaining length of oesophagus. Sometimes, part of the stomach is removed as well. Removing part of the stomach does not prevent you from eating, although you may feel full more quickly after eating small amounts of food. If the cancer has spread beyond the oesophagus into nearby lymph glands or organs, these may need to be removed at the same time.

Getting ready for surgery

Before any surgery can take place you will have more tests to check...
that you are fit for surgery. You will also meet some of the healthcare professionals who will be involved in your care. You may feel very anxious about the prospect of surgery. Talk to your nurse or doctor about the way you are feeling. They will explain what you can expect after the operation and help you find ways to cope. If there is anything you don’t understand, ask again. Your doctor or nurse will be happy to answer your questions.

Smoking
If you are a smoker, you should give up smoking as soon as possible before your operation. By doing this you will improve the quality of your breathing and reduce the risk of a chest infection after surgery. There is help if you smoke and would like to give it up.
The Irish Cancer Society Quitline offers support and assistance for all smokers. Call the Quitline 1850 201 203 weekdays 9am-5pm. Some hospitals also run Stop Smoking clinics. Ask your doctor or nurse if there is one in your hospital.

Extra tests
To make sure you are fit for surgery some extra tests may be done. These may include a chest X-ray, heart test (ECG), breathing tests (to check how well your lungs are working) and some more blood tests.

Your diet
A dietician will visit you and explain how best to manage eating and what to expect following surgery. Many people with cancer of the oesophagus have problems with swallowing, which can lead to weight loss. A good nourishing diet may prevent further weight loss and help you to recover more quickly from the effects of surgery.

Before your operation you will be given dietary advice on ways to:

- Prevent further weight loss
- Help keep up your strength.

Sometimes, before your operation, the oesophagus can be widened to enlarge the space for food and fluids to pass through. This procedure is known as dilatation (see page 43). However, the improvement in swallowing does not always last and the procedure may need to be repeated.

If swallowing becomes very difficult, you may not be able to eat enough. A period of tube feeding may be necessary to overcome this problem. A thin plastic feeding tube will be passed up your nose, leading down into your stomach. Through this you will be fed liquid supplements, which are high in protein and energy. Your family and friends may find it helpful to meet with the dietician as well so they will be aware of any changes that may have to be made to your diet.

Deep breathing and leg exercises
A physiotherapist will show you how to do deep breathing and leg exercises. These exercises will help to prevent you from getting a chest infection or a blood clot after your operation.

Going home
If you live alone or have problems getting around the house, talk to your nurse or medical social worker on your ward as soon as you are admitted to the hospital. That way, he or she can put in place those community services that you may need after you leave hospital. It’s a good idea to ask as many questions as you can.
Write them down on a piece of paper if you find them difficult to remember.

You will not be allowed to eat anything from midnight before
surgery. Your nurse may give you a tablet before you go to theatre. This tablet will make you feel more relaxed and sleepy.

**After your operation**

After your operation, you will spend 4-5 days in an intensive care unit or high dependency unit. When you wake up, you will notice a number of tubes attached to your body. They may look alarming but they are normal after an operation like this. You may be put on a machine called a ventilator which helps you to breathe, until the anaesthetic wears off.

- A 'drip' will be put into a vein in your arm. Through this you will be given fluids until you are able to take fluids by mouth again.
- A thin plastic tube may be up your nose. This leads down into your stomach or small intestine. By drawing up the fluid in your stomach through this tube, the nurses can keep your stomach empty. This will stop you from feeling sick and allow your wounds to heal more quickly.
- A thin flexible tube called a catheter may be put into your bladder and any urine that you produce will drain into a drainage bag. This will save you having to get out of bed to go to the toilet and the nurses will be able to monitor your fluid output.
- There may be a drainage tube inserted into your chest. The tube will allow fluid, which may have collected around the lungs, to drain off into a bottle beside your bed. This is usually removed after 8-9 days.
- You may have a small feeding tube placed directly into the small bowel/intestine. This tube is inserted through the abdomen during the operation. This can be used to feed you with all the calories, protein and nutrients you require until you are ready to eat and drink again.

- You may have a thin epidural catheter in your back to help with pain relief.

**Pain**

You may have some pain after the operation, especially when you cough or try to move. This is because, in order to remove the tumour, your surgeon may have had to operate on your ribs or the muscles nearby. Some patients also feel sick. The nurses can give you painkilling injections and medicine to prevent you feeling or getting sick if you need it. If you have a patient controlled analgesia pump (PCA) a nurse will show you how to use it to reduce your pain. Always ask for help before the pain or sickness gets too bad. You may find it helps to take your painkillers before getting out of bed and before uncomfortable procedures. If the injections do not work, let your nurse know as they can be changed.

**Breathing and coughing**

A physiotherapist will visit you every day for the first few days to help you with your breathing and leg exercises. You will recover more quickly if you do the breathing exercises as often as you can. They will help you to clear any build-up of sputum and reduce the risk of a chest infection. You will also feel more comfortable if you can breathe easily. By doing the leg exercises you will help to reduce the risk of getting a clot in your leg.

You may find it difficult to breathe deeply and cough at first, as you may have pain around your wound. You may find it helpful to take your painkillers before you start the breathing exercises. There are other exercises that will help to loosen up any shoulder stiffness that may occur as a result of surgery. The physiotherapist will show you how to do them. Even when you are in bed you should move your legs and do deep breathing exercises at least once an hour.
Infection
Following surgery, there is a risk that an infection may occur in your wound, as well as around the chest tube or near the feeding tube. Your nurse will check your wound and the tubes twice a day. Let your nurse know if leakage occurs at the wound or tube sites or you feel hot or unwell.

Eating and drinking
You will not be able to eat or drink in the normal way for at least 9 days after the operation to allow the wound time to heal. If you have had a feeding tube inserted, tube feeding usually starts the first day after your surgery and continues for as long as necessary.

Before you can start eating and drinking again you will be sent for a special X-ray. The X-ray, which is similar to a barium swallow, is usually carried out between 9 and 10 days after surgery. If the X-ray shows that the joining between the remaining oesophagus and the stomach is healing well you will be allowed sips of water to drink. Over the next few days the amount of fluids you can take will be increased.

When you are ready, you will begin eating again by taking small amounts of soft food. Provided there are no large lumps and you chew your food well, you will soon regain your confidence with swallowing. If you have a feeding tube in place, once you begin to eat and drink reasonable amounts the tube feeding may be gradually reduced and then stopped altogether.

If, for any reason, you are unable to take enough food by mouth, the tube feeding can be continued for as long as required. Tube feeding can be managed easily at home.

Getting up and about
On the day after surgery the nurses will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you feel stronger. Soon you will be able to go for walks on your own.

Recovery
The recovery period can vary from patient to patient. Sometimes the wounds do not heal as quickly as expected and this may cause a delay in getting back to normal eating and drinking. Most people are ready to go home 3-4 weeks after surgery. However, you will feel very tired at times and plenty of rest is needed. You may feel weak and lacking in energy for at least 3 months or up to a year afterwards.

Strenuous activity such as vacuum cleaning or lifting heavy bags of shopping should be avoided for at least 3 months. You should avoid bending over from the waist. If you need to pick up something from the floor or tie your shoes, bend from the knees and crouch down.

You will not be able to drive for 6-8 weeks after surgery. Your doctor will discuss this with you.

Going home
Before you go home you will be given a date to come back for a check-up in about 4-6 weeks’ time. You may also have to attend the hospital at regular intervals so that your wound can be checked. If you need to continue with the tube feeding at home, a nurse will show you and/or a relative or friend how to use it and keep it clean.

Sometimes the feeding tube is left in place even though you are no longer being fed through the tube. If this applies to you, the feeding tube will have to be flushed through at regular intervals to prevent blockage. Your nurse will show you how to do this. The feeding tube may be removed following your check-up if your weight is satisfactory.
You will be given contact numbers so that the healthcare team can be contacted if you have a problem. You should contact your surgeon or a member of your healthcare team as soon as possible if you have a problem with the feeding tube, have diarrhoea for more than 24 hours or feel unwell. If you have a worry or symptom that is causing you concern before your check-up date, contact your doctor, cancer nurse specialist or hospital ward for advice.

It is important to remember it will take at least 3 months to recover from the operation and about a year to get back to your normal routine.

Surgery is the most common treatment for cancer of the oesophagus.

The aim of surgery is to remove the entire tumour. This is possible in some oesophageal cancers where the tumour is confined to one section of the oesophagus.

Most people are ready to go home 3-4 weeks after surgery.

To sum up

Diet

How quickly you are able to resume normal eating and drinking depends on the type of surgery required and the time it takes for the wounds to heal. Other problems that may occur as a result of the surgery may include:

- Little or no appetite
- Feeling full and uncomfortable after eating only small amounts
- Weight loss.

These problems often persist for months after the operation – getting better can be a slow process. There are things that you can do that will help to minimise these problems and slowly increase your weight. It is important to eat little and often rather than attempting to eat normal-size portions at mealtimes. Try to eat 6 small meals or snacks a day.

Feeling full and uncomfortable after eating only a small amount will occur as a result of the new position of your stomach following surgery and if part of the stomach has been removed.

The dietician will give you advice on how to cope with your lack of appetite and feelings of fullness and discomfort after eating. By choosing the right foods to eat and adding nutritional supplements as recommended by your dietician, you will get the most from your diet. Eating well will help to ensure that your strength and energy levels improve. You will also find that your wounds may heal more quickly and further weight loss may be prevented.

Weight loss may continue after you are discharged from hospital unless you are able to to make the dietary changes. Some weight loss is expected at first but if you continue to lose weight, let your doctor or dietician know as soon as possible.

You may require more dietary advice, other nutritional supplements or tube feeding.

You will probably not get back to the weight you were before your illness. Finding a pattern of eating and drinking that suits you may take time. You may find that certain foods disagree with you and should be avoided. It is important to remember that there will be a gradual improvement in your ability to tolerate varied and larger quantities of food.
Radiotherapy

Radiotherapy can be used alone or before and after surgery. This is a treatment where high-energy X-rays are aimed at a cancer to cure or shrink it. In oesophageal cancer the X-rays are usually delivered through a machine called a linear accelerator. This is known as external beam radiotherapy.

Sometimes, a different method of treating oesophageal cancer with radiotherapy is used. This is called brachytherapy. Brachytherapy delivers a high dose of radiation from inside the oesophagus to the site of the tumour while causing little or no damage to the surrounding healthy tissue. Sometimes, external radiotherapy is followed by brachytherapy when treating cancer of the oesophagus.

Radiotherapy can be used alone or before and after surgery. It can also be used in combination with chemotherapy. Radiotherapy given before surgery may reduce the size of the tumour making it easier to remove and the surgery more effective. It may also allow you to swallow more easily. Radiotherapy can be given after surgery where there is concern that some cancer cells may still be at the site of the tumour. This is called adjuvant radiotherapy.

Planning your treatment

Before you can receive radiotherapy your treatment has to be carefully planned. The radiation oncologist and other specialists plan the amount of treatment for the cancer with the least damage to normal cells.

On your first visit to the radiotherapy department you may be asked to lie under a machine called a simulator. The simulator takes X-rays of the area to be treated. Sometimes a CT scanner can be used for the same purpose. Treatment planning is a very important part of radiotherapy and it may take a few visits before treatment can go ahead.

You will be marked on the skin to outline where you are to get treatment. Usually the marks are made with washable ink. By doing this, the X-rays can be aimed at the same area to be treated each day. If the marks are temporary they should not be washed off until treatment has ended. Before starting radiotherapy you will be told how to look after your skin during and after treatment and what side-effects you can expect.

Getting your radiotherapy

Radiotherapy is quite straightforward. You will have to attend for treatment every day during the week with a rest at weekends. Your treatment may go on for several weeks. Each treatment session only takes a few minutes. You will not feel any pain during treatment but you will have to lie still. How much treatment you receive will depend on the size and type of tumour. Your radiation oncologist will discuss this with you.

Each time you go for treatment you will go into a radiotherapy room. The radiation therapist will ask you to lie under a radiotherapy machine.
Clean your teeth after each meal. Use a very soft toothbrush. If you have dentures remove them if your gums are sore. There are special mouthwashes that you can use too. These will help keep your mouth clean and ease mild soreness or pain. Only use mouthwashes recommended by the radiation therapist or nurse looking after you. A nurse will show you how to use them properly.

If your mouth or throat becomes very painful, let your doctor or nurse know as soon as possible. Your doctor will prescribe painkillers if you need them. If you have an infection in your mouth or throat you may need to be treated with other medication.

Choose soft moist foods. Take nutritious snacks and drinks between meals, particularly if you are eating smaller portions at meal times. Avoid very hot foods and drinks, salty and spicy foods and citrus fruit drinks. Alcohol (especially spirits) and tobacco can irritate the lining of the mouth and throat. It is best to avoid them during treatment and for a few weeks afterwards. Your doctor will probably recommend that you give up alcohol and smoking completely.

**Difficult swallowing**

You may notice after a week or two of treatment that your chest feels tight and you have difficulty swallowing. It may feel like you have a lump in your throat all the time. Food or drink may seem to go down the wrong way making you cough as you try to swallow.

Eat slowly and chew your food well before you try to swallow. Finely chop, mince, mash or liquidise your food as necessary. Eating slowly, and taking a small amount of fluids between mouthfuls may help you to swallow. If you have difficulty swallowing, ask to see a dietician. He or she will give you advice on the best foods to eat.

When you are ready, he or she will leave the room. The machine will then be turned on and your treatment given. Even though you are on your own in the room, your radiation therapist will be able to see you all the time through a closed-circuit camera. You can talk to the staff through an intercom if you need to.

External radiotherapy does not make you radioactive. It is perfectly safe for you to meet with family and friends.

**External radiotherapy does not make you radioactive. It is perfectly safe for you to meet with family and friends.**

**Will I have any side-effects?**

Radiotherapy is given directly to the site of the cancer. If you need radiotherapy, the areas that are most likely to be affected by treatment are the throat and chest. How severe these side-effects are will vary from person to person and depend on the amount of treatment you need and the exact part of the oesophagus requiring treatment. The effects of radiotherapy may be more severe if you have had surgery as well. Your doctor, nurse or radiation therapist will explain how these effects can be managed before you start treatment.

**The side-effects may include:**

**Sore mouth and throat**

Radiotherapy to the oesophagus can cause inflammation of the throat and oesophagus, as the cells that line these areas are very sensitive to treatment. You may also develop a sore mouth if you are having combined radiotherapy and chemotherapy. It is most important that you keep your teeth, gums and mouth very clean, as this will help to control the soreness and reduce the risk of a mouth or throat infection.

**It is most important that you keep your teeth, gums and mouth very clean.**

**External radiotherapy does not make you radioactive. It is perfectly safe for you to meet with family and friends.**
Voice changes
Occasionally, radiotherapy to the oesophagus may cause the sound of your voice to change. Your voice may become quieter or sound hoarse. It may become sore for you to talk. This common effect of treatment is temporary. The quality of your voice should start to improve about 2 to 3 weeks after treatment.

Skin changes
During radiotherapy the skin in the treated area may become red and sore. It may look like sunburn. A cream can be used to treat this problem. Only use creams recommended to you by your nurse or radiation therapist. If you need to wash the area, use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. If you shave only use an electric razor. Avoid all aftershaves, perfumed creams or powders. Check with your radiation therapist or nurse before applying anything to your skin.

Feeling very tired
Feeling very tired can build up over the course of your treatment. It may be due to the treatment itself or because you have to travel distances to come for treatment. Cut down on the things you normally do. Rest as much as you can.

Hair loss
Any hair in and around the treatment area will fall out. The hair loss is usually temporary but any future hair growth may be thinner than it was before treatment.

Brachytherapy (internal radiotherapy)
Sometimes, radiotherapy for cancer of the oesophagus is given internally. A fine tube is placed in your oesophagus through your nose. After the planning X-ray, treatment is given by a radioactive
Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. These drugs may be used on their own or with each other. This treatment may be given before or after surgery. It may also be used in combination with radiotherapy. The drugs used in chemotherapy travel through the bloodstream to almost every part of the body.

A variety of chemotherapy drugs is now available. They are often given in cycles such as 4-5 days of treatment every 3 weeks with a rest period between treatments. The number of cycles you receive will depend on the type of cancer, whether you are having other treatment, and how well the cancer is responding to treatment. If the cancer has not spread beyond the oesophagus, two or three courses of chemotherapy are sometimes given before surgery. The chemotherapy may shrink the tumour and make the tumour easier to remove.

In some cases, even though the tumour and the nearby lymph glands have been removed by surgery, there is a risk that tiny amounts of the cancer have been left behind or have spread to other parts of the body. Your doctor may recommend that you have chemotherapy after surgery. This is called adjuvant chemotherapy, and it might reduce the chance of the cancer returning.

Chemotherapy is also used when the cancer has spread beyond the oesophagus, where it can help to shrink and control the cancer for a period of time. The aim of treatment is not to cure the cancer, but to relieve symptoms, and improve quality of life.

Chemotherapy may be given directly into a vein as an injection or source that travels through the tube, gives the treatment and then returns safely back into the machine. The planning X-ray lasts about 1 hour and the treatment itself takes about 10 minutes. The tube is then removed and you can return home.

**side-effects**

Brachytherapy may cause nausea and temporary soreness on swallowing. It may develop a few days after treatment and last for a few days. Your doctor can prescribe medicine that will help with swallowing and ease the nausea and soreness. You will not have any hair loss with this treatment.

These or any other side-effects you develop will be monitored during radiation treatment. Information will be given on how to prevent side-effects and medication will be prescribed if needed. If you have a problem that concerns you talk to your doctor or nurse. Most of these side-effects should go away when treatment is over, but do let your doctor know about them if they continue.

**To sum up**

- Radiotherapy is the treatment of cancer using high-energy X-rays.
- You will not feel any pain while you are getting treatment. Each session only takes a few minutes.
- Treatment may continue for several weeks depending on the cancer.
Understanding cancer of the oesophagus

He or she will tell you what to do. Some hospitals prefer you to ring them directly. Check this out with your doctor or nurse before you start treatment. If you have a high temperature you will need to have a blood test. Depending on the results of the test, your doctor may prescribe a course of antibiotics.

You will be more at risk of picking up infections while on treatment. Try to avoid close contact (such as hugging or kissing) with people who have colds or flu or other infections such as chickenpox, shingles or measles. Let your doctor know if you are in contact with these or any other infections. Wash your hands often during the day, especially before you eat and after going to the toilet. Infection can be a serious complication of chemotherapy. It needs to be treated as soon as possible. Talk to your doctor or nurse. He or she will give you more information.

Sore mouth
Some drugs used to treat cancer of the oesophagus may cause a sore mouth. They can also cause little ulcers to appear on your tongue, gums and inside the cheeks of your mouth. Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection. Use a soft toothbrush. If you have dentures remove them if your gums are sore. There are special mouthwashes that you can use too. Your nurse will show you how to use them properly.

Bruising
Bruising more easily or for no apparent reason is known as purpura. Blood cells called platelets may be temporarily reduced by the chemotherapy. If there are not enough platelets in your

side-effects of treatment
The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side-effects happen because while the chemotherapy is working on the cancer cells it can have an effect on normal cells too. Most of the side-effects can be well controlled with medication and usually go away when treatment ends or soon after. Before you start your treatment ask your doctor about any side-effects that may occur. Do tell your doctor or nurse about the way you are feeling during treatment, as most side-effects can be eased with medication.

side-effects may include:
Infection
Chemotherapy can make you more likely to get infections. This happens because most chemotherapy drugs affect the bone marrow, which makes the white blood cells that fight infection. If you do not have enough white blood cells, even minor infections such as a cold or sore throat could make you quite ill.

During treatment cycles you will have blood tests to make sure that you have enough white blood cells. If your white cell count is low, your doctor may ask you to watch out for signs of infection. These signs could include feeling shivery and unwell or running a high temperature of 38°C or higher. If this happens, tell your hospital doctor straight away.

Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection.

If you feel shivery or unwell or have a high temperature of 38°C or higher, tell your doctor straight away.
If you would like a hairpiece, try to organise this before your hair falls out. Your medical social worker or nurse may be able to organise this for you. If your hospital does not have a social worker ask if they have the name of a wig fitter you could go to see. Your local hairdresser may also be able to help. In some cases it is possible to get financial assistance towards the cost of a wig. Ask your medical social worker or nurse for more information. For some patients the amount of hair loss is small and a wig may not be needed.

**Feeling sick or getting sick**
Not everyone feels sick or gets sick with chemotherapy. It depends on the drugs being used, but if you do it can happen before, during or after treatment. It may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick. This may be in injection or tablet form. While on treatment take all medication as directed by your doctor or nurse.

**Numbness or pins and needles in the hands and feet**
Some chemotherapy drugs used to treat cancer can cause tingling or burning sensations in your hands and feet. You may also have trouble in picking up small objects or buttoning up a shirt or cardigan. This side-effect is almost always temporary and goes away after treatment stops. However, do tell your doctor if this happens, as some changes may need to be made to your treatment.

**Hair loss (alopecia)**
The amount of hair loss depends on the drugs you are given. It can vary from person to person. You may notice that your hair just thins out a little bit. If you do lose your hair, it will happen quite quickly. Try not to worry, as your hair will grow again when treatment stops. You may feel upset at the thought of losing your hair. Talk to your nurse or social worker about your feelings. He or she will help you to find ways to cope with hair loss. You can get a wig or hairpiece when this happens or you may prefer to wear a hat, turban or scarf.
To sum up

- Chemotherapy is a treatment using drugs to cure or control cancer.
- Chemotherapy can be given in tablet form, directly into a vein as an injection, or through an intravenous infusion (drip).
- The side-effects vary from person to person depending on the drugs used. Most side-effects are well controlled with medication.

Relief of symptoms

Sometimes when you have cancer, it can be very hard to tell if the symptoms you are having are a part of your illness or a side-effect of treatment. These symptoms can vary from time to time and be mild or severe. If you have symptoms that are troubling you, it is important to let your doctor or nurse know. He or she can give you treatment that should help. There are things that you can do to make life easier.

**Dysphagia (difficulty swallowing)**

If you have difficulty swallowing you should:

- Tell your doctor or nurse straight away.
- Ask your dietician for advice on the best foods to eat.
- Sit upright when you are eating and for 30 minutes after your meal.
- Take nutritious snacks and drinks between meals, particularly if you are eating smaller portions at meals.

- Take small mouthfuls and chew your food well.
- Eat foods that you can swallow comfortably. Finely chop, mince, mash or liquidize your food as necessary.
- Fortify your food and/or use nutritional supplements in addition to your diet. Ask your dietician for advice.

Dysphagia may become a long-term problem if the oesophagus has narrowed as a result of surgery or radiotherapy. Sometimes, the cancer itself can cause the oesophagus to be permanently narrowed. If you continue to have problems with swallowing your doctor may suggest one or more of the following treatments.

**Oesophageal dilatation**

Oesophageal dilatation is a procedure where an instrument called a dilator is used to stretch a narrowed area in the oesophagus so that food and drink to pass through. It is a quick procedure, which may be carried out under general or local anaesthetic. However, the effects of the dilation may only be temporary and you may need to have the procedure repeated.

**Oesophageal stent**

A hollow tube called a stent (a plastic or wire mesh tube) can be placed in the oesophagus following dilatation. Once in position it gently expands to hold the narrowing in your oesophagus open. This will make it easier for you to swallow. The procedure is similar to endoscopy and is carried out under a local or general anaesthetic. Your throat may feel a little tender after the procedure, but this should soon settle down.

You may start taking fluids once you are awake. Once you have got used to taking fluids again you will be given small amounts of soft food. Your dietician will advise you on the type of foods you should eat. You will have to chew your food thoroughly before
fatigue, so that the stent does not become blocked. Foods that are soft or liquidised are most suitable. Drinking fizzy drinks after food can help to keep the tube clean.

**Laser treatment**
Laser treatment can sometimes be used to remove enough of the tumour to allow the passage of food down through the oesophagus into the stomach. It does not destroy the entire tumour, but it does provide relief of symptoms. Laser therapy is usually carried out under a general anaesthetic. While you are asleep, a flexible tube is passed through the endoscope to keep the laser beam at the site of the tumour. The laser beam is turned on and as much as is possible of the tumour is burned away. The endoscope containing the fine tube is then removed and you will wake up. You may require more than one session of laser therapy to open up the blockage in your oesophagus and further treatments may be needed after 4-6 weeks. Your doctor will discuss this with you.

You are unlikely to feel any pain after the procedure, although there may be some temporary swelling in your oesophagus. You may find it more difficult to swallow at first and may also have some discomfort in your abdomen. If you do feel any pain, tell your doctor.

**Photodynamic therapy (PDT)**
PDT is a newer treatment that may help to improve swallowing. PDT uses low powered lasers combined with a light sensitive drug to destroy cancer cells. A few hours before the procedure you are given the light sensitive drug through a vein in your arm. PDT therapy normally takes place under a general anaesthetic. While you are asleep an endoscopy is carried out. A flexible tube is passed through the endoscope to keep the laser beam at the site of the tumour. The laser beam is turned on and as much as is possible of the tumour is burned away. You may require further laser treatment a few days later.

Side-effects of the treatment may include chest pain and you may find swallowing more difficult at first. You will have to avoid sun exposure for at least one month after treatment, as your skin will be more sensitive to the harmful effects of the sun.

**Fatigue**
Fatigue is nature’s way of telling us to slow down and take some rest. It is a common symptom of cancer and is often described as an overwhelming tiredness. You may find it difficult to concentrate or make decisions. The reason for the fatigue can be hard to identify. It may be caused by anxiety when a diagnosis of cancer is made and the additional stress caused by treatment. It is important to know that even though you may find it hard to identify the reasons for your tiredness there are things that you can do that may help.

**What you can do**
- For many patients, surgery or other types of treatment may help by relieving symptoms such as pain or dysphagia. If you require surgery, radiotherapy or chemotherapy ask your doctor before you start treatment what side-effects you can expect. Always let your doctor know about side-effects before they get too bad. In most cases, there is medication that you can take that will make you feel better.
- If you feel worried and find it hard to sleep at night tell your doctor or nurse. He or she might be able to help. Try talking to your close family or friends about your concerns. If you find this difficult ask to see a counsellor. He or she will help you find ways to relax.
Take part in some physical exercise if your illness allows you. For example: a 10-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it.

You may notice that you have lost weight. This may be due to the cancer, the effects of surgery or the treatment you are getting. Sometimes when you are feeling weak and tired you may lose interest in your food. Ask for help in preparing your meals. Eat small meals more often.

Get others to help you around the house, with travelling to hospital, with the children or with shopping. Use the extra free time to do something you especially enjoy.

There is a booklet on fatigue available called *Coping With Fatigue*. If you would like a copy, call the National Cancer Helpline 1800 200 700.

**What effect will treatment have on my sex life and fertility?**

Coming to terms with the fact that you have cancer can take quite a while. Your emotions may be turned upside down. It can be hard to relax when you have a lot on your mind. You may feel tired from the effects of treatment. As a result you may lose interest in sex. This is quite normal when you are concerned about your health.

If you have a supportive partner, you may find that talking eases your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship. You should not feel guilty or embarrassed to talk to your doctor about what is troubling you. He or she will refer you for specialist counselling if you feel that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine your interest in sex should return. There is no reason why you can’t have sex while on chemotherapy or radiotherapy if you feel like it. You may find that it will be some weeks before you will feel well enough to have sex after surgery.

**Following surgery**

Depending on the type of surgery you have for cancer of the oesophagus, it may be some time before you are able to resume an active sex life. If you have had all or most of your oesophagus removed, this may change the way you feel about your body. You may also have concerns about the way your partner will react. Try to talk to your partner about the way you are feeling. Your fears may be unfounded and talking will help ease your anxiety. If you need more help, talk to your doctor. He or she will refer you to specialist counselling if you feel that would be helpful.

**During and after radiotherapy**

Radiotherapy can sometimes cause side-effects such as pain and weight loss. You may feel quite tired. However, there is no reason why you can’t have sex if you feel like it. If you need further information, talk to your doctor, who will answer your questions in more detail.

**During and after chemotherapy**

The side-effects of chemotherapy depend mainly on the drugs you receive. As with other treatments the side-effects vary from person to person. Feeling tired from treatment can reduce your
Research – what is a clinical trial?

Research into new ways of treating cancer of the oesophagus goes on all the time. If a treatment looks like it might be of benefit, it is given to patients in research studies called **clinical trials**. These aim to find a safe dose, see what side-effects may occur and which cancers can be treated.

If early studies suggest that a treatment may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than existing ones.
- Find out if extra benefits result when the new treatment is given along with existing ones.
- Compare the new treatment with current best standard treatments.

Many patients with cancer take part in research studies. Your doctor may ask you to try a new treatment. There are many benefits in doing this. You will be helping to improve knowledge about oesophageal cancer. You will also be carefully monitored during and after the study, so you will be quite safe.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called **informed consent**. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. You are also free to withdraw from a trial at any time if you change your mind.

As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your blood or tissues. If you would like more information, a booklet called **Understanding Cancer Research Trials (Clinical Trials)** is available. Call the National Cancer Helpline 1800 200 700 for a copy.

---

desire for sex. If you are able to have sex and are still young enough to have children you should use some method of contraception during and for some time after chemotherapy. This is because there is a risk of miscarriage or birth defects in children conceived during or just after chemotherapy.

**Fertility**

Many doctors believe it is better for you or your partner not to get pregnant for 2 years after your chemotherapy ends. This time gives your body a chance to get over the effects of the cancer and its treatment. Sometimes your fertility can be affected by chemotherapy. You may not be able to have children. Discuss this potential side-effect with your doctor or nurse before treatment commences. It may be possible to store sperm or eggs for future assisted reproduction at the HARI Unit at the Rotunda Hospital in Dublin. Your doctor or nurse will give you more information.

**Follow-up**

Once your treatment for your cancer is over you will need to come back for regular follow-ups. At first these visits will be quite often. Follow-ups may include seeing your doctor and some tests such as blood tests and scans. These will continue for a number of years but will become less frequent.

If you are between check-ups but you have a symptom or problem that worries you, let your doctor know by making an appointment to see him or her as soon as possible.
Complementary and alternative therapies

There is great interest today in complementary and alternative treatments for cancer. Lots of people find them helpful and beneficial during their illness. The way cancer is treated often depends on the culture and environment of the society in which you live. In Ireland cancer treatments are based on scientific research. This allows the response to treatment, side-effects and the general effect of treatment to be predicted.

You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments which doctors use most often to treat people with cancer. These standard treatments include surgery, radiotherapy, chemotherapy and biological treatments. They are tried and trusted methods where the experience with patients is over a long period of time. Many of these treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy
- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Acupuncture
- Hypnotherapy
- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that cancer can often bring. Some complementary therapies also focus on the spiritual dimension of a person. This can aid healing and promote a sense of well-being. Nowadays complementary therapies are often provided in hospitals, cancer treatment centres and support centres and can be given safely.

Alternative therapies

Alternative therapies are not conventional cancer treatments used by doctors. Generally they are treatments used instead of conventional treatments. Alternative therapies include:

- Diet therapy
- Megavitamin therapy
- Herbalism.

Because these therapies are not based on scientific evidence it is very hard to prove if they are generally effective or not. Most doctors do not believe that such treatments can cure or control cancer. They believe they should not be taken instead of conventional treatments.

Alternative treatments can interfere with standard treatment and may not be managed properly. At present in Ireland this is an unregulated area with no register of certified practitioners. For this reason, it is best to discuss your plans with your doctor.
Reactions to a cancer diagnosis differ from one person to another. In fact, there is no right or wrong way to feel. You might feel numb and shocked when you are told that you have cancer. You can feel swamped with many different emotions ranging from disbelief to anger. At first the news may be very hard to take in. It may all seem ‘unreal’. All these feelings are normal and to be expected. It does not mean that you are not coping. Rather they are part of the process you must go through in coming to terms with your illness. Your family and friends may be also feeling the same way and will need time to get used to it.

Shock and disbelief

‘I can’t believe it.’ ‘It can’t be true.’

Shock is often the first reaction when a diagnosis of cancer is made. Most people think, ‘It will never happen to me’. It will take a while for the news to sink in. At this stage you may be getting a lot of information about your illness. You may ask the same questions over and over again or seem to accept the news calmly. These are common reactions to a diagnosis of cancer. Because you don’t quite believe what is happening, you may not want to talk about your illness, especially to your close family and friends.
**Fear and uncertainty**

‘Am I going to die?’ ‘Will I be in pain?’

For most people when they are told they have cancer the first question is ‘Am I going to die?’ Cancer is a very scary word. It brings to mind many stories – some of which may be untrue. In fact, nowadays many cancers can be cured. When a cure is not possible, the cancer can be controlled for a number of years using modern treatments. There are new treatments being developed all the time.

Another common fear is that cancer is always painful. This is not true. Some cancers cause no physical pain at all. If you are in pain there are now many drugs that can control it. Other methods of pain relief include radiotherapy and nerve blocks.

Being concerned about your future is also a normal way to feel. It can be hard for your doctor to predict the outcome of your treatment. Not knowing can make you feel anxious. The more you find out about your illness and treatment the less anxious you may feel.

Many people feel they need to sort out their affairs when they have been diagnosed with cancer. Doing so can take away some of the uncertainty, and reassure them that whatever happens their family will be looked after. One way to do this is to make a will. The Irish Cancer Society has a booklet, *Why Make a Will?*, which can help. If you would like more information call the National Cancer Helpline 1800 200 700.

The real facts about cancer and its treatment are not as frightening as you might imagine. Talk to your doctor about your worries, as he or she should be able to help you. Discuss what you have found out with your family and friends as they are probably worried too.

---

**Denial**

‘There is nothing really wrong with me.’ ‘I haven’t got cancer.’

Many people cope with their illness by not wanting to talk about it. If that is the way you feel, then just say quite firmly to the people around you that you would prefer not to talk about your illness, at least for the time being.

Sometimes, however, it’s the other way round. You may find it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer. They may play down your worries and symptoms and keep changing the subject. If this upsets or hurts you because you want them to support you, try telling them. Start perhaps by saying that you do know what is happening and it will help you if you can talk to them about your illness.

**Anger**

‘Why me of all people?’ ‘And why right now?’

Anger can hide other feelings such as fear or sadness and you may vent your anger on those closest to you. You may also feel angry towards the doctors and nurses who are caring for you. If you have a religious faith you may feel angry with your God.

It is easy to see why you may be deeply upset by many aspects of your illness, and there is no need to feel guilty about your angry thoughts or irritable mood. Relatives and friends may not always be aware that your anger is really directed at your illness and not against them. If you can, it may be helpful to tell them this at a time when you are not feeling so angry. Or if you would find that difficult, perhaps you could show them this section of the booklet.

If you are finding it difficult to talk to your family, tell your nurse or doctor, who may be able to help you.
**Blame and guilt**

‘If I hadn’t... this would never have happened.’

Sometimes people blame themselves or others for their illness, or wonder why it happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know exactly what has caused cancer, there is no reason for you to blame yourself.

Don’t bottle up your feelings—express them.

**Resentment**

‘It’s all right for you, you haven’t got to put up with this.’

There may be times during your illness when you want to be left alone to sort out your thoughts and feelings. This can be hard for your family and friends who want to share this difficult time with you. Let your family know that while you do not feel like talking about your illness at the moment, you will talk to them about it when you are ready.

Sometimes depression can stop you wanting to talk. It may be an idea to discuss this with your doctor who may prescribe a course of antidepressant drugs. He or she may decide to refer you to a doctor who specialises in managing the emotional problems of cancer patients. It is common for patients with cancer to feel depressed, so there is no need to feel you are not coping if you ask for help.

There are two useful booklets available called *Who Can Ever Understand? Talking about Your Cancer* and *Understanding the Emotional Effects of Cancer*. If you would like a copy, call the National Cancer Helpline 1800 200 700.

**Learning to cope**

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also with the physical effects of treatment.

Although the treatment for cancer can have some unpleasant side-effects, many people do manage to live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling they can give more support.

**If you are a relative or friend ...**

It can be hard to know what to say when someone close to you is diagnosed with cancer. It may seem best to pretend that everything is fine and carry on as normal. You may not want to add to the person’s worry by seeming afraid or by saying the wrong thing.

Sadly, denying strong feelings like this can make it even harder to talk openly together and can lead to your relative or friend feeling very lonely. Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say about his or her illness. Don’t say too much—let them do most of the talking. Above all, let them know that you are there when they want to talk or need help.
A useful booklet called *Lost for Words – How to Talk to Someone with Cancer* has been written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Contact the National Cancer Helpline 1800 200 700 for a copy.

**Caring for someone with oesophageal cancer**

Caring for someone with oesophageal cancer may be difficult at times. Following treatment, some patients are able to manage well requiring little practical support from family and friends. However, others may require increasing levels of support and care. If your relative or friend has had major surgery, it may take several months before they have fully recovered and can care for themselves.

You may also find it difficult to cope with your feelings when someone close to you has a serious illness as well as all the practical issues that may arise as a result of treatment. There are lots of things that you can do that will help make life a little easier.

**What you can do**

- Find out as much as you can about the illness and its treatment. Ask about the side-effects of treatment you can expect and what can be done to prevent side-effects or to make them less troublesome. If there is something you do not understand, ask again. Write your questions down if you want to.

- Plan as much as you can ahead of the discharge date. Ask to speak to a medical social worker about the community services that are available. Usually, the public health nurse in your area will visit you at home. Use whatever help there is. If dressings are required make sure you have some supplies at home before the discharge date. Ask for a contact name and telephone number at the hospital so that you can talk to somebody if you have a problem.

- If your relative or friend has had major surgery talk to the dietician involved in his or her care before the discharge date. He or she will give you useful advice on the best foods to eat and how to prepare them so that they can be easily swallowed.

- You may feel tired with all the worry and extra work. It can be very straining as you try to adapt to a new way of life. When people offer you help with the garden, transport to the hospital or shopping, accept it. Try to set aside some time for yourself each week and do something you really enjoy. If you are worried or upset, you may find it helpful to talk to a close relative or friend about your concerns. You can also ring the National Cancer Helpline 1800 200 700 and speak to one of the specially trained nurses. They are there to give advice and support you at this time.

- At first your relative or friend may feel very tired. As soon as they are feeling stronger encourage them to do things for themselves. The more involved they are in their own care, the quicker they will adapt to a new way of life.

**Talking to children**

How much you tell children will depend on how old they are. Very young children don’t understand illness and need a very simple account as to why their parent or friend has had to go to hospital. Slightly older children will need to be told more. A simple story talking about good cells and bad cells may help. Every child needs
to know what will happen while you are in hospital. Who will look after them, prepare their meals and take them to school. They also need to be reassured that your illness is not their fault. Whether they show it or not, children feel they may somehow be to blame and may feel guilty. Most children over 10 years of age can grasp fairly detailed explanations of what is wrong.

Adolescents can understand much more. They may have special needs in learning to cope with the situation. They may be torn between concern for you and trying to become more independent. An open honest approach is usually the best way for all children. You may find that your children rebel or turn quiet. This may be their way of making known their feelings. Even very young children can sense when something is wrong so don’t keep them in the dark. They may think that things are much worse than they are.

There is a useful booklet available called What Do I Tell the Children? – A Guide for the Parent with Cancer. If you would like a copy, call the National Cancer Helpline 1800 200 700.

What you can do

Many people feel helpless when they are first told they have cancer. But there are many things that you can do at this time to help you feel more in control of your illness.

If you and your family understand your illness and its treatment, you will be better able to cope.

- Always ask for information that is personal to you from your own doctors.
- Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Write down the answers if you want.
- Let your doctor know if you have any problems or worrying side-effects. He or she can decide what to do to help you. If you say nothing, a small problem can become more serious.
- At times you may not be able to do the things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and slowly build up your confidence again. Take one step at a time. Many people talk about ‘fighting their cancer’. This can help some people feel more in control of what is happening to them. You can do this by becoming involved in your illness.
- Try to eat as well as you can. Eat little and often including using lots of different types of foods with a high protein and calorific content.
- Think about joining a ‘support group’. These groups allow you to talk through your feelings with others who have also had treatment for cancer.
- Join a relaxation class.
- Take some regular exercise. Take it easy at first, building up the amount you do, as you feel stronger.
- Some people find it helpful to talk to a counsellor.

If the idea of joining a relaxation class or taking exercise does not appeal to you, don’t feel you have to do these things. Just do whatever suits you. Some people find pleasure in keeping to their normal routine as much as possible. Others prefer to take a holiday or spend more time on a hobby.
Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Oncology liaison nurses
- Cancer nurse co-ordinators
- Psycho-oncology services
- Community welfare officer and community health services
- Irish Cancer Society helpline nurses.

The medical social worker in your hospital can help in many ways. He or she provides support and counselling to the patients and their families and can provide advice on benefits, entitlements and services available when you go home.

Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses provide support to patients and their families from the time of diagnosis and throughout treatment. These people along with other members of your medical team work together to meet your needs.

In some larger hospitals there are special units that provide psycho-oncology services. This means that psychological care and support is given to patients with cancer during diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists, nurses and medical and surgical doctors working closely together.
When you go home there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live in an area which is remote or far from the hospital where you have been treated, your community welfare officer can also help with practical issues such as financial worries, etc. All the above people in the community health services can provide advice and support. You can get more information on the services available either from the social worker in the hospital before you go home or at your local health centre.

The staff of the National Cancer Helpline at the Irish Cancer Society will be happy to discuss any concerns you or your family may have, at any stage of your illness. Call 1800 200 700 for information about any of the services outlined above or for support services in your area.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of what these entail are given in the following pages. At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €60 a night charge up to a limit of €600 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €60. There is no charge if you are referred by a GP. This charge does not apply if you have a medical card or are admitted to hospital as a result of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medications, inpatient public hospital services, and outpatient services and medical appliances. Every person aged 70 or over has a right to a medical card and no means test is required. It covers the applicant only and not their dependents.

For most people, to qualify for a medical card depends on a means test. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office, i.e. your former health board. If your means are above but close to the guidelines, you should apply for a card anyway as a card is granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case your spouse and children will not be covered if your means are over the limit.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a new type of medical card. The ‘GP visit card’ was introduced in 2005. It covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and
travel to work. Check with the medical social worker or your HSE office to see if you are eligible.

Drugs Payment Scheme
Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependant children pay a limit of €85 each month to cover the cost of prescribed drugs, medications and appliances. If you have not already received a DPS card for yourself and your family, you can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your pharmacy. If you opt for egg freezing, the cost of the drugs used in the procedure can be reclaimed through the DPS.

Private healthcare cover
Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland this is available through the VHI, BUPA, VIVAS Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

Benefits and Allowances
Disability Benefit
This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unfit to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment.

Disability Allowance
You may qualify for Disability Allowance if you are not eligible for Disability Benefit and not able to work for at least a year. Disability Allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. You must have a means test and be medically suitable for this allowance. To be medically suitable you should have an illness that has continued or may continue for at least 1 year. This means that you are unlikely to be able to work for at least a year due to your illness. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

Invalidity pension
This is a pension paid instead of a Disability Benefit or Allowance, if you are unable to work in the long term. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over age 60 and have a serious illness or incapacity.

Your eligibility for this pension will also depend on your PRSI contributions. You are allowed a free travel pass and certain extra benefits, such as bottled gas, telephone rental, fuel allowance and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.
Travel to hospital

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, e.g. hardship, etc.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries contact:

Information Service
Dept of Social and Family Affairs
Áras Mhic Dhiarmada
Store Street
Dublin 1

Tel: 01 874 8444
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

Carer’s Allowance

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. There are a number of benefits with this scheme such as a free travel pass for the carer, free television licence, and home energy allowance. A telephone allowance has been extended to carers giving full-time care. There is also a contribution towards respite care. This is a means-tested allowance. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211, Ext. 8940 or Dublin (01) 704 3000, Ext. 8940.

Carer’s Benefit

If you are employed but wish to care for a sick relative, you may qualify for a Carer’s Benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. Under Carer’s Leave legislation, you may be entitled to unpaid temporary leave from your employment. You should apply for Carer’s Benefit 8 weeks before you intend to leave employment so that your eligibility can be assessed prior to leaving your employment.

More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211, Ext. 8787 / Dublin (01) 704 3000, Ext. 8787.

Appliances

For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.
If you have queries about health and social services, contact the HSE office in your area. In 2005 the functions of the health boards were transferred to the Health Service Executive (HSE).

Email: info@hse.ie  Website: www.hse.ie

HSE Eastern Region
[formerly Eastern Regional Health Authority]
Customer Services Department
Dr Steeven's Hospital
Dublin 8
Tel: 01 635 2400
Freephone 1800 520 520
Email: customerservices@erha.ie
Website: www.erha.ie

HSE Midland Area
[formerly Midland Health Board]
Head Office
Arden Road
Tullamore
Co Offaly
Tel: 057 932 1868
Fax: 057 935 1760
Website: www.mhb.ie

HSE Mid-Western Area
[formerly Mid-Western Health Board]
Head Office
31–33 Catherine Street
Limerick
Tel: 061 483 286
Fax: 061 483 250
Website: www.mwhb.ie

HSE North Eastern Area
[formerly North Eastern Health Board]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 9280 500
Fax: 046 9241 459
Website: www.nehb.ie

HSE North Western Area
[formerly North Western Health Board]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400 / 1850 636 313
Fax: 071 9820 431
Website: www.nwhb.ie

HSE South Eastern Area
[formerly South Eastern Health Board]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 7784 100
Fax: 056 7784 388
Website: www.sehb.ie

Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

Comhairle (formerly the National Social Services Board)
7th Floor, Hume House, Ballsbridge, Dublin 4
Tel: 01 605 9000
Citizen Information: 1890 777 121
Email: comhairle@comhairle.ie
Website: www.comhairle.ie

There are also some booklets available that may help you. These include:

Information Guide to Health Services (published by the Dept of Health and Children). Copies are available from your local HSE area office. Tel: 01 671 4711 for local HSE numbers.

Guide to Social Welfare Services (published by the Dept of Social and Family Affairs). Copies available from the Dept of Social and Family Affairs. Tel: 01 874 8444. Email: info@welfare.ie.
Website: www.welfare.ie

Entitlements for People with Disabilities (published by Comhairle). Available from Comhairle. Tel: 01 605 9000.
Email: comhairle@comhairle.ie
**Irish Cancer Society services**

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

**Homecare nurses**

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

**Night nursing**

The Irish Cancer Society can provide a night nurse, free of charge, for up to seven nights to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

**Oncology liaison nurses**

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

**Cancer Information Service (CIS)**

The Society also provides a Cancer Information Service with a wide range of services: the National Cancer Helpline is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues such as prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put patients in contact with the various support groups that are available. The helpline 1800 200 700 operates weekdays from 9 am to 5 pm, and every Tuesday from 9 am to 9 pm.

All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie. The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private. CancerForum is a bulletin board on our website (www.irishcancer.ie) that gives the public the chance to post their comments. The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

**Counselling**

Coping with a cancer diagnosis can be very stressful. Patients and their families sometimes find it difficult to come to terms with the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Cancer Helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.
Cancer information booklets
These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

Cancer support groups
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards.

Patient grants
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial assistance to patients in need. If you would like to request this kind of help contact your oncology or medical social worker at the hospital where you have been treated. He/she should then make the request in writing to the Irish Cancer Society.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.

Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Tel: 01 231 0500
Fax: 01 231 0555
Email: helpline@irishcancer.ie
Website: www.cancer.ie

The Carer’s Association
Prior’s Orchard
John’s Quay
Kilkenny
Tel: 056 772 1424
Freefone 1800 024 0724
Email: ceo@carersireland.com
Website: www.carersireland.com

Comhairle (formerly National Social Services Board)
7th Floor, Hume House
 Ballsbridge
Dublin 4
Tel: 01 605 9000
Email: comhairle@comhairle.ie

Dept of Social and Family Affairs
– Information Service
Áras Mhic Dhiarmada
Store Street
Dublin 1
Tel: 01 874 8444
Email: info@welfare.ie
Website: www.welfare.ie

HARI Unit (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

Health Promotion Unit
Dept of Health and Children
Hawkins House
Hawkins Street
Dublin 2
Tel: 01 635 4000
Website: www.healthpromotion.ie

Irish Nutrition and Dietetic Institute
Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Email: info@indi.ie
Website: www.indi.ie

Irish Patients Association
Unit 1, 21 Church Road
Ballybrack
Co Dublin
Tel: 01 272 2552
Out of Hours Emergency No.: 087 6529448
Email: info@irishpatients.ie
Website: www.irishpatients.ie
Health insurers

BUPA Ireland
Mill Island
Fermoy
Co Cork
Local: 1890 70 08 90
Fax: 025 42122
Email: choices@bupa.ie
Website: www.bupa.ie

VIVAS Health
Paramount Court
Corrig Road
Sandyford
Dublin 18
Tel: 1850 717 717
Email: support@vivashealth.ie
Website: www.vivashealth.ie

Voluntary Health Insurance (VHI)
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
Email: info@vhi.ie
Website: www.vhi.ie

Support groups & support centres

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Bray Cancer Support & Information Centre
36B Main Street
Bray
Co Wicklow
Tel: 286 6966
Email: bscc@iol.ie
Website: www.braycancersupport.ie

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 482615
Website: www.mwhb.ie/cancercentre

CanTeen Ireland
Young Peoples’ Cancer Support Group
c/o Carmichael Centre
Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: canteen@oceanfree.net

Cork ARC Cancer Support House
Cliffdale
5 O’Donovan Rossa Road
Cork
Tel: 021 434 6688
Email: Karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

The Cuisle Centre
Cancer Support Group
2 Park Villas, Harper’s Lane
Mountmellick Road
Portlaoise
Co Laois
Tel: 0502 81492
Email: cuislecentre@eircom.net

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Fax: 041 980 5101
Email: info@garykellycentre.org
Website: www.garykellycentre.org

GREYSTONES CANCER SUPPORT
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: kk@kathleenkelleher.com

Sligo Cancer Support Centre
2A Wine Street
Sligo
Tel: 071 70399
Email: scsg@tinet.ie

HOPE
Enniscorthy Cancer Support & Information Centre
6 Church Street
Enniscorthy
Co Wexford
Tel: 054 38555

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Callsave 1850 719719
Email: info@larcc.ie
Website: www.larcc.ie

Lios Ailbhinn Cancer Support Centre
St Vincent’s University Hospital
Herbert House
St Anthony’s
Herbert Avenue
Dublin 4
Tel: 01 277 3545

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407

Sligo Cancer Support Centre
2A Wine Street
Sligo
Tel: 071 70399
Email: scsg@tinet.ie

Understanding cancer of the oesophagus
South East Cancer Foundation  
7 Sealy Close  
Earls Court  
Waterford  
Tel: 051 876629  
Fax: 051 876718  
Email: infosecf@eircom.net  

The Tuam Cancer Care Centre  
30 Temple Jarlath Court  
High Street  
Tuam  
Co Galway  
Tel: 093 28522  
Email: info@tuamcancercare.ie  
Website: www.tuamcancercare.ie  

Turning Point – Positive Health Centre  
23 Crofton Road  
Dun Laoghaire  
Co Dublin  
Tel: 01 280 7888  
Email: turningpoint@eircom.net  
Website: www.turningpoint.ie  

Useful contacts outside Ireland  

American Cancer Society  
1599 Clifton Road NE  
Atlanta, GA 30329-4251  
Website: www.cancer.org  

Cancerbackup  
3 Bath Place  
Rivington Street  
London EC2A 3JR  
Tel: +44 207 696 9003  
Helpline: +44 207 7392280  
Website: www.cancerbackup.org.uk  

CancerLink UK  
Macmillan Cancer Relief  
89 Albert Embankment  
London SE1 7UQ  
Tel: +44 20 7840 7840  
Email: cancerline@macmillan.org.uk  
Website: www.macmillan.org.uk  

Cancer Research UK  
Website: www.cancerhelp.org.uk  

Macmillan Cancer Line  
Macmillan Cancer Relief  
89 Albert Embankment  
London SE1 7UQ  
Tel: +44 20 7840 7840  
Email: cancerline@macmillan.org.uk  
Website: www.macmillan.org.uk  

Memorial Sloan-Kettering Cancer Center (US)  
Website: www.mskcc.org  

National Cancer Institute (US)  
Website: www.nci.nih.gov  

Royal Marsden Hospital  
Foundation NHS Trust  
Website: www.royalmarsden.org  

The Ulster Cancer Foundation  
40/42 Eglinite Avenue  
Belfast 9BT9 6DX  
Tel: 048 906 63281  
Website: www.ulstercancer.co.uk  

University of Pennsylvania Cancer Center  
Website: www.oncolink.com  

Helpful books  

Cancer at Your Fingertips (2nd edn)  
Val Speechley & Maxine Rosenfeld  
Class Publishing, 2003  
ISBN 1-85959-091-8  

Taking Control of Cancer  
Beverley van der Molen  
Class Publishing, 2003  
ISBN 1-85959-091-8  

The Key Model – A New Strategy for Cancer Recovery  
Dr Sean Collins & Rhoda Draper  
Ardagh Clinic, 2004  

What You Really Need to Know about Cancer  
Dr Robert Buckman  
PAN, 1997  

44½ Choices You Can Make If You Have Cancer  
Sheila Dainow, Jo Wright & Vicki Golding  
Newleaf, 2001  
ISBN 0-71713-222-6  

Understanding cancer of the oesophagus  

179
Frequently asked questions

Here is a list of questions people often ask. There is also some space for you to write down your own questions if you would like to. Never be shy about asking questions. It is always better to ask than to worry.

- How is cancer of the oesophagus diagnosed?
- Will I have to stay in hospital for the tests?
- How long will I have to wait for the test results?
- What are my treatment choices?
- How successful is this treatment for my cancer?
- What are the expected benefits of treatment?
- What possible side-effects or after-effects will I have?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- Will I need extra treatment?
- How long will it take for me to get over the effects of treatment?
- Should I eat special foods?
- Is there anything I can do to help myself during treatment?
- Who do I contact if I have a problem when I go home?
- Is there transport available for my check-up visits to hospital?
- What support services are available to help me cope with my cancer?

Your own questions

1
Answer

2
Answer

3
Answer

4
Answer

5
Answer

6
Answer
Your own questions

7
Answer

8
Answer

9
Answer

10
Answer

11
Answer

12
Answer

13
Answer

14
Answer

15
Answer

16
Answer

17
Answer

18
Answer
Acknowledgements
We would like to extend a special word of thanks to the following people for their invaluable contributions to this booklet:
Eva Copeland, Clinical Nutritionist
Ann Murphy, Clinical Nurse Specialist
Staff at the Brachytherapy Unit, St Luke’s Hospital.

We hope that this booklet has been of help to you. If you have any suggestions as to how it could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If, after reading this booklet or at any time in the future, you feel you would like more information or someone to talk to, please phone our Cancer Helpline Nurses on Freephone 1800 200 700.

Would you like to help us?
The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research.

If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500  Email: info@iriscancer.ie
The Irish Cancer Society
is the national charity for cancer care,
dedicated to eliminating cancer as a
major health problem and to improving
the lives of those living with cancer.