



This information sheet is about long-term and late effects of cancer treatment. Most side effects of cancer treatment get better within a few weeks or months after finishing treatment. For some people, these effects carry on longer or may develop after treatment is finished.

Long-term effects are medical problems that continue for months or years after treatment ends.

Late effects are medical problems that do not develop until months or years after treatment ends. Not everyone who has cancer treatment will have late effects.

People who have the same treatment won't always have the same side effects.

## Types of long-term and late effects

Some of the more common long-term and late effects are:

### Fatigue (extreme tiredness)

This is different to normal tiredness as it doesn't go away with rest or sleep. It may be due to the cancer itself or treatments and carry on for months after treatment finishes. Often, small changes can help you manage fatigue. Try setting small manageable goals. Don't expect too much of yourself. Asking for or accepting offers of help can be hard, but can make life easier. For example, family or friends may be able to help with meals, childcare, or shopping. Research has shown that gentle exercise can boost energy levels and make you feel less tired.

For more information, read our resource "Cancer-related fatigue". Get a copy by contacting your local Cancer Society, read it on our website [www.cancernz.org.nz](http://www.cancernz.org.nz), or phone the staff on the Cancer Information Helpline 0800 CANCER (226 237).

### Neuropathy (tingling or numbness)

Neuropathy is tingling or numbness in a part of the body due to nerve damage, especially in the hands and feet. Some chemotherapy drugs cause

neuropathy. Radiation treatment can be a cause and, in some cases, is not noticed until years after treatment. Ask your doctor about your risk of developing neuropathy.

Recovery can be helped by good nutrition (healthy eating) and using pain medication for nerve pain. Often, physiotherapy and occupational therapy can help.

### Memory and concentration changes

Problems with thinking, memory and concentration can happen after surgery, for example, the removal of a brain tumour. Some people notice mild changes with chemotherapy. This is sometimes called "chemo brain". It usually improves with time after treatment finishes, but can make your daily life and your ability to work more difficult. Stress and anxiety can also make these changes worse.

### Lymphoedema

Lymphoedema is swelling of a part of the body where lymphatic drainage has been affected by treatment, such as surgery and radiation treatment. For more information, read our information sheets "Understanding lymphoedema" and "Living with lymphoedema".

### Heart and lung problems

Heart and lung problems in people who have had cancer treatment are most often caused by radiation treatment to the chest and chemotherapy or both. Problems may include weakening of the heart muscle and thickening of lung tissue. People aged 65 or older and those who had high doses of some chemotherapy drugs have a higher risk of heart problems. Talk with your doctor about your risk.

### Hormone problems

Chemotherapy, radiation treatment, surgery and hormone treatment can cause:

- damage to both the male and female reproductive system, which may cause hot flushes, sexual dysfunction, weight gain, increased

cholesterol or blood pressure, mood change, osteoporosis (thinning of the bones), and early menopause

- infertility for both men and women (not being able to conceive a child or maintain a pregnancy). For more information, read the Cancer Society's booklet *Sex and cancer* and the information sheet "Early menopause and cancer".

## Bone and joint problems

Osteoporosis is a condition that causes your bones to weaken and become fragile (break easily). Some cancer treatments can increase your risk of developing osteoporosis, such as hormone treatments for breast or prostate cancer. Hormone treatments block the body's normal level of oestrogen. A lack of oestrogen can cause osteoporosis. To lower your risk:

- have a good diet with plenty of calcium and vitamin D
- limit the amount of alcohol you drink
- don't smoke
- talk to your doctor about which type of exercise is right for you, for example walking may be helpful
- for some people it is appropriate to start on calcium supplements, vitamin D or other bone strengthening drugs - but check with your doctor first.

## Dental, hearing and vision problems

Chemotherapy and radiation treatment to the head and neck can affect tooth enamel and increase the risk of long-term dental problems. For more information, read our booklet *Living with dry mouth* and information sheet "Coping with sore mouth, dry mouth or mouth infections".

Some types of chemotherapy drugs can cause hearing problems, such as tinnitus (ringing in the ear).

Steroid medications may increase the risk of eye problems, such as cataracts (clouding of the eye).

## Bowel or bladder problems

Chemotherapy, radiation treatment and surgery can cause problems with the bowel and bladder:

- Surgery and/or radiation treatment to the pelvis can lead to tissue scarring, chronic (long-term) pain, bowel problems or bladder irritation (needing to go to the toilet often).
- Some people who have had cancer treatment may have chronic diarrhoea because their body can't absorb food properly. Talking to a dietitian about this may be helpful.

For more information, read our booklet *Bowel cancer and bowel function: A guide for people with bowel cancer* or our information sheet "Constipation, diarrhoea and flatulence".

## Feeling low or depressed

Some people who have had cancer treatment struggle with how they are feeling. Others say that they have a renewed outlook on life because of their cancer. When you were diagnosed you might have focused completely on your treatment and getting healthy. Now that you've completed treatment, don't feel you need rush back into everyday life. Try exercising, talking with other people who have had cancer, and take time for activities that you enjoy.

For some people, feelings of sadness and anger after cancer treatment may continue and lead to being depressed. Tell your doctor about your feelings, they can arrange for you to see a counsellor or give you advice on other resources available in your community. They may also prescribe some medication if these feelings don't go away.

## Second primary cancer

Some people are at risk of developing a second cancer due to their treatment. Some chemotherapy drugs and radiation treatment may cause genetic damage to normal cells, which may lead to those cells becoming cancerous later on. The risk is thought to be small. People can have more than one cancer during their life. Cancer is a very common disease, and not all second cancers are due to cancer treatment. Talk to your doctor about your risk of developing a second cancer.

## After finishing treatment

After finishing treatment, it can be helpful to have a written record with details of your cancer diagnosis, treatments and an ongoing plan of care. This will provide other health professionals you may see with a

good knowledge of your cancer.

## Self-care after you have been treated for cancer

Suggestions include:

- not smoking
- avoiding over-exposure to Ultra Violet Radiation (UVR) from the sun and sunbeds
- maintaining a healthy body weight
- staying active
- eating a diet high in fruit and vegetables
- avoiding or limiting alcohol
- undergoing recommended screening for different cancers.

If you have anything you're worried about it's always best to get it checked out rather than worry about it. Visit your GP or speak to your cancer doctor.

## Questions you may wish to ask your doctor

What can I do to reduce the chance of the cancer coming back?

Why do I need check-ups?

What happens during check-ups?

How often will I need to come for a check-up?

Do check-ups show up problems if there are any?

What symptoms should I look out for?

How long will it be before I can get on with living my life again without always thinking about my cancer?

What should I do if I have any new symptoms before my next check-up?

Who can I contact for support?