Managing the symptoms of cancer

About this booklet

This booklet is about some of the symptoms you may have if you have cancer. It explains ways to help you manage them. You are unlikely to have all the symptoms described.

Talk to your doctor or nurse about your symptoms. They can arrange for any help and treatment you need. Most symptoms can be controlled with the help of your healthcare team, family and friends.

Some symptoms may only happen with certain cancers. You may want to read this booklet alongside our information about the type of cancer you have. We have more information at **macmillan.org.uk/cancer-types**

Some symptoms may be caused by treatments for cancer. We have separate information about this in our booklet and audiobook **Side effects of cancer treatment** (page 106).

We hope this booklet helps answer some of the questions you may have. If you find it helpful, you may want to share it with family and friends. They may also want information to help them support you.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready. On pages 112 to 122, there are details of other organisations that can help. There is also space to write down questions and notes for your doctor or nurse on pages 123 to 124.

Quotes

In this booklet, we have included quotes from people about their cancer symptoms. These people have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Contents

Fatigue and sleep problems

Fatigue (tiredness)

Fatigue means feeling very tired or exhausted most or all of the time. Cancer and cancer treatments can cause fatigue. Fatigue is common in people with cancer. Most people will experience it at some point.

Some cancers can cause a low number of red blood cells. This is called anaemia. It can cause fatigue.

It is important to talk to your doctor or nurse about how you are feeling. Tell them about any signs of fatigue, as there may be things they can do to help. For example, they may be able to treat some of the causes of fatigue, such as anaemia.

> **"Side effects from chemo can vary so much from person to person. But no doubt for me the fatigue was the worst. No matter how much sleep you get, you still feel tired. But it is totally doable – it's tough, but there are more good days than bad."**
>
> Louise, diagnosed with breast cancer

Other causes of fatigue can include:

- feeling or being sick (pages 22 to 23)
- pain (pages 14 to 17)
- other health conditions, such as diabetes or heart problems
- trouble sleeping (pages 10 to 11)
- your emotions (pages 76 to 79).

Fatigue can have a big impact on your everyday life and how you feel overall. Talk to your healthcare team, as there are things they can do to help.

Your local hospital or hospice may offer courses on managing tiredness. Your doctor, nurse, occupational therapist (OT) or physiotherapist can talk to you about this.

We have more information about fatigue in our booklet and audiobook **Coping with fatigue (tiredness)** – page 106.

What you can do that may help

- Spread tasks out over the week. If you have a big task, break it down into smaller, easier ones.
- Try to plan your day so that you have energy to do the things you want to do most. For example, you may want to do tasks in the morning if this is when you feel less tired.
- Ask for help with childcare, housekeeping, shopping and preparing meals. Friends and relatives may want to help and are usually pleased to be asked.
- Think about arranging your home to make life easier. For example, you might find it easier to sleep in the room closest to the bathroom. Or you could arrange your kitchen to make preparing meals easier. An occupational therapist (OT) can help you plan this and provide gadgets to make things easier.
- Do your shopping online and have it delivered.
- Listen to audiobooks if you are too tired to read.
- If you work, talk to your employer or human resources (HR) department and tell them that you may need time off. They can also make changes to your working pattern or role to make work less tiring. These are called reasonable adjustments.
- Some people find that complementary therapies can help them cope with fatigue. We have more information about complementary therapies in our booklet and audiobook **Cancer and complementary therapies** (page 106).

Physical activity

There is good evidence that physical activity is one of the best ways to help reduce the symptoms of fatigue.

Before you start doing any physical activity or increase the amount you do, get advice from a healthcare professional. They can advise you on the type and amount of activity that is safe for you. Talk to them about any other medical conditions you have, such as high blood pressure, diabetes or lung problems. These may be affected by physical activity.

We have more information in our booklet and audiobook **Physical activity and cancer** (page 106).

Sleep problems (insomnia)

Many people with cancer have problems with sleeping (insomnia) at some point. Different things can cause sleep problems – for example, worry and anxiety. But you might also have sleep problems because of the cancer or your cancer treatment.

Things that may affect your sleep include:

- pain (pages 14 to 17)
- breathlessness (pages 36 to 41)
- worry, anxiety, depression or other emotions (pages 76 to 79)
- being uncomfortable or feeling unwell (pages 22 to 23)
- sleeping during the day or not being active during the day (pages 6 to 9)
- taking medicines that affect sleep, such as steroids (pages 82 to 83).

Talk to your doctor, nurse or pharmacist if you have pain or breathlessness. They can advise you and suggest treatments and painkillers to help. You might need different painkillers that last longer at night.

We have more information about managing pain and breathlessness in our booklets and audiobooks (page 106):

- **Managing cancer pain**
- **Managing breathlessness**.

Treating insomnia with sleeping tablets

If insomnia is making your life difficult, it can sometimes help to take a short course of sleeping tablets. Sleeping tablets are usually only prescribed for a few days or weeks.

If you think sleeping tablets may help, talk to your doctor. They can advise whether sleeping tablets might be suitable for you.

What you can do that may help

- Try to maintain a sleep routine. Go to bed when you feel sleepy and try to sleep for the same number of hours each night. If you usually have naps, try to take a short nap early in the day, as this is less likely to affect sleep at night.
- Physical activity can help with sleep. Try regular, short walks or a little gentle gardening. But make sure you have time to relax before bed.
- Keep your bedroom comfortable and relaxing. Keep it quiet, dark and at a comfortable temperature.
- Keep your bedroom for sleeping. Go to another room if you feel wide awake in the night. You can then go back when you feel sleepy. If you nap during the day, it can help to go to your bedroom to do this.
- Avoid screens before bed – for example, mobile phones, laptops and tablets. Using these can make your brain more active, which may delay sleep.
- Try having a light snack, warm milk or a hot drink before going to bed. Avoid larger amounts of food or lots of fluid.
- Try to avoid food and drink that contains caffeine and sugar. This includes coffee, tea, cola and chocolate.

Pain

Managing pain

Many people with cancer have pain at some time. Pain may be caused by the cancer:

- pressing on tissues or nerves
- pressing on bone or an organ nearby
- blocking a part of the body and stopping it from working normally – for example, the bowel.

Not all pain is caused by the cancer. If you have cancer, you may have pain for other reasons. For example, you may have muscle weakness, which can cause joint pain. It is important to talk to a member of your healthcare team about any pain you have.

There are 2 types of pain:

- Acute pain often starts suddenly. It can be caused by things such as an infection. It usually stops when the cause of the pain has been treated or tissue in the area has healed.
- Chronic pain lasts for longer, often for weeks or months. It may be caused by the cancer itself or by an ongoing side effect or late effect of cancer treatment.

Pain is very personal. Everyone's experience with pain is different. Other things can affect how we feel pain. For example, pain may feel worse when we are tired or finding things difficult at home. Emotions such as anxiety and depression (pages 76 to 79) can also make pain feel worse.

Who can help?

Many people can help with managing pain. Different people in your healthcare team may all be involved in managing pain. Many hospitals have a pain team, which includes doctors specialising in pain medicine, and specialist nurses.

Palliative care doctors and nurses are experts in pain. They may help people in hospitals, hospices and the community. Your doctors may suggest you stay in a hospice for a short time to have your pain treated.

As well as doctors and nurses, you may also get help from:

- physiotherapists or occupational therapists (OTs) – they can help with practical things, such as providing equipment to help make you comfortable
- counsellors or psychologists – they can help you manage the emotions that may make your pain worse.

Ways to manage pain

Describing your pain will help your healthcare team find the best way of treating it. You might find using a symptom diary helpful (pages 86 to 91).

Sometimes treatment for the cancer can help reduce the pain.

Pain is usually treated with painkillers which you can have:

- as tablets, capsules or liquids
- as nasal sprays
- as skin patches or gels
- as suppositories into the back passage (bottom)
- as injections
- a continuous dose from a small, portable pump (syringe pump) into a fine tube just under the skin.

You may only need to take painkillers when you have pain. But you may need to have regular painkillers. This is to keep pain well controlled.

Your healthcare team will assess your pain. They will prescribe the best painkillers to help control it. Keep a record of any painkillers and whether they work well for you or not. It is important to take painkillers exactly as you have been advised to. This will help them be as effective as possible.

Your healthcare team may suggest other treatments to help manage pain.

What you can do that may help

Here are some other things that can help manage pain:

- Talk openly with your healthcare team about the pain. Describe where it is and what it feels like. Tell them what makes it better or worse.
- Talking can help, as pain can affect how you feel. You could talk to a partner, friend or family member. You can also talk to your healthcare team, GP or palliative care nurse.
- Do things to help take your mind off the pain. This might be watching TV or a film, listening to music or having a visit from friends or family.

We have more information in our booklet and audiobook **Managing cancer pain**.

You can order our booklets and leaflets for free. Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Mouth and eating problems

Poor appetite

Some types of cancer can cause you to have a poor appetite or feel full soon after starting to eat.

Talk to your doctor or nurse if you find it difficult to eat enough or have no appetite. They can refer you to a dietitian. If you are not in hospital, your GP or district nurse may be able to refer you to a community dietitian. They can visit you at home.

A dietitian can advise you on which foods are best for you and whether any food supplements would be helpful. Your GP or a dietitian can prescribe these for you.

Some medicines can help stimulate your appetite. These include a low dose of steroids or the hormone medroxyprogesterone. Your doctor may prescribe these for you.

If you have advanced cancer, you may feel tired and weak. You may find that your body is not able to absorb food very well. In this case, it is best to eat what you want when you feel able to.

If you can, ask your family and friends to help with cooking. Then you will not be too tired to eat by the time your meal is ready. If you need more help, talk to your GP, community nurse or a social worker. They may be able to arrange for you to have meals delivered or for someone to help you prepare food.

What you can do that may help

- Have smaller meals more often. Use a smaller plate and make your food look attractive to eat.
- Keep snacks nearby to eat between meals. These can include nuts, crisps, dried fruit or cheese and crackers. If you need something softer, try yoghurt, peanut butter or fromage frais.
- If you have lost weight, add extra calories to your food. You could add butter, full-fat milk or cream.
- Have nourishing drinks as well as small meals. These might include milkshakes, yoghurt drinks or fruit juices.

We have more information and tips to help gain weight in our booklet and audiobook **The building-up diet** (page 106).

Feeling sick (nausea)

Some cancers can make you feel sick (nausea) and be sick (vomit). Sickness can also be caused by:

- pain (pages 14 to 17)
- some stomach problems
- some cancer treatments or other medicines (pages 82 to 83)
- changes in levels of blood chemicals – for example, raised calcium levels.

Your doctor will want to find the cause of the nausea so they can treat it.

Anti-sickness drugs can help prevent nausea and vomiting. Your cancer doctor, nurse, pharmacist or GP can prescribe these for you. Tell your healthcare team if the drugs are not helping. They can prescribe a different type.

Anti-sickness drugs work better when you take them regularly. Some anti-sickness drugs can make you constipated. Let your doctor or nurse know if this happens.

Anti-sickness drugs are usually given as tablets you swallow. You can also have them as:

- a tablet that dissolves in your mouth
- an injection
- a skin patch
- a suppository into the back passage (bottom)
- a continuous dose from a small, portable pump (syringe pump) into a fine tube just under the skin.

What you can do that may help

- Avoid eating or preparing food when you feel sick. If possible, ask someone else to cook.
- Avoid fried foods and foods with a strong smell. Eat cold or warm food if the smell of hot food makes you feel sick.
- Prepare small meals and eat little and often.
- Try eating in a room where there is plenty of fresh air.
- Try food or drinks containing ginger or peppermint, as they can help with nausea. These include ginger or peppermint tea, crystallised ginger and ginger biscuits.
- Try having drinks between meals rather than with your food.
- Some people find complementary therapies helpful, such as relaxation and acupuncture.

We have more information about complementary therapies in our booklet and audiobook **Cancer and complementary therapies**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Indigestion and heartburn

Indigestion is discomfort in the upper part of the tummy (abdomen). It usually happens after eating. It often happens when stomach acid irritates the lining of the stomach or the top part of the bowel.

You may get indigestion if you:

- have a small stomach
- do not eat or drink much
- do not move around very much.

Sometimes the stomach may produce too much acid. Other causes of indigestion are:

- drugs such as steroids or anti-inflammatory painkillers
- some cancer treatments, such as chemotherapy
- anxiety, which can sometimes cause indigestion or make it worse.

Heartburn is a burning feeling behind the breastbone. It is caused by acid from the stomach irritating the lining of the gullet (oesophagus). Some foods and medicines can cause heartburn. It may also happen if your tummy is very swollen. Lying flat or wearing tight clothing around the waist can make heartburn worse.

Treatment for indigestion and heartburn depends on the cause. Your healthcare team can tell you more. There are things you can do to help manage indigestion and heartburn.

What you can do that may help

- Avoid food or drinks that cause you discomfort. These might include alcohol, fatty and spicy foods, fizzy drinks, chocolate, chewing gum or hard-boiled sweets.
- There are medicines that can help. Talk to your healthcare team about what might be best for you. Antacid medicines may help. You can buy these at your local pharmacy or supermarket.
- If you have a small stomach, it can help to avoid drinking at mealtimes.
- Eat small meals and snacks throughout the day, instead of 3 big meals. Try to relax and not do too much for at least 45 to 60 minutes after eating.
- Avoid eating, or drinking tea or coffee, for 3 to 4 hours before going to bed.
- Sleep with your upper body raised on pillows.

We have more information about eating problems and cancer:

- in our booklet and audiobook **Eating problems and cancer**
- on our website at **macmillan.org.uk/eating-problems**

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Hiccups

Hiccups are a sudden movement of the diaphragm. This is the sheet of muscle that separates the chest from the upper tummy. You cannot control hiccups.

Mild hiccups are common. They usually only last for a few minutes and do not need treatment. But some people have hiccups that keep coming back or last for days. Hiccups that last for a long time can be distressing and uncomfortable. They can affect your daily life. For example, they can make eating, drinking and sleeping difficult. Tell your doctor if hiccups are affecting your life.

There can be different reasons why people get hiccups. These include:

- a full (bloated) stomach
- irritation to the diaphragm
- an enlarged liver
- a change in the levels of certain chemicals in the blood
- some medicines.

Treatment for hiccups

Treatment for hiccups depends on the cause. There are different medicines that your doctor can prescribe. They work in different ways. If your doctor prescribes you a drug to treat hiccups, tell them if it does not help within a few days. They can change the dose or try another drug that may help.

What you can do that may help

There are many different home remedies that help some people stop hiccups. These include:

- sipping iced water
- biting into a lemon
- drinking from the far (opposite) side of a cup
- swallowing a teaspoon of sugar
- breathing into a paper bag
- holding your breath.

Sore mouth and throat

You may have a sore mouth if you:

- have low immunity, which means you are more likely to get an infection
- have an infection of the lining of your mouth or throat
- are not able to eat a healthy diet
- have had certain cancer treatments.

Some people develop a mouth infection called thrush (candidiasis). This is a fungal infection. Thrush can coat your tongue, the inside of your cheeks and the back of your throat. It looks red with white patches. Your doctor can prescribe an antifungal medicine to help.

If your mouth or lips are sore, your doctor can check for signs of infection. They will prescribe treatment if needed. Tell your doctor if your symptoms do not get better with treatment.

If you think mouth pain might be related to a tooth, talk to your cancer team before seeing your dentist.

Always tell your healthcare team if mouth pain is making it difficult to eat or talk. They can give you medicines to help.

What you can do that may help

- Follow a good mouth care routine (page 33).
- If your healthcare team prescribes a mouthwash or other treatments, use them exactly as they tell you.
- If your toothpaste stings, talk to your cancer nurse or a dentist. They may recommend a different type to help reduce soreness.
- If you wear dentures, you may find it easier to leave them out for a while. This stops them rubbing against your gums. If you have lost weight, your dentures may not fit any more and you may need new ones. Ask your cancer nurse or doctor for advice.
- Drink plenty of fluids, especially water. If fruit juices sting your mouth, try less acidic juices – for example, blackcurrant or rosehip syrup.
- Cold food and drinks may be soothing. Try eating ice cream or milk jellies, or try adding crushed ice to drinks.
- Use gravy and mild sauces to make your food moist, softer and easier to swallow.
- Salty, spicy or acidic food may irritate your mouth, but some people may still enjoy these foods.
- Drink through a straw to avoid irritating sore parts of your mouth.

Dry mouth

Some people have a dry mouth because they produce less saliva or they breathe more through their mouth. Lack of saliva can increase the risk of tooth decay or infections.

A dry mouth can be caused by:

- oxygen treatment
- radiotherapy to the head and neck area
- certain drugs
- feeling anxious.

A dry mouth can be uncomfortable and change the way your food tastes. Your doctor can check your medicines to see if any of them are causing your dry mouth. You may be able to have a different drug instead.

Your healthcare team may suggest you use a saliva substitute. These are available as gels, sprays, pastilles or lozenges. Your doctor can prescribe them for you. Or they may suggest a drug to stimulate your mouth to produce saliva.

If you have a dry mouth for a long time, you have a higher risk of dental problems. It is important to visit your dentist regularly. Some dentists will visit you at home if you cannot go to the surgery.

What you can do that may help

- Follow a good mouth care routine (page 33).
- Mouthwashes can help keep your mouth clean and moist. Avoid any that contain alcohol or glycerine. These can dry the lining of your mouth.
- Take frequent sips of water. This can help keep your mouth moist. Keep a glass of water by your bed and carry water with you when you go out.
- Use a lip balm to protect your lips. You need to use a water-based lip balm if you are having radiotherapy or oxygen therapy.
- Add moisture to make food easier to swallow, especially with dry and starchy foods such as bread, biscuits, crackers and potatoes. For example, moisten foods with gravy, sauces, extra oil, salad dressing, yoghurt, mayonnaise or butter.
- Chew sugar-free gum. This can help you produce more saliva.
- Try to avoid foods that can irritate a dry mouth. This includes spicy, salty or hard and crunchy foods, or citrus fruits.
- Avoid toothpastes with foaming agents in them. These can make your mouth dry. Ask your doctor or nurse for advice.

Mouth care routine

Following a regular mouth care routine can help prevent or reduce mouth problems. Your doctor or nurse may advise you about a routine to follow.

The following is an example:

- Brush your teeth and gums 2 to 4 times a day, preferably after meals and before going to bed. Use a small, soft-bristled toothbrush or children's toothbrush and fluoride toothpaste. Replace your toothbrush regularly.
- Use a mouthwash to rinse your mouth at least 4 times a day, preferably at a different time from brushing your teeth. If your healthcare team prescribes a mouthwash, use it as advised.
- If you have dentures, rinse them after each meal. Clean your dentures by brushing with soap and water at least 2 times a day. At night, clean and dry them, then store in a covered container.
- Keep your lips moist by using Vaseline® or a lip balm. You need to use a water-based lip balm if you are having radiotherapy or oxygen therapy.

Breathing difficulties

Breathlessness

Breathlessness can be a common and distressing symptom to cope with. There are many different causes. Some of these are:

- a chest infection
- cancer affecting the lungs
- anaemia – a low level of red blood cells in your blood
- pulmonary oedema – a build-up of fluid in the lungs
- pleural effusion – a build-up of fluid between the 2 membranes that cover the lungs (the pleura)
- ascites – fluid in the tummy (abdomen)
- smoking tobacco – this makes breathlessness worse because the smoke causes irritation and inflammation of the airways.

Sometimes there is more than 1 cause.

Feeling breathless can make you feel anxious and panicky. This can cause fast, shallow breathing, which can make you even more breathless. Breathing and relaxation techniques can help you feel more in control of your breathing (page 38).

Talk to your nurse or doctor about help and support if you want to stop smoking. The NHS has information about stop smoking services (page 119). You can also call our cancer support specialists for more information.

Call the Macmillan Support Line free on
0808 808 00 00, 7 days a week, 8am to 8pm. ☎

Treatments for breathlessness

Treatment for breathlessness can depend on the cause. Different causes may need different treatment.

Medicines

There are different medicines that may help with breathlessness. Your GP or cancer doctor may prescribe:

- antibiotics – if you have a chest infection
- steroids – these can reduce inflammation in the lungs
- very small doses of painkillers, such as morphine – these can help with breathlessness even if there is no pain
- sedatives – these may relieve anxiety and help with breathlessness
- drugs called diuretics – these help you pass more urine (pee) and can help if you have too much fluid in or around your lungs
- drugs called bronchodilators – these help widen the airways and increase air flow.

You may have bronchodilators as tablets. But you usually have them through an inhaler or a nebuliser. A nebuliser turns liquid medication into a fine mist. You breathe this into your lungs through a face mask that connects to the nebuliser by a tube.

You may be prescribed salt water (saline) through a nebuliser. This can loosen sticky phlegm (mucus).

Oxygen therapy

Oxygen therapy may help if you have low oxygen levels in your blood. You breathe in oxygen through a face mask or through small tubes that sit under the nostrils. These are called nasal cannulas. If you need oxygen at home, your doctor will arrange this for you.

Breathing and relaxation techniques

A physiotherapist or occupational therapist (OT) can help you learn techniques to manage breathlessness. Practising these techniques when you are not too breathless will make them easier to do when you are. A physiotherapist or OT can also give you equipment and advice to help make tasks easier.

Other treatments

If you have anaemia, your doctors may recommend a blood transfusion. They may talk to you about other treatments or ways of managing your anaemia.

If you have a pleural effusion or ascites (page 73), your doctor can drain the fluid from your chest or tummy. They do this by putting a small tube into your chest or tummy. This drains the fluid into a drainage bottle. It will make breathing easier.

We have more information about pleural effusion and ascites online at:

- **macmillan.org.uk/pleural-effusion**
- **macmillan.org.uk/ascites**

> "Physically I felt drained and got easily breathless. What helped me the most and gave me peace was my faith and prayers. Also maintaining my friendships and family relationships helped me get through the good and the bad times."

Marja, diagnosed with breast cancer

What you can do that may help

There are things you can do to help make breathing easier:

- Make a plan of things that help when you are breathless. This can help you feel more in control and reassured.
- Sit in a comfortable position that supports your upper chest muscles. For example, try sitting in a chair with your back upright. Or sit forward with your elbows leaning on your thighs.
- In bed, try to sit up with your head and back supported by pillows. This will make it easier to breathe.
- Having cool air on your face may help ease breathlessness. Sit in front of an open window or hold a fan about 15cm (6 inches) away from your face. Many people usually notice a difference within a few minutes.
- Sit down to do everyday tasks like washing, dressing and preparing food. If you can, keep things you use often at waist height. An occupational therapist (OT) can help with planning this and provide gadgets to make everyday life easier.
- Try using a baby monitor or mobile phone to talk to people in other rooms. You can also set up smart speakers to work as an intercom system. Then you will not have to shout or get up.

Your local hospital or hospice may run a breathlessness service, where you can get further advice and support.

Coughing

Coughing helps to clear our airways. But a cough that does not go away can be distressing and tiring. It can make your daily life harder. For example, it may affect your sleep or feel embarrassing in public.

Different things can cause a cough. A cough may be a:

- sign of a chest infection
- symptom of a cancer in the lungs or close to the lungs
- late effect of radiotherapy to the chest.

Always tell your healthcare team if you have a cough so they can find out the cause. This means they will know the best way to treat it.

Tell your doctor straight away if you cough up any blood. You may have tests to find out what is causing the bleeding.

Treatments for cough

The treatment for a cough will depend on the cause. For example, if you have a chest infection, your doctor will prescribe antibiotics.

If your cough is caused by the cancer, then treating the cancer may help. This may be with radiotherapy, chemotherapy or other cancer treatment.

Sometimes a cough and breathlessness can be caused by inflammation or scarring (fibrosis) in the lungs. This can be a late effect of radiotherapy to the chest area. Your doctor may prescribe steroids to treat this.

If you have a dry, irritable cough, your healthcare team may prescribe a cough syrup to help. You can buy some cough medicines at a pharmacy or supermarket. Talk to your doctor or pharmacist before you buy anything to help with a cough.

Codeine and morphine are drugs that are usually used to control pain. But they can also be used to treat an ongoing cough, even if you do not have pain.

What you can do that may help

- Make sure you drink enough. Drinking plenty of fluid can make mucus thinner.
- Always tell your doctor or nurse if your cough gets worse, or if you start coughing up yellow or green mucus (phlegm). You may have an infection and need antibiotics.
- If you find it difficult to cough up mucus, a physiotherapist may be able to show you ways to make that easier. Ask your doctor about seeing a physiotherapist.
- Sometimes inhaling steam or breathing in salt water (saline) through a nebuliser can help (page 37). This can help clear thick mucus from the airways.
- Relaxation exercises may help you manage a cough.

Bladder and bowel changes

Constipation

Constipation means that you are not able to pass stools (poo) as often as you normally do. It can become difficult or painful.

Constipation is a common problem. Many people find it difficult to talk about. As a general guide, you should tell your cancer team if you have not passed stools at least 3 times during the last week, or if you are having less regular bowel movements. They can give you advice and treatment.

Signs of constipation include:

- having bowel movements less regularly
- your stools becoming harder
- pain when you empty your bowel (poo) or having to strain
- feeling like you have not emptied your bowel, but being unable to pass any more stools
- feeling bloated or uncomfortable in the tummy
- feeling sick.

Constipation can be caused by:

- a lack of fibre in your diet
- not drinking enough
- not being active
- some cancer treatments
- some medicines – for example, strong (opioid) painkillers, such as morphine and codeine, iron tablets and some anti-sickness drugs
- high levels of calcium in the blood.

If you have constipation, your doctor, nurse or pharmacist might recommend a laxative. Laxatives are medicines used to treat constipation. There are different types. If you are taking painkillers regularly, you may need a laxative to help prevent constipation.

What you can do that may help

- Try to have plenty of fibre in your diet, unless your healthcare team tells you differently. You can get fibre from wholegrain bread and cereals, as well as from vegetables and fruit with their skin on. Fibre is also in bran and seeds.
- Try to drink at least 2 litres (3½ pints) of fluid a day, unless your healthcare team tells you differently.
- Try to do regular gentle exercise, such as walking. This will help keep your bowel moving.
- Try natural remedies for constipation. These include apricots, dried fruit, prunes, prune juice and syrup of figs.

If you are taking opioid painkillers, you usually need to take a regular laxative. It is always best to check with your healthcare team. You may have specific needs relating to your cancer type or treatment.

If you have cancer of the gullet (oesophagus) or bowel, always ask your doctor, nurse or pharmacist before having fibre. They can give you specific advice about dealing with constipation. We have more information in our booklets (page 106):

- **Understanding oesophageal cancer**
- **Understanding rectal cancer**
- **Understanding anal cancer**
- **Understanding colon cancer**.

Diarrhoea

Some cancers can prevent food from being absorbed properly in the bowel. This can cause diarrhoea. Diarrhoea means passing more stools (poo) than you normally do, or having watery or loose stools. If you have a stoma, it will be more active than usual.

Some cancer treatments or medications, such as antibiotics, can cause diarrhoea. It can also be caused by an infection.

Diarrhoea may be a temporary, mild problem. But if it is severe, some people can become very unwell and need a doctor to help manage it.

It is important to tell your cancer team if you have diarrhoea. Also tell your cancer team if diarrhoea is getting worse or treatment is not helping. It is important to follow any advice your cancer team give you.

Sometimes severe constipation can be mistaken for diarrhoea. If hard stools block the bowel, liquid sometimes passes around it. This is called overflow. It can look like diarrhoea.

What you can do that may help

- Cut down on fibre from cereals, fruit and vegetables.
- Avoid milk and dairy products, unless your cancer team recommends yoghurt to help with bowel problems.
- Drink plenty of fluids, but avoid alcohol and coffee. Also avoid fizzy drinks, which can cause wind and stomach cramps.
- Eat small, frequent meals of light food – for example, white fish, chicken, eggs, white bread, pasta and rice. Avoid spicy or high-fat food.
- Eat your meals slowly.

It is always best to check with your healthcare team, as advice can vary.

You may have specific needs relating to your cancer type or treatment. Your cancer team can give advice that is suitable for you.

Bowel incontinence

Some people with cancer have difficulty controlling their bowels. You may have some leaking of stools (poo) or be unable to get to the toilet in time. This is called bowel incontinence or faecal incontinence.

Bowel incontinence can be caused by the cancer. Or it can be a side effect of cancer treatment.

You may find bowel incontinence difficult to talk about. But your cancer team are used to talking about it and can support you. They can refer you to a continence specialist for advice, support and supplies such as pads.

We have more information in our booklet **Managing the late effects of bowel cancer treatment** (page 106).

What you can do that may help

- Some food may trigger bowel incontinence. Or it may happen 30 to 60 minutes after eating. Keep a diary to help you discover if there is a pattern.
- If you are going out, use the toilet before you go. Take clean-up supplies and a change of underwear.
- Learn where the public toilets are when you go out.
- If you are going to the cinema or theatre, book a seat on the end of a row or at the back. This means you can get to the toilet more easily.
- Find out about toilet key and toilet card schemes to help you access toilets when you are out. You can order a Macmillan toilet card and leaflet from **orders.macmillan.org.uk**
- Use exercises to strengthen the muscles used for bowel control (pelvic floor exercises).

You can get more information about products and services from Bladder & Bowel UK and the Bladder and Bowel Community (page 112).

Products for bowel incontinence

There are different types of pads you can wear during the day and at night. Pads and pants with charcoal linings may help to reduce any smell from leaking or wind. There are also pads you can use to cover your bed or chairs.

You can also use anal plugs. These can be inserted into the back passage (bottom) to stop bowel leakage. There are different types.

Your continence adviser can help you choose products that suit your needs and show you how to use them.

Bladder problems

Some cancers can cause bladder problems. These problems might include:

- needing to pass urine (pee) more often than usual (frequency)
- being unable to wait to empty your bladder (urgency)
- blood in your urine (haematuria)
- pain in the pelvic area.

Sometimes bladder problems are caused by an infection. Tell your nurse or doctor if:

- you have a burning feeling or pain when you pass urine (cystitis)
- your urine (pee) is cloudy or smells strongly.

They can test a sample of your urine and treat any infection with antibiotics.

Sometimes cancer can press on or block the tube that you pass urine through (urethra). This can cause bladder problems, such as leaking (incontinence) or difficulty passing urine (retention).

Rarely, a tumour pressing on the nerves in the spine can cause nerve damage. This can lead to incontinence or retention.

If you find it difficult to pass urine, a nurse may pass a thin, flexible tube called a catheter into your bladder. It drains urine from the bladder. It is connected to a bag, which can be attached to your leg. The catheter can stay in place for as long as you need it.

Your nurse may teach you how to pass a catheter into your bladder to drain it. If you have a carer, the nurse may also be able to teach them how to do this. When your bladder is empty, the catheter is removed. This is called intermittent catheterisation.

Bladder problems are often temporary and improve over weeks or months. Pelvic floor exercises can be helpful. They help retrain the muscles involved in bladder control. A continence nurse or physiotherapist can tell you more about these.

Your doctor may prescribe drugs to help with bladder problems. If the symptoms do not improve over several months, you may be offered surgery to improve your bladder control.

Urinary incontinence

If you have difficulty controlling when you pass urine, tell your doctor or nurse. They can do an assessment and arrange treatment or support. Sometimes your doctor may refer you to a specialist continence adviser.

There are continence products that can help. Your district nurse or continence adviser can arrange supplies for you. You may need to pay for these.

Incontinence can be more difficult to cope with if you have to stay in bed. If this happens, a nurse can put in a catheter. This can make you more comfortable and help to protect your skin.

What you can do that may help

- Avoid drinks such as tea, coffee, cola and alcohol. These can irritate your bladder and may make symptoms worse.
- If you find it difficult to get to a toilet quickly, keep a bed pan or urine bottle close by your bed at night. Or you could use a chair with a toilet hidden underneath. This is called a commode. You may want to keep a bottle in the car.
- Try to avoid constipation (pages 46 to 47). This can make bladder problems worse.
- If you smoke, try to cut down or stop. Smoking can make the symptoms of bladder irritation worse. The NHS has information about stop smoking services (page 119).
- You can get more information about products and services from Bladder & Bowel UK and the Bladder and Bowel Community (page 112).

Products for bladder incontinence

Pads and pull-ups have a layer that absorbs urine (pee) so your skin stays dry. Some are made to go inside your underwear and others you wear instead of underwear. You can also buy pads to cover your bed. It is best to avoid using sanitary pads because they are made differently. Sanitary pads stay damp, which may make your skin sore.

A urinary sheath fits over the penis like a condom. It has a self-adhesive strip to keep it in place. The sheath has an outlet that you connect to a bag to collect urine. You strap the bag to your leg. You can buy underwear with a built-in pocket to hold the bag. Your continence adviser can help you choose products and show you how to use them.

Changes to skin

Itching

Itching is a common symptom of cancer. It may affect just 1 area but can affect all of the body.

People with cancer might have itching for different reasons. These include:

- dry skin
- chemicals released by the cancer – this can happen with some cancers of the blood
- medication – for example, the painkillers morphine and diamorphine
- jaundice (pages 64 to 65)
- kidney and liver problems.

Itching may not be too difficult to manage. But for some people, it can interfere with daily life. It may make sleeping difficult and can be distressing and hard to cope with.

Your doctor will try to find the cause of the itching to help them treat it. Different drugs can help relieve itching. Your doctor can discuss which medication might work best for you.

What you can do that may help

- If your skin is dry, use a moisturiser or emollient cream at least 2 times a day. An emollient cream containing menthol can be soothing. Keeping the cream in the fridge means it will feel cool and soothing when you are putting it on.
- Try to have a cool or lukewarm bath or shower. Keep your bath or shower to under 20 minutes to prevent drying your skin. You can wash with an emollient cream instead of soap. A little baking soda in your bath water can also help. After a bath or shower, apply moisturiser while your skin is still damp.
- Keep your nails clean and short. This will stop them damaging the skin.
- Rub or pat the itchy area instead of scratching it. Avoid things that may irritate your skin, such as biological washing powders, scented soaps and bubble baths.
- Wear loose clothing made of light, natural fibres such as cotton.
- Keep rooms cool. If you get hot, use a fan to cool down.
- Avoid alcohol and hot, spicy foods.
- Other activities may help distract you from the itching. Try reading or watching television. Counselling and relaxation techniques may also help.

Pressure sores

A pressure sore is damage to the skin and the tissue underneath it. They are also called bedsores or pressure ulcers. They usually happen in parts of the body where the weight of your body presses down on the skin while you are sitting or lying down. For example, this could be your heels or the bottom of your spine. Sores can also develop from friction with clothing and bedding or if your skin is pulled when other people help move you.

There are things that can increase your risk of developing a pressure sore. These include:

- sitting or lying down for long periods of time
- not eating and drinking enough
- being underweight
- some drugs – for example, chemotherapy drugs, steroids and anti-inflammatory drugs.

If you are at risk of developing a pressure sore, it is important to check your skin for:

- blue or purple areas if you have black or brown skin
- red areas if you have white skin.

You should also check for dark patches, blisters or breaks in the skin. Check areas such as your heels, ankles, elbows and the bottom of your spine. Use a mirror or ask a family member or friend to help check areas that are difficult to see.

Tell your doctor, community nurse or district nurse if you think you have signs of a pressure sore. They can check your skin and advise you on what you can do. They can help make sure that your skin heals properly. They can also advise you on how to prevent an infection.

What you can do that may help

- If you spend a lot of time sitting or lying in bed, change your position regularly, at least every 4 to 6 hours. Ask someone in your healthcare team if you need help with this.
- If you are able to, stand up for a short time or take a short walk at least every hour. A physiotherapist can give you a walking aid to help, if needed.
- Wear loose, cotton clothes and use pillows to support yourself.
- Use moisturiser on your skin.
- Try to have a healthy balanced diet. Talk to your healthcare team if you need advice about this.

Your district nurse can assess whether you need a pressure-relieving mattress or cushion. They can arrange these for you. It is still important to change position regularly when using these. A bed cradle can help keep the weight of bedding off your legs and feet.

Increased sweating

Sweating helps to keep our body temperature normal. Some people with cancer may have increased sweating. When this is severe, it can be uncomfortable and embarrassing.

There are different causes, including:

- the cancer itself
- some medicines
- infection – you may have a high temperature, which can cause you to sweat
- hormonal changes – some people have night sweats caused by menopause or as a side effect of hormonal therapy.

It is important to contact your healthcare team if you think you might have an infection, especially if you are having treatment with anti-cancer drugs.

The treatment will depend on the cause. Drugs can be used to treat sweating caused by the cancer. Your doctor can tell you more about this.

What you can do that may help

- Wear loose clothing made of natural fabrics, such as cotton.
- Wear layers of clothing so you can remove or add layers easily.
- Keep rooms cool or use a fan.
- Use cotton sheets and layers of bedding that you can remove during the night.
- Try using cooling bedding. This is designed to regulate body temperature.
- Put a towel under you to absorb sweat.
- Try a silk pillowcase or a cooling pillow that contains a gel to absorb heat.
- Have cold drinks instead of hot drinks. Make sure you drink plenty to replace fluid lost through sweating.
- Have cool showers and baths.
- Avoid drinking alcohol, tea or coffee or eating spicy foods. Some people find these make sweating worse.

Jaundice

Jaundice happens when a bile duct becomes blocked. The bile ducts drain bile from the liver and gallbladder into the bowel. Bile is a fluid made in the liver. It helps to digest food and break down fats.

You may have jaundice if cancer is blocking a bile duct or affecting the liver, or if there is an infection in the liver.

Symptoms of jaundice include:

- yellowing of the skin
- yellowing of the whites of the eyes
- itchy skin
- dark-coloured urine (pee)
- pale and smelly stool (poo) that is difficult to flush away
- pain in the tummy (abdomen).

If you have black or brown skin, yellowing of the skin can be hard to notice. You might notice yellowing of the whites of your eyes, or a change in the colour of your urine first.

Jaundice can be treated in the following ways:

- Unblocking a bile duct – if cancer is blocking a bile duct, your doctors may recommend treatment to remove or shrink the cancer. They may suggest putting in a stent. This is a small tube that holds the bile duct open.
- Bypassing the blockage – your doctors may suggest surgery to bypass the blocked bile duct. This is only suitable for some people. Your doctor can explain whether it might help you.
- Treating symptoms, such as itching (pages 58 to 59) – your doctors may prescribe medicines to help. Having a lukewarm or cool daily shower can also help to wash off bile salts.

If jaundice is caused by an infection, antibiotics may help.

We have more information about jaundice on our website. Visit **macmillan.org.uk/jaundice**

Fluid build-up

Swollen legs and ankles (oedema)

Oedema is a build-up of fluid in the tissues. This causes swelling. It usually affects the legs and ankles but can affect other parts of the body. The swelling can be uncomfortable, and the skin can become shiny and stretched.

There are different reasons why fluid can build up. Some illnesses and medicines can cause fluid to build up. It may also happen if you are less able to move about.

Treatment for oedema will depend on the cause. Your doctor may prescribe water tablets (diuretics) to help reduce the swelling.

Your doctor, nurse or physiotherapist may give you compression stockings. These help the circulation in your legs. It is important to follow any instructions your healthcare professional gives you about using compression stockings.

Speak to your doctor or nurse straight away if only 1 leg is swollen. This can sometimes be caused by a blood clot in the leg.

We have more information about blood clots on our website. Visit **macmillan.org.uk/blood-clots**

What you can do that may help

- Use a footstool to keep your feet up when sitting down.
- Gently exercise your legs while you are sitting. A nurse or physiotherapist can show you exercises to do.
- Physical activity, like walking, can help your circulation.
- Look after your skin by keeping it clean and moisturised.
- Wear comfortable shoes.

> "I volunteer at my local gym. It specialises in clients with medical issues. I love working there, as they know and accept me for who I am. I work out, but have to be careful with the lymphoedema. I really enjoy this, as I meet people from all walks of life. I have a real laugh exercising with others. „

Clare, diagnosed with breast cancer

Lymphoedema

Lymphoedema is swelling that develops when lymph fluid builds up in the body's tissues. The lymphatic system usually drains the fluid away. The lymphatic system is part of the body's immune system, which helps us fight infections and other illnesses.

Lymphoedema can develop if you have had lymph nodes removed or treated with radiotherapy. It can also occur if a cancer is blocking the lymph nodes.

Lymphoedema can develop months or even years after cancer treatment. It can happen anywhere in the body. The most common place for lymphoedema to develop is in the arm or leg.

Symptoms vary depending on how mild, moderate or severe the lymphoedema is. Your clothing, shoes or jewellery (rings or watches) may feel tighter than usual, even before you notice any swelling. The limb (or part of the limb) may feel heavy or tight. You may feel some discomfort or aching where the swelling is.

We have more information about lymphoedema:

- in our booklet and audiobook **Understanding lymphoedema** (page 106)
- online at **macmillan.org.uk/lymphoedema**

If you develop lymphoedema, you will usually be referred to a lymphoedema specialist. They can offer advice about:

- looking after your skin
- exercises and how to position the affected limb
- using compression garments, bandages or pumps to control the swelling
- a type of massage called simple lymphatic drainage (SLD) to help drain the fluid
- a type of specialised massage called manual lymphatic drainage (MLD) – you should only have MLD from a trained lymphatic drainage therapist.

Along with treatment, your lymphoedema specialist will also advise you to avoid pressure on the area. This is because it can affect the flow of lymph fluid.

Tell your doctor or nurse if your skin on the affected area becomes hot or changes colour. If you have white skin, it may become red. If you have black or brown skin, the colour may deepen. This may be a sign of an infection.

Ascites

Some types of cancer can cause fluid to build up in the tummy (abdomen). This is called ascites. The main symptom of ascites is a swollen tummy. Other symptoms include:

- pain and discomfort in the tummy
- feeling sick (nausea) or indigestion
- reduced appetite or feeling full after eating a small amount
- tiredness and weakness
- breathlessness
- needing to pass urine (pee) more often.

Ascites can make it difficult for you to get comfortable, sit up and walk.

The main treatment for ascites is to drain the fluid from the tummy. This is done by putting a tube into the tummy. Draining the fluid will relieve the symptoms and help you feel more comfortable.

A doctor or nurse will usually put in the tube at the hospital. They usually do this under a local anaesthetic. The fluid drains out of the tummy and into a drainage bag. When the fluid has drained, the tube is removed. If the fluid builds up again, you can have it drained again. Some people have a permanent drain put in.

Your doctors may prescribe water tablets (diuretics) to try to stop or slow down fluid build-up. Sometimes cancer treatment such as chemotherapy can help.

We have more information about ascites on our website. Visit **macmillan.org.uk/ascites**

Emotional effects of cancer

Anxiety

Feeling anxious is natural when you are facing a difficult situation. It may come and go depending on what is happening at the time.

Symptoms of anxiety include:

- racing thoughts and finding it hard to concentrate
- feeling irritable, jumpy or restless
- sleep problems and changes in appetite
- a constant feeling of dread or panic.

> **"Take time out to seek some inner peace so that you can make decisions calmly and give your mind a chance to rest. Your mind gets so tired from the anxiety and thinking about every scenario, so taking a break was what helped me make the decisions I needed to."**
>
> Donna, diagnosed with breast cancer

If you are anxious, you may also notice physical symptoms such as:

- breathing quickly or heavily
- feeling faint, dizzy or shaky
- feeling hot and sweaty
- a dry mouth.

It can be easy to think that physical symptoms are caused by the cancer rather than anxiety. Try to talk to your cancer team. They can help work out whether the symptoms are caused by anxiety. They can then support you.

What you can do that may help

There are things you can do to help manage your anxiety. You may want to try:

- talking to someone – this may be a friend, partner, family member, doctor or nurse, or a professional counsellor or psychologist
- focusing on your breathing – breathe in slowly and deeply through your nose and slowly out through your mouth
- practising mindfulness – paid apps such as Headspace and Calm, and free apps such as Healthy Minds Program can help
- moving, especially outdoors – even a short walk can help with anxiety
- keeping a diary or journal – this can help you recognise things that trigger your anxiety
- complementary therapies such as yoga, meditation, massage or reflexology (pages 95 to 96).

Some anxiety is normal when you are dealing with cancer and its treatment. But if anxiety is affecting your daily life, you may need extra help and support. You can talk to your GP, your specialist nurse or someone else in your cancer team.

Sadness and depression

When you have cancer, it is normal to feel sad at times. For example, you may feel sad if the cancer means you have to change your plans.

For most people, feelings of sadness might get better or go away. But sometimes a low mood may continue or get worse. When this happens, it can be a sign of depression.

It can be difficult to know whether you are depressed. Symptoms of depression can be physical or psychological. They include:

- feeling low or sad most of the time
- feeling hopeless and helpless
- finding it difficult to make decisions
- not getting any enjoyment out of life
- having suicidal thoughts or thoughts of harming yourself
- changes in appetite or weight
- unexplained aches and pains
- lack of energy or sleep problems.

If you are feeling low or think you might have depression, tell your GP or cancer team. They can talk with you about your feelings and help you find ways to cope. They might suggest counselling or talking therapies.

We have more information on depression and coping with depression in our booklet and audiobook **How are you feeling? The emotional effects of cancer** (page 106).

We also have information online at **macmillan.org.uk/depression**

What you can do that may help

If you are feeling sad or depressed, there are things you can try that might help. These include:

- being kind and gentle to yourself
- getting enough sleep
- eating well and keeping active if you can
- getting outdoors
- doing things that you enjoy and being with people you like.

Some people find that talking about their feelings can help. If you can, talk to your family, friends or partner about how you feel so they can support you.

You can also try talking to someone who is going through similar experiences. This might be through a cancer support group or an online social networking site, such as our Online Community. Visit **macmillan.org.uk/community**

Medicines for depression

Medicines can help with depression. They are called anti-depressants. Doctors believe anti-depressants affect chemicals in the brain that affect mood. Your doctor may prescribe them if they think it will help. They tend to work slowly, so it can take a few weeks to notice a difference in how you feel.

Ways to manage symptoms

Medicines

Different medicines can be used to treat different symptoms. Medicines may be:

- tablets or capsules that you swallow
- a liquid or soluble tablet that you swallow
- tablets that dissolve in your mouth
- injections.

Injections are often given just under the skin (subcutaneously). Sometimes they may be given into a muscle (intramuscular) or a vein (intravenously).

Some medicines are available as suppositories that are inserted into the back passage (bottom). There are also some medicines that are nasal sprays or skin patches.

If you find any medicines difficult to take, speak to your doctor, nurse or pharmacist.

You can buy some medicines over the counter, but always ask your doctor, nurse or pharmacist for advice first. When buying medicines, it is important to tell the pharmacist about any other medicines you are already taking. If your symptoms do not get better within 1 or 2 weeks of taking a medicine you have bought, see your GP or cancer specialist.

Taking your medicines

If you are taking several different drugs, you may find it helpful to make a table that lists:

- the drug names
- what each drug is for
- the doses
- when to take them.

Your doctor, nurse or pharmacist can help you with this. They may be able to give you a chart to fill out. Make sure the chart has space for you to tick off each dose as you take it. There are also apps you can use on your phone or other electronic device. Or you can set reminders on your phone.

If you find it hard to remember when to take your medicines, you may find it easier to use a pill organiser. This is sometimes called a dosette box. You can organise your medicines in a dosette box to help you remember when to take them.

It may be easier to have your medicines dispensed in a calendar blister pack. These are prepared by the pharmacy and include the day and time when the medicine should be taken. Not all pharmacies provide blister packs, but some online pharmacies provide this service. Talk to your doctor or pharmacist if you think a pill organiser or calendar blister pack would be helpful for you.

If you have any difficulties with taking your medicines, talk to your doctor or pharmacist. They may be able to make some changes that will make it easier for you.

Keeping a symptom diary

You may find it useful to keep a diary of your symptoms and how well they are being managed. We have a symptom diary that you can use (pages 86 to 91). Make copies of the diary before you fill it in so you can keep using it for as long as it helps.

You can also download a copy of the symptom diary from our website. Visit **macmillan.org.uk/signs-and-symptoms-of-cancer**

You may want to keep notes of any extra doses of medicine you need to take, to help you manage your symptoms.

The diary and any notes can help your healthcare team. For example, it will help them see if the doses of any of your drugs need changing.

If you have symptoms that are difficult to treat, your doctor or nurse may refer you to a specialist team that deals with symptom control.

Symptom diary

How to use your symptom diary

You may want to photocopy the diary, so you can use it more than once. Or you can download a copy from our website. Visit **macmillan.org.uk/signs-and-symptoms-of-cancer**

To use the symptom diary:

1. Write down the date and time when you have the symptom. You can do this as often as you need to.
2. Write down where each symptom is in your body. It could be in 1 area or different areas.
3. Write down what the symptom is and describe what it feels like. You could use the words on the opposite page to help you. Or you can use your own words.
4. Rate each symptom from 0 to 10, where 0 means no symptom and 10 means the symptom is severe.
5. Write down anything that makes the symptom better.

All this information will help you and your healthcare team find the best way to manage your symptoms.

Where is the symptom?

Is it in 1 part of your body or in more than 1 place? Does it start in 1 place and gradually spread during the day?

How would you describe the symptom?

You can use these words, or your own words, to describe your symptom:

- aching
- throbbing
- pricking
- uncomfortable
- constant
- exhausting
- sweaty
- hot
- tight
- scratchy
- frustrating
- worrying
- painful
- comes and goes
- tiring
- bloated
- dry
- burning
- tickly
- embarrassing
- irritating.

Date and time	Where is the symptom?	What is the symptom?	

How would you describe it?	How would you rate it?	What helps with it?

Date and time	Where is the symptom?	What is the symptom?	

How would you describe it?	How would you rate it?	What helps with it?

Cancer treatments for symptom control

Cancer treatments may help to relieve some symptoms.
You may be offered more than 1 type of treatment.

Radiotherapy

Radiotherapy uses high-energy rays to treat cancer. It can also be used to help relieve some symptoms – for example, pain.

Your doctor will talk to you about whether they think radiotherapy will help with your symptoms. They will also discuss the likely side effects with you.

It can take a few days for radiotherapy to have an effect on symptoms. In the meantime, you can take medicines until the symptom starts to get better.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It can reduce the size of tumours, which can help control and improve symptoms. Chemotherapy may only help with some types of cancer. It may also cause some side effects.

Your cancer doctor can discuss with you whether chemotherapy may be helpful and what the possible side effects may be. This can help you decide whether chemotherapy would be right for you.

Surgery

Surgery can remove all or part of a tumour, which can help relieve symptoms. For example, a surgeon can remove part of a tumour in an airway to help make it easier to breathe.

Or a surgeon may insert a stent into a tube to help relieve symptoms. For example, a tube inserted into a bile duct can help relieve jaundice (pages 64 to 65). Sometimes doctors use lasers, freezing or heat to destroy part of a tumour.

Hormonal therapy

Some types of cancer need hormones to grow. Hormonal therapy can reduce hormone levels or stop the hormones from reaching the cancer cells. There are different types of hormonal therapy. Each has different side effects. You can ask your doctor how likely the treatment is to work for you and what the possible side effects are.

Targeted therapy

Targeted therapies may sometimes be used to help control some types of cancer. Targeted therapies work by targeting something in or around the cancer cell that is helping it grow and survive. Your doctor can give you more information.

Immunotherapy

Immunotherapy uses the immune system to find and attack cancer cells. There are different types of immunotherapy. Each type uses the immune system in a different way.

Making decisions

Deciding whether to have cancer treatment to control symptoms can be difficult. You may need to discuss the benefits and side effects of treatment with your healthcare team before making a decision. Make sure you ask them any questions you need to. You can also talk to our cancer support specialists by calling us on **0808 808 00 00**.

Complementary therapies

Complementary therapies are treatments that people may use alongside conventional medical treatments. Conventional medical treatments are the medical treatments doctors use to treat people with cancer – for example, surgery or chemotherapy.

Complementary therapies do not claim that they can treat or cure cancer. People might use complementary therapies to help:

- improve physical or emotional wellbeing
- manage cancer symptoms or the side effects of treatments.

There are many types of complementary therapy. They can be grouped in different ways. The main groups are:

- mind-body therapies
- massage and other touch-based therapies
- acupuncture
- homeopathy
- therapies using herbs and plants
- therapies using supplements or diet.

Complementary therapies may be available at your hospital, hospice or through your GP practice. Some cancer information and support centres or support groups offer therapies.

We have more information:

- in our booklet and audiobook **Cancer and complementary therapies**
- on our website at **macmillan.org.uk/complementary-therapies**

Make sure you have the information you need about the complementary therapy you are interested in. When you choose a complementary therapist, it is best to find someone who is on a register. This will help make sure they meet certain standards of practice.

It is important to tell a complementary therapist about any conventional treatment you are having for the cancer. It is also important to talk with your cancer doctor or specialist nurse if you would like to use a complementary therapy. Some therapies may not be suitable for you.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Who can help?

Many people are available to help you and your family.

District and community nurses work closely with GPs and make regular visits to patients and their families at home if needed.

The hospital social worker can give you information about social services and benefits you may be able to claim. These may include meals on wheels, a home helper or money to help with hospital transport fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called palliative care nurses. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes called Macmillan nurses. But many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you are at a clinic or in hospital.

Marie Curie nurses (page 121) help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There is also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor, GP or specialist nurse to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families.

Call our cancer support specialists on **0808 808 00 00**. They can tell you more about counselling and services in your area.

Care in hospital

If you have symptoms that are difficult to manage, you may need extra support. Your doctor or nurse may refer you to a palliative care team in a hospital. The team is usually made up of nurses and doctors who specialise in symptom control. If you are in hospital or visiting an outpatient clinic, your doctor or nurse can arrange for someone from the palliative care team to talk to you.

You can also talk to your clinical nurse specialist (CNS) or key worker about any symptoms or other concerns you have.

Some hospitals have doctors who specialise in managing pain. They may have pain clinics for the management of chronic pain. A specialist doctor can offer a range of treatments to help control pain. Other specialists such as psychologists, nurses, physiotherapists and occupational therapists (pages 99 to 100) can also help with managing pain.
Your GP or hospital doctor can refer you to a pain clinic.

Care in hospices and palliative care units

Hospices and palliative care units specialise in caring for people who have a life-limiting illness. They have doctors and specialist palliative care nurses who are experts in controlling symptoms such as pain and feeling sick (nausea). They also provide emotional support.

They can help anyone with symptoms that are difficult to manage.
They are not only for people who are approaching the end of their life.
This care is free.

Hospices and palliative care units offer a range of services:

- Inpatient care – you may stay in the hospice for a short time to get your symptoms under control. Some hospices offer respite care. This means you stay for a short time to give your carer a break.
- Day care – you visit the hospice for a day. You can get help with managing symptoms from the palliative team. You may also be able to have other therapies such as physiotherapy or a complementary therapy such as relaxation (pages 95 to 96). It is also a chance to meet other people who may be in a similar situation. You may be able to go to day care on a regular basis.
- Outpatient clinics – you can visit the hospice or unit as an outpatient to get help from a palliative care specialist.
- Community care – hospices usually have staff who can visit and support you at home when it is difficult for you to get to the hospice. This is sometimes called hospice at home.

Your GP or hospital doctor can tell you more about what is available in your area. They can refer you to a hospice for support.

Other professionals who can help

Physiotherapists

Physiotherapists can help you with breathing and mobility problems. They can advise you about gentle exercise. They can also offer treatment and exercise programmes to help you manage symptoms such as pain, breathlessness and fatigue.

Occupational therapists (OTs)

OTs can help you find safe ways to manage at home. They can assess your situation and arrange for any aids or changes you need. For example, they may be able to provide equipment that can make everyday life easier to manage.

Speech and language therapists

Speech and language therapists specialise in helping with communication and swallowing problems.

Dietitians

Dietitians are experts in assessing people's food needs. They can look at your diet and advise you about foods to eat or avoid, to help with any eating problems.

Social workers

Social services can help if you find some parts of your daily life difficult. Social care can include getting help with personal care or daily tasks. A social worker can also give you information about social services and benefits you may be able to claim. For example, you may be entitled to help at home or help with hospital travel or parking costs.

Counsellors

Trained counsellors, clinical psychologists and psychiatrists can offer counselling or talking therapies to help you manage your feelings. Your GP or nurse can tell you more about this.

Practical support

If your symptoms are causing physical difficulties, there are organisations that can help. They might be able to make changes to your home or provide equipment that will make life easier.

Your local council can assess your home to see if equipment or adaptations might help. A home assessment is free.

Organisations such as Living Made Easy (page 117) can show you different equipment that is available and where you can buy it.

You can also hire equipment:

- to see if it helps before buying
- if you only need something for a short time.

The British Red Cross (page 117) provides practical, local and emotional support to people around the UK. Its volunteers can provide transport or help with shopping and simple tasks around the home. It also lends equipment to help at home, such as wheelchairs and commodes.

Your healthcare team or GP may be able to tell you about other services in your area. There are different volunteer schemes available in the UK. They may be able to arrange for someone to visit you to let your carer take a break. You may be able to find local information in your GP surgery, local library, community centre or church.

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in a cancer registry.

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out (page 122).

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and find the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Support with symptoms

Action on Pain

Helpline (PainLine) **0345 603 1593**
www.action-on-pain.co.uk
Provides support and advice for people affected by chronic pain.

Bladder & Bowel UK

Tel **0161 214 4591**
www.bbuk.org.uk
Offers general information, advice and signposting for bladder and bowel issues.

Bladder and Bowel Community

Home Delivery Service: **0800 031 5406**
www.bladderandbowel.org
Provides information and advice on a range of bladder and bowel symptoms and conditions.

Complementary and Natural Healthcare Council (CNHC)

Tel **0203 327 2720**
www.cnhc.org.uk
The UK register for complementary healthcare practitioners. Its key purpose is to protect the public. You can search the UK register for practitioners of 18 different complementary therapies that have met UK standards.

General cancer support organisations

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family and friends.

Penny Brohn UK

Helpline **0303 300 0118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net
Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS 111 Wales

111.wales.nhs.uk
NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**
www.nhsinform.scot
NHS health information site for Scotland.

Patient UK

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Every Mind Matters

www.nhs.uk/every-mind-matters
Provides advice on common mental health concerns, how to look after your mental health and wellbeing, and where to get further support.

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Equipment and advice on living with a disability

British Red Cross

Tel **0344 871 1111**
www.redcross.org.uk
Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)
www.disabilityrightsuk.org
Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for Disabled students.

Living Made Easy

www.livingmadeeasy.org.uk
Provides free, impartial advice about all types of disability equipment and mobility products.

Support for LGBTQ+ people

LGBT Foundation

Tel **0345 330 3030**
lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Stop smoking services

NHS Smokefree Helpline (England)

Tel **0300 123 1044**
www.nhs.uk/better-health/quit-smoking
Offers information, advice and support to people who want to stop smoking or have already stopped and do not want to start again.

Quit Your Way (Scotland)

Tel **0800 84 84 84**
www.nhsinform.scot/quit-your-way-scotland
Scotland's national stop smoking support service. Offers advice and information about how to stop smoking. You can also chat online to an adviser.

Help Me Quit (Wales)

Tel **0808 278 6119**
Text 'HMQ' to **80818**
www.helpmequit.wales
Offers information, advice and support on stopping smoking in English and Welsh.

Stop Smoking NI (Northern Ireland)

www.stopsmokingni.info
Has information and advice about stopping smoking. Also links to other support organisations for people in Northern Ireland who want to give up smoking.

Support for carers

Carers Trust

Tel **0300 772 9600**
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Advanced cancer and end of life care

Hospice UK

Tel **0207 520 8200**
www.hospiceuk.org
Provides information about living with advanced illness. Also provides free booklets and a directory of hospice services in the UK.

Marie Curie

Helpline **0800 090 2309**
www.mariecurie.org.uk
Marie Curie nurses provide free end of life care across the UK. They care for people in their own homes or in Marie Curie hospices, 24 hours a day, 365 days a year.

The Natural Death Centre

Helpline **0196 271 2690**
www.naturaldeath.org.uk
Offers independent advice on aspects of dying, funeral planning and bereavement.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services.

There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

www.digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

www.publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
www.phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
www.qub.ac.uk/research-centres/nicr/AboutUs/Registry

Your notes and questions

Your notes and questions

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by members of Macmillan's Centre of Clinical Expertise.

With thanks to:

Dr Matthew Brown, Consultant in Pain Medicine; Michelle Buono, Macmillan Palliative Care Clinical Nurse Specialist and Macmillan Educator; Dr Russell Burcombe, Consultant Clinical Oncologist; Dr Beth Goundry, Speciality Doctor in Palliative Medicine; Dr Hannah-Leigh Gray, Medical Oncologist; Dr Bridie Griffiths, Registrar in Oral Surgery; Anita Killingworth, Macmillan Nurse Consultant and Lead Cancer Nurse; Jenny King, Chemotherapy Clinical Nurse Specialist; and Dr James Wylie, Consultant Clinical Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our information about managing the symptoms of cancer. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

European Society for Medical Oncology (ESMO). Cancer-related fatigue: ESMO clinical practice guidelines for diagnosis and treatment. 2020; Volume 31 – Issue 6. Available from: www.annalsofoncology.org/article/S0923-7534(20)36077-4/fulltext [accessed October 2023].

European Society for Medical Oncology (ESMO). Care of the adult cancer patient at the end of life: ESMO clinical practice guidelines. 2021. Available from: www.esmoopen.com/action/showPdf?pii=S2059-7029%2821%2900186-1 [accessed December 2023].

UK Oncology Nursing Society (UKONS). Acute oncology initial management guidelines – Version 4.0. 2023. Available from: www.ukacuteoncology.co.uk/application/files/9116/9082/2886/UKONS AO_initial_management_Guidelines_FINAL_VERSION_2023.pdf [accessed October 2023].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number
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Issue no
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Security number
☐☐☐

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

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REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

MACMILLAN
CANCER SUPPORT

This booklet is about some of the symptoms you may have if you have cancer. It explains ways to help manage them.

You are unlikely to have all the symptoms described in this booklet. Most symptoms can be controlled with the help of your healthcare team, family and friends.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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