
Coping with nausea and vomiting

*A guide for
cancer patients*

Patient Information



Foreword

This is one of a series of booklets written to provide information for patients and their relatives. It's impossible to include everything you may need to know. Your doctor or nurse may be able to answer specific questions.

This booklet has been prepared with input from Royal Marsden doctors, specialist nurses and other healthcare workers who are experts in their field, as well as patients and carers.

We hope you find it helpful and would welcome your comments so that the next edition can be improved further.

Contents

Introduction	1
What is nausea?	1
What is vomiting?	1
What causes nausea and vomiting?	2
When can nausea or vomiting occur?	3
How may I feel?	4
What drugs may be prescribed?	4
What about eating and drinking?	5
How should I look after my mouth?	7
What else can I do?	8
How can family and friends help?	9
When should I contact the doctor, nurse or pharmacist?	10
Conclusion	10
Your diary	11
Questions	12
Source of information and support	13
Where can I get help?	15

Introduction

Nausea and vomiting are side effects of certain anti-cancer treatments. They may also be due to the illness itself. Ill health, admission to hospital or regular visits for treatment may cause anxiety. This can also affect how much nausea you feel and how you cope with it.

People react differently to treatment, such as radiotherapy and chemotherapy. Some have very few problems, but if nausea or vomiting does occur, it can be unpleasant. Advances in medicine are making these symptoms increasingly treatable. There are also other ways to reduce or prevent these side effects.

What is nausea?

Most people describe nausea as feeling 'queasy', 'sick' or 'billious'. Sometimes we feel nauseous for a while after eating a rich meal, for example. This feeling gradually goes away as our food is digested.

Nausea may be followed by vomiting and, even when vomiting has stopped, the nausea may still be there. Often it is more difficult to stop someone feeling sick than to stop them being sick.

What is vomiting?

Vomiting is the forceful emptying of the stomach through the mouth to protect us from harmful substances taken into our bodies. An example of this is an attack of food poisoning caused by 'foreign' bacteria when food hasn't been stored or cooked properly.

Retching or 'vomiting on an empty stomach' may also occur before, after or separately from vomiting. No one knows why this happens.

What causes nausea and vomiting?

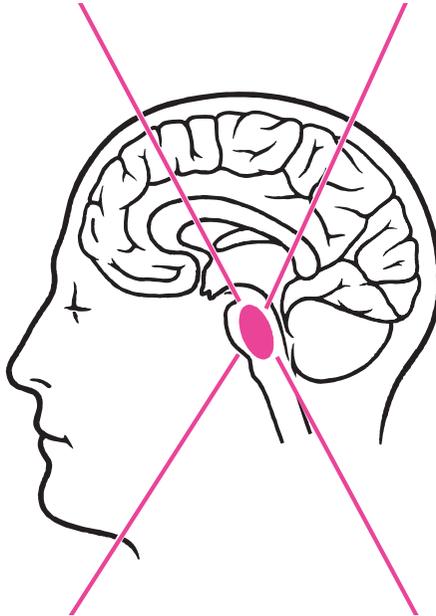
There is an area in the brain known as the vomiting centre. When this is stimulated it will make us feel sick or vomit. There are many things that may affect the vomiting centre.

Drugs

- Some drugs for pain relief
- Anaesthetics
- Antibiotics
- Some drugs taken by mouth which act on certain cells in the stomach

Cancer treatments

- Chemotherapy
- Radiotherapy to the abdomen
- An operation on the stomach or bowel



Physical

- Movement
- Pain
- Raised levels of body chemicals like calcium

Thoughts and feelings

- Memory of previous treatment
- Anxiety
- Unpleasant thoughts
- Sights, smells and tastes

If you have had treatment before which made you feel sick or be sick, just the thought of having a similar treatment may make you feel sick, even before you have it. This is called **anticipatory nausea and vomiting**. It is quite common in people having several courses of chemotherapy.

If there is no obvious reason for your nausea or vomiting, your doctor may ask for some tests to find out the cause.

When can nausea or vomiting occur?

Nausea or vomiting occurs whenever the brain's vomiting centre is stimulated.

After an operation it is not uncommon to wake up feeling sick. Nausea may last for up to 24 hours, until the effects of the anaesthetic have worn off. Modern anaesthetics, however, cause much less post-operative nausea and vomiting.

If you have had an operation on your stomach or bowel, you will have a thin tube inserted up your nose and down into your stomach. This is called a **nasogastric tube**. It will drain off any fluid and stop you from being sick. However, you may still feel nauseous for a few days. The tube won't affect your ability to speak.

During radiotherapy very few people experience nausea – it depends on which part of the body is being treated. Some people feel sick at the beginning of a course of treatment and find that nausea often disappears within a day or two. Others start to feel sick later on. Do tell the radiographers or your doctor if you suffer from nausea. You can be given drugs to control it and it is very unlikely that your radiotherapy will need to be suspended. Nausea may continue for a couple of weeks after the end of treatment.

Chemotherapy is usually given over several months. In most cases each treatment is followed by a rest period. Nausea or vomiting may occur a few hours after treatment but sometimes it can start sooner. Generally vomiting stops within 48 hours and nausea within 72 hours.

Occasionally sickness may last longer. If this happens contact the hospital or your family doctor (GP).



Some chemotherapy tablets taken at home may also cause sickness. If so, talk to your doctor, nurse or pharmacist about the best time of the day to take them.

Anticipatory nausea or vomiting may be prompted by something which reminds you of a previous treatment that caused sickness. If you are worried about this, do talk to your doctor, nurse or any of the staff caring for you. Support can be offered to help you cope with anticipatory sickness.

Remember sickness may be nothing to do with your illness or treatment. You may have picked up a ‘tummy bug’ or eaten something which has upset your stomach.

How may I feel?

Nausea comes in waves and may make you want to vomit. It often occurs before or after vomiting. You may suddenly feel cold, clammy and dizzy and appear pale. You may also notice your breathing and heart rate change. Most people produce extra saliva just before they vomit.

Actually being sick may relieve your nausea. After vomiting you will probably feel weak and shaky and need to rest for a while.

Feeling nauseated or vomiting is unpleasant and is made worse by the fact you can’t control it. Be reassured that as much as possible will be done to prevent or reduce the likelihood of sickness.

What drugs may be prescribed?

There are various drugs used to prevent or control nausea and vomiting. They are called anti-emetics. Some of these drugs are used to treat other conditions but also have an anti-emetic action.

Anti-emetics can be given in various ways:

- tablets or capsules – by mouth
- syrup or liquid – by mouth
- injection – into a vein, muscle or under the skin
- suppositories – rectally (into the rectum or back passage)
- patches – placed on the skin

During an operation you will generally be given anti-emetic injections into a vein (IV) to try to prevent nausea and vomiting occurring after the operation. If you do feel sick afterwards, you will be prescribed an injection to stop it.

Nausea is uncommon during radiotherapy and, if it does occur, can usually be controlled by tablets. You must take the tablets regularly to keep blood levels of the drug steady and get the best effect.

When you receive intravenous (IV) chemotherapy, you will also be given an anti-emetic injection. This will be followed by a course of tablets which you take regularly at home. Sometimes, you may be prescribed a low dose of a steroid for a short period to help with nausea and vomiting. Often combinations of anti-emetics are given which can be more effective than a single drug.

If you are taking drugs by mouth which may cause sickness, you will be given anti-emetic tablets during your course of treatment.

If you can't keep tablets down, you can be prescribed suppositories to insert into your rectum (back passage). From there the drug is absorbed into your bloodstream.

Remember – there are several different anti-emetics available. If the first one you're prescribed isn't effective, it can be changed.

Some anti-emetics have side effects, such as drowsiness or feelings of restlessness. When you start your treatment your doctor, nurse or pharmacist will tell you about any side effects you might expect. They will also explain in detail when and how you should take your anti-emetics and why you should take them regularly.

What about eating and drinking?

It can be very difficult to eat or drink if you are suffering from nausea. Concentrate on sipping fluids and stopping yourself from getting dehydrated.

Don't force yourself to eat when you're feeling sick. It's more important to drink plenty of liquid than to have three meals a day.

Try sipping clear, cold fluids, such as water and soft drinks, slowly through a straw. Fizzy drinks like soda water and ginger ale are quite refreshing.

Lemon, peppermint or ginger teas have a pleasant taste and are also refreshing. The last two may also help to relieve nausea. It may help to avoid coffee, which has a strong taste and may also make you thirstier. Avoid alcohol as this can cause dehydration.



You may find sucking ice cubes helps to freshen your mouth. These can be flavoured with cordials and fruit juice. Crushed ice may make a drink more enjoyable. Some people find sucking lemon flavoured sweets or mints reduce nausea.

If you are finding it difficult to drink or keep fluids down contact your doctor or nurse for further advice.

If you have been vomiting, don't eat or drink for a short while and then start sipping clear liquids slowly. Gradually increase the amount you drink. Sucking antacid tablets may prevent the acidic burning sensation that follows vomiting.

If you're feeling sick, you may find it helps to take a short walk before a meal and to eat in a room with good ventilation. Wear loose, comfortable clothing. Remember to take your anti-emetics before food or as instructed by the pharmacist and doctor.

Many people find that cold foods and food served at room temperature are best. These foods tend not to smell strongly and are less likely to trigger feelings of nausea. Try foods such as sandwiches, salads, biscuits, yoghurts, cold custard, crème caramel, fruit and fruit salad. For some patients greasy, spicy or foods with a strong odour can make their nausea worse.

You may need to change your meal times and have small, frequent meals or snacks of whatever you fancy. Try to avoid drinking large quantities of fluids just before a meal. Eat slowly and chew your food well. After a meal, relax in a sitting or slightly reclined position, instead of lying down.



If you tend to feel sick on the day of treatment, avoid eating a heavy meal for one or two hours before and after treatment.

When you feel nauseous, ask friends or relatives to help prepare and serve food.

How should I look after my mouth?

You should keep your mouth clean and healthy if you're feeling sick. The following suggestions may help.

- Drink as much liquid as you can, to keep your mouth moist and fresh
- Use a mouthwash regularly, particularly after each episode of vomiting. A fluoride rinse will reduce acidity and the likelihood of tooth decay. Ask your doctor, nurse or oral hygienist to advise you in selecting a suitable mouthwash
- Clean your teeth regularly using fluoride toothpaste and a soft toothbrush. If someone needs to clean your teeth for you, they may find a child's toothbrush easier to use
- Clean your dentures after meals as well as at night and after vomiting
- Keep your lips moist by using a lip balm
- Visit your dentist or hygienist regularly to have your teeth and gums checked





What else can I do?

Try using ways which have relieved nausea in the past; for example if you suffer from travel sickness or were sick during pregnancy. They may help you now.

Sitting near an open window, outdoors in the fresh air or resting in a quiet place may relax you and ease your nausea. Distractions, such as listening to music, watching TV, reading or talking with family and friends, may take your mind off how you feel.

You may wish to use relaxation techniques. These can help to lessen feelings of nausea, especially if used regularly. They can also help you to sleep and to control feelings of anxiety. There are many different ways to relax using music, deep breathing or imagery (visualisation of something pleasant – a special place, for example). You can buy relaxation tapes from some health shops. You may be able to attend relaxation classes in your hospital or at a local cancer support group. Ask the staff caring for you about this.

Aromatherapy may also help. It can be useful as a distraction and some oils can be helpful for the relief of nausea. This type of massage can also help with relaxation. If you prefer, aromatherapy oils need not be used to enjoy a relaxing massage. Consult a qualified aromatherapist for advice rather than buy oils over the counter (contact address on page 13).

Acupuncture can sometimes relieve nausea and vomiting. Very fine needles are inserted through the skin at special points in your body and are left in position for a short time. This shouldn't be painful. Acupuncture may be helpful for nausea and vomiting associated with chemotherapy and may work for up to 12 hours. If you wish to try acupuncture, consult a medically qualified practitioner or a health professional such as a suitably trained nurse (contact address on page 13).

Some people may gain relief from acupressure bands ('Seabands') which are available from chemists. Acupressure bands were originally designed to combat seasickness. These elasticated wrist bands have a button which presses on an acupuncture point known to reduce nausea and vomiting. They have proved to be effective

when used before, during and after many treatments which may cause nausea and vomiting. The acupuncture point may need to be massaged several times a day to get the best effect from the bands.

Anticipatory nausea and vomiting is often prompted by specific cues, for example the hospital smells, seeing IV equipment or a sound or taste associated with treatment. These cues can be disrupted:

- try using a light perfume to disguise smells
- strong-tasting sweets can mask unpleasant tastes
- listen to music to cover hospital sounds
- bring a friend or relative to distract you while waiting.

It may also be possible to reduce the time you have to wait. Speak to one of the staff caring for you.

Hypnosis has also been used to reduce anticipatory nausea and vomiting but it is important to go to a suitably qualified practitioner who has some medical background. (Contact address on page 14).

How can family or friends help?

Family or friends can help in many ways when someone is feeling or being sick.

- Keep a record of when medications are due so that anti-emetics can be taken regularly and on time
- Keep the surroundings pleasant, quiet and clean. Help the person to freshen up and get dressed, if s/he would like to
- Keep a towel, a cool cloth and a glass of water for rinsing the mouth close at hand. Offer a refreshing mouthwash. If someone is vomiting, provide a bowl and empty it after they have been sick
- Offer to prepare favourite foods or drinks, but don't try to force someone to eat or drink if they don't want to. Altered taste sometimes experienced during chemotherapy treatment may mean that once favourite foods are not wanted at this time.



When should I contact the doctor, nurse or pharmacist?

Keep a record of your sickness. If you are vomiting and this lasts for more than 24 hours and doesn't improve, contact the hospital or your family doctor. Prolonged vomiting can result in dehydration and low levels of sugar in the blood.

Any unpleasant side effects caused by your anti-emetics, or other treatment you are receiving, should also be reported.

Conclusion

It's important that you receive your cancer treatment but it's also important that your life is disrupted as little as possible by any unpleasant side effects.

If nausea or vomiting continues despite treatment for it, please tell any of the staff caring for you. There is a range of anti-emetics available and it may be just a question of finding the right one or combination for you.

Your doctor, nurse or pharmacist may also be able to tell you about other support services which are available.

Your diary

Use this space to record what made you feel sick, how long you felt sick, how many times you were sick or anything you found helped to relieve your discomfort. This information may help your doctor to plan how to help you as your treatment continues.

A large, empty rectangular box with a thin black border, intended for the patient to write their diary entries. The box is currently blank.



Questions

Write questions here as they occur to you so that you can ask your doctor or nurse next time you see them.

A large, empty rectangular box with a thin pink border occupies the majority of the page, intended for the user to write their questions.

Sources of information and support

Macmillan Cancer Support

89 Albert Embankment
London SE1 7UQ
Tel: 020 7840 7840
Macmillan Freephone 0808 808 0000
Website: www.macmillan.org.uk

Provides free information and emotional support for people living with cancer and information about UK cancer support groups and organisations. Also offers free confidential information about cancer types, treatments and what to expect.

Useful addresses

British Medical Acupuncture Society

GMAS House
3 Winnington Court
Northwich
Cheshire CW8 1AQ
Tel: 01606 786782
Website: www.medical-acupuncture.co.uk

Promotes the use and understanding of acupuncture as part of the practice of medicine. Trains qualified doctors and dentists and publishes a journal. A list of members and a patient information leaflet is available to the public.

International Federation of Professional Aromatherapists

82 Ashby Road
Hinckley
Leicestershire
LE10 1SN
Website: www.ifparoma.org

Will provide a list of qualified aromatherapists.



**The British Society of Clinical and Academic Hypnosis
(BSCAH)**

Inspiration House,
Redbrook Grove,
Sheffield S20 6RR

Tel / Fax: 0844 884 3116

Website: *www.bscah.co.uk*

Where can I get help?

If you have queries about your illness or treatment or experience any unexpected problems, please contact:

Your clinical oncologist (consultant)

or one of his/her team

Your therapy radiographer

or a specialist nurse

at _____ Hospital

Telephone number _____

Or your family doctor

Telephone number _____

Copyright © 2003 The Royal Marsden NHS Foundation Trust
All rights reserved

Revised April 2012
Planned review April 2014

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from: The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

The Royal Marsden NHS Foundation Trust
Fulham Road
London SW3 6JJ

www.royalmarsden.nhs.uk

No part of this booklet may be reproduced in any way whatsoever without written permission except in the case of brief quotations embodied in critical articles and reviews.

No conflicts of interest were declared in the production of this booklet.

The information in this booklet is correct at the time of going to print.



Printed by
Lundie Brothers Ltd.
Croydon, Surrey

PI-0033-07

The Royal Marsden publishes a number of booklets and leaflets about cancer care. Here is a list of information available to you.



Diagnosis

- A beginner's guide to the *BRCA1* and *BRCA2* genes
- CT scan
- MRI scan
- Ultrasound scan



Treatment

- Central venous access devices
- Chemotherapy
- Clinical trials
- Radiotherapy
- Radionuclide therapy
- Your operation and anaesthetic



Supportive Care

- After treatment
- Coping with nausea and vomiting
- Eating well when you have cancer
- Lymphoedema
- Reducing the risk of healthcare associated infection
- Support at home
- Your guide to support, practical help and complimentary therapies



Your hospital experience

- Help Centre for PALS and patient information
- How to raise a concern or make a complaint
- Your comments please
- Your health information, your confidentiality



Life demands excellence

