

Managing sickness and vomiting

Some blood cancers and treatments for blood cancer can make you feel sick (nausea) and, sometimes, cause you to be sick (vomit). This fact sheet will help you to understand why this can happen, what to do if it does happen, and the range of treatments that can help.



**Blood
cancer
UK**

How we can help

We're a community dedicated to beating blood cancer by funding research and supporting those affected. We offer free and confidential support by phone or email, free information about blood cancer, and an online forum where you can talk to others affected by blood cancer.



bloodcancer.org.uk
forum.bloodcancer.org.uk



0808 2080 888
(Mon, Tue, Thu, Fri: 10am–4pm, Wed: 10am–1pm)



support@bloodcancer.org.uk

What is sickness and vomiting?

Feeling and being sick is very common in people with cancer. About half of people with cancer are affected, either because of the cancer itself, or because of the treatment.

Feeling sick (also called nausea) is an unpleasant feeling in the back of your throat or in your stomach that may or may not lead to actually being sick.

Being sick (vomiting) is when your stomach muscles tense up and force the contents of your stomach out through your mouth. Usually, it's caused by your body trying to get rid of something that shouldn't be there.

Feeling sick and vomiting is controlled by part of the brain called the vomiting centre. Your vomiting centre is triggered if it receives signals from:

- another part of the brain
- the stomach
- the inner ear, in response to body movements or dizziness (vertigo).

It can also be triggered by senses such as taste and smell, and emotions such as fear and anxiety.

Sickness and vomiting can make everyday life difficult to cope with and can cause:

- loss of interest in food (poor appetite)
- weight and muscle loss
- changes to the balance of water, salts and sugar in your body (dehydration)
- low mood
- feeling tired and weak.

Sickness and vomiting caused by blood cancer

Some blood cancers can make you feel sick or vomit because of the physical and emotional changes they can cause.

Constipation

You may feel sick or vomit if you have difficulty pooing (constipation), or other problems with your bowels.

Liver and kidney damage

If you have liver or kidney problems because of blood cancer or its treatment, waste products can build up in the blood and cause sickness and vomiting.

Too much calcium in your blood

Sometimes blood cancer can cause calcium to leak into your bloodstream. Too much calcium in the blood is called hypercalcaemia and it can make you feel thirsty, sick, drowsy and confused. You might also wee a lot, and may be constipated.

People with myeloma and plasma cell leukaemia are at particular risk of hypercalcaemia, although it can happen in other blood cancers.

Hypercalcaemia can be dangerous if left untreated, so speak to your healthcare team if you have the symptoms described above.

Pain

Symptoms of blood cancer can include severe pain. This can make you feel sick or vomit.

Pressure in the brain

Some types of blood cancer can affect your central nervous system and lead to raised pressure in the brain. This may affect the vomiting centre in the brain and make you feel sick or vomit.

Emotional effects

Being very nervous or worried about blood cancer and its treatment can make you feel sick. Sometimes talking about your situation can help to reduce worry and relieve sickness.

You can call our Support Line free on **0808 2080 888**
(Mon, Tue, Thu, Fri: 10am–4pm, Wed: 10am–1pm)

Sickness and vomiting caused by treatment

Feeling sick and vomiting are common side effects of some cancer treatments.

Chemotherapy and biological therapies

Sickness and vomiting are common side effects of anti-cancer drugs (such as chemotherapy) and biological therapies (treatments that help the body's immune system to find and kill cancer cells).

Not all chemotherapy or biological therapy drugs will make you sick. Some are more likely to make you feel sick than others, but it's important to remember that everyone is different and will react in a different way.

If you have chemotherapy or other drugs that are known to cause sickness and vomiting, you'll be given anti-sickness drugs (anti-emetics) before treatment, and may also take them for a few days after treatment.

You should always follow your healthcare team's advice about how long you should keep taking anti-sickness drugs, as you may start to feel sick again if you stop too soon.

For more information on the possible side effects of different blood cancer treatments, go to **macmillan.org.uk** and search the name of the drug or drugs you're being given.

Radiotherapy

Radiotherapy uses high energy rays to kill cancer cells. Some people have radiotherapy to their whole body (total body irradiation or TBI) before a stem cell transplant. If you have TBI, you'll probably feel sick if you don't take anti-sickness drugs. With TBI, you'll probably have chemotherapy as well, which makes it more likely that you'll experience some sickness and vomiting.

If you have local radiotherapy to a particular part of your body, it's only likely to cause sickness and vomiting if it's given to certain areas such as the brain, stomach, gut or liver.

See our booklet **Blood stem cell and bone marrow transplants: The seven steps** for more information about TBI and its side effects. You can order or download it from **bloodcancer.org.uk/information**

Mucositis

Mucositis is an inflammation of the mucous membrane that lines your mouth and gut. It's a fairly common side effect of chemotherapy and sometimes radiotherapy. Oral mucositis is when it affects the lining of your mouth, and gastrointestinal, or GI, mucositis is when it affects your gut. GI mucositis can make you feel sick but you can take drugs to control this. The symptoms will usually stop a few weeks after your treatment has finished.

Find out more from our fact sheet **Mucositis**, available to order or download from **bloodcancer.org.uk/information**

When might treatment-related sickness happen?

It might start immediately or a few hours after you have chemotherapy or a biological therapy. This is called acute onset sickness and vomiting. It's usually over within 24 hours.

It may start more than 24 hours after treatment (delayed onset sickness and vomiting). This is most likely if you're treated with cyclophosphamide or doxorubicin (chemotherapy drugs). It's also more likely with high doses of chemotherapy and may last for up to a week after treatment.

It can also happen before treatment (anticipatory sickness and vomiting). After a few treatments, particularly if your sickness hasn't been managed well, you may start to feel sick or vomit before your next treatment. This could be triggered simply by the thought of going to hospital, or a smell or sight you associate with your treatment.

If you do get sickness or vomiting at any time, tell your healthcare team. They will be able to give you anti-sickness medicines to help with this, or change the ones you're already on.

Advanced cancer

Some people may feel sick or vomit a lot in the advanced stages of blood cancer. This might be because of the cancer itself or its treatment. There are treatments available that can control the sickness and help people feel more comfortable. See the section on anti-sickness drugs opposite.

Sickness and vomiting caused by infections or food poisoning

Getting an infection from germs in the environment or food (food poisoning) can make you feel sick or vomit. Your healthcare team will let you know who to contact if you have any signs of infection. They will probably suggest contacting your hospital straight away, but if you're not receiving treatment yet (if you're on 'watch and wait') you may be able to see your GP instead.

For more information on managing your risk of infection, visit **[bloodcancer.org.uk/side-effects](https://www.bloodcancer.org.uk/side-effects)**

Anti-sickness drugs

There are different types of drugs that can help treat sickness and vomiting. These are called anti-sickness (anti-emetic) drugs and may be given as:

- tablets
- injections
- a small solid pill pushed gently into your back passage (a suppository)
- skin patches.

Your doctor will discuss appropriate treatments with you from a range which includes the following:

- **5HT3 inhibitors** are mainly used along with steroids. After chemotherapy, cells in your gut may release a chemical called serotonin (5HT). This sends a message to the brain, triggering your vomiting centre. By blocking serotonin, 5HT3 inhibitors can stop you feeling sick.
- **Steroids** such as dexamethasone are used alongside other anti-sickness drugs to control sickness and vomiting caused by chemotherapy.
- **Neurokin 1 (NK1) inhibitors** work by blocking messenger chemicals in the body that make you feel sick. They are usually given with steroids and a 5HT3 inhibitor to control sickness and vomiting after chemotherapy.

- **Metoclopramide** and **domperidone** ease sickness by blocking a chemical messenger called dopamine, which can trigger sickness.
- **Prochlorperazine** and **chlorpromazine** have an effect on the vomiting centre in the brain. Chlorpromazine is sometimes given to people with advanced cancer when other anti-sickness drugs haven't worked.
- **Anti-histamines** such as cyclizine are more familiar as drugs used to control allergies, but can also be used to treat sickness and vomiting.
- **Sedative drugs** make you feel calm and sleepy, and are often used for people with advanced cancer. They can be taken as tablets or given through a small portable syringe pump (called a syringe driver) if someone has problems swallowing.
- **Anti-anxiety drugs** such as lorazepam are sometimes used along with other anti-sickness drugs. As they help to control anxiety, they can also relieve sickness and vomiting that happens before treatment (anticipatory sickness).

As everyone is different, you may sometimes have to try more than one anti-sickness drug before you find one that works for you. Your healthcare team will continue to help until your sickness is brought under control.

Side effects of anti-sickness drugs

Some anti-sickness drugs can cause side effects. Remember that you won't have all of the possible side effects, and everyone is different – so you won't necessarily have the

same side effects as someone else. Common side effects of anti-sickness drugs can include:

- difficulty pooing (constipation)
- headaches
- flushing (when your skin gets hot and red)
- tiredness and feeling weak
- pain or discomfort in your stomach or chest (indigestion)
- trouble sleeping (insomnia)
- muscle twitches.

If you have any questions or concerns about sickness and vomiting, or about the medicine you're taking to control it, talk to your healthcare team.

Other ways to manage sickness and vomiting

It's important to take the medication your healthcare team recommends, as this can help to prevent sickness and vomiting. If you do have sickness or vomiting, discuss it with your healthcare team and follow their advice.

Some people find the following self-help tips can also make a difference.

Eating and drinking

- If strong smells make you feel sick, try avoiding hot food. Many people find it smells stronger than food that's cold or room temperature.
- Try to avoid cooking when you're feeling sick. Cook and freeze meals in advance or ask someone else to cook.

- Avoid fried, spicy and very sweet foods. Plain, bland foods may be easier to eat.
- Prepare small meals and eat little and often.
- Chew your food well and sip drinks slowly.
- Avoid drinking a lot before you eat.
- Try to make sure you drink enough fluids. If you don't feel like drinking, you might find it easier to suck on ice cubes.
- Some people find peppermint tea, peppermints, ginger beer or ginger biscuits helpful.

If you're worried you're not eating or drinking enough, speak to your healthcare team who will be able to help. They may offer you high-calorie drinks to make sure your body gets what it needs. Or they may refer you to a dietitian.

Complementary therapies

Complementary therapies are treatments that are used alongside standard medical treatments – not instead of them.

Although the evidence is limited, some people find that complementary therapies (such as acupuncture, wearing an acupressure bracelet, meditation and relaxation techniques) help relieve their symptoms and improve their wellbeing.

Always talk to your healthcare team before you try complementary therapies to check that they're safe for you. They know you and your individual situation.

Other tips to help you feel more comfortable

- Wear loose-fitting clothing.
- Avoid nasty smells as much as possible.
- Open a window or go outside to get fresh air.
- Distract yourself with activities such as reading a magazine or watching a film.

Where to get help

If you're feeling very sick or are worried about your vomiting you should contact your healthcare team – or, in an emergency, call **999**.

If sickness is making you feel very low, ask your clinical nurse specialist (CNS) about getting emotional support, or contact our Support Line on **0808 2080 888**.

About this fact sheet

We have produced this fact sheet in collaboration with expert medical professionals and people affected by blood cancer. Thank you to Clinical Nurse Specialists Jodie Nightingill and Gill Brisley, and Consultant Haematologist Kevin Boyd, for their support checking the content of this fact sheet.

Our fact sheets contain general information. Always listen to the advice of your specialist about your individual condition because every person is different.

A list of references used in this fact sheet is available on request.
Please email information@bloodcancer.org.uk

Disclaimer

We make every effort to make sure that the information in this fact sheet is accurate, but you shouldn't rely on it instead of a fully trained clinician. It's important to always listen to your specialist and seek advice if you have any concerns or questions about your health. Blood Cancer UK can't accept any loss or damage resulting from any inaccuracy in this information, or from external information that we link to.

The information in this fact sheet is correct at the time it was published (September 2018).

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