

# Peripheral Neuropathy

## What is peripheral neuropathy?

Peripheral neuropathy is damage to your peripheral nerves. These nerves send information between your body, brain, and spinal cord. Nerve damage can cause problems related to sensation and movement. It can also sometimes affect the function of your body's organs, such as the stomach, lungs, and heart. You have some risk of peripheral neuropathy if you have cancer.

## What causes peripheral neuropathy?

A tumor pressing on or growing into a nerve can cause peripheral neuropathy. Certain chemotherapy drugs, especially in high doses, can also damage nerves. So can radiation therapy, although symptoms may take years to develop. Lung surgery, breast surgery, or the surgical removal of an arm or leg can also cause nerve problems. In addition, cancer-related immune system disorders and non-cancerous conditions, such as diabetes, thyroid problems, and nutrition issues, may affect the health of your nerves.

## What are the symptoms of peripheral neuropathy?

The symptoms depend on which nerves are damaged and how many. Symptoms may include changes in feeling or sensation, such as numbness, tingling, or pain. These changes are most common in the hands and feet. Other possible problems include muscle weakness, dizziness, constipation, and incontinence, which is not being able to control

the flow of urine. Men may experience erectile dysfunction, which is being unable to get or maintain an erection. Tell your doctor immediately if you have any of these symptoms. Early treatment can prevent them from worsening. Symptoms often go away a few months or years after cancer treatment ends, but sometimes they are long-lasting or permanent.

## How is peripheral neuropathy managed and treated?

Treatment depends on the cause and your symptoms. If chemotherapy is the cause, your doctor may lower the dose, change your treatment schedule, or choose another drug. Other medications cannot reverse neuropathy, but they may help relieve pain. For mild pain, your doctor may recommend over-the-counter medications. These include pills you take by mouth and creams you put on the skin. For severe pain, your doctor may recommend prescription anti-inflammatory drugs or pain medication. None of these medicines relieve numbness. Sometimes your doctor may try other medications or topical pain creams to help with nerve pain.

Regular exercise and a diet that includes specific nutrients might help relieve some nerve problems. Physical therapy and occupational therapy can also teach you how to cope with nerve problems. Devices that stimulate the skin with electricity as well as complementary therapies, such as massage or acupuncture, might also help reduce peripheral neuropathy symptoms. Talk with your doctor before you take steps to change your diet and exercise.

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Source: American Society of Clinical Oncology



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## Questions for your health care team

Regular communication is important for making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- Does my cancer or cancer treatment put me at risk for developing peripheral neuropathy?
- What conditions not related to cancer or its treatment can cause peripheral neuropathy?
- Which chemotherapy drugs are more likely to cause peripheral neuropathy?
- What symptoms of peripheral neuropathy should I look for?
- If chemotherapy is causing my peripheral neuropathy, would you recommend switching to a lower dose of the drug, waiting longer between chemotherapy cycles, or using a different drug?
- How long do peripheral neuropathy symptoms usually last?
- Can peripheral neuropathy symptoms get worse after cancer treatment ends?
- What medications can I take to treat my peripheral neuropathy side effects?
- What strategies besides medications can I use to manage peripheral neuropathy?
- How can I reduce the risk of falling, receiving burns, or other problems at home when I have peripheral neuropathy?
- Would you recommend any rehabilitative services or assistive devices, such as a cane or walker?
- If I have a question or problem, who should I call? And how soon?

## Words to Know

### Autonomic nerves:

Nerves that control body functions you don't have to think about, such as blood pressure.

### Chemotherapy:

The use of drugs to destroy cancer cells. Motor nerves: Nerves that send information between your brain and your muscles.

### Occupational therapy:

Rehabilitative therapy that helps people maintain motor skills needed for daily activities.

### Peripheral nervous system:

The part of the body's nervous system made up of nerves not in the central nervous system.

### Physical therapy:

Rehabilitative therapy that helps people improve physical strength, balance, coordination, and mobility.

### Radiation therapy:

The use of high-energy x-rays to destroy cancer cells.

### Sensory nerves:

Nerves that send information to your spinal cord and brain.

### Side effects:

Problems that happen during or after treatment. These could be from the cancer or how the treatment affects your body.

### Supportive care:

Relief of side effects, also called palliative care.

### Surgery:

Removing tissue from the body by cutting it out.

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