

## Guideline for the Use of Scalp Cooling

### Version History

Version	Date Issued	Brief Summary of Change
2.0	February 2008	Endorsed by the Governance Committee
2.1	January 2011	Circulated at NSSG meeting
2.2	March 2011	Formatted Rachel Loveless and circulated to Elaine Spellman for review
2.3	August 2011	Updated by Elaine Spellman
2.4	August 2011	Reviewed by Lara Barnish for submission to the Governance Subgroup
3.0	September 2011	Reviewed and endorsed by Guidelines Sub Group

<b>Date Approved by Network Governance</b>	September 2011
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<b>Date for Review</b>	September 2014
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### Changes made during review in 2011

*Change 1 – (Page 3) inserted Dougherty L, Lister S, 2008. The Royal Marsden Manual of Clinical Nursing Procedures 7<sup>th</sup> edition. Blackwell Science, London.*

**ENDORSED BY THE GOVERNANCE COMMITTEE**

## 1 Scope of the Guideline

This guideline has been produced to support the use of scalp cooling in patients undergoing cytotoxic chemotherapy.

## 2 Background

### What is scalp cooling

There is a need across the Network to ensure equity of access to scalp cooling and that practices deployed are safe, effective and consistent.

## Guideline Statements

### 3 All Patients

- 3.1 All patients with **solid tumours** receiving doxorubicin, epirubicin, docetaxel or paclitaxel as a single agent or in combination with non-alopecia causing drugs should be offered scalp cooling.
- 3.2 Patients with liver metastases, for whom the drug half life may be longer and the scalp cooling less effective, should be offered scalp cooling but must be aware that the effect may be compromised. There is no known benefit to extend the scalp cooling time for these patients.
- 3.3 Scalp cooling **should not be offered** to:
  - a. Patients with haematological disease unless the consultant feels it is appropriate to offer scalp cooling on the basis of quality of life.
  - b. Patients receiving drugs that cause hair loss, e.g. vincristine, where there is no research or evidence of the effectiveness of scalp cooling.
  - c. Patients who have already received a first course of chemotherapy which may induce hair loss but who were not offered or declined scalp cooling.
- 3.4 Patients must be given the Pan Birmingham Cancer Network patient information leaflet on scalp cooling and an opportunity to discuss its contents.
- 3.5 Patients must give verbal consent when they have been fully informed about the nature and length of the procedure, the chances of success, and the risk of scalp metastases.
- 3.6 Accepted methods of scalp cooling include:
  - a. Home made caps (accepted but not recommended)
  - b. Cryogel caps

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c. Scalp Cooling machines

- 3.7 Patients should be advised to apply conditioner prior to scalp cooling and not to wash their hair for 24 hours after scalp cooling and then as infrequently as possible. Styling methods should also be limited to ensure the best effect from the treatment.
- 3.8 Staff using the scalp cooling equipment should have the appropriate training.
- 3.9 The Pan Birmingham Cancer Network policy for the use of scalp cooling should be available in every chemotherapy unit.

### **Monitoring of the Guideline**

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2011 and reviewed in 2012\2013

### **Authors**

1. Elaine Spellman      Chemotherapy Sister
2. Lara Barnish        Deputy Nurse Director


### **References**

Pan Birmingham Cancer Network Policy for the Use of Scalp Cooling (2005) Authors: Elaine Spellman and the Chemotherapy NSSG.  
Dougherty L, Lister S, 2008. The Royal Marsden Manual of Clinical Nursing Procedures 7<sup>th</sup> edition. Blackwell Science, London.

**Approval Signatures**

**Pan Birmingham Cancer Network Governance Committee Chair**

Name: Doug Wulff

Signature 

Date September 2011

**Pan Birmingham Cancer Network Manager**

Name: Karen Metcalf

Signature 

Date September 2011

**Pan Birmingham Cancer Network Site Specific Group Chair**

Name: Frances Shaw

Signature: 

Date September 2011

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