

Managed By  
BCBXHPCSA No: MP0457647  
PR No: 1205587**Qualifications**  
MBBCH, (Wits), FCP (SA), Cert Oncology (SA),  
Fellow Med Onc (Makrobi)  
Immunotherapy (Harvard)  
Precision Oncology (Harvard)

WhatsApp Chat 24/7

**Dr. B. Shoba Inc.**  
**(Physicians, Haematologist & Oncologist)**

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This document is a generic information leaflet and should be read as such.

## 5FU (Fluracetyl)

A member of the Clinical Treatment Team will talk to you about this treatment and its possible side effects before you agree (consent) to have treatment.

### More information about this treatment

You can talk to a member of the Clinical Treatment Team if you want more detailed information about this treatment. Or visit the electronic Medicines Compendium (eMC) website, which has patient information leaflets (PIL) for individual drugs.

### DPD testing before treatment

Before starting this treatment, you should have a blood test. This test checks for gene changes that affect how your body produces DPD. DPD is an enzyme that helps the body break down 5FU. Not Available in RSA.

If you have low DPD levels or no DPD (DPD deficiency), you have more risk of serious or life-threatening side effects from 5FU.

To reduce your risk, we may give you:

- a lower dose of 5FU to start with
- a different type of chemotherapy.

Having low DPD levels does not usually cause any symptoms. Without a test, you will not know whether your DPD levels are low. Testing finds most people who are affected, but not all. A member of the Clinical Treatment Team can give you more information about your risk of DPD deficiency, before you start treatment.

### How fluorouracil (5FU) is given

You usually have 5FU in a chemotherapy day unit or clinic as an outpatient. Or you may have it during a stay in hospital. You may have it with other cancer drugs.

During your course of treatment, you will meet with a member of the Clinical Treatment Team, such as a:

- cancer doctor (Oncologist)
- Medical Officer
- chemotherapy nurse or specialist nurse
- Clinical Associate
- specialist pharmacist.

Before or on the day of each treatment, you will have a blood test. This is to check that it is safe for you to have chemotherapy.

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You will meet with a member of the Clinical Treatment Team before you have chemotherapy. We will talk to you about your blood results and ask how you have been feeling. If your blood results are okay, the pharmacy team will prepare your chemotherapy.

A member of the Clinical Treatment Team will usually give you anti-sickness drugs before chemotherapy. You will have your chemotherapy through 1 of the following:

- a cannula – a short, thin tube the nurse puts into a vein in the arm or hand
- a central line – a fine tube that goes under the skin of the chest and into a vein close by
- a PICC line – a fine tube that is put into a vein in the arm and goes up into a vein in the chest
- an implantable port (portacath) – a disc that is put under the skin on the chest or arm and goes into a vein in the chest.

A member of the Clinical Treatment Team may give you 5FU as an injection into a vein, or as a drip into the vein (infusion).

5FU may also be given over a few days as a continuous infusion. This is usually given through a small portable pump connected to either a central line or a PICC line. The pump can be carried on a belt or in a bag. You can go home with the pump. A member of the Clinical Treatment Team will tell you how to look after it.

5FU can also be given as a cream to treat some types of skin cancer. If you have 5FU as a cream the side effects are different to having it into a vein. A member of the Clinical Treatment Team will tell you more about it. This information is about 5FU that is given into a vein (intravenously).

A member of the Clinical Treatment Team may also give you anti-sickness drugs and other medicines to take home. Take all your capsules or tablets exactly as they tell you to.

## **Your course of chemotherapy**

You usually have a course of several cycles of treatment over a few months. A member of the Clinical Treatment Team will discuss your treatment plan with you

## **About side effects**

We explain the most common side effects of this treatment here. We also include some that are less common.

You may get some of the side effects we mention, but you are unlikely to get all of them. And you may have some side effects, including rarer ones, that we have not listed here.

Other cancer treatments may cause different side effects. If you are also having other cancer treatment, you may have other side effects.

Always tell a member of the Clinical Treatment Team about any **side effects you may be experiencing**. We can give you:

drugs to help control some side effects

## **Advice about managing side effects.**

It is important to take any drugs exactly as explained. This means they will be more likely to work for you.

## **Serious and life-threatening side effects**

Some cancer treatments can cause serious side effects. Sometimes, these may be life-threatening. A member of the Clinical Treatment Team can explain the risk of these side effects to you.



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If your body does not produce enough of an enzyme called DPD, you may have a higher risk of severe or life-threatening side effects.

## Contact the A member of the Clinical Treatment Team

You can reach a member of the Clinical Treatment Team on +27 11 303 2181 or via the 24/7 WhatsApp. Please note that there is always a delay with WhatsApp and therefore should only be used for non-emergencies. If you feel unwell or need advice, you can call at any time of the day or night. Save these numbers in your phone or keep them somewhere safe.

## Very common side effects

These side effects happen to 10 or more people in every 100 people (10% or more) who have this treatment.

## Risk of infection

This treatment can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible. If you have any of the following symptoms, contact a member of the Clinical Treatment Team straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

## It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, we may delay your treatment for a short time, until your cell count increases.

## Bruising and bleeding

This treatment can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

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If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods
- blood in your urine (pee) or stools (poo)

tiny red, brown or purple spots that may look like a rash – these spots can be harder to see if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact a member of the Clinical Treatment Team straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

### **Anaemia (low number of red blood cells)**

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

### **Feeling sick**

A member of the Clinical Treatment Team will prescribe anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as we tell you to, even if you do not feel sick. It is easier to prevent sickness than to treat it after it has started.

If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids. If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact a member of the Clinical Treatment Team on the 24-hour number as soon as possible. We will give you advice. We may change your anti-sickness treatment. Let them know if you still feel sick.

### **Diarrhoea**

This treatment may cause severe diarrhoea. Diarrhoea means passing more stools (poo) **often** than is normal for you or having watery or loose stools. If you have a stoma, it will be more active than usual.

A member of the Clinical Treatment Team may give you anti-diarrhoea drugs to take at home.

If you have diarrhoea or a mild increase in stoma activity, follow their advice about:

- taking anti-diarrhoea drugs
- how much and what type of fluids to drink
- any changes to your diet that might help.

Contact a member of the Clinical Treatment Team straight away on the 24-hour number if any of the following things happen:

- you have diarrhoea at night
- you have uncomfortable stomach cramps
- you have diarrhoea 4 or more times in a day
- you have a moderate increase in stoma activity
- the anti-diarrhoea drugs do not work within 24 hours.



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You may need to give a stool sample or go to hospital to have fluids through a drip or antibiotics.

## Sore mouth and throat

This treatment may cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact a member of the Clinical Treatment Team straight away on the 24-hour number, if:

- a sore mouth or throat affects how much you can drink or eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

We can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow our advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

## Hand-foot (palmar-plantar) syndrome

This treatment can affect the palms of your hands and the soles of your feet. This is called palmar-plantar or hand-foot syndrome.

If you have white skin these areas may become red. If you have black or brown skin, these areas might get darker.

The skin on the palms of your hands and the soles of your feet may:

- be sore
- be painful, tingle, or swell
- peel, crack or blister.

If you have any of these symptoms, contact a member of the Clinical Treatment Team straight away on the 24-hour number. We can give you advice. This is especially important if you have any broken skin or if walking is difficult. We can prescribe creams and painkillers to help.

You can care for your hands and feet by:

- keeping your hands and feet cool by washing in cool water
- gently moisturising your hands and feet regularly
- wearing gloves to protect your hands and nails when working in the house or garden
- wearing loose cotton socks and avoiding tight-fitting shoes and gloves.

## Loss of appetite

This treatment can affect your appetite. Don't worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell a member of the Clinical Treatment Team.

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We can give you advice. We may give you food or drink supplements. Or we may suggest changes to your diet or eating habits to help.

### **Feeling tired**

Feeling tired is a common side effect of this treatment. It is often worse towards the end of treatment and for some weeks after it ends. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery.

### **Effects on the heart**

5FU can affect how the heart works. You may have tests to check how well your heart is working. These may be done before, during and after treatment.

You may develop heart problems even if these test results are normal. Very rarely, 5FU causes heart failure or a heart attack. The risk of this happening is very low. It happens to less than 1 in 100 (1%) of people who have 5FU. But it is important that you know about it.

Contact a member of the Clinical Treatment Team straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- breathlessness
- dizziness
- changes to your heartbeat (palpitations)
- swollen feet and ankles.

Always call 082 911 if you have:

- chest pain, pressure, heaviness, tightness or squeezing across the chest
- difficulty breathing.

### **Difficulty breathing**

5FU can cause sudden tightness (spasm) in the muscles in your chest for a short time. Contact a member of the Clinical Treatment Team straight away on the 24-hour number if you have any of these symptoms during treatment:

- breathlessness
- a cough that does not go away
- wheezing.

Always call 082 911 if you have difficulty breathing.

### **Other side effects**

These side effects happen to less than 10 in 100 people (less than 10%) who have this treatment. Some of them are much rarer than this but they are still important to know about. Rare means a side effect that happens to less than 1 in 1,000 people (less than 0.1%).

### **Tumour lysis syndrome (TLS)**

Some people are at risk of developing a condition called tumour lysis syndrome (TLS). The risk is highest at the beginning of treatment. TLS happens when treatment makes large numbers of cancer cells die and break down quickly. This releases lots of waste products into the blood and can affect the kidneys and heart.

TLS can be prevented or treated. You will have regular blood tests to check for TLS. You may have:



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- extra fluids through a drip
- medicines such as allopurinol tablets or [rasburicase](#) through a drip.

Drinking at least 2 litres (3½ pints) of fluid a day will also help.

## Skin changes

Chemotherapy can affect your skin. If your skin feels dry, try using soap-free cleansers and unperfumed moisturising cream every day.

This treatment can also:

- cause a rash, which may be itchy
- make your skin darker in some areas
- make any area treated with radiotherapy become red or sore. If you have white skin the area will become red and if you have black or brown skin the area might become darker.
- make you more sensitive to the sun.

Your skin may burn more easily during treatment and for several months after. Use a sun cream of at least SPF 30. SPF stands for sun protection factor. Cover up with clothing and wear a hat.

Always tell a member of the Clinical Treatment Team about any skin changes. We can give you advice or prescribe creams or medicines to help. Changes to your skin are usually temporary and improve when treatment ends.

## Nail changes

This treatment can affect your nails. They may grow more slowly or break more easily. You might notice ridges or white or dark lines across your nails. These changes usually disappear as the nails grow out after treatment. Sometimes nails can become loose or fall off. Tell a member of the Clinical Treatment Team about any changes to your nails.

If the skin around your nails becomes sore and swollen, contact a member of the Clinical Treatment Team straight away on the 24-hour number. These might be signs of an infection.

## Effects on the eyes

Your eyes may become watery and feel sore. A member of the Clinical Treatment Team can give you advice and eye drops to help with this.

Contact the hospital on the 24-hour number if:

- your eyes get red and inflamed (conjunctivitis)
- you have pain in your eyes
- you notice any change in your vision.

## Other important information

### Driving and using machines

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If you feel sick, have blurred vision or notice any effects on your nervous system, do not drive or use machines.

## Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact a member of the Clinical Treatment Team straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call **082 911** if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood and dissolve the clots. A member of the Clinical Treatment Team can give you more information about preventing and treating blood clots.

## Other medicines

Some medicines can affect how this treatment works or be harmful while you are having it. Always tell a member of the Clinical Treatment Team about any drugs you are taking or planning to take, such as:

- medicines you have been prescribed
- medicines you buy in a shop, pharmacy or online
- vitamins or supplements
- herbal drugs and complementary or homeopathic therapies
- recreational drugs – for example, cannabis.

## Vaccinations

We usually recommend that our patients have vaccinations for flu and coronavirus (covid). We may also recommend other vaccines, such as Shingrix® for shingles. These all help reduce your risk of serious illness from these infections. Most people can have these vaccines, including people with weak immune systems.

You should not have live vaccines if your immune system is weak. This includes if you are having or recently had chemotherapy, radiotherapy or other cancer treatments that affect your immune system. Live vaccines can make you unwell because they contain a very weak version of the illness, they protect you against. There are several live vaccines, including the yellow fever vaccine.

It is important to ask a member of the Clinical Treatment Team for advice about having vaccinations. We can explain what vaccines are right for you and when it is best to have them.

## Contraception

A member of the Clinical Treatment Team will advise you not to get pregnant or make someone pregnant while having this treatment and for some time afterwards. The drugs may harm a developing baby. It is important to use contraception to prevent pregnancy. Follow their advice about:

- what types of contraception to use
- how long after treatment you should continue to use contraception.

## Sex

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It is possible that small amounts of chemotherapy may be passed on through vaginal fluids or semen. If you have sex in the first few days after treatment, a member of the Clinical Treatment Team will usually advise using condoms or a dental dam to protect your partner.

## Fertility

5FU along with other cancer drugs can affect your fertility (**the ability to get pregnant or make someone pregnant**)**Fertility can be permanent or temporary**. If you are worried about this, it is important to talk with your doctor before you start treatment.

## Breastfeeding

You are advised not to breastfeed while having this treatment, or for some time after treatment ends. This is because the drugs could be passed to the baby through breast milk.

A member of the Clinical Treatment Team can give you more information.

## Medical and dental treatment

If you need medical treatment for any reason other than cancer, always tell the healthcare professional that you are having cancer treatment. Give them the contact details for your cancer doctor or cancer team so they can ask for advice.

If you have appointments with a dentist, always tell them you are having cancer treatment. Talk to a member of the Clinical Treatment Team before you have any dental treatment.