

Hair loss

Some treatments for lymphoma can have side effects that cause changes to your hair. This can include hair loss or thinning, of the hair on your head, as well as elsewhere on your body. We give suggestions to help you care for your hair and scalp during and after treatment. We also outline headwear and other options you might consider if you choose to cover the effects of treatment on your hair.

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We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email information@lymphoma-action.org.uk.

Lymphoma treatment and hair loss

Hair loss is a side effect of some **chemotherapy** and **radiotherapy** treatments. Less commonly, it can be a side effect of **antibody therapy**.

Lymphoma treatment works on cells that divide rapidly, which includes lymphoma cells and hair cells – this is why treatment can cause changes to your hair.

Not everyone who has treatment for lymphoma experiences changes to their hair. Whether you're affected or not depends on lots of factors, including: your **treatment** (type, dose, and how often you have it), your age, and your overall health, including any other conditions you might have.

Effects on your hair are usually short-term and can include:

- slight thinning
- partial or complete loss
- changes in colour, which could include a streak or band of white hair
- changes in texture, such as hair being thinner, coarser or more curly than before treatment.

Mostly, hair eventually goes back to how it was before treatment for lymphoma.

Chemotherapy and hair loss

Hair loss is quite common in people who are treated with **chemotherapy**; overall, around 2 in 3 people experience hair loss.

Chemotherapy kills lymphoma cells, but it can also destroy healthy cells, particularly those that normally divide quickly.

Hair follicles produce hair. They are among the fastest dividing cells in your body, which is why chemotherapy often affects them.

The nails on your fingers and toes might also be affected by chemotherapy. This is because nails contain keratin (the same protein your hair is made from). Nails grow quickly, making them sensitive to chemotherapy. While you're having treatment, your nails might become dry, marked or discoloured and break easily.

Your medical team will speak to you about the likelihood of hair loss before you begin treatment. As a general guide:

- **Chemotherapy regimens** (combinations) using more than one drug are more likely to cause hair loss than treatment with just one drug. Those that are given every 2 to 3 weeks are generally regimens that are more likely to cause hair loss than regimens given every week. If you experience hair loss, it's likely to happen by the end of the second cycle.

- High-dose, **intravenous (IV) chemotherapy** is more likely to cause hair loss than low-dose chemotherapy taken as tablets or capsules (orally).
Conditioning treatment before a **stem cell transplant** usually involves high-dose chemotherapy. It can cause quick and complete hair loss, on areas of the body other than just your head.

Macmillan Cancer Support have an **online search tool** where you can find out more about specific chemotherapy drugs or regimens and their possible side effects.



After the first chemotherapy my long dark hair just blew out. For me, it really is a major part of my identity, and emotionally I found this really difficult. It was a very clear indication of what I was going through – to myself and also to my family.

Surinder, affected by hair loss

If you experience hair loss, your hair usually begins to fall out within a couple of weeks of starting treatment. It usually starts at the top and sides of your head, above your ears. It might fall out gradually, in clumps, or quite quickly. You might notice hair on your pillow or clothes, in your hairbrush, or in the plug hole of your bath or shower.

Hair in other parts of your body might be affected, for example your eyebrows, eyelashes, facial hair, armpit hair and pubic hair. You could also lose hair from inside your nose, which can cause you to have a runny nose.

Hair usually grows back within a few months to a year.



I was told to expect hair loss with my chemotherapy. I initially feared the worst. It actually came out gradually over a few months.

It thinned, which was difficult because my hair had always been very long. There were some very challenging moments where I did not recognise myself in the mirror, but it enabled me to see myself in such a different way than I ever could have imagined. I coped by cutting it shorter several times. I then asked my dad to shave off the rest when I felt ready to fully embrace it. The moment I did this

I felt completely free of any fears I'd had previously and to my surprise I loved my new look. My hair started to grow back quite soon after I'd finished chemo, albeit a bit curly and quite a bit darker than previously, but much thicker and stronger.

Carly, affected by hair loss

You can [read more about Carly's experience](#) on our website.

Radiotherapy and hair loss

Radiotherapy affects hair in the area of the body that receives treatment. This is a common side effect of radiotherapy treatment and usually starts around 2 to 3 weeks after you first have a treatment session.

Radiotherapy damages lymphoma cells to stop them from dividing. However, it also damages healthy cells. Unlike lymphoma cells, healthy cells are able to recover. Cells that grow at a fast rate (including hair cells) are more sensitive to these effects. Radiotherapy can therefore stop you from making new hair.

At lower doses of radiotherapy, hair loss is usually temporary. With higher doses, it might be permanent. The speed of hair re-growth depends on the **type of radiotherapy**, the number of treatments you've had and the area of the body treated.

Hair usually starts to grow back after around 3 to 6 months of treatment.

Targeted drugs and hair loss

Hair loss is uncommon in people who are treated with **targeted drugs** – it affects fewer than 15 in 100 people.

Some targeted drugs are a type of immunotherapy treatment, for example **antibody therapy**. They use your **immune system** to treat your lymphoma. Fewer than 2 in 100 people treated with immunotherapy are affected by hair loss.

Some targeted drugs work on a protein called epidermal growth factor receptor (EGFR), which fuels the growth of cancer cells. EGFR is also needed for the normal growth of hair and nails, which is why these drugs can cause changes to your hair and nails.

Targeted drugs might cause:

- the hair on your head to become more thin, dry or curly
- your hair to turn a yellow colour
- hair on your face, including eyelashes and eyebrows, to grow more quickly and thickly.
- men's facial hair growth to slow and eyebrows to thin
- changes to your nails, for example, they might become discoloured, brittle and dry.

When you can expect your hair to grow back depends on the type of targeted treatment you had – ask your medical team for guidance.

Preparing for changes to your hair

Many people say that the possibility of losing their hair is one of their biggest worries about having treatment. Understandably, the thought of it can cause a great deal of **stress** and anxiety.

Hair loss can be an important part of self-identify, so unwanted changes to it can significantly affect self-esteem and confidence. It's a visible side effect of treatment, and can make it obvious to other people that you're having treatment, including those you might not have chosen to tell. This loss of control and privacy can be very challenging to cope with.

Prepare yourself mentally – keep in mind that you'll come across people you know who don't recognise you anymore. I lost the hair on my head, as well as my eyelashes and eyebrows, which made me look very different. I found that tough to cope with, but I did get used to it after about a month, and my hair grew back very quickly. People did look but I just assumed that they were good-natured people and probably guessed that I was having chemotherapy and hoped that I was recovering OK.

Trevor, affected by hair loss

Speak to your medical team for advice specific to your situation – if your hair is likely to be affected, you might want to ask where from and how quickly you could expect it to grow back. Getting an idea of what to expect can help you to prepare for changes to your hair and give you time to consider what approach you might like to take.

It wasn't a surprise as I was told to expect effects on my hair, but even so, I didn't know how I'd be affected by it once it started to happen. It happened very quickly and I found that very difficult.

Trevor, affected by hair loss

Tips to help prepare for hair loss

We give some tips below. However, the approach you decide to take is a very personal decision.

Consider your options

Take some time to think about your approach in advance of changes happening – this could include what you might say to people, as well as if and how you **choose to cover changes to your appearance**.

Some people find it helpful to use an app that shows how you would look without hair. Search online for one that's suitable for your device.

Tell friends, family and colleagues that you expect to lose your hair

Letting people know that you might lose your hair can prepare you and them for this possibility. Having this conversation in advance might help to lessen your anxiety about others' reactions to any changes in your appearance. You could also signpost them to our information, to help explain hair loss as a side effect of treatment.

Cut or shave your hair

Hair loss due to cancer treatment can be less obvious if you cut your hair short or shave it completely. Some people also find this more comfortable. It can also make it easier to fit **headwear** such as a wig. If you have a beard or moustache, you could also shave these – this can help you get used to having less hair and heighten your sense of control over the situation.



I had a big head of curly hair and a big beard, but I was told I would lose it. The day before my first chemo, my wife came in with her clippers and cut my hair really short. What I hadn't expected was for ALL my hair to fall out; I don't think a single hair remained on my body. No one tells you how uncomfortable it is. It's taken me a while to start feeling like I'm 'firing on all cylinders' but mentally my perspective on life changed. I feel I have to live life to the full. Not in a hedonistic way, but trying to live to the best of my ability.

Colin, affected by hair loss

Covering your hair loss

Consider in advance whether you'd like to cover your hair loss with **headwear** or **cosmetics**. There are lots of different options and you could try some out before you start treatment. Give yourself as much time as you can to choose the option you're most comfortable with it and to start to get used to it.

Some hospitals have a wig service or support worker who can talk to you about headwear options. Ask your clinical nurse specialist or another member of your medical team for information. They might be able to recommend headwear companies too.

Headwear options

There are lots of headwear options available. We outline some popular choices below.

Wigs

Wigs can be made from **synthetic** materials, **real** (human) hair, or a mix of the two. You might also use a wig stocking cap (often made from cotton or nylon). You wear this over your scalp to help it grip better and to fit more comfortably.

If you are considering a wig, ask your clinical nurse specialist or another member of your medical team if they can suggest a wig supplier in your area. **My New Hair** is a charity that offers advice and support to people affected by medical hair loss. You can search their **database of salons that can help you choose, style and fit a suitable wig**.

A wig specialist can offer advice on the different options available. You might want to book an appointment with a wig specialist before you begin to lose hair – you could take a friend or family member with you too, for emotional support and to help you choose. Having a consultation before you experience hair loss allows time to choose a style and to get used to wearing the wig. Some people choose a wig that's as close as possible to their natural hair, while others take the opportunity to try a completely different look.

Macmillan Cancer Support have a **video about choosing and styling a wig**.

Synthetic wigs

Synthetic wigs are usually made of a type of plastic. They often start at around £50, though are sometimes **available for free on the NHS**. Synthetic wigs last for around 5 months. One of the advantages is that they are easy to handwash using shampoo. You can leave them to dry overnight. However, you can't style them with a hairdryer or other heat-styling tools, or the fibres become frizzy.

Real hair wigs

Real hair wigs are made from human hair, which is usually bleached and then dyed. They often start at around £200 and are not usually available on the NHS. One of the advantages of real wigs is that they often look very natural and can last for a few years. You can ask a wig specialist how often you are likely to need to wash the wig and whether this should be done by a hair stylist.

Help with the cost of wigs

You might be eligible to receive a **synthetic wig** free of charge.

If you live in Scotland, Wales or Northern Ireland, synthetic wigs are available free of charge.

If you live in England, synthetic wigs are available for free on the NHS if you meet certain eligibility criteria. These include:

- your age (under 16, or under 19 in full-time education)
- being on a low income
- receiving certain financial support.

You can find out more about **wigs and help with the costs on the NHS website**. If you don't meet the criteria for a free wig, you might still be able to get a subsidised wig from your hospital. Ask your clinical nurse specialist or another member of your medical team for details.

If you buy a wig privately, you don't need to pay value added tax (VAT). This applies to anyone who has lost their hair because of cancer. Ask the company for a VAT exemption form when you buy the wig – you can't claim it back at a later date.

You can find out more about wigs, including **getting one through your health service or the NHS**, on Cancer Research UK's website.

For children and young people up to the age of 24, **Little Princess Trust** provides real hair wigs to those who have lost their hair due to cancer treatment or other conditions.

Cosmetics and camouflage options

Cosmetic or 'camouflage' options help to hide hair loss using make-up, sprays, lotions or powders.

- **Concealing powders or sprays** use tiny fibres that you spray onto or sprinkle over your scalp to make your hair look thicker. You might need to use a hairspray to set the fibres in place. Concealing powders can be useful to cover partial hair loss, although they don't always stay in place if your hair gets wet, for example, in the rain or in a swimming pool. You wash them out and re-apply them.

- **Masking lotions** are waterproof, non-greasy creams that colour your scalp (but not your hair) to disguise hair loss. They come as a cream that you apply to the scalp with a cosmetic sponge. Using a colour that is a shade darker than your natural hair colour can help to cover partial hair loss.
- **Micro-tattoos** use tiny needles to put a coloured material (pigment) into the top layer of your skin. This gives the appearance of closely shaven hair. As the needles pierce the skin, micro-tattooing could increase your **risk of infection**. Doctors therefore usually advise waiting at least 6 months after finishing treatment before micro-tattooing, and it's possible that your hair might have already grown back by this time. Micro-tattoos are semi-permanent and fade over time.
- **Micro-blading** is a semi-permanent tattooing technique for eyebrows. Like micro-tattoos, micro-blading uses tiny needles to add coloured material (pigment) to your skin and this fades over time.
- **False eyelashes and false eyebrows** come in many colours and styles. You, or a beauty therapist, stick them on with a special glue. There are also magnetic options that you attach using a magnetic eye liner.

Cancer Research UK has [skin care and make up tips during cancer treatment](#), including video tutorials, on their website.

The charity [Look Good, Feel Better](#) also offers free workshops across the country to help men, women and young adults with visible effects of cancer treatment.

Accessories

There are lots of options for accessories available, including include hats, headscarves, wraps, turbans, bandanas and zandanas (pre-tied bandana). They come in a wide range of styles, colours and fabrics and can be worn in many different ways. You might be interested in information from Macmillan Cancer Support about [scarves and bandanas](#), including their video about [headwear options for hair loss](#).

After losing my hair, I loved wearing turbans, headscarves and pashminas all in different colours. It was a way of transforming myself and I enjoyed coordinating them with my clothes.

Anna, affected by hair loss

Whether you choose to distract from your hair loss is entirely your decision. Some people take attention away from their head by wearing bright clothes and jewellery.

Looking after areas affected by hair loss

Areas of the body affected by treatment for lymphoma and hair loss can be more sensitive than they were before. You might need to treat these areas more gently. We give some general tips below, but it's important to follow specific advice given to you by your medical team.

Your scalp

Your scalp might feel sore during and after chemotherapy, or after radiotherapy to your scalp. Hair loss can make your scalp feel sore or itchy, and your hair fragile. Follow the advice of your medical team about how to look after your skin. You might need to treat it more gently while it's recovering from treatment.

- Use gentle, unscented products such as baby soaps and moisturisers.
- Softly massage a mild moisturiser into your skin each day. If you are having radiotherapy, your medical team might give you a cream or dressing to protect affected skin.
- If your scalp is flaky, put a few drops of unscented, natural oil (such as almond oil or olive oil) or aloe vera onto some cotton wool and gently massage it into your scalp.
- Use a pillowcase made from 100% cotton to help to reduce scalp irritation.
- Protect your scalp from the sun, wind and cold. Wear a hat or other head covering, or use SPF50 sun lotion or sunblock. You should take these precautions even in cold weather because your scalp is still sensitive to sunlight.

Let your medical team know straightaway if you notice spots on your scalp or if your scalp feels moist as this could be a sign of infection that needs treatment. Tell them if the skin elsewhere on your body feels sore or irritated too.

Your hair

- Limit how often you wash your hair. Use a gentle shampoo and lukewarm water. Let your hair dry naturally or pat it with a towel.
- From time to time, instead of washing it, you could use dry shampoo or sprinkle talcum powder into your hair. Leave it a while, then brush it out. This absorbs grease and helps to ease tenderness. Use a soft hairbrush.
- Comb or brush your hair gently but avoid plaiting it or tying it tightly. Soft hair ties or ribbons are gentler than elastic bands.

- Avoid chemical treatments like perms, bleaches or dyes, and heat damage from straighteners, curling tongs or heated rollers.
- Use a wide-toothed comb or a baby brush. These are often gentler than other types such as paddle brushes, round brushes and rat tail combs.

If you lose hair at night, you could wear a soft wrap, turban or hair net in bed to help collect loose hair as it falls out. Sticky tape can help to pick up hairs from your bed sheets and pillowcase.

Your eyes and nails

- Wear sunglasses if you lose your eyelashes and your eyes feel sensitive to sunlight.
- If your eyes feel dry and sting from having lost your eyelashes, you could lubricate your eyes with drop or 'artificial tears', such as hypromellose eye drops. Ask a member of your medical team whether this is suitable for you.
- If your nails have become dry or discoloured, you might want to use nail varnish to help with their appearance. Check with your medical team if you are considering using newer nail technologies, such as gel manicures.

Frequently asked questions about lymphoma treatment and hair loss

Below are some frequently asked questions about hair loss due to treatment for lymphoma. Speak to your clinical nurse specialist for guidance specific to your situation.

Which chemotherapy drugs cause hair loss?

Your medical team will speak to you about your risk of hair loss before you begin treatment.

Lymphoma chemotherapy drugs that usually cause hair loss include:

- doxorubicin
- cyclophosphamide
- daunorubicin
- etoposide
- ifosfamide

- conditioning chemotherapy (high dose chemotherapy used before a **stem cell transplant**).

Hair loss is more common with **intravenous (IV) chemotherapy**. Whether or not you lose your hair also depends on the dose of your chemotherapy and how often you have it.

Is it possible to prevent hair loss?

Scientists have tested different drugs to see if they could prevent hair loss in people who are treated for cancer. So far, there are no treatments approved for use in the UK to prevent hair loss.

You might have heard of something called 'cold capping' or 'scalp cooling', where you wear a hat filled with a cold gel or liquid while you have your chemotherapy. Cold capping reduces the flow of blood carrying chemotherapy to your hair. Although it can reduce hair loss, it is not recommended for people with lymphoma or other cancers affecting blood cells. This is because you could have lymphoma cells in the blood vessels of your scalp. If you wear a cold cap, the cells are more likely to survive chemotherapy, making the treatment less effective.

Will my hair fall out all at once?

Not everyone who has treatment for lymphoma experiences hair loss. If you do, your hair usually begins to fall out within a couple of weeks of starting treatment. It usually starts at the top and sides of your head, above your ears. It might fall out gradually, in clumps, or quite quickly. You might notice hair on your pillow or clothes, in your hairbrush, or in the plug hole of your bath or shower. Speak to your medical team for information about what to expect based on the treatment you are having.

How quickly will my hair grow back?

Hair loss after treatment is rarely permanent, but it might take a while to grow back.

Part of your hair is made of a protein called keratin. On average, hair grows at a rate of around 1cm or half an inch a month. However, after lymphoma treatment, you might have a temporary lack of keratin, which can weaken your hair and slow its growth. Once keratin levels return to normal, stronger hair can start to grow. How quickly your hair grows back depends on several factors, including the treatment type you've had, your individual response to it and your general health.

- After chemotherapy, hair follicles recover within a few weeks but it takes a bit longer before you can actually see new hair. Most people notice their hair growing back within 3 to 6 months of finishing chemotherapy, although it can take more or less time. Hair often grows back finer, straighter or curlier, or a different colour from how it used to be. Usually, in time, it returns to how it was before treatment. The change is permanent for a small number of people.
- After radiotherapy, it usually takes around 2 to 6 months for hair to grow back but it can take longer. Your hair might be curlier or a different texture than it was before treatment. In some cases, the hair loss can be permanent.

Can anything make my hair grow more quickly?

Some people think that if they rub or massage their scalp, their hair will grow more quickly. There is no evidence that this helps and, in fact, it could damage fragile new hair and so have a negative impact on hair regrowth.

There is some evidence that minoxidil solution (which you can buy over-the-counter) might help it grow back faster. However, further research is needed. Speak to your medical team before using any over-the-counter medicines, to check that they are safe for you.

There are no **complementary and alternative medicines** recommended in the UK to help with treatment-related hair loss. This includes therapies and 'natural products' such as vitamins, minerals and plant-based products.

If you are considering trying something to help your hair to re-grow, check with your medical team first that it is safe for you. Some could irritate your scalp and cause further hair loss.

When can I perm, straighten or dye my hair?

Ask your medical team how long you should wait after finishing treatment before you colour, chemically straighten or perm your hair. Traces of chemotherapy in your hair strands could react with the chemicals used in the styling processes.

Natural, temporary dyes might be better than permanent chemical products. If you'd like to dye your hair, you could ask your clinical nurse specialist if a vegetable-based hair dye that you wash out is suitable for you. These are milder and less damaging to your hair and scalp than chemical ones.

Whichever treatment type you've had, your new hair might be fragile so you should wait for at least six months after your hair has started to grow back before you have woven-in or glued-in hair extensions.

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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