

Hair loss

Some lymphoma treatments can cause your hair to thin or fall out. Knowing what to expect and what you can do about it may help you cope with losing your hair. This page offers advice on how to care for your hair and scalp during and after treatment. It also tells you about some of the options you may wish to consider until your hair grows back.

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Why does lymphoma treatment cause hair loss?

Hair loss is a side effect of some **chemotherapy** and **radiotherapy** treatments. Occasionally people on **antibody therapy** experience hair loss, too. Effects on your hair are usually temporary and can include slight thinning, partial loss, complete loss and changes in colour or texture. Some treatments affect the pigment in your hair follicles, causing a streak or band of white hair. This is usually reversible.

Chemotherapy damages dividing cells. This means it kills lymphoma cells, but it can also destroy healthy cells, particularly those that normally divide rapidly. Hair follicles, which produce hair, are some of the fastest dividing cells in your body and they are often affected by chemotherapy.

Your fingernails might also be affected. Nails grow quickly and they contain keratin (the same protein your hair is made from), making them sensitive to chemotherapy. They might become dry, marked or discoloured and can break easily while you are having treatment.

Radiotherapy damages cells and stops them from dividing. Lymphoma cells are very sensitive to radiotherapy damage but healthy cells in the area being treated can also be affected. However, healthy cells are able to recover from the damage. This means that radiotherapy destroys lymphoma cells, but it can also temporarily stop hair follicles making new hair.

Will I lose my hair?

I knew I would lose my hair, but it was still a shock. When I started to lose it, I asked my hairdresser to just cut it all off, which made it easier for me to deal with.

Pat, diagnosed with follicular lymphoma

Not everyone who has treatment for lymphoma loses their hair. Whether you lose your hair, and where you lose it from, depends on lots of factors, including:

- the **type of treatment** you have
- your dose of treatment
- how you have the treatment
- how often you have it
- how old you are
- whether you have any other illnesses
- your overall health.

Both men and women can experience hair loss.

The figure below shows the overall chances of losing your hair based on the type of treatment you're receiving. This is for general information only and doesn't tell you your individual risk. Your medical team should speak to you about your risk of hair loss before you begin treatment.

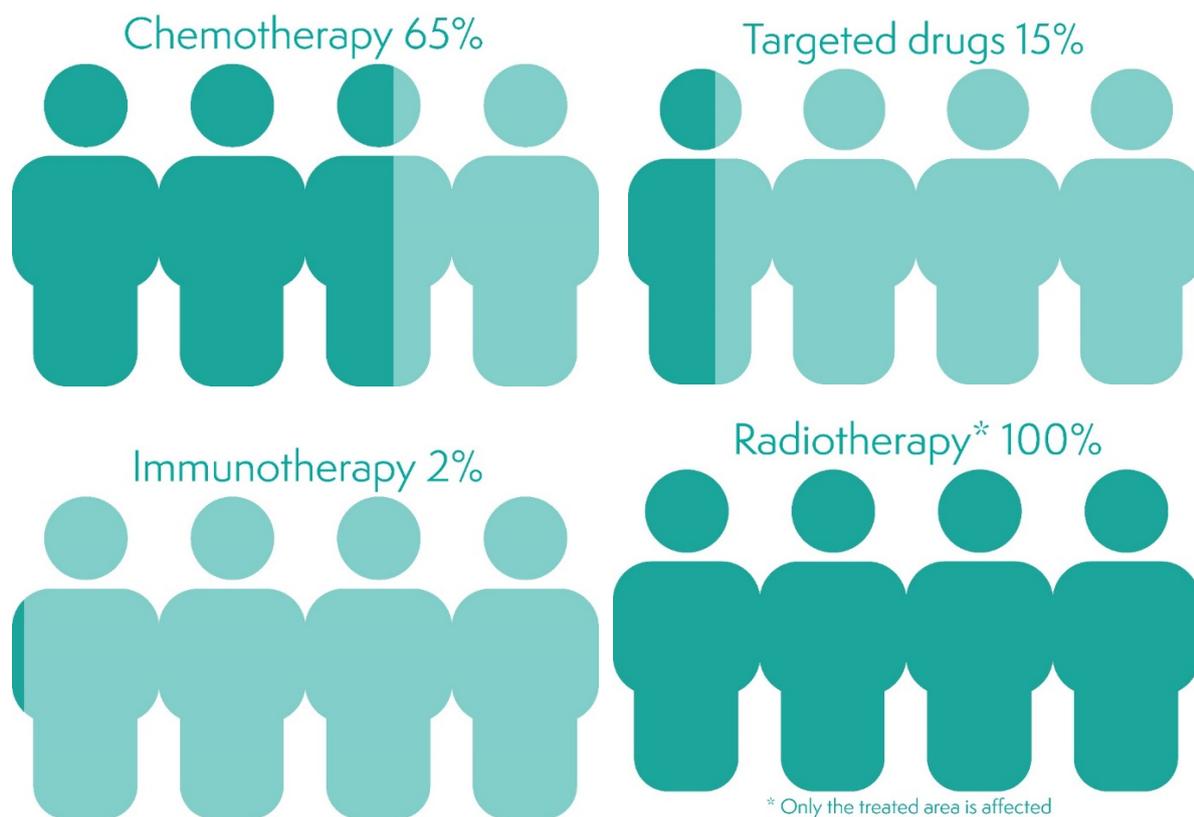


Figure: Overall chance of experiencing hair loss for different treatments

Hair loss with chemotherapy

Hair loss is common in people treated with chemotherapy. Overall, around two-thirds of people treated with chemotherapy experience hair loss. Some chemotherapy drugs are more likely to cause hair loss than others. Lymphoma chemotherapy drugs that usually cause hair loss include:

- doxorubicin (Adriamycin)
- cyclophosphamide
- daunorubicin
- etoposide
- ifosfamide
- conditioning chemotherapy (high dose chemotherapy used before a **stem cell transplant**).

Whether or not you lose your hair is also affected by the dose of your chemotherapy, how you have it and how often you have it.

- **Chemotherapy regimens** (combinations) using two or more drugs are more likely to cause hair loss than treatment with a single drug.
- High-dose, **intravenous** chemotherapy is more likely to cause hair loss than low-dose chemotherapy given orally (by mouth, as tablets or capsules).
- Chemotherapy regimens that are given every 2–3 weeks are more likely to cause hair loss than regimens given every week.

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

You can find out more about your particular chemotherapy drug or regimen and its possible side effects using the [search tool on the Macmillan Cancer Support website](#).

Hair loss with targeted drugs

Hair loss is uncommon in people treated with **targeted drugs**, affecting fewer than 15 in 100 people. It is even less common in people treated with immunotherapy (treatments that use your **immune system** to fight your lymphoma, for example **antibody therapy**): fewer than 2 in 100 people are affected.

Hair loss with radiotherapy

People treated with radiotherapy only lose hair in the precise area being treated. All people lose hair in the treatment area.

Patterns of hair loss

If you're on a chemotherapy regimen that causes hair loss, your hair usually begins to fall out within a couple of weeks of starting treatment. It tends to start at the top and sides of your head, above your ears. It might fall out gradually, in clumps, or it might fall out quickly. You may notice hair on your pillow or your clothes, in your hairbrush, or in the shower drain. As well as the hair on your head, your eyebrows, eyelashes, facial hair, armpit hair and pubic hair might fall out. You may also lose nasal hair, which can cause your nose to run.

If your chemotherapy is on a 2–3 week cycle, you will usually lose your hair by the end of the second cycle. If you have chemotherapy every week, hair loss might be slower and you may not lose it all. It might even start to grow back while you're still on treatment. Conditioning chemotherapy before a stem cell transplant causes rapid and complete hair loss.

If you're on radiotherapy, hair loss only affects the area being treated. It varies from person to person, but most people notice a patch of hair loss within 3 weeks of their first treatment.

Speak to your medical team for advice on what to expect.

Preparing for hair loss

I prepared for chemotherapy by cutting my hair. I thought I might as well try out different colours and styles, so bought a number of wigs. In the end, my hair didn't fall out, but my hair, eyebrows and eyelashes became thinner.

Caroline, diagnosed with follicular lymphoma

Hair might be an important part of your identity, so it's natural that thinning or loss could affect your self-esteem and confidence. In fact, for many people, the idea of losing their hair is their biggest worry about having lymphoma treatment. A small number of people even refuse treatment because of the fear of hair loss.

Losing your hair is a very visible side effect. It can make it obvious to other people that you are having treatment for cancer – including people you may not have told otherwise. It can be difficult to come to terms with this loss of privacy and control over who to tell.

On the other hand, some people view hair loss as a positive sign that their treatment is working.

Knowing what to expect, and preparing for it, helps many people cope better with losing their hair.

Tips to prepare for hair loss

- Think about cutting your hair short or shaving it off completely. Shorter hair can make your hair look thicker and make hair loss less noticeable. Some people find it more comfortable than longer hair. It can also make it easier to fit a wig or hairpiece.
- You might also consider shaving your beard and moustache if you have them. This can help you get used to having less hair and give you a sense of control over your situation.

- Decide in advance whether you want to cover your hair loss. There are lots of different **headwear and cosmetic options**. Try some out beforehand to see what works for you.
 - Some people find it helpful to try an app that shows you how you will look without hair. Family and friends can also join in.
 - Tell family and friends that you expect to lose your hair. This can prepare them for the potential change in your appearance. If you feel uneasy about how they might respond, talking to them in advance of your treatment may help you feel less anxious.
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Headwear options

Whether or not to use a head covering when hair falls out is a very personal decision. If you choose to, there are lots of options you can try. Some are listed below. It's a good idea to speak to your nurse specialist or another member of your medical team about options, too. Your hospital might have a hair loss support worker or they may be able to suggest recommended headwear companies.

Try out wigs and other headwear options before you begin treatment. Give yourself as much time as you can to pick the option you're most comfortable with and to get used to it – or you may prefer to accept the change in your appearance and not use any headwear at all. Go with what feels right for you.

Wigs

If you are considering a wig, ask your nurse specialist or another member of your medical team if they can put you in touch with a local wig supplier. **My New Hair**, a charity that provides advice and support for people with medical hair loss, has a searchable **database of salons that can help you choose, style and fit a suitable wig**.

You might want to book an appointment with a wig specialist before you begin losing your hair. This will give you time to choose a style you like and get used to wearing it. Some people choose a wig that's as close as possible to their natural hair but others take the opportunity to try something completely different. Take someone with you to help you choose – and ask the supplier for advice on the different options available.

Wigs can be made from synthetic (man-made) or real hair, or a combination of the two.

Synthetic wigs

- Cost £70 or more. May be available free on the NHS.
- Easy to wash.
- Cannot be heat-styled or the fibres will become frizzy.
- Last around 6–12 months.

Real hair wigs

- Cost from £200. Not usually available on the NHS.
- Can look very natural.
- Might need to be washed and styled by a hairdresser.
- Last around 3–4 years.

Synthetic wigs are free of charge on the NHS in Scotland, Wales and Northern Ireland. In England, synthetic wigs are free on the NHS for children, people on certain benefits and people on a low income. To apply for help with the cost of a wig in England, download the [refund claim form for NHS wigs and fabric supports](#). Children and young people up to 24 years old may be able to get a real hair wig free of charge from the [Little Princess Trust](#).

If you don't meet the criteria for a free wig, you might still be eligible for a subsidised wig from your hospital. Ask your nurse specialist for details.

If you buy a wig privately, you shouldn't have 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 won't be able to claim it back at a later date.

Cosmetics

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

- Pigmented concealing powders (or 'spray-on hair') use tiny fibres to colour your scalp and make your hair look thicker. They are available in a variety of colours. They come as a spray or a powder that you sprinkle over your scalp. They may need a separate fixing spray. Concealing powders are an option for people with partial hair loss. They have to be applied every day and they can sometimes smudge in the rain or after swimming.

- Masking lotions are waterproof, non-greasy creams that colour the scalp to disguise hair loss. They don't colour the hair itself. They come as a cream that you apply to the scalp with a cosmetic sponge. Applying a colour darker than your natural hair helps cover partial hair loss.
- For complete hair loss, some people consider micro-tattooing of the scalp to give the appearance of closely shaven hair. Since hair loss from chemotherapy or radiotherapy is almost always reversible, this is not usually necessary. There could also be a potential risk of infection for people who are on treatment. As with tattooing, it is advisable to wait at least 6 months after finishing treatment before considering micro-tattooing.
- If you have lost your eyebrows and eyelashes, there's a huge range of make-up (including semi-permanent and permanent options), false eyelashes and false eyebrows to choose from. [Cancer Research UK](#) has further information, including video tutorials. The charity [Look Good, Feel Better](#) also offers free workshops across the country to help women and teenagers with visible effects of cancer treatment. Your eyes might be more sensitive to light if you lose your eyelashes, in which case sunglasses can help.
- 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.

Check with your medical team before trying concealing powder, masking lotion, micro-tattooing, or semi-permanent or permanent make-up. Powders and lotions contain chemicals so you should always do a patch test before use. Micro-tattooing and semi-permanent and permanent make-up techniques pierce the skin and may increase your risk of infection.

Accessories

There are lots of headwear options apart from wigs. These include hats, headscarves, wraps, turbans and bandanas. They come in a wide range of colours and fabrics and can be worn in many different ways. Macmillan have a step by step guide on [how to tie a bandana](#).

Clothing and accessories, such as jewellery and brightly coloured tops, can also divert attention away from your head if that's what you'd like to do. However, you might choose to go with the change and not to try to distract from it.

Looking after your hair and scalp

If you lose your hair, your scalp might feel sore or itchy. Your hair could also be fragile and may need gentler treatment than usual.

Looking after your scalp

Your scalp might feel tender during and after chemotherapy, or after radiotherapy to your scalp. Follow the advice of your medical team. Let your medical team know if the skin elsewhere on your body feels sore or irritated.

- Use gentle, unperfumed products such as baby soaps and moisturisers.
- Softly massage a mild moisturiser into your skin each day. If you are having radiotherapy, you may be given a cream or a dressing to protect affected skin.
- If your scalp is flaky, put a few drops of unperfumed, natural oil (such as almond oil or olive oil) or aloe vera onto some cotton wool and gently massage it into your scalp.
- Protect your scalp from the sun, wind and cold. Wear a hat or other head covering, or use sun block. You should do this even in cold weather because your scalp is still sensitive to sunlight.

Let your medical team know if you notice spots on your scalp or if your scalp feels moist. It could mean you have an infection that needs treatment.

Looking after your hair

- Only wash your hair when it needs it, using a gentle shampoo and lukewarm water. Let your hair dry naturally or pat it with a towel.
- In between washes, try sprinkling talcum powder into your hair. Leave it for a while and then brush it out. This can help absorb grease and ease tenderness.
- Use a soft hairbrush.
- Avoid hairstyles that 'pull' on your hair, such as ponytails or plaits.
- Be kind your hair. Avoid chemical treatments like perms, bleaches or dyes, and heat damage from straighteners, curling tongs or heated rollers.

Staying comfortable in bed

- Consider using a satin or silk pillowcase, which causes less friction than man-made fabrics, or a pillow filled with gel or foam that stays cool. Cotton pillowcases are cooler than man-made fabrics like polyester.
 - You may want to wear a soft wrap or turban at night to help collect loose hair as it falls out.
 - Use sticky tape to pick up hairs from your bed sheets. You might find this easier than picking them up with your fingers.
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When your hair grows back

Hair loss after treatment is rarely permanent but it may take a while for your hair to grow back. On average, hair grows at a rate of around 1cm a month. Part of your hair is made of a protein called keratin. After lymphoma treatment, you may have a temporary lack of keratin, which can weaken your hair and slow its growth. Once keratin level returns to normal, stronger hair can begin 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 finishes, hair follicles recover within a few weeks but it takes a bit longer for new hair to be visible. Most people notice their hair growing back within 3–6 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 what it used to be. It tends to eventually return to what it was before treatment. The change is permanent for a small number of people.
- After radiotherapy finishes, it usually takes around 2–6 months for hair to grow back but it can be longer. Like chemotherapy, hair might be curlier or a different texture from before treatment.

Your scalp might itch as your hair begins to grow back. If your scalp is dry, frequent shampooing and moisturising can help.

You should wait 6–12 months after finishing chemotherapy treatment before you colour, chemically straighten or perm your hair. Chemotherapy can still be present in your hair strands and could react with the chemicals used in the styling processes. Ask your hairdresser about natural products like vegetable-based and wash-in-wash-out dyes. These are often alternatives to permanent dyes and are gentler on your hair and scalp.

You should also wait several months after your hair has started to grow back before you have woven-in or glued-in hair extensions. Your new hair could be fragile and extensions can pull on it and cause it to break.

FAQs

Below are some frequently asked questions about hair loss due to chemotherapy or radiotherapy.

Can hair loss be prevented?

Several drugs have been tested to see if they prevent hair loss caused by chemotherapy or radiotherapy. So far, none of them have been found to be effective enough to be approved for use in the UK. Lots of new drugs are being studied. As yet, there is little research into prevention of hair loss on targeted drugs.

You might have heard of something called 'cold capping' or 'scalp cooling', where you wear a hat filled with coolant 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.

Can hair loss be treated?

When treatment ends, your hair will grow back on its own. There is some evidence that minoxidil solution (a medicine available to buy over-the-counter) applied to your scalp twice a day for 6 months might help it grow back faster but further research is needed. Speak to your medical team before using any over-the-counter medicines.

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.

References

The full list of references is available on request. Please email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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