

Diwedd oes

Mae'r wybodaeth yma ynghylch beth sy'n digwydd tuag at ddiwedd oes a sut i gynllunio ar ei gyfer.

Efallai y bydd peth o'r wybodaeth hon yn peri gofid i chi ei darllen. Efallai byddwch am ofyn i berthynas agos, ffrind neu weithiwr iechyd proffesiynol ei darllen hefyd, fel y gallwch siarad am yr wybodaeth gyda'ch gilydd.

Os oes gennych unrhyw gwestiynau am yr wybodaeth hon, gallwch ofyn i'ch meddyg neu nyrs yn yr ysbyty lle rydych yn cael eich triniaeth.

Gallwch hefyd ffonio Cymorth Canser Macmillan ar radffôn **0808 808 00 00**, 7 diwrnod yr wythnos rhwng 8am ac 8pm. Mae gennym gyfieithwyr, gallwch siarad â ni yn eich iaith eich hun. Pan fyddwch yn ein ffonio, dywedwch wrthym yn Saesneg pa iaith yr ydych ei hangen.

Mae mwy o wybodaeth am ganser yn Gymraeg yn macmillan.org.uk/translations

Mae'r wybodaeth hon yn trafod:

- Dysgu eich bod yn agos at ddiwedd oes
- Cynllunio ymlaen
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- Wythnosau olaf oes
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- Gofalu am rywun ar ddiwedd oes
- Ar ôl marwolaeth
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- Cael y gofal a'r cymorth cywir i chi
- Sut y gall Macmillan eich helpu chi
- Rhestr geiriau
- Mwy o wybodaeth yn Gymraeg
- Cyfeiriadau a diolchiadau

Dysgu eich bod yn agos at ddiwedd oes

Sut y gallwch fod yn teimlo

Mae'n debygol y bydd gennych lawer o emosiynau pan fyddwch chi'n darganfod y gallech fod yn agosáu at ddiwedd eich oes. Efallai y byddwch chi'n teimlo'n ofidus ac yn ansicr sut i ymdopi â'ch teimladau. Efallai y byddwch chi'n teimlo'n ddiffwrwyth ac yn bryderus am yr hyn fydd yn digwydd yn y dyfodol.

Gall siarad am eich sefyllfa helpu. Efallai y bydd yn ddefnyddiol i chi siarad am eich meddyliau a'ch teimladau gyda rhywun rydych chi'n ymddiried ynddynt. Gallent fod yn ffrind agos, partner neu aelod o'r teulu. Efallai y bydd yn haws i chi siarad â gweithiwr gofal iechyd proffesiynol. Gall eich meddyg teulu, nyrs arbenigol neu dîm gofal iechyd yn yr ysbyty eich cefnogi. Gallwch hefyd siarad ag un o arbenigwyr cefnogaeth cancer Macmillan ar **0808 808 00 00**. Mae gennym gyfieithwyr.

Perthnasau gyda phobl agos atoch chi

Weithiau, gall cael salwch terfynol effeithio ar eich perthnasoedd. Efallai y bydd rhai pobl yn ei chael hi'n anodd gwybod beth i'w ddweud. Neu efallai y byddant yn osgoi siarad am eich salwch. Efallai y bydd eraill yn or-siriol.

Os oes gennych bartner, efallai y byddwch yn ceisio amddiffyn eich gilydd. Os gallwch chi, siaradwch â'ch gilydd am eich sefyllfa a'ch teimladau. Gall bod yn agored ac yn onest eich helpu i ymdopi â thristwch, pryder ac ansicrwydd.

Mae'r hyn rydych chi'n dewis ei ddweud wrth blant yn dibynnu ar eu hoedran a faint y gallant ei ddeall. Yn aml, mae'n well bod yn onest â nhw, a cheisio rhoi gwybodaeth iddynt y gallant ei deall.

Gall arbenigwyr cymorth cancer Macmillan roi cyngor a chymorth i'ch teulu a'ch ffrindiau. Gallwch eu ffonio ar **0808 808 00 00**.

Cefnogaeth ysbrydol, grefyddol neu fugeiliol

Bydd rhai pobl yn dod yn fwy ymwybodol o gredoau crefyddol neu deimladau ysbrydol tuag at ddiwedd eu hoes. Efallai y bydd yn ddefnyddiol i chi siarad â ffrind agos neu aelod o'r teulu, neu weithiwr iechyd a gofal cymdeithasol proffesiynol. Gallwch hefyd siarad â chaplan neu arweinydd crefyddol, hyd yn oed os nad ydych yn grefyddol. Maent fel arfer yn wrandawyr da ac wedi arfer bod gyda phobl sy'n ofidus neu'n drist.

Efallai y byddai'n well gennych chi siarad gyda rhywun nad yw'n grefyddol. Mae gan Humanist UK (www.humanist.uk) wirfoddolwyr sy'n gallu darparu cefnogaeth fugeiliol nad yw'n grefyddol.

Cynllunio ymlaen

Gall cynllunio ymlaen llaw helpu pobl eraill i wybod sut yr hoffech chi dderbyn gofal. Mae'n golygu eich bod yn fwy tebygol o gael y gofal yr hoffech ei gael. Mae cynllunio ymlaen yn cynnwys:

Eich dymuniadau o ran gofal

Efallai y byddwch am feddwl sut a ble yr hoffech dderbyn gofal . Mae'n well ysgrifennu eich dymuniadau a'r hyn sy'n bwysig i chi.

Penderfynu a oes unrhyw driniaethau nad ydych eu heisiau

Gallwch benderfynu ar unrhyw driniaethau nad ydych am eu cael yn y dyfodol. Gelwir hyn yn 'Benderfyniad o flaen llaw i wrthod triniaeth' yng Nghymru, Lloegr a Gogledd Iwerddon ac yn 'Gyfarwyddyd o flaen llaw' yn yr Alban. Mae'n well ysgrifennu'r rhain i lawr. Byddant ond yn cael eu defnyddio os na allwch wneud neu gyfleu penderfyniad eich hun.

Penderfynu pwy all wneud penderfyniadau ar eich rhan

Gallwch ddewis rhywun i wneud penderfyniadau ar eich rhan os na fyddwch yn gallu gwneud penderfyniadau eich hun. Fe elwir hyn yn rhoi pŵer atwrnai i rywun. Gall y pŵer a roddwch iddynt fod yn dymor hir neu dymor byr. Mae cyfreithiau pŵer atwrnai yn wahanol yng Nghymru, Lloegr, yr Alban a Gogledd Iwerddon.

Gwneud ewyllys

Mae ewyllys yn ddogfen gyfreithiol sy'n rhoi cyfarwyddiadau ynghylch i bwy ydych chi eisiau rhoi eich arian a'ch eiddo pan fyddwch yn marw. Mae'n golygu y bydd eich anwyliaid a'ch ffrindiau yn cael gofal yn y ffordd rydych chi ei eisiau.

Mae'n syniad da fel arfer i ddefnyddio cyfreithiwr pan fyddwch yn ysgrifennu eich ewyllys. Mae cyfreithiwr yn weithiwr cyfreithiol proffesiynol wedi'i hyfforddi i helpu pobl ysgrifennu eu hewyllys. Byddant yn sicrhau bod pawb yn deall beth rydych eisiau i ddigwydd.

Cynllunio eich angladd

Efallai byddwch eisiau cynllunio eich angladd. Gallwch chi feddwl a ydych chi eisiau:

- claddedigaeth neu amlosgiad
- caneuon, darlleniadau neu weddïau penodol
- arferion neu ddefodau penodol i'w dilyn
- cael eich gwisgo neu eich cyflwyno mewn ffordd arbennig.

Gallwch siarad gyda'ch teulu neu ffrindiau ynghylch y cynlluniau hyn. Efallai y bydd ganddynt hwythau syniadau a fydd yn eu helpu i ffarwelio.

Eich gofal ar ddiwedd oes

Gall gweithwyr gofal iechyd proffesiynol gwahanol eich helpu pan fyddwch yn agosáu at ddiwedd eich oes:

Eich meddyg teulu

Tra byddwch chi adref, mae eich meddyg teulu yn gyfrifol am eich gofal. Gallant:

- ragnodi unrhyw gyffuriau sydd eu hangen arnoch
- trefnu cymorth gan weithwyr proffesiynol eraill
- siarad am beth all ddigwydd pan na fydd eich iechyd gystal.

Nyrsys

Mae yna nyrsys gwahanol a all ymweld â chi gartref.

Mae nyrsys ardal yn aml yn gweithio gyda nyrsys gofal lliniarol i helpu i'ch cefnogi chi a'ch gofalwyr. Gallant:

- newid rhwymynnau a rhoi meddyginiaeth i chi
- rhoi cyngor
- dangos i'ch gofalwyr sut i ofalu amdanoch
- trefnu gofalwr cymdeithasol neu gynorthwydd gofal iechyd
- trefnu cymhorthion ymarferol, fel matresi lleddfu pwysau neu gomodau.

Mae nyrsys gofal lliniarol yn gofalu am bobl sy'n agos at ddiwedd eu bywyd. Gallant helpu gyda phoen a symptomau eraill. Gallant ddarparu cefnogaeth emosiynol i chi a'ch teulu, ffrindiau neu bartner.

Mewn rhai rhannau o'r wlad mae nyrsys Marie Curie yn gofalu am bobl yn y cartref sy'n agos at ddiwedd eu bywyd. Gall eich meddyg teulu neu nyrs ardal ddweud wrthyfych a oes nyrsys Marie Curie yn eich ardal.

Gall gweithwyr gofal iechyd proffesiynol eraill fel therapydd galwedigaethol neu ffisiotherapydd hefyd helpu i'ch cefnogi. Efallai y bydd y gwasanaethau cymdeithasol yn gallu helpu os oes angen help arnoch gyda phethau fel gofal personol, glanhau a choginio.

Dewis ble i farw

Mae'n well gan rai pobl farw gartref. Efallai y bydd yn well gan bobl eraill fod mewn hosbis, cartref gofal neu ysbyty. Mae hosbis yn gofalu am bobl gyda salwch angheuol ac a allai fod yn agos at ddiwedd eu hoes. Mae ganddyn nhw feddygon a nyrsys gofal lliniarol arbenigol sy'n arbenigo mewn rheoli symptomau fel poen. Maent hefyd yn rhoi cymorth emosiynol. Mae rhai pobl yn mynd i hosbis am gyfnod byr i gael cymorth i reoli symptomau. Mae rhai pobl yn dewis marw mewn hosbis.

Efallai y byddai'n well gennych dderbyn gofal mewn cartref gofal preswyl neu gartref nyrsio, os oes angen gofal arnoch am sawl mis. Efallai y bydd yn well gan rai pobl fod mewn ysbyty.

Ble bynnag yr ydych, gallwch gael help gan dîm gofal lliniarol. Mae hwn yn grŵp o weithwyr gofal iechyd proffesiynol sy'n gofalu ac yn cefnogi pobl sydd â salwch na ellir ei wella. Mae timau gofal lliniarol mewn hosbisau, yn y gymuned ac mewn ysbytai.

Wythnosau olaf oes

Yn ystod wythnosau olaf eich bywyd, efallai y byddwch chi'n mynd trwy newidiadau emosiynol a chorfforol.

Newidiadau emosiynol

Mae'n naturiol i deimlo gwahanol emosiynau, yn cynnwys gorbryder, dicter neu dristwch yn ystod wythnosau olaf eich bywyd.

Gall siarad â'ch teulu neu rywun yn eich tîm gofal iechyd helpu. Mae'n well gan rai pobl siarad â rhywun nad ydynt yn ei adnabod, fel cwnselydd.

Blinder

Mae'n arferol i gael llai o egni. Efallai y byddwch angen help i wneud pethau fyddwch chi fel arfer yn gwneud eich hun. Efallai y gwelwch fod angen i chi orffwys mwy.

Pethau a all helpu:

- Cadwch eich egni ar gyfer y pethau sy'n bwysig i chi ac rydych chi'n eu mwynhau
- Gofynnwch i deulu neu ffrindiau helpu gyda phethau fel coginio a glanhau
- Os yw bwyta'n eich blino, ceisiwch fwyta ychydig ac yn aml.

Problemau cysgu

Efallai y byddwch chi'n ei chael hi'n anodd cysgu. Efallai bod hyn oherwydd eich bod yn teimlo'n bryderus neu fod gennych symptomau sy'n eich poeni. Gall rhai meddyginiaethau eich cadw yn effro. Dywedwch wrth eich meddyg neu nyrs os nad ydych yn cysgu'n dda. Gall tabledi cysgu helpu rhai pobl.

Pethau a all helpu:

- pylwch y golau ac unrhyw sŵn
- os yw'ch matres yn anghyfforddus, gofynnwch i'ch nyrs am gyngor ynghylch un mwy cyfforddus
- yfwch ddiod boeth cyn mynd i'r gwely, ond gan osgoi caffein ac alcohol
- ceisiwch osgoi defnyddio sgrin am o leiaf 1 awr cyn i chi fynd i'r gwely
- ymarferion anadlu ac ymlacio syml.

Poen

Mae llawer o bobl yn poeni am boen wrth iddynt nesáu at ddiwedd eu hoes. Os ydych mewn poen, mae'n bwysig dweud wrth eich tîm gofal iechyd. Gallant wneud yn siŵr bod gennych y dos cywir o boenladdwyr i reoli eich poen.

Dylech ddilyn cyfarwyddiadau eich meddyg neu nyrs bob amser o ran cymryd poenladdwyr.

Efallai y cewch boenladdwyr fel tabledi, moddion hylifol, neu batsys sy'n cael eu glynu ar y croen. Os na allwch lyncu neu os ydych yn sâl, efallai y byddwch yn eu cael fel pigiad o dan y croen neu drwy bwmp bach.

Efallai y cewch sgil-efeithiau o gymryd poenladdwyr. Gall poenladdwyr cryf achosi syrthni, salwch a diffyg traul. Bydd teimlo'n gysglyd a salwch yn gwella ar ôl ychydig ddyddiau fel arfer. Os ydych chi'n cael poenladdwr cryf efallai y bydd angen i chi gymryd meddyginiaeth a elwir yn garthydd i helpu gyda rhwymedd. Rhwymedd yw pan mae'n anodd neu'n boenus i gael pŵ. Efallai na fyddwch yn mynd mor aml ag arfer.

Colli pwysau a cholli archwaeth

Mae'n arferol i chi deimlo'n llai llwglyd wrth i chi nesáu at ddiwedd eich oes. Hyd yn oed os ydych chi'n bwyta'n dda, efallai y byddwch chi'n colli pwysau, a gall hyn beri gofid.

Pethau a all helpu:

- Bwyteuach fyrbrydau neu brydau bach yn amlach. Bwyteuach yr hyn a allwch yn unig.
- Os nad ydych chi'n hoffi arogl coginio, gofynnwch i rywun arall goginio'ch bwyd os yw hyn yn bosibl.
- Ceisiwch fwyta bwydydd sy'n hawdd eu treulio.

Nid oes angen cymaint o fwyd ar eich corff tua diwedd oes.

Teimlo'n sâl neu fod yn sâl

Efallai y byddwch yn teimlo'n sâl (cyfog) neu'n sâl (chwydu). Gall eich meddyg neu nyrs roi cyffuriau gwrth-salwch (gwrth-emetig) i chi i'ch helpu. Gellir eu rhoi fel tabledi neu foddion hylifol. Os na allwch lyncu meddyginiaethau, gallwch eu cael mewn ffordd wahanol.

Pethau a all helpu

- Cymerwch feddyginiaethau gwrth-salwch yn rheolaidd.
- Bwyteuach fwyd cynnes neu oer, gan nad yw hwn yn arogl mor gryf â bwyd poeth.
- Bwyteuach fwydydd sych.
- Gall sinsir helpu – rhowch gynnig ar sinsir wedi'i grisialu, te sinsir, cwrw sinsir neu fisgedi sinsir.
- Bwyteuach ychydig ac yn aml.
- Gofynnwch i rywun arall baratoi bwyd i chi os yw hyn yn bosibl.

Rhwymedd

Efallai y byddwch chi'n cael rhwymedd oherwydd nad ydych chi'n symud o gwmpas

ac nad ydych chi'n bwyta ac yfed cymaint. Mae'n bwysig dweud wrth eich meddyg neu nyrs os cewch y broblem hon.

Pethau a all helpu:

- Cymerwch eich carthyddion fel y mae eich meddyg neu nyrs yn dweud wrthyich.
- Yfwch gymaint o hylif ag y medrwch.
- Ceisiwch gael rhai bwydydd sy'n cynnwys llawer o ffibr, fel ffrwythau a llysiau, reis brown, bara brown neu basta brown.
- Os gallwch chi, gwnewch ychydig o ymarfer corff ysgafn fel cerdded.

Teimlo allan o wynt

Dwedwch wrth eich doctor neu nyrs cyn gynted â phosib os ydych chi allan o wynt neu'n fwy allan o wynt nag arfer yn sydyn. Gallai gwahanol bethau helpu yn ddibynnol ar beth sy'n achosi i chi fod allan o wynt.

Gall bod allan o wynt fod yn frawychus iawn a gall wneud i chi deimlo'n bryderus. Gall eich nyrs neu ffisiotherapydd ddysgu dulliau ymlacio i chi, fel eich bod yn teimlo'n llai pryderus ac allan o wynt.

Efallai y bydd eich meddyg yn rhagnodi meddyginiaethau i helpu. Gallant hefyd ragnodi ocsigen rydych chi'n ei anadlu i mewn trwy fwgwd.

Pethau a all helpu:

- ceisiwch eistedd wrth ffenestr agored
- defnyddiwch ffan drydan neu ffan llaw i chwythu aer ar eich wyneb
- gall nyrs neu ffisiotherapydd ddangos i chi a'ch gofalwyr ble yw'r lle gorau i chi eistedd neu sefyll i'ch helpu i anadlu
- eisteddwch i wneud tasgau fel ymolchi a gwisgo
- ceisiwch ddefnyddio dyfais symudol i siarad â rhywun mewn ystafell arall.

Anhawster symud o gwmpas

Yn raddol, efallai y byddwch chi'n ei chael hi'n anoddach symud o gwmpas. Os nad ydych yn symud o gwmpas rhyw lawer, efallai y bydd eich croen yn mynd yn ddolurus. Mae'n bwysig newid eich ystum yn rheolaidd os gallwch chi. Os oes angen help arnoch, gall eich nyrs ddangos i'ch gofalwyr sut i'ch symud yn ddiogel fel eich bod yn gyfforddus.

Problemau â'r geg

Mae gofalu am eich ceg yn bwysig. Gall helpu i atal problemau fel ceg sych neu ddolurus, wlserau neu haint. Dywedwch wrth eich nyrs neu feddyg os ydych chi'n cael unrhyw broblemau â'ch ceg.

Pethau a all helpu:

- Os medrwch, dylech frwsio eich dannedd ddwywaith y dydd yn defnyddio past dannedd fflworid. Defnyddiwch frwsh dannedd plant meddal os yw'ch ceg yn boenus.
- Os oes gennych ddannedd gosod, glanhewch nhw fel arfer.
- Defnyddiwch unrhyw hylif golchi ceg a ragnodwyd i chi.

- Os oes gennych geg sych, ceisiwch sipian dŵr – mae rhai pobl yn gweld dŵr tonig yn ddefnyddiol. Gallech hefyd geisio sugno lolis iâ neu dalpiau iâ, neu gnoi gwm- heb siwgr.

Dyddiau olaf oes

Bydd profiad pob person o ddyddiau olaf bywyd yn wahanol. Gall fod yn anodd gwybod yn union beth fydd yn digwydd, na pha mor gyflym fydd pethau'n newid. Fel arfer byddwch yn gwanhau yn raddol ac ychydig iawn o egni fydd gennych chi.

Efallai y byddwch:

- yn ei chael yn anodd symud o gwmpas
- yn gorfod treulio'r rhan fwyaf o'r diwrnod neu'r diwrnod cyfan yn y gwely
- yn colli diddordeb mewn bwyta ac yfed
- yn cysgu llawer ac yn teimlo'n gysglyd pan fyddwch ar ddiun
- yn teimlo'n ffwdrus neu'n ddryslyd ac yn ansicr a ydych yn breuddwydio ai peidio
- yn breuddwydio am bobl nad ydynt yno neu bobl yr oeddech yn eu hadnabod yn y gorffennol
- yn colli diddordeb yn eich amgylchoedd a'r bobl o'ch cwmpas.

Mae'r rhain i gyd yn bethau naturiol a all ddigwydd wrth i chi nesáu at ddiwedd eich oes.

Agosáu at farwolaeth

Er bod marwolaeth yn broses naturiol, mae'n arferol poeni beth fydd yn digwydd. Efallai y byddwch chi'n teimlo'n bryderus neu'n ofnus. Neu efallai y byddwch chi'n teimlo'n dawel ac yn heddychlon.

Fel arfer, rydych chi'n llithro i gwsg dwfn lle rydych chi'n anymwybodol. Ni ellir eich deffro, ond efallai y byddwch yn dal i allu clywed a bod yn ymwybodol o bobl o'ch cwmpas.

Fel arfer, mae munudau olaf bywyd yn dawel iawn. Gall eich anadlu ddod yn arafach fyth ac yn fwy afreolaidd, gyda seibiau hir iawn rhwng pob anadl. Yn y pen draw, byddwch yn stopio anadlu yn gyfan gwbl.

Gofalu am rywun ar ddiwedd oes

Mae'r wybodaeth hon wedi'i hysgrifennu ar gyfer eich perthnasau neu ofalwyr. Efallai y byddwch am ei darllen gyda'ch gilydd

Mae'r wybodaeth hon yn esbonio mwy am ofalu am rywun yn ystod ychydig ddyddiau olaf bywyd a beth sy'n digwydd ar ôl i berson farw.

Efallai eich bod yn bryderus am ofalu amdanynt gartref. Fodd bynnag, gall fod yn brofiad gwerthfawr. Gall hefyd ddod â chi'n agosach at y person sy'n marw.

Gofalu amdanoch eich hun

Gall gofalu fod yn anodd, yn gorfforol ac yn emosiynol. Os ydych chi wedi bod yn gofalu am eich partner, aelod o'ch teulu neu ffrind ers peth amser, efallai y byddwch chi'n dechrau teimlo'n flinedig iawn.

Mae'n bwysig cael cefnogaeth a gofalu amdanoch chi'ch hun hefyd. Siaradwch â'r nyrs ardal neu'r meddyg teulu os ydych chi'n ei chael hi'n anodd gofalu. Efallai y gallant roi cymorth ychwanegol. Neu gallant roi cyngor i chi ynghylch ble y gellir gofalu am eich anwylyd.

Gofalu yn ystod dyddiau olaf oes

Wrth i'ch aelod o'ch teulu, partner neu ffrind agosáu at ddiwedd eu hoes, mae'n debyg na fyddant eisiau unrhyw beth i'w fwyta na'i yfed. Gallwch gadw eu ceg a'u gwefusau'n llaith i'w helpu i deimlo'n gyfforddus.

Os yw'r person rydych yn gofalu amdanynt yn ymddangos yn ofidus neu fod ganddynt symptomau newydd neu anghyfforddus, dywedwch wrth aelod o'r tîm gofal iechyd. Sicrhewch fod gennych rifau ffôn ar gyfer y:

- meddyg teulu
- nyrs ardal
- nyrs gofal lliniarol neu arbenigol
- gwasanaethau y tu allan i oriau (i'w defnyddio gyda'r nos, yn y nos ac ar benwythnosau).

Cadwch y rhifau mewn lle diogel. Gwnewch yn siŵr eich bod yn gwybod â phwy i gysylltu gyntaf.

Newidiadau anadlu

Efallai y bydd gan y person rydych yn gofalu amdanynt symptomau gwahanol fel poen neu newidiadau yn eu hanadlu. Weithiau gall yr anadlu fynd yn swnllyd neu fod yn afreolaidd. Gall meddyg neu nyrs roi meddyginiaeth i helpu.

Anesmwythder

Gall rhai pobl fod yn anesmwyth. Gallant ymddangos yn ddryslud neu alw allan. Mae rhesymau gwahanol am hyn. Gall meddyg neu nyrs arbenigol drin achos yr aflonyddwch neu roi cyffuriau i helpu'r person i ymlacio.

Newidiadau i'r coluddyn a'r bledren

Gall y person golli rheolaeth ar eu coluddyn a'u bledren. Mae'r coluddyn yn diwb hir tu fewn i'ch corff sy'n eich helpu i dreulio bwyd. Y bledren yw'r organ yn eich corff sy'n storio wrin nes i chi fynd i'r toiled i bi-pi (pasio dŵr). Mae hyn yn naturiol. Gall nyrs ardal ddarparu cymhorthion i helpu i reoli hyn. Mae hyn yn cynnwys:

- padiau gwely tafladwy
- padiau i'w gwisgo y tu mewn, neu yn lle, dillad isaf
- tiwb (cathetr) sy'n cael ei roi yn y bledren ac sy'n draenio wrin i fag. Tiwb plastig tenau yw cathetr y gellir ei roi yn y bledren er mwyn i chi allu pi-pi heb fynd i'r toiled.

- gwain wrinol sy'n ffitio dros y pidyn fel condom - mae'n casglu wrin a'i ddraenio i mewn i fag.

Weithiau ni all y person basio wrin. Efallai y bydd ganddynt lawer o boen yn yr abdomen, a gall eu bol (abdomen) deimlo'n galed ac yn chwyddedig. Os bydd hyn yn digwydd, cysylltwch â'u meddyg neu nyrs ar unwaith a gofyn iddynt ddod ar frys. Gallant roi cathetr yn y bledren i ddraenio wrin a rhyddhau'r boen.

Os oes gennych unrhyw bryderon, cysylltwch â meddyg teulu'r person neu aelod o'u tîm gofal iechyd am gyngor.

Gofalu am rywun sy'n agosáu at farwolaeth

Gallwch chi helpu i gadw aelod o'ch teulu, partner neu ffrind yn gyfforddus wrth iddynt agosáu at farwolaeth. Hyd yn oed os na allant ymateb, efallai y byddant yn dal i allu eich clywed a gwybod eich bod yno.

Dywedwch wrthyn nhw beth rydych chi'n ei wneud, yn enwedig os ydych chi'n rhoi meddyginiaethau iddyn nhw neu'n eu symud. Efallai y bydd angen i chi eu symud yn rheolaidd i'w cadw'n gyfforddus.

Yn ystod yr ychydig oriau olaf, gall dwylo, traed a chroen y person deimlo'n oer iawn ac weithiau'n llaith. Gall eu croen newid lliw a dod ychydig yn fwy glas, llwyd neu welw. Mae'n debyg y bydd eu patrwm anadlu yn newid. Ar adegau gall fod bylchau hirach rhwng anadliadau. Ar adegau eraill, gall eu hanadlu fod yn gyflymach.

I'r rhan fwyaf o bobl, mae munudau olaf bywyd yn dawel iawn. Gall anadlu'r person ddod yn arafach fyth ac yn fwy afreolaidd, gyda seibiau hir iawn rhwng anadliadau. Yn y pen draw, byddant yn stopio anadlu yn gyfan gwbl. Weithiau gall fod yn anodd gwybod union adeg y farwolaeth. Yn aml, bydd corff y person yn ymlacio'n llwyr, a gallant edrych yn heddychlon iawn. Efallai y byddwch yn teimlo eich bod yn gallu synhwyro pan fydd y person wedi marw.

Ar ôl marwolaeth

Os bydd aelod o'r teulu, partner neu ffrind yn marw mewn ysbyty neu hosbis, bydd y staff nyrsio gerllaw. Byddant yn eich tywys trwy beth sydd angen ei wneud yn ystod yr oriau nesaf.

Os yw'r person wedi marw gartref a bod hyn wedi ei ddisgwyl, bydd angen i chi ddweud wrth eu meddyg teulu neu nyrs gymunedol. Nid oes angen i chi frysio i wneud hyn. Mae'n iawn treulio peth amser gyda'ch anwylyd cyn gwneud unrhyw alwadau ffôn. Os buont farw yn ystod y nos neu du allan i oriau gwaith arferol eich meddyg teulu does dim angen i chi gysylltu â'r meddyg tan y bore wedyn. Ond gallwch gysylltu â nhw yn ystod y nos os dymunwch.

Os ydych chi ar eich pen eich hun pan fydd eich perthynas neu ffrind yn marw, efallai y byddai'n ddefnyddiol cael rhywun gyda chi yn fuan ar ôl y farwolaeth i'ch cefnogi. Gallent fod yn berthynas, ffrind, cynghorydd crefyddol neu rywun o'r tîm iechyd neu ofal cymdeithasol.

Mae gan lawer o ddiwylliannau a chrefyddau seremonïau neu ddefodau sy'n bwysig pan fydd rhywun yn marw. Gall cynghorydd ysbrydol neu grefyddol eich helpu gyda'r rhain.

Yr hyn y bydd y meddyg teulu'n ei wneud

Os daw meddyg teulu'r person, bydd yn cadarnhau'r farwolaeth. Byddant yn rhoi Tystysgrif Feddygol Achos Marwolaeth (MCCD) i chi a ffurflen o'r enw 'Notice to informant'. Bydd hon yn dweud wrthy'ch sut i gofrestru'r farwolaeth.

Os daw nyrs ardal, neu os ydych wedi galw meddyg y tu allan i oriau, gallant ddilysu'r farwolaeth. Ond efallai y bydd angen i chi gael yr MCCD gan feddyg teulu'r person y diwrnod canlynol.

Pan fydd gennych yr MCCD, mae angen i chi fynd â hwn i'r swyddfa gofrestru leol i gofrestru'r farwolaeth. Mae'r swyddfa gofrestru yn adeilad llywodraeth leol lle caiff genedigaethau, priodasau a marwolaethau eu cofnodi. Mae angen gwneud hyn:

- o fewn 5 diwrnod yng Nghymru, Lloegr, yr Alban a Gogledd Iwerddon
- o fewn 8 diwrnod yn yr Alban.

Efallai bydd angen i chi wneud apwyntiad i gofrestru'r farwolaeth.

Bydd y cofrestrydd yn rhoi'r dystysgrif marwolaeth i chi. Mae'n syniad da gofyn am gopiâu ychwanegol o'r dystysgrif marwolaeth. Efallai y bydd eu hangen i roi trefn ar bethau fel yswiriant, pensiynau neu fancio'r person.

Yr hyn y bydd y trefnydd angladdau'n ei wneud

Pan fydd y farwolaeth wedi'i dilysu gan nyrs neu feddyg, gallwch gysylltu â threfnydd angladdau (ymgymerwr). Maent yn darparu gwasanaeth 24 awr a gallant eich cynghori beth i'w wneud nesaf. Mae trefnydd angladdau yn berson sy'n trefnu angladdau. Gallant hefyd ofalu am gorff y person cyn yr angladd a chefnogi'r teulu. Gallwch gael manylion cyswllt trefnwyr angladdau o'ch llyfr ffôn lleol neu ar-lein.

Bydd y trefnydd angladdau'n dod cyn gynted ag ydych yn dymuno. Rhowch wybod iddynt os hoffech chi neu eich teulu a ffrindiau dreulio peth amser ar ben eich hun gyda chorff eich anwylyd.

Mae rhai pobl eisïau gofalu am gorff eu haelod o'r teulu neu ffrind adref nes bydd yr angladd. Neu efallai eich bod am i'r trefnydd angladdau ofalu am gorff aelod o'ch teulu neu ffrind. Gallwch chi helpu'r trefnydd angladdau i olchi a gwisgo'ch anwylyd. Os bydd y trefnydd angladdau yn gwisgo'r person, bydd hefyd yn gofyn beth yr hoffech i'ch anwylyd wisgo.

Gallwch ddweud wrth y trefnydd angladdau os oes unrhyw arferion diwylliannol neu grefyddol yr hoffech iddynt gael eu dilyn.

Eich emosiynau ar ôl i rywun farw

Ar ôl marwolaeth eich anwylyd, ac am beth amser wedyn, mae'n normal teimlo emosiynau gwahanol. Gall y rhain gynnwys teimlo'n drist, yn bryderus, yn ddig ac yn ddiffwrwyth.

Efallai y bydd gennych hefyd ymdeimlad o ryddhad nad yw'ch anwylyd yn dioddef mwyach. Bydd y meddyliau a'r teimladau a gewch yn amrywio. Weithiau gallant fod yn gryf iawn ac yn eich atal rhag gwneud pethau. Ar adegau eraill efallai eu bod yn y cefndir a gallwch chi wneud eich gweithgareddau o ddydd i ddydd o hyd.

Weithiau gall fod yn anodd delio â'ch teimladau. Efallai y byddwch am siarad â'ch teulu a'ch ffrindiau am sut rydych chi'n teimlo. Neu efallai yr hoffech siarad gyda rhywun nad ydych chi'n ei adnabod.

Mae angen help ychwanegol ar rai pobl i reoli eu hemosiynau. Mae yna sefydliadau a all eich cefnogi pan fyddwch mewn profedigaeth, gan gynnwys Cruse Bereavement Care. Gall eich meddyg teulu eich cefnogi ac efallai y gall eich rhoi mewn cysylltiad â chynghorydd profedigaeth lleol, sef person sydd wedi'i hyfforddi i helpu pobl i ymdopi ag emosiynau neu sefyllfaoedd anodd. Mae llawer o hosbisau hefyd yn darparu cymorth profedigaeth.

Bydd gan blant neu bobl ifanc yn eu harddegau lawer o emosiynau gwahanol a gall y rhain effeithio ar eu hymddygiad. Mae yna sefydliadau a all eich helpu i gefnogi plant. Mae rhai hosbisau yn gweithio gydag ysgolion a hefyd yn cynnig amrediad eang o gefnogaeth.

Manylion cyswllt mudiadau defnyddiol

Gofal ar ddiwedd oes:

Marie Curie

Ffôn 0800 090 2309 (dydd Llun i ddydd Gwener, 8am tan 6pm, dydd Sadwrn, 11am tan 5pm)

www.mariecurie.org.uk

Mae nyrsys Marie Curie yn cynnig gofal am ddim ar ddiwedd oes yn y Deyrnas Unedig. Maent yn gofalu am bobl yn eu cartrefi eu hunain, neu mewn hosbisau Marie Curie, 24 awr y dydd, 365 diwrnod y flwyddyn. Ewch i

<https://www.mariecurie.org.uk/help/support/different-languages> i weld sut y gall Marie Curie eich helpu yn eich iaith.

Cefnogaeth pan fo rhywun yn marw:

Cruse Bereavement Care

Ffôn 0808 808 1677

Yn darparu cymorth profedigaeth i unrhyw un sydd ei angen ar draws y DU. Gallwch ddod o hyd i'ch cangen leol ar y wefan. Ewch i

<https://www.cruse.org.uk/understanding-grief/understanding-grief-information-in-other-languages/> am wybodaeth yn eich iaith

Cael y gofal a'r cymorth cywir i chi

Os oes gennych ganser a ddim yn siarad Saesneg, efallai eich bod yn poeni y bydd hyn yn effeithio ar eich triniaeth a'ch gofal canser. Ond dylai eich tîm gofal iechyd gynnig gofal, cymorth a gwybodaeth i chi sy'n bodloni'ch anghenion.

Gwyddom y gall pobl wynebu heriau ychwanegol weithiau wrth gael y cymorth cywir. Er enghraifft, os ydych yn gweithio neu os oes gennych deulu, gall fod yn anodd dod o hyd i amser i fynd i apwyntiadau ysbyty. Efallai y bydd gennych bryderon hefyd am arian a chostau cludiant. Gall hyn i gyd fod yn straen ac yn anodd ymdopi ag ef.

Ond mae help ar gael. Gall ein llinell gymorth am ddim **0808 808 00 00** gynnig cyngor, yn eich iaith, am eich sefyllfa. Gallwch siarad â nyrsys, pobl sy'n cynnig canllawiau ariannol, cynghorwyr hawliau lles a chynghorwyr cymorth gwaith.

Rydym hefyd yn cynnig Grantiau Macmillan i bobl â chanser. Mae'r rhain yn daliadau untro y gellir eu defnyddio ar gyfer pethau fel parcio mewn ysbyty, costau teithio, gofal plant neu filiau gwresogi.

Sut y gall Macmillan eich helpu chi

Mae Macmillan yma i'ch helpu chi a'ch teulu. Gallwch gael cymorth gan:

- **Llinell Gymorth Macmillan.** Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio. Gallwn ateb cwestiynau meddygol, rhoi gwybodaeth am gymorth ariannol i chi neu siarad gyda chi am eich teimladau. Ffoniwch **0808 808 00 00** (7 niwrnod yr wythnos, 8am tan 8pm).
- **Gwefan Macmillan.** Ewch i **macmillan.org.uk** am lawer o wybodaeth yn Saesneg am ganser a byw gyda chanser. Mae mwy o wybodaeth mewn ieithoedd eraill yn **macmillan.org.uk/translations**
- **Gwasanaethau gwybodaeth a chefnogaeth.** Mewn gwasanaeth gwybodaeth a chefnogaeth, gallwch siarad ag arbenigwr canser a chael gwybodaeth ysgrifenedig. Chwiliwch am eich canolfan agosaf yn **macmillan.org.uk/informationcentres** neu ffoniwch ni. Efallai y bydd gan eich ysbyty ganolfan.
- **Grwpiau cefnogaeth lleol.** Mewn grŵp cefnogaeth, gallwch siarad â phobl eraill wedi'u heffeithio gan ganser. Dewch o hyd i grŵp gerllaw ar **macmillan.org.uk/supportgroups** neu ffoniwch ni.
- **Cymuned Ar-lein Macmillan** – Gallwch hefyd siarad â phobl eraill y mae canser wedi effeithio arnynt ar-lein yn **macmillan.org.uk/community**

Mwy o wybodaeth yn Gymraeg

Mae gennym wybodaeth yn Gymraeg am y pynciau hyn:

Mathau o ganser <ul style="list-style-type: none">• Canser y fron• Canser ceg y groth• Canser y coluddyn mawr• Canser yr ysgyfaint• Canser y brostad Triniaethau <ul style="list-style-type: none">• Cemotherapi• Radiotherapi• Llawfeddygaeth	Ymdopi â chanser <ul style="list-style-type: none">• Canser a'r coronafeirws• Hawlio budd-daliadau pan mae gennych chi ganser• Problemau bwyta a chanser• Diwedd oes• Help gyda chostau pan fydd gennych chi ganser• Bwyta'n iach• Os cewch ddiagnosis o ganser – canllaw cyflym• Blinder (lludded) a chanser• Sgîl-ffeithiau triniaeth canser• Yr hyn y gallwch ei wneud i helpu'ch hun
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I weld yr wybodaeth hon, ewch i [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Cyfeiriadau a diolchiadau

Mae'r wybodaeth hon wedi ei hysgrifennu a'i golygu gan dîm Datblygu Gwybodaeth Canser Cymorth Canser Macmillan. Mae wedi cael ei chyfieithu i'r Gymraeg gan gwmni cyfieithu.

Mae'r wybodaeth a gynhwysir yn seiliedig ar y llyfryn Macmillan Canllaw ar gyfer diwedd oes. Gallwn anfon copi atoch chi, ond mae'r llyfryn llawn ar gael yn Saesneg yn unig.

Mae'r wybodaeth hon wedi'i chymeradwyo gan ein Uwch Olygydd Meddygol Dr Viv Lucas, Ymgynghorydd Gofal Lliniarol.

Diolch hefyd i'r bobl sydd wedi eu heffeithio gan ganser a adolygodd yr wybodaeth hon.

Mae'n holl wybodaeth yn seiliedig ar y dystiolaeth orau sydd ar gael. Am ragor o wybodaeth am y ffynonellau a ddefnyddiwn, cysylltwch â ni yn cancerinformationteam@macmillan.org.uk

MAC14363_Welsh

Adolygwyd y cynnwys: Medi 2022

Adolygiad arfaethedig nesaf: Medi 2025

Rydym yn gwneud pob ymdrech i sicrhau bod yr wybodaeth a ddarparwn yn gywir ac yn gyfredol ond ni ddylid dibynnu arni yn lle cyngor proffesiynol arbenigol sydd wedi'i deilwra i'ch sefyllfa. Cyn belled ag y caniateir gan y gyfraith, nid yw Macmillan yn derbyn atebolrwydd mewn perthynas â defnyddio unrhyw wybodaeth a gynhwysir yn y cyhoeddiad hwn neu wybodaeth trydydd parti neu wefannau sydd wedi'u cynnwys neu y cyfeirir atynt ynddo.

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End of life

This information is about what happens towards the end of life and how to plan for it.

You may find some of this information upsetting to read. You may want to ask a close relative, friend or health professional to read it as well, so you can talk about the information together.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in your language at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

This information is about:

- Learning that you are near the end of life
- Planning ahead
- Your care at the end of life
- Choosing where to die
- The last few weeks of life
- The last few days of life
- Caring for someone at the end of life
- After death
- Contact details of useful organisations
- Getting the right care and support for you
- How Macmillan can help you
- Word list
- More information in your language
- References and thanks

Learning that you are near the end of life

How you may feel

You are likely to have many emotions when you find out you may be nearing the end of your life. You may feel upset and unsure of how to cope with your feelings. You might feel numb and anxious about what will happen in the future.

Talking about your situation can help. You may find it helpful to talk about your thoughts and feelings with someone you trust. This may be a close friend, partner or family member. You might find it easier to talk to a healthcare professional. Your GP, specialist nurse or healthcare team at the hospital can support you. You can also speak to one of Macmillan's cancer support specialists on **0808 808 00 00**. We have interpreters.

Relationships with people close to you

Sometimes, having a terminal illness can affect your relationships. Some people may find it hard to know what to say. Or they may avoid talking about your illness. Others may be overly cheerful.

If you have a partner, you may try to protect each other. If you can, talk to each other about your situation and your feelings. Being open and honest can help you both cope with sadness, anxiety and uncertainty.

What you choose to tell children depends on their age and how much they can understand. It is often best to be honest with them, and try to give them information they can understand.

Macmillan's cancer support specialists can provide advice and support for your family and friends. You can call them on **0808 808 00 00**.

Spiritual, religious or pastoral support

Some people become more aware of religious beliefs or spiritual feelings towards the end of life. You may find it helpful to talk to a close friend or family member, or a health and social care professional. You can also speak to a chaplain or religious leader, even if you are not religious. They are usually good listeners and are used to being with people who are distressed or upset.

You may prefer to talk to someone who is not religious. Humanists UK (www.humanists.uk) has volunteers who can provide non-religious pastoral support.

Planning ahead

Planning ahead can help other people know about how you would like to be looked after. It means you are more likely to get the care you would like. Planning ahead includes:

Your wishes for your care

You may want to think about how and where you would like to be cared for. It is best to write down your wishes and what is important to you.

Deciding if there are any treatments you do not want

You can decide about any treatments you do not want to have in the future. This is called an 'Advance decision to refuse treatment' in England, Wales and Northern Ireland and an 'Advance directive' in Scotland. It is best to write these down. They will only be used if you cannot make or communicate a decision yourself.

Deciding who can make decisions for you

You can choose someone to make decisions for you if you become unable to make decisions yourself. This is called giving someone power of attorney. The power you give them can be long or short term. Power of attorney laws are different in England, Wales, Scotland and Northern Ireland.

Making a will

A will is a legal document that gives instructions about who you want to give your money and belongings to when you die. It means your loved ones and friends will be looked after in the way you want.

It is usually best to use a solicitor when writing your will. A solicitor is a legal professional trained to help people write their will. They will make sure everyone understands what you want to happen.

Planning your funeral

You may want to plan your funeral. You can think about whether you want:

- a burial or cremation
- specific songs, readings or prayers
- certain customs or rituals to be followed
- to be dressed or presented in a certain way.

You can talk to your family or friends about these plans. They may also have ideas that will help them say goodbye.

Your care at the end of life

Different healthcare professionals can help you when you are near the end of your life:

Your GP

While you are at home, your GP is responsible for your care. They can:

- prescribe any drugs you need
- arrange help from other professionals
- talk to you about what might happen as you become less well.

Nurses

There are different nurses who can visit you at home.

District nurses often work with palliative care nurses to help support you and your carers. They can:

- change dressings and give you medicines
- give advice
- show your carers how to look after you
- arrange for a social carer or healthcare assistant
- arrange practical aids, such as pressure-relieving mattresses or commodes.

Palliative care nurses care for people who are close to the end of their life. They can help with pain and other symptoms. They can provide emotional support to you and your family, friends or partner.

In some parts of the country there are Marie Curie nurses who care for people at home who are nearing the end of their life. Your GP or district nurse can tell you if there are Marie Curie nurses in your area.

Other healthcare professionals such as an occupational therapist or a physiotherapist can also help support you. Social services may be able to help if you need help with things like personal care, cleaning and cooking.

Choosing where to die

Some people prefer to die at home. Other people may prefer to be in a hospice, a care home or a hospital.

Hospices care for people who have a terminal illness and may be close to the end of their life. They have doctors and specialist palliative care nurses who are experts in controlling symptoms such as pain. They also provide emotional support. Some people go into a hospice for a short time to get help with managing symptoms. Some people choose to die in a hospice.

You may prefer to be looked after in a residential care home or nursing home, if you need care for several months. Some people may prefer to be in a hospital.

Wherever you are, you can get help from a palliative care team. This is a group of healthcare professionals that care and support people who have an illness that cannot be cured. There are palliative care teams at hospices, in the community and in hospitals.

The last few weeks of life

During the last few weeks of life, you may go through emotional and physical changes.

Emotional changes

It is natural to feel different emotions, including anxiety, anger or sadness in the last few weeks of your life.

Talking to your family or someone in your healthcare team may help. Some people prefer to talk to a person they don't know, such as a counsellor.

Tiredness

It is normal to have less energy. You may need help to do things you usually do for yourself. You may find you need to rest more.

Things that can help:

- Save your energy for the things that matter to you and that you enjoy
- Ask family or friends to help with things like cooking and cleaning
- If eating is tiring, try eating little and often.

Sleep problems

You may find it difficult to sleep. This might be because you feel anxious or you may have symptoms that are bothering you. Some medicines can keep you awake. Tell your doctor or nurse if you are not sleeping well. Sleeping tablets may help some people.

Things that can help:

- reduce light and noise
- if your mattress is uncomfortable ask your nurse for advice about a more comfortable one
- have a hot drink before going to bed but avoid caffeine and alcohol
- avoid using a screen for at least 1 hour before you go to bed
- simple breathing and relaxation exercises.

Pain

Many people are worried about pain as they approach the end of their life. If you are in pain, it is important to tell your healthcare team. They can make sure you have the right dose of painkillers to control your pain.

Always follow your doctor or nurse's instructions on when to take painkillers.

You may have painkillers as tablets, liquid medicines, or patches stuck onto the skin. If you cannot swallow or are being sick, you may have them as an injection under the skin or through a small pump.

You may get side effects from taking painkillers. Strong painkillers can cause

drowsiness, sickness and constipation. Drowsiness and sickness usually get better after a few days. If you are having a strong painkiller you may need to take a medicine called a laxative to help with constipation. Constipation is when you find it difficult or painful to poo. You might not go as often as usual.

Weight loss and loss of appetite

It is normal to feel less hungry as you near the end of your life. Even if you are eating well, you may lose weight, and this can be upsetting.

Things that can help:

- Have snacks or small meals more often. Only eat what you can manage.
- If you don't like the smell of cooking, ask someone else to cook your food if this is possible.
- Try eating foods that are easy to digest.

Your body does not need as much food towards the end of life.

Feeling sick or being sick

You may feel sick (nausea) or be sick (vomit), Your doctor or nurse can give you anti-sickness drugs (anti-emetics) to help. They can be given as tablets or liquid medicines. If you cannot swallow medicines, you can have them in a different way.

Things that can help

- Take anti-sickness medicines regularly.
- Have warm or cold food, as this does not smell as strong as hot food.
- Eat dry foods.
- Ginger can help – try crystallised ginger, ginger tea, ginger beer or ginger biscuits.
- Eat little and often.
- Ask someone else to prepare food for you if this is possible.

Constipation

You may get constipation because you are not moving around and not eating and drinking as much. It is important to tell your doctor or nurse if you have this problem.

Things that can help:

- Take your laxatives as your doctor or nurse tells you to.
- Drink as much fluid as you can.
- Try to have some high-fibre foods, such as fruit and vegetables, brown rice, brown bread or brown pasta.
- If you can, do some gentle exercise like walking.

Feeling breathless

Tell your doctor or nurse as soon as possible if you are breathless or you suddenly become more breathless than usual. Different things may help depending on what is causing the breathlessness.

Breathlessness can be very frightening and may make you feel anxious. Your nurse or a physiotherapist can teach you ways to relax, so that you feel less anxious and breathless.

Your doctor may prescribe medicines to help. They can also prescribe oxygen that you breathe in through a mask.

Things that can help:

- try sitting by an open window
- use an electric or handheld fan to blow air onto your face
- a nurse or physiotherapist can show you and your carers the best positions to sit or stand to help with your breathing
- sit down to do tasks like washing and dressing
- try using a mobile device to talk to someone in another room.

Difficulty moving around

You may gradually find it harder to move around. If you are not moving around very much, your skin may get sore. It is important to change your position regularly if you can. If you need help, your nurse can show your carers how to move you safely so you are comfortable.

Mouth problems

Looking after your mouth is important. It can help prevent problems such as a dry or sore mouth, ulcers or an infection. Tell your nurse or doctor if you have any mouth problems.

Things that can help:

- If you can, brush your teeth twice a day using a fluoride toothpaste. Use a soft children's toothbrush if your mouth is sore.
- If you have false teeth, clean them as usual.
- Use any mouthwash that you have been prescribed.
- If you have a dry mouth, try sipping water – some people find tonic water helpful. You could also try sucking ice lollies or ice chips, or chewing sugar-free gum.

The last few days of life

Each person's experience of the last few days of life will be different. It can be difficult to know exactly what will happen, or how quickly things might change. Usually, you slowly become weaker and have very little energy.

You may:

- find it difficult to move around
- need to spend most, or all, of the day in bed
- lose interest in eating and drinking

- sleep a lot and feel sleepy when you are awake
- feel disorientated or confused, and unsure whether you are dreaming
- dream about people who are not there or that you knew in the past
- lose interest in your surroundings and the people around you.

These are all natural things that can happen as you approach the end of your life.

Nearing death

Although death is a natural process, it is normal to worry about what will happen. You may feel anxious or frightened. Or you may feel calm and peaceful.

Usually, you slip into a deep sleep where you are unconscious. You cannot be woken, but you may still be able to hear and be aware of the people around you.

The final moments of life are usually very peaceful. Your breathing may gradually become even slower and more irregular, with very long pauses between each breath. Eventually, you will stop breathing altogether.

Caring for someone at the end of life

This information is written for your relatives or carers. You may want to read it together

This information explains more about caring for someone in the last few days of life and what happens after a person has died.

You may be anxious about looking after them at home. However, it can be a rewarding experience. It can also bring you closer to the person who is dying.

Looking after yourself

Caring can be hard, both physically and emotionally. If you have been looking after your partner, family member or friend for some time, you may start to feel very tired.

It is important to get support and to look after yourself too. Talk to the district nurse or GP if you are finding caring difficult. They may be able to provide extra support. Or they can give you advice about where your loved one could be cared for.

Caring during the last few days of life

As your family member, partner or friend gets close to the end of their life, they will probably not want anything to eat or drink. You can keep their mouth and lips moist to help them feel comfortable.

If the person you are caring for seems distressed or has new or uncomfortable symptoms, tell a member of the healthcare team. Make sure you have phone numbers for the:

- GP
- district nurse
- specialist or palliative care nurse

- out-of-hours services (to use in the evening, at night and at weekends).
Keep the numbers in a safe place. Make sure you know who to contact first.

Breathing changes

The person you are caring for may have different symptoms such as pain or changes in their breathing. Sometimes the breathing can get noisy or be irregular. A doctor or nurse can give medicines to help.

Restlessness

Some people become restless. They may seem confused or call out. There are different reasons for this. A doctor or specialist nurse can treat the cause of the restlessness or give drugs to help the person relax.

Bowel and bladder changes

The person may lose control of their bowel and bladder. The bowel is a long tube inside your body that helps you digest food. The bladder is the organ in your body that stores urine until you go to the toilet to pee (pass urine). This is natural. A district nurse can provide aids to help manage this. This includes:

- disposable bed pads
- pads to wear inside, or instead of, underwear
- a tube (catheter) that is put into the bladder and drains urine into a bag. A catheter is a thin plastic tube that can be put into the bladder so you can pee without going to the toilet.
- a urinary sheath that fits over the penis like a condom – it collects urine and drains it into a bag.

Sometimes the person cannot pass urine. They may have a lot of abdominal pain, and their tummy (abdomen) might feel hard and bloated. If this happens, contact their doctor or nurse straight away and ask them to come urgently. They can put a catheter into the bladder to drain urine and relieve the pain.

If you have any concerns, contact the person's GP or a member of their healthcare team for advice.

Caring for someone nearing death

You can help keep your family member, partner or friend comfortable as they near death. Even if they cannot respond, they may still be able to hear you and know you are there.

Tell them what you are doing, especially if you are giving them medicines or moving them. You may need to move them regularly to keep them comfortable.

In the last few hours, the person's hands, feet and skin may feel very cold and sometimes moist. Their skin may change colour and become slightly more blue, grey or pale. Their breathing pattern will probably change. At times there may be longer gaps between breaths. At other times, their breathing might be quicker.

For most people, the final moments of life are very peaceful. The person's breathing

may become even slower and more irregular, with very long pauses between breaths. Finally, they will stop breathing altogether. Sometimes it can be difficult to know the exact moment of death. Often, the person's body will relax completely, and they may look very peaceful. You may feel that you can sense when the person has died.

After death

If your family member, partner or friend dies in a hospital or hospice, the nursing staff will be nearby. They will guide you through what needs to be done over the next few hours.

If the person dies at home, and this was expected, you need to tell their GP or district nurse. You do not need to rush to do this. It is fine to spend some time with your loved one before making any phone calls. If they died during the night or outside your GP's usual working hours, you do not need to contact the doctor until the following morning. But you can contact them during the night if you want to.

If you are alone when your relative or friend dies, it may be helpful to have someone with you soon after the death to support you. This might be a relative, friend, religious adviser or someone from the health or social care team.

Many cultures and religions have ceremonies or rituals that are important when someone dies. A spiritual or religious adviser can help you with these.

What the GP will do

If the person's GP comes, they will verify the death. They will give you a Medical Certificate of Cause of Death (MCCD) with a form called Notice to Informant. This tells you how to register the death.

If a district nurse comes, or you have called an out-of-hours doctor, they can verify the death. But you may need to get the MCCD from the person's GP the next day.

When you have the MCCD, you need to take this to the local register office to register the death. The register office is a local government building where births, marriages and deaths are recorded. This needs to be done:

- within 5 days in England, Wales and Northern Ireland
- within 8 days in Scotland.

You may need to make an appointment to register the death.

The registrar will give you the death certificate. It is a good idea to ask for extra copies of the death certificate. They may be needed for sorting out things such as the person's insurance, pensions or banking.

What the funeral director will do

When the death has been verified by a nurse or doctor, you can contact a funeral director (undertaker). They provide a 24-hour service and can advise you on what to do next. A funeral director is a person who arranges funerals. They can look after the person's body before the funeral and support the family. You can get contact details of funeral directors from your local phone book or online.

The funeral director will come as soon as you want them to. Tell them if you or your family and friends would like to spend some time alone with your loved one's body.

Some people wish to look after their family member or friend's body at home until the funeral. Or you may want the funeral director to take care of your family member or friend's body. You can help the funeral director wash and dress your loved one. If the funeral director dresses the person, they will also ask what you would like your loved one to be dressed in.

You can tell the funeral director if there are any cultural or religious practices you would like to be followed.

Your emotions after someone has died

After the death of your loved one, and for some time afterwards, it is normal to feel different emotions. These can include feeling sad, anxious, angry and numb.

You may also have a sense of relief that your loved one is not suffering anymore. The thoughts and feelings you have will vary. Sometimes they may be very strong and stop you doing things. At other times they may be in the background and you can still do your day-to-day activities.

Sometimes your feelings can be difficult to deal with. You may want to talk to your family and friends about how you are feeling. Or you may prefer to talk to someone you do not know.

Some people need extra help to manage their emotions. There are organisations that can support you when you are bereaved, including Cruse Bereavement Care. Your GP can support you and may be able put you in contact with a local bereavement counsellor, this is a person who is trained to help people cope with difficult emotions or situations. Many hospices also provide bereavement support.

Children or teenagers will have many different emotions and these may affect their behaviour. There are organisations that can help you support children. Some hospices work with schools and also offer a wide range of support.

Contact details of useful organisations

Care at the end of life:

Marie Curie

Telephone 0800 090 2309 (Monday to Friday, 8am to 6pm, Saturday, 11am to 5pm)

www.mariecurie.org.uk

Marie Curie nurses provide free end-of-life care across the UK. They care for people in their own homes or in Marie Curie hospices, 24 hours a day, 365 days a year. Visit <https://www.mariecurie.org.uk/help/support/different-languages> to see how Marie Curie can help you in your language.

Support when someone dies:

Cruse Bereavement Care

Telephone 0808 808 1677

Provides bereavement support to anyone who needs it across the UK. You can find your local branch on the website. Visit <https://www.cruse.org.uk/understanding-grief/understanding-grief-information-in-other-languages/> for information in your language

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may face extra challenges in getting the right support. For example, if you work or have a family it can be hard to find time to go to hospital appointments. You might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

But help is available. Our free support line **0808 808 00 00** can offer advice, in your language, about your situation. You can speak to nurses, financial guides, welfare rights advisers and work support advisers.

We also offer Macmillan Grants to people with cancer. These are one-off payments that can be used for things like hospital parking, travel costs, childcare or heating bills.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line.** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. Just call **0808 808 00 00** (7 days a week, 8am to 8pm).

- **The Macmillan website.** Visit macmillan.org.uk for lots of English information about cancer and living with cancer. There is more information in other languages at macmillan.org.uk/translations
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at macmillan.org.uk/informationcentres or call us. Your hospital might have a centre.
- **Local support groups.** At a support group you can talk to other people affected by cancer. Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at macmillan.org.uk/community

More information in your language

We have information in your language about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none"> • Breast cancer • Cervical cancer • Large bowel cancer • Lung cancer • Prostate cancer <p>Treatments</p> <ul style="list-style-type: none"> • Chemotherapy • Radiotherapy • Surgery 	<p>Coping with cancer</p> <ul style="list-style-type: none"> • Cancer and coronavirus • Claiming benefits when you have cancer • Eating problems and cancer • End of life • Help with costs when you have cancer • Healthy eating • If you are diagnosed with cancer – a quick guide • Tiredness (fatigue) and cancer • Side effects of cancer treatment • What you can do to help yourself
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To see this information, go to macmillan.org.uk/translations

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into your language by a translation company.

The information included is based on the Macmillan booklet A guide for the end of life. We can send you a copy, but the full booklet is only available in English.

This information has been approved by our Senior Medical Editor Dr Viv Lucas, Consultant in Palliative Care.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

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