



Breast care support

Your guide to life after breast cancer



01935 384 352
yeovilhospital.nhs.uk





Contents

- Page 3 Your personal details
- Page 4 Your treatment plan
- Page 5 Introducing self supported management
- Page 6 When should I be seen by the breast team?
- Page 6 How do I arrange a review by the breast team?
- Page 7 Recovering from breast surgery
- Page 8 Remaining breast aware
- Page 9 Recovering from chemotherapy
- Page 11 Recovering from radiotherapy
- Page 12 Hormone therapy
- Page 13 Managing menopausal symptoms
- Page 15 Returning to “normal”
- Page 18 Dealing with worried about breast cancer returning
- Page 19 Further information and useful contacts

Your personal details

Name:.....

Hospital Number:.....

Date of diagnosis:.....

Pathological diagnosis:.....

.....

.....

Surgical treatment and dates:.....

.....

.....

Medical treatment and dates:.....

.....

.....

Radiotherapy treatment and dates:.....

.....

.....

Surgical consultant:.....

Oncology consultant:.....

Named breast care nurse:.....

Your treatment plan

Hormonal therapy prescription

.....

.....

.....

.....

.....

.....

.....

Breast imaging prescription

.....

.....

.....

.....

.....

.....

.....

Bone health prescription

.....

.....

.....

.....

.....

.....

.....

Introducing self supported management

In the past, it has been traditional for patients who have completed their treatment for early breast cancer to be seen at regular intervals by their oncologist or surgeon for follow-up purposes.

Although some patients find these pre-arranged visits useful and re-assuring, many patients find these hospital visits a source of great anxiety and not particularly helpful, unless they have a particular concern that they wish to discuss. There is now very good evidence to show that following-up patients in this way does not prevent cancer returning and does not increase life expectancy. Like many other breast units in other parts of the UK, Yeovil breast care department now uses a new system that allows you to arrange follow up appointments as and when you need them, for five years after the end of your treatment.

What is self supported management?

Self supported management puts you in control of your hospital follow-up. Once you have received this booklet, you will no longer be given routine follow up clinic appointments at regular pre-set intervals. Instead you will simply be able to contact the breast unit directly to arrange a follow up appointment with the breast team as and when you feel concerned that you might need to be seen in clinic. After five years you will still continue to have your regular mammograms, but will need to go back to see your GP if you have any concerns or notice anything unusual.

Health and wellbeing events

On completion of your treatments you will receive an appointment to attend a health and wellbeing event. This is an education and support day to give you information and advice on living with your cancer and adjusting to life after treatment. This will include talks on subjects such as; coping with the side effects of treatments and menopausal symptoms, physical activity, nutrition, financial and benefit advice and what the signs and symptoms of recurrence are. This event is aimed at helping you to feel more confident at managing your breast cancer with our support.

When should I be seen by the breast care team?

You should arrange a review by a member of the breast care team if you have concerns about any of the following issues:

- Your ongoing hormonal treatment
- Possible side effects from your chemotherapy or radiotherapy treatment
- Problems related to your original breast surgery or questions about breast reconstruction
- New changes in your breasts, chest wall region, neck or under your arm
- New medical symptoms that you are worried could represent a spread of your breast cancer (see also p. 19)

Who do I call to arrange a review?

You can contact the breast care nurses on:

01935 384352

Please leave a brief message and a contact telephone number on our answer phone or with our secretary.

You will be contacted by one of our team within two working days. They will briefly discuss the nature of your concern with you and if necessary arrange a clinic appointment with either your surgeon or oncologist. We will aim to see you within two weeks of your telephone call. Your GP can also use this number to contact us if he or she feels that you need to be seen by the breast care team.

Recovering from your surgery

Is it normal to still get ache and pains in my breast/ chest several months after my surgery?

Many women continue to get aches and pains in their breast or underarm area for many months after their surgery. These can be made worse by radiotherapy and can continue for a year or more. If, however, you develop a new pain worsening over two or three weeks then contact us to arrange a review.

Why do I have a strange sensation on the inside of my arm?

This is usually due to surgery interfering with the nerves in the under arm area, resulting in a changed sensation (often numbness) affecting the underside of the upper arm. This altered sensation can be either temporary or permanent.

My scar feels hard and lumpy. Is this normal?

Post-operatively this may be due to the healing process and formation of scar tissue. Gently massaging the scar with a moisturising cream can help to break down the hardened area and even out the scar line (whatever moisturising cream you usually use is suitable). Any new lump in or around the scar should be checked by your surgeon.

What is this 'tight pulling' sensation stretching down my arm?

This is a common post-operative problem known as 'cording'. It is thought to be caused when the lymph vessels harden and tighten due to the surgical procedure (particularly axillary surgery). This side effect can either settle by itself or be encouraged to 'ease' by massaging and stretching the affected area.

Can I wear deodorant?

Yes, there are no proven studies to suggest otherwise.

I've developed swelling in my arm. Is this normal?

Some women who have had surgery to remove lymph nodes from their armpit, (axillary node clearance) develop swelling of this arm in the weeks or months following their surgery. This is known as lymphoedema and is due to disruption of the normal channels that the lymph fluid flows through away from the arm. If this happens to you, please contact the breast care nurses who will be able to assess you and provide advice on this. You may, for example, benefit from wearing a compression sleeve or from special massage.

If, however you develop swelling of an arm many months or even years after your original surgery, you should contact the breast care department to arrange a review by your consultation.

What about breast reconstruction?

There are various options for breast reconstruction. Your breast care nurse will be happy to discuss these and provide further information. Regular clinics are held at Yeovil for patients wishing to discuss their options with a surgeon.

Remaining breast aware

What is my chance of developing a cancer in my other breast?

The risk varies according to the type of breast cancer you had. Studies show that the ten year risk of women who have had an invasive ductal cancer developing a breast cancer in the other breast is approximately one in 66 patients per year. Women who have had a lobular cancer have a risk of approximately one in 50 patients per year for ten years.

Should I still examine my breast and what should I do if I find a lump or notice a new change in my breast?

You should try to examine your breasts from time to time, so that you are familiar with the way that they look and feel ("breast aware"). If you find a new lump or other abnormality within your breast, or near your mastectomy scar then contact the specialist breast care nurses on 01935 384 352.

We will arrange for you to be reviewed by your surgeon and then, if required, for you to have a mammogram or ultrasound of the area.

Will I have regular mammograms?

All women who have had breast cancer have regular follow-up mammograms. If you were aged 50 or over at your diagnosis and had a mastectomy, you will have a mammogram of the other breast every year for five years and two yearly for a further four years.

If you were aged 50 or over and had a lumpectomy you will have a mammogram of both breasts every year for five years and then every other year for a further four years. After ten years you will have mammograms every three years with the screening unit. If you were aged under 50 years at your diagnosis then you will have annual mammograms until you are 50 and then further follow-up as above. However these arrangements may change in the future with developments in national policies.

My breast cancer wasn't seen on a mammogram – what should I do?

We can arrange for you to have an ultrasound or MRI examination of the breast as well as your regular mammogram.

How will I get my results?

We will write to you and your GP with your mammogram results within two weeks.

Recovering from chemotherapy

How long will I remain tired for?

Almost all women feel very tired by the end of their chemotherapy. This can then get worse if they are then receiving radiotherapy. Your tiredness should start to improve one to two months after your last cycle of chemotherapy and then steadily improve. However it can take at least six months before your energy levels will return to normal and some women still feel tired 12 to 18 months after the end of treatment.

When will my hair grow back and when can I dye it?

Most women find their hair starts to grow back three to four weeks after their last chemotherapy session. The hair grows slowly to begin with and can be quite thin and “fluffy”, but over time the hair thickens up and after six months most women will have a good head of hair again.

As your new hair will be rather delicate, we recommend that you wait for six months before using chemical, permanent or semi-permanent dyes on your hair. However, it is safe for you to use herbal or non-permanent dyes whilst you are waiting.

Why have I put on weight?

It is quite common for women who have had chemotherapy for breast cancer to gain some weight during their treatment. The chemotherapy drugs themselves do not cause weight gain but the steroid tablets that we use as anti-sickness tablets can increase appetite.

Many women also find that their diet changes whilst they are on chemotherapy and that they do less exercise than usual because of the tiredness that it can cause.

When will I recover feeling in my fingers/toes?

If you have developed pins and needles or numbness of your fingers or toes during your chemotherapy treatment, this should gradually improve in the weeks and months following the end of your treatment. However, you may find that it initially gets worse after your last treatment before it starts to get better. A small number of patients may find that sensation in their fingers or toes remains altered permanently.

Are there any long-term side effects of chemotherapy?

There is a very low risk that one of the chemotherapy drugs that we commonly use can affect the heart muscle. Please discuss this with your oncology consultant if you have any concerns. There is also a very low risk that patients treated with chemotherapy for early breast cancer can develop different, unrelated cancer years later. Again, please ask your oncology consultant for further information about this. These issues will have been discussed with you before you began your chemotherapy treatment.

Can chemotherapy treatment affect my fertility?

Chemotherapy for breast cancer can bring on the menopause earlier than it would have naturally occurred. This is more common if you are close to menopausal age when you start your treatment. Some women therefore find that their periods stop whilst they are having chemotherapy and never come back. If you do have a premature menopause as a result of chemotherapy, this will affect your ability to have children (fertility). Your oncologist will discuss this with you before you start chemotherapy.

Further reading

[Understanding chemotherapy—available from Macmillan Cancer Support](#)

Recovering from your radiotherapy

How long will radiotherapy side effects last for?

Radiotherapy causes acute side effects which occur during treatment and tend to peak at the end or up to two weeks after finishing treatment. Most skin reactions resolve and completely heal by four to six weeks after radiotherapy.

Up to half of patients treated may experience rib tenderness or shooting pains in the breast. These generally settle within a few months of radiotherapy treatment although can persist intermittently longer term.

Many patients feel tired both during and following radiotherapy. This is generally worse if you also received chemotherapy.

Tiredness tends to improve about six months after completing radiotherapy but it can often take several months to recover.

When can I go out in the sun?

Sensible precautions should be taken in the sun and sunburn should be avoided. The treated area may be more sensitive and should be covered. High factor sun cream should be used, at least factor 20.

Once the skin reaction has settled it is possible to return to activities such as swimming. This is normally possible within a month of treatment finishing.

Will I get any long-term side effects from my radiotherapy?

Long term effects are rare but can occur in a small percentage of people. There may be a change in the appearance of the skin, with the skin within the treatment area being darker and firmer to the touch, and the breast may be smaller in size.

Following a mastectomy the chest wall can feel tight and there may be permanent skin changes if there was a severe skin reaction.

People who have had breast reconstruction with implants may experience contraction of the capsule around the implant. Occasionally it is necessary to remove or exchange the implant.

There is a slightly increased risk of rib fracture in the treated area and a small risk of heart damage following left-sided treatment. Occasionally, radiotherapy can cause inflammation of a small area of lung tissue. There is a very small risk of a second cancer developing in the treated area as a result of radiotherapy.

Lymphoedema

Lymphoedema often presents as swelling of the arm or breast/ chest wall on the treated side. This can sometimes be made worse by radiotherapy treatment. If you notice any swelling you are advised to contact the breast care nurses for further advice and possible assessment in our lymphoedema clinic.

Further reading

Understanding radiotherapy – available from Macmillan Cancer Support

Hormonal therapy

Why do I have to take hormone tablets?

If your breast cancer was sensitive to the hormones oestrogen and /or progesterone we will generally recommend that you have a course of hormonal treatment for your breast cancer. Taking hormone therapy, will significantly further reduce your risk of disease recurrence in addition to the other treatment you have already had.

Are there different types of hormonal therapy?

There are two main types of hormone therapy;

1. Tamoxifen is an anti-oestrogen and it acts by blocking oestrogen receptors on tumour cells. Tamoxifen is prescribed for pre-menopausal women and some post-menopausal women.
2. Arimidex (Anastrozole), Femara (Letrozole) and Aromasin (Exemestane) are all aromatase inhibitor drugs and work by switching off the enzyme that makes oestrogen in the body. These drugs are only suitable for post-menopausal women.

What side effects may I experience?

All of these tablets can cause menopausal type symptoms such as hot flushes and night sweats. Tamoxifen is associated with a small risk of blood clots and can also rarely cause abnormal thickening of the lining of the womb, which can show itself as post-menopausal vaginal bleeding. You must inform your doctor if you experience any post-menopausal vaginal bleeding whilst on Tamoxifen.

Arimidex, Femara and Aromasin can cause aching and stiffness of the joints and are also associated with thinning of the bones (osteoporosis). Your bones will be monitored for signs of this with regular bone density scans. If you are getting troublesome side effects from your hormone tablets, please contact the breast care nurses who can arrange an appointment for you to discuss this with your consultant.

Managing menopausal symptoms

Many women who receive treatment for breast cancer develop menopausal symptoms. These can be due to the effect of chemotherapy or hormone therapies on your hormone levels, or simply due to stopping your usual hormone replacement therapy. Hot flushes and night sweats are the most common menopausal symptoms, but many women also notice weight changes, vaginal dryness, changes in libido and mood swings.

Can I use hormone replacement therapy?

Hormone replacement therapy is not recommended for women who have been treated for breast cancer as it may increase your risk of disease recurrence (particularly if your breast tumour was sensitive to oestrogen), or increase your risk of developing a second breast cancer.

However, very occasionally women who are a very low risk of disease recurrence and are experiencing severe menopausal symptoms that are affecting their quality of life may decide that the benefits of HRT outweigh the risks. This is a decision that should always be made following a discussion with your oncologist or surgeon.

If you are suffering from vaginal dryness, vaginal lubricants such as Replens MD or KY-Jelly can be helpful. If these does not solve this problem then a topical oestrogen cream may help. However, this should be discussed with your consultant or GP.

Can I take herbal therapies to help?

Some “natural” remedies, such as Black Cohosh and Red Clover are often advertised for the relief of menopausal type symptoms. However these contain plant oestrogens (phyto-oestrogens) and are not recommended for use by women who have had breast cancer. Evening primrose oil is safe to use and some women do report that it is helpful for menopausal symptoms. However, there is no scientific evidence to prove this. There is no good evidence for the use of vitamin E for hot flushes and Vitamin E supplements may even be harmful, especially for people with heart disease.

What else can I do?

Do tell your oncologist or surgeon if your menopausal symptoms are troubling you. Several prescription drugs can be effective in reducing hot flushes and your doctor will be able to discuss the potential benefits and side effects of these medications with you.

Alternatively, some women find relaxation type complementary therapies such as acupuncture, hypnotherapy, massage or aromatherapy helpful for their symptoms.

Further reading - available from Breast Cancer Care:

[Breast cancer and menopausal symptoms](#)

[Fertility Issues and Breast Cancer Treatment](#)

[Bone health and Breast Cancer](#)

[Osteoporosis and Breast Cancer](#)

[Ovarian Ablation](#)

[“Tamoxifen”, “Arimidex” and “Zoladex”](#)

Getting back to “normal”

Reaching the end of your treatment can be a difficult time for many patients. Although you will feel relieved that your treatment is finally over, you may also experience a feeling of “what now?” and find that you miss the security of being seen at the hospital on a regular basis. Most patients will also find that it takes rather longer than they expect to recover fully from their treatment (see pages 7-12).

Where can I find support?

You may already have found that people find different ways of living with breast cancer after having treatment. There is no right or wrong way, just what works for you. Some people prefer not to talk, while others like to get support from talking about their experience. Ask the breast care nurses about details of local support groups if you think it might be helpful.

Further reading - available from Macmillan Cancer Support:

[Adjusting to life after cancer treatment](#)

[The emotional effects of cancer](#)

[Talking about your cancer](#)

When can I return to work?

You can return to work whenever you feel ready to do so. Some women find that they can work throughout their chemotherapy and/or radiotherapy treatment, whilst other women find that they need a recovery period of several months after the end of their treatment before they are ready to return to their job. Whenever you return, remember that it will be a big shock to the system to begin with and it can be very useful to return in a “phased” manner, increasing your working hours over a few weeks.

Further reading:

[Work and cancer—available from Macmillan Cancer Support](#)

Can I travel abroad?

Once you have completed your treatment, there is no reason for you not to travel abroad. Sometimes patients can encounter difficulties in acquiring travel insurance if they have been treated for cancer. Both the Yeovil Macmillan Support and Information Centre and the Macmillan website have a list of insurers specialising in the cover of patients who have had cancer and will be able to offer advice.

More information is available in the Macmillan booklet: [Getting travel insurance available from www.macmillan.org.uk](http://www.macmillan.org.uk)

Should I exercise?

Most women feel tired for a number of weeks if not months after they have had treatment for breast cancer. We recommend that once you have completed your treatment, you try to gradually increase your daily activity with the aim of trying to build up to three or more twenty minute sessions of moderate activity each week.

What diet should I follow?

Enjoying a healthy diet and maintaining a moderate level of physical activity is important if you have had breast cancer. There are conflicting theories about diet and cancer, which can be confusing. Most experts would agree that a healthy diet is balanced and varied and provides all the right nutrients needs.

There is evidence that following a diagnosis of breast cancer maintaining a healthy weight and avoiding excessive weight gain is associated with an improved breast cancer survival and overall survival. There is also evidence that maintenance of a moderate level of physical activity, for example taking a daily half hour walk is beneficial too.

The main things to consider in a healthy diet include:

- ✓ Eat the right amount to maintain a healthy weight
- ✓ Eat plenty of fresh fruit and vegetables
- ✓ Eat plenty of foods rich in fibre and starch
- ✗ Avoid eating too much fatty food
- ✗ Avoid sugary food and drinks
- ✗ Avoid alcohol or drink in moderation

These guidelines are suitable for people who not have cancer and can be followed by members of your family and may reduce the chances of getting heart disease and diabetes as well as certain types of cancer including breast cancer. A summary of the evidence regarding diet, lifestyle and cancer prevention was produced in February 2009 by the World Cancer Research Fund. There is a lot of information available on healthy eating from organisations such as the Food Standards Agency and NHS Direct.

Further reading:

Diet and breast cancer—available from **Breast Cancer Care**

Diet and cancer—available from **Macmillan Cancer Support**

Can I drink alcohol?

There is no need to avoid entirely. However, a number of research studies have indicated that increased alcohol intake may be associated with a slight increase in risk of breast cancer. We would always advise that you should not drink in excess of the Department of Health's recommendations (no more than two to three units of alcohol per day, where a unit of alcohol equals a small glass of wine).

What about sex?

Cancer can impact in many ways and your treatment may have affected your physical ability to give and receive sexual pleasure. It may have changed how you feel about your body, and you might find it difficult to talk to your partner about this. Your partner may also have concerns and talking to each other may help with this. Making love might not be the same as it was before your diagnosis and you may have to find ways of adapting to the changes. It can help to take things slowly at first. Some practical ways to help include trying different positions, and using vaginal lubricants if dryness is a problem. Your breast care nurse will be happy to discuss any of these issues with you.

Further sources of support

The British Association for Sexual and Relationship Therapy

www.basrt.org.uk

Relate – www.relate.org.uk

What should I do about contraception?

We recommend that you should avoid pregnancy for at least two years after completion of chemotherapy treatment and for the duration of treatment with hormonal therapies. Women who have been treated for breast cancer should not use oral contraceptive pills (the combined pill or mini pill) or hormonal implants. Your GP will be able to advise you about suitable contraceptive methods which include barrier contraceptives (such as condoms and the cap) and intra-uterine devices (the coil)

If you are hoping to have children after treatment for breast cancer, please make an appointment to discuss this with your consultant as they will be able to advise you about the best time to start trying.

Dealing with worries about breast cancer returning

Am I cured?

You will find that most doctors do not use the term “cured”, as this implies that they can give you a 100% guarantee that your breast cancer will never return. Unfortunately, we can never make this promise to any patient.

What is the chance of my breast cancer returning?

The risk that your breast cancer will come back is different for every patient. However, by having the treatment recommended by your surgeon and oncologist you have minimised your personal risk of having any further problems from breast cancer as much as possible.

Will I have any tests to check that the cancer has not returned?

You will continue to have regular follow up mammograms. Research studies have shown us that doing regular blood tests, x-rays or CT scans on women who have no symptoms are not helpful in diagnosing recurrent breast cancer and cause unnecessary anxiety. However, if you develop any new symptoms, the appropriate test or scan will be organised for you once they have been reviewed in the clinic.

I am constantly anxious that by breast cancer will return - what can I do?

It is entirely natural to feel anxious that your breast cancer will return and we recognise that this can make you feel very uncertain about the future and lead to difficulties in "getting on with life". Some people find it useful to have some additional support in dealing with these feelings and benefit from counselling. This may be available from your GP, or alternatively you can speak with the Breast Care Nurses who can refer you on to other services.

What sort of symptoms will I get if my cancer returns?

Breast cancer can return almost anywhere in the body. If you experience any of the following symptoms for more than two weeks, please contact us to arrange a medical review:

- New lump in or near the breast, mastectomy scar, armpit or neck
- New swelling of the arm
- Unexpected weight loss or loss of appetite
- Shortness of breath or a persistent cough
- Nausea or abdominal pain
- Headaches or visual disturbances
- Loss of balance

Do remember, however, that all of these symptoms can also be caused by other conditions that are completely unrelated to breast cancer, so please do not become unduly anxious whilst awaiting your review.

Further information and useful contacts

Breakthrough Breast Cancer

UK charity committed to fighting breast cancer through research, campaigning and education

www.breakthrough.org.uk

Breast Cancer Care

Support and information for anyone affected by breast cancer.

Helpline: 0808 800 6000

www.breastcancerare.org.uk

Breast Cancer Haven

Support, information and free complementary therapies for anyone affected by breast cancer.

0207 384 0099

www.breastcancerhaven.org.uk

Cancer Research UK

Information, research and details of clinical trials

Helpline: 0808 8004040

www.cancerresearchuk.org

Look Good...Feel Better

Run make up workshops with the aim of enhancing self-esteem and confidence during or after breast cancer treatment

01372 747500

www.lookgoodfeelbetter.org.uk

Macmillan Cancer Support

Emotional and practical support for people with cancer.

Information about cancer types and treatments.

Helpline: 0808 808 0000

www.macmillan.org.uk

**Space for your notes and
any questions...**

If you would like this leaflet in another format or in a different language, please ask a member of staff.

Yeovil District Hospital
NHS Foundation Trust
Higher Kingston
Yeovil
Somerset
BA21 4AT

Ref: 14-16-129
Review: 01/18