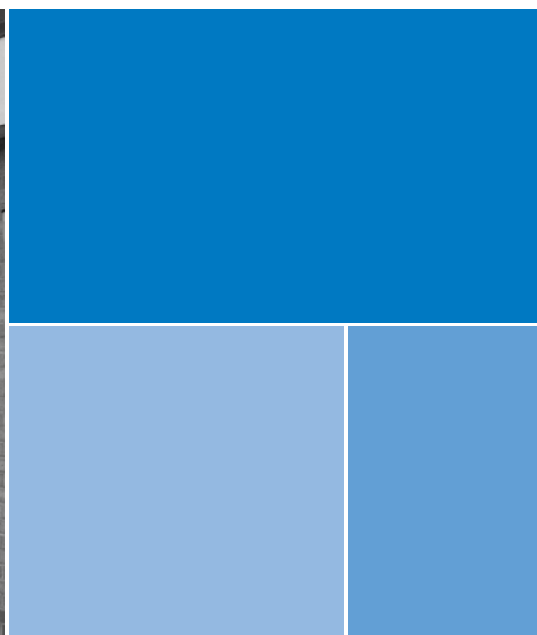


Breast Care Nursing Service



[Patient Information](#)

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Breast Care Nursing Service

Name:

Hospital Number:

This booklet is designed to provide you and your family with information about breast cancer and its treatment. If you have any questions, no matter how trivial you may think they are, please do not hesitate to contact us. If we cannot help we will be able to advise you who can. We can be contacted between the hours of:

09:00 –16:30 Monday to Friday on: 01493 452447 (answer phone available).

If we are not available please leave a message on the answer phone.

If you have a problem outside these hours, we suggest you contact your doctor's surgery for advice.

Please note several leaflets from Breast Cancer Care will be suggested as additional reading throughout this booklet. Please ask your breast care nurse for copies.

Your consultants and team are:

1. _____

2. _____

3. _____

You may also meet the following members of the Breast Care Team:

- Speciality doctors, surgical trainees and junior doctors
- Sisters, nurses and receptionists on the ward
- Prosthesis fitters (female)
- Staff in the radiotherapy department at the Norfolk & Norwich University Hospital
- Oncology team
- Radiology team
- Local support groups

What is Breast Cancer?

Breast tissue is made up of many cells, which usually reproduce in an orderly and controlled manner. Sometimes one of these cells gets out of control and then produces a lump (tumour). These lumps can be either benign (not cancer) or malignant (cancer).

Benign tumours will only grow in one area and do not spread to other parts of the body.

Cancers (malignant tumours) develop in one area, but may also spread to other parts of the body. Breast cancer is rare in women under the age of thirty years but is more common later on in life, and the risk increases with age.

Doctors may suspect that a lump is either benign or malignant, but diagnosis will usually be confirmed by examining a small sample of tissue under a microscope.

Research continues to increase our understanding of breast cancer and allows targeted individual treatment.

Your Breast Care Nurse

Feelings of fear and isolation are common after you have been told you have breast cancer. You may have many questions going through your mind. Some you may wish to discuss with your doctor, others you may prefer to talk through with your breast care nurse.

The breast care nurse specialist is a member of the breast team at the James Paget University Hospital caring for patients with breast problems. She has a specialist knowledge of breast cancer and its various treatments. She is skilled in providing emotional and practical support to patients and families. Her contact with you will continue for as long as you feel you need her support, but she will encourage you to return to your "normal" lifestyle as soon as is possible.

You will usually be able to see the same breast care nurse, who is aware of your individual problems, but if she is not available, another member of the breast care nursing team will be able to discuss any concerns you may have. Nothing will seem too trivial to your breast care nurse. She is there to provide information and support from the time of diagnosis and throughout your treatment, it is possible to discuss your needs in privacy either on the telephone or face to face in our quiet rooms.

Further routine tests

Other tests are frequently requested by your doctor to enable them to offer you the most appropriate form of treatment. This will be planned specifically for you so do not worry if others have different tests and treatments, this is quite normal.

The following list of tests are examples of those commonly used:-

Mammogram

An x-ray of the breast is taken by slightly compressing the breast between plastic plates on an x-ray machine. Sometimes this is uncomfortable but the examination only lasts a few seconds.

Ultrasound

A painless procedure which uses sound waves to build up a picture of the breast. A gel is spread over the breast and a small device similar to a microphone is passed over the area. The echoes from the sound waves are converted into a picture using a computer.

Needle aspiration

A quick procedure using a fine needle and a syringe which enables the doctor to take samples of cells from the breast lump and sometimes from lymph nodes in your armpit. The cells are then examined under a microscope.

Core/needle biopsy

A slightly larger needle is used under local anaesthetic (to numb the area) so that the doctor can take a small piece of tissue (biopsy) from the lump which is then examined in the laboratory.

Vacuum assisted Biopsy

For vacuum assisted breast biopsy you will lie face down on a special table with round openings in it where you place your breasts. First an injection of local anaesthetic is given to numb the area. Guided by mammography or ultra sound, the radiologist places the probe into the suspicious area of the breast. A vacuum then draws the tissue into probe.

Chest x-ray

X-rays are taken of the chest to check your general health.

Blood tests

Tell us information about your general health.

Bone scan

This will allow your doctor to assess the general condition of your bones. This investigation is performed in the Nuclear

Medicine Department at the Norfolk and Norwich University Hospital.

Surgery

Once the necessary tests have been completed it may be necessary for you to have an operation on your breast. Your partner/friend is welcome when you discuss the options for treatment with the doctor and the breast care nurse. Surgical removal of your tumour will provide us with a full picture of your individual cancer. This information will be used to determine the benefits of additional treatment.

CT scan

This will allow your doctor to assess your whole body, including your lungs, liver and bones.

MRI

A breast MRI (magnetic resonance imaging) scan is an imaging test that uses powerful magnets and radio waves to create pictures of the breast and surrounding tissue. It does not use radiation (x-rays). A breast MRI may be done in combination with mammography or ultrasound. However, it is not a replacement for mammography. You will lie on your stomach on a narrow table with your breasts hanging down into cushioned openings. The table slides into a large tunnel-like tube.

Surgery

Excision Biopsy

The whole lump is removed under a general anaesthetic and sent for examination at the laboratory. This is usually performed as a day procedure and you are able to go home the same day.

Wide excision of a breast lump (breast conservation)

This involves the removal of the breast lump together with an area of surrounding breast tissue. It may also be necessary to remove some lymph nodes in the armpit. You will usually be admitted as a day case but may require an overnight stay.

A difference in the shape and size of your breast may be noticeable after surgery. If you remain unhappy with your appearance once treatment is completed you should discuss this with your breast care nurse or surgeon. An infill (partial prosthesis) may be suitable to fit into your bra.

Mastectomy

This is the removal of the whole breast and may include the removal of lymph nodes from the armpit. You will be admitted as a day case but may require an overnight stay. You will be introduced to one of our prosthesis fitters post-operatively on the ward. She will be responsible for fitting you with a temporary soft prosthesis called a "softie" prior to discharge.

Axillary node sample using blue dye

This involves the removal of usually four lymph nodes from your armpit. The surgeon will use a blue dye to identify which nodes are necessary to be removed from your armpit. Once you are asleep the surgeon will inject a blue dye into the nipple area which will track along your breast tissue and highlight the nodes to remove. For the following 24 – 48 hours you will pass blue urine and possibly green stools as the dye is eliminated from your body. You will notice a blue staining on the skin near your nipple which may take a few months to fade away. It cannot be washed off. You may look slightly grey for a few hours: this is normal. In very rare case some patients may be allergic to the dye. The procedure is undertaken in the operating theatre where emergency equipment is readily available if required.

Axillary node clearance

Sometimes your surgeon may need to remove all or most of the lymph nodes from under your arm. This operation is called armpit axillary node clearance. Removing many of the lymph nodes in this area gives a risk of long term swelling of the arm called lymphoedema (see section care of the arm following breast surgery).

Reconstruction

If you are recommended to undergo a mastectomy, where appropriate, you will be offered breast reconstruction to rebuild your breast. This may be offered as an immediate procedure at the same time as your mastectomy or at a later date as a delayed procedure.

Your options for reconstruction will be based on what is considered to be medically best for you.

You may be offered procedures such as:

- Silicone implants with an internal sling
- Expander implants with an internal sling
- Tram Flap procedure
- Latisimus Dorsi Flap with or without an implant

Full details will be given as applicable to you by your breast care nurse. She will spend time with you at a separate appointment helping you to understand the full implications of your recommended procedure before your final decision is made.

Research shows that smoking increases the risk of poor and delayed wound healing. As part of your routine investigations you may be screened for nicotine and carbon monoxide levels. This is done by a urine test and preformed at your pre assessment appointment. You will be informed immediately of the result. A positive result could lead to your procedure being delayed.

Admission

The hospital phone number is 01493 452452, however you can ring the wards direct on the following numbers for advice and to confirm visiting times. You may be admitted to one of the following wards:

- Day care unit 01493 452022
- Ward 4 01493 452004
- Ward 9 01493 452009
- Charnwood Suite 01493 452338

If you have any questions please do not hesitate to ask.

Thank you in advance for your co-operation.

What to expect before your operation

- When you arrive on the ward you will be introduced to a nurse who will ask you several questions and introduce you to the ward environment.
- A doctor will visit prior to surgery and mark your breast for theatre.
- The doctor will ask you to sign or confirm your signature on the consent form. This will state the operation you are going to have and it is important that you understand.
- You will be seen by an anaesthetist who will ask if you have had any previous anaesthetics or suffered any side effects i.e. sickness.

What to expect after your operation

- Depending on the type of surgery you may return to the ward with either one or two narrow tubes (drains) in place. These help with the healing process by taking away excess fluid and are usually removed after two to three days. Occasionally the drain may need to stay in longer up to a maximum of five days. If you have had reconstruction surgery the drain

may remain in up to 10 days depending on the amount of drainage and your consultant's instructions. If you are discharged home with a drain in place, a district nurse will visit you daily to care for the drain, to monitor drainage and remove it when appropriate.

- To prevent arm stiffness the breast care nurse will advise you about appropriate exercises and provide you with an information leaflet. It is important to carry on with these exercises after your discharge from the ward until you regain your usual range of movements.
- Numbness and tightness around the wound and down the inside of the upper arm may occur during the normal healing process. Simple painkillers may be taken four to six hourly to relieve any discomfort. If these are not sufficient please inform your breast care nurse.
- An outpatient appointment to attend the results clinic will be made for you and sent to you by post.

Advice once you are home

- Continue with your arm exercises.
- Your stitches will be dissolvable. According to your consultant's wound instructions, you may shower or have a shallow bath, but avoid the use of perfumed products which can irritate the skin. Pat the area dry rather than rubbing it.
- Avoid the use of antiperspirants and talc to the affected area until the wound is fully healed.
- Observe your wound for any signs of redness or swelling. Contact your GP or breast care nurse if this occurs.
- You may feel tired and emotionally low after your operation so allow yourself time to rest, relax and adjust. Remember your breast care nurse is available for advice and support.
- For the first few weeks perform only light household duties. Accept help from other members of the family or friends.

- You may resume driving when the wound is completely healed and you have a good range of arm movement. It is important that you feel safe and confident to drive to be covered by your car insurance.
- You may return to work when you feel ready to do so; this varies according to your individual job and progress.
- If you require a sick note please ask the ward nurse. This will cover you for a two week period. Please contact your GP if you need further time off.
- You should have been prescribed with painkillers on discharge, take them as needed, gradually cutting down as you become more comfortable. Please obtain further supplies from your GP if you need them.
- We advise you to continue to wear your surgical stockings for at least seven days this helps to reduce your risk of a deep vein thrombosis (DVT).
- If you have any queries or concerns once home, please do not hesitate to contact the breast care nursing team.

Wound care

Each consultant has their own requirements for wound care.

For Professor Pereira's patients

- It is important to keep your wound clean and dry until you are seen at your clinic appointment.
- You need to leave any paper strips (steri-strips) in place for three to four weeks. If you notice that they become soiled, please see your district nurse or the nurse at your GP surgery so that new ones can be applied. This will help with the overall cosmetic result of your scar.
- It is usual for dissolvable stitches to be used to close your wound and these do not need to be removed.

For Mrs Downey's patients

- It is important to keep your wound clean and dry for two to three days after surgery.
- You will have no dressing, just surgical glue over your wound which looks like a dry crusty scab, creating a waterproof seal. This will peel away after several weeks.
- It is usual for dissolvable stitches to be used to close your wound and these do not need to be removed.

For Miss Poxton Down's Patients

- Your wound will be covered with a waterproof dressing and paper strips (steri-strips) covering the scar line. You are able to have a shower 24 hours after your surgery. Please do not run water directly on to the wound/dressing.
- You need to leave any paper strips in place until you are reviewed in clinic. If you notice that they become soiled, please see your district nurse or the nurse at your GP surgery so that new ones can be applied. This will help with the overall cosmetic result of your scar.
- You will usually have disposable stitches to close your wound. These do not need to be removed.
- Water may seep under the dressing. If this occurs please see your practice nurse or if you feel able to change the dressing please use the dressing you were given on discharge. Do not remove the steristrips.
- If you are unsure please contact your GP practice nurse or breast care nurse.

Care of the arm following breast surgery

Swelling of the arm can occur at any time following radiotherapy (see section further treatments) and surgery to the breast and armpit. This swelling is known as lymphoedema. It is caused by damage to the lymphatic system which is responsible for draining excess fluid from the tissues.

How to avoid arm swelling

Continue with your exercises as this muscle activity will help to stimulate lymphatic flow. Aim for full movement of hand, arm and shoulder.

Please avoid:

- wearing tight jewellery (rings, bangles, watches).
- having your blood pressure taken from the affected side.
- having blood samples taken from this arm.
- injections in this arm.
- carrying anything heavy (shopping etc) for long periods of time.
- carrying shoulder bags on the shoulder on the affected side.
- wearing tight clothing - especially near the armpit.
- injuring your arm, if at all possible.

Care of the skin - arm/armpit

Any break in the skin may become infected and increase the risk of swelling.

- Avoid using razors which can nick the skin, instead the use of an electric or battery operated shaver is recommended for removing unwanted hair under the arm.
- Wear gloves when doing housework or gardening.
- If you cut your hand or arm, clean it well by rinsing under tap water and apply an antiseptic. Observe the area for signs of inflammation (redness, warmth or swelling). If any of these signs remain longer than 24 hours you should visit your GP as it may indicate infection.

If swelling occurs

Some patients may experience some swelling in the fingers and arm after breast surgery. This could occur when you have had surgery to remove the nodes from your armpit. You may

experience swelling in the months after your surgery: it can also occur several years later. If you notice swelling in your fingers or arm with associated heaviness, it is recommended you seek advice from your breast care nurse.

Lymphoedema

Lymphoedema is swelling caused by a build-up of lymph fluid in the surface tissues of the body. This may happen as a result of damage to the lymphatic system because of surgery and/or radiotherapy to the lymph nodes (glands) under the arm and surrounding area.

If you think you have developed lymphoedema, contact your breast care nurse or specialist team for an assessment. You can help yourself initially with gentle exercises to help it subside.

- The position of your arm is very important. When you are sitting, do not let your arm hang by your side for long periods of time. Position your arm on some pillows for support.
- Avoid putting your arm in a sling position as this interferes with the natural drainage of fluid and can result in fluid collecting in your arm.
- Gently massage your arm from hand to armpit, using a mild skin lotion. Do this when your arm is supported on a cushion or pillow.
- If swelling persists or if you are worried, contact the breast care nurse.

Further treatments

Once the results (histology or pathology) are known, further treatments may be recommended to you. Treatments may include all or some of the following:

Radiotherapy

This uses high energy x-rays to destroy any cancer cells left in the breast area.

All patients having a wide excision operation will be advised to have radiotherapy to their remaining breast tissue to reduce the risk of local recurrence. Sometimes radiotherapy is also recommended for the chest wall following a mastectomy.

Treatment should begin four to six weeks after your operation or chemotherapy, and is carried out at the Norfolk and Norwich University Hospital, every day, Monday to Friday, for a period of three weeks. The NNUH radiotherapy booklet will be given for further information.

Chemotherapy

Occasionally chemotherapy may be given before surgery (called primary chemotherapy or neo-adjuvant chemotherapy) to try and reduce the size of the tumour.

Following surgery, chemotherapy may be recommended to destroy any potential cancer cells that may have spread to other parts of your body, and reduce risk of recurrence.

Herceptin®

Your breast tissue may be tested for a specific receptor or protein known as the Her-2 status. If you are known to be Her-2 positive, you may be advised to have Herceptin® following chemotherapy treatment for additional benefit.

Herceptin® treatment can be given for up to one year. This is a standard treatment for people with Her-2 positive breast cancer. It is given after, or at the same time as, chemotherapy, to reduce the risk of the cancer coming back.

Hormone therapy

If your tumour is known to be hormone sensitive (or oestrogen positive) your surgeon will recommend that you have medication to reduce your risk of a recurrence of the tumour.

Oestrogen receptor status

Hormones are substances that occur naturally in the body. They are produced in the organs and glands of the endocrine system. They act as chemical messengers and are carried around the body in the blood to other tissues or organs where they influence the growth and activity of cells.

Oestrogen and progesterone are the female hormones linked to breast cancer. In pre-menopausal women oestrogen is produced mainly in the ovaries. In post-menopausal women when the ovaries have stopped working, small quantities of oestrogen continue to be produced in tissues such as muscle, fat and the liver.

Many breast tumours have receptors for oestrogen and progesterone which stimulate them to grow. An oestrogen receptor test is routinely carried out on the tumour following surgery, to examine the level of sensitivity. Tumours sensitive to oestrogen are described as hormone sensitive or oestrogen positive. The degree of sensitivity may influence treatment decisions.

If your tumour is oestrogen sensitive you are likely to be offered hormone therapy. Hormone therapies prevent oestrogen and progesterone from stimulating breast cancer cells, they work in two ways:

- Anti-oestrogen drugs (tamoxifen) block oestrogen from attaching to the cancer cells, therefore stopping them growing.
- Aromatase inhibitor drugs (anastrozole, exemestane, letrozole) reduce the amount of oestrogen being produced, so less is available to stimulate tumour growth.

Pre-menopausal women may be offered anti-oestrogens, whereas post-menopausal women may be offered anti-oestrogens or aromatase inhibitors.

Prosthesis fitting service

Office Hours: 9.00 am – 4.30 pm, Monday - Friday

Telephone No: 01493 452330 (Direct Line)

You will first meet the prosthesis fitter on the ward before you go home. She will show and explain the different types of prosthesis which are available. It will be difficult to decide at this stage which type of prosthesis will be suited to you and your lifestyle.

Your prosthesis fitter will offer you a soft cotton prosthesis called a "softie" to use post operatively. This soft prosthesis is very lightweight and whilst being very comfortable to wear, it also provides you with additional protection for your scar against any knocks. It will fit into your usual bra, but if you should find that wearing your bra is still uncomfortable at this early stage you can attach your "softie" to a vest, camisole or any other type of undergarment.

This is also the time for you to ask any questions concerning your prosthesis so that any concerns you have may be answered. For instance, you may want to know which type of bra is the most suitable, what to do about swimming or active sports.

After about six to eight weeks, it will be possible for you to be fitted with your permanent prosthesis. Ring for an appointment with your prosthetic fitter and she will show you the many types of prosthesis which are available. You will be able to decide which one feels most comfortable. It is advisable to bring a well fitting bra with a full cup (no half cups) and preferably not under wired. A well fitting jumper or t-shirt will also allow you to see for yourself how well the breast form fits.

Women who have had breast conservation treatment, may find that their surgery has left them with a significant loss of breast tissue. Sometimes the difference in size is only slight and a padded bra with the padding removed from the other side will solve the problem. However, partial breast prosthesis may be more suitable to restore the natural contour of the breast. Partial prostheses come in a range of shapes and sizes and can be fitted into your normal bra. These are provided free of charge provided you are an NHS patient.

Your breast prosthesis

Prostheses are made from silicone and covered in a polyurethane skin. They sometimes have a removable cotton cover which is washable. Often women are surprised at the weight of prostheses but this is essential to restore body balance and to achieve a good body shape. All prostheses are designed to look like a natural breast. They warm to your body temperature and should not restrict your movement in any way. You are entitled to a free prosthesis provided you had your operation as an NHS patient. If you received your surgery through private health care, your prosthesis must be purchased. Some insurance companies provide an allowance towards this cost, so it is advisable to check.

One softie and one permanent prosthesis will be provided. You are entitled to a new prosthesis when your existing one shows signs of wear and tear, is damaged or if there is a significant change in your body weight. When this happens you will need to get in contact with your prosthesis fitter and she will arrange an appointment or a replacement.

Bras and swimwear

Your bra must be well fitting, so it is important to pay special attention to cup size. If you find that you are falling out at the side or at the front, the cup size is too small. If you notice wrinkling at the front of the cup it is too big. Half cup bras are unsuitable, but according to the shape of your prosthesis, some

underwired bras are suitable, you will need to discuss this at the time of your fitting.

Most ladies have bras and swimming costumes which can be adapted with a pocket to help keep the prosthesis in place, if desired. This is usually done free of charge and can be arranged through the Orthotics department. Alternatively there are specially adapted bras and swimming costumes on the market, but these tend to be quite expensive. You can discuss this with your fitter and she will advise you of local stockists.

Many department stores offer an excellent selection of suitable bras. They have assistants who are trained to help with your choice. Some also allow you to try products in the privacy of your own home, and return them if they are unsuitable.

Handy hints if you have a breast prosthesis

- All prostheses need to be washed daily in warm soapy water, rinsed and patted dry with a towel.
- It is important to keep the prosthesis in its own box when not being worn, to ensure that it stays in good condition.
- Do not use any talc or moisturiser around the prosthesis as this can damage its outer skin.
- Be very careful of sharp objects that could pierce the prosthesis e.g. knitting needles, brooches and animal claws.
- If you notice that you have a split or puncture in your prosthesis, don't worry, it will not explode or deflate. Apply a piece of sticky tape or a plaster over the area, then inform the Orthotics office so that they can arrange for a replacement as soon as possible.
- Always make sure that you have a well fitting bra.
- All prostheses can be worn while swimming but it is important to rinse them in warm water afterwards.
- If you find the prosthesis too heavy in your swimwear discuss

with the fitter or breast care nurse about obtaining one especially for swimming.

- If you have any queries about bras or prostheses, please contact the prosthetics department.

Clinical trials

What is a clinical trial?

Clinical trials are research studies involving patients, which compare a different type of medical care with the best treatment or treatments currently available. The success or failure of these studies depends heavily on the willingness of patients to become involved. Many clinical trials need thousands of patients and will take several years to complete. Without these trials, we would not be able to improve our knowledge about effective treatments. All trials are aimed at minimising risks whilst maximising the benefits for all those who take part, regardless of which treatment they receive.

If you agree to participate in a trial you will be allocated at random to be given the new or existing treatment. Neither you nor your doctor will know which one you are receiving, this is to ensure that the results of the trial are not influenced by the doctor.

If you are asked to take part in a trial you should be given all the information you need and you should ask as many questions as you wish. It is often a good idea to talk it over with friends and family together with the breast care nurses before making any decision.

If you decide not to participate in a trial, you will still be given the current best treatment. You are able to, if you decide you would like to, withdraw from a trial at any time without giving a reason.

When the results of a trial are published individual participants are not identified. If you agree to be involved in a trial the

following people will be informed; your consultant, hospital doctors, general practitioner and your breast care nurse.

The many advances made in the early detection and treatment of breast cancer over recent years has been made possible by patients agreeing to take part in clinical trials. The aim of these trials is to improve knowledge, treatment and care, now and for the future.

Trial Practitioners will provide you with full details.

What happens when my treatment is completed?

Your consultant will wish to monitor your progress at regular intervals. Their secretaries can be contacted on the numbers below:

Professor Pereira / Miss Poxton Down: 01493 452683

Mrs Downey: 01493 452236

Why do I need regular monitoring?

This is an important component of your care. By attending regular outpatient appointments we are able to assess how you are coping both emotionally and physically. This is also an ideal opportunity to meet again with your breast care nurse. If you wish to take advantage of this please notify the nurse when you arrive at the clinic.

As you progress, the time intervals between appointments will become longer, according to your individual needs.

What happens at these appointments?

On arrival at the hospital you will need to report to the clinic receptionist. You will then be asked to see your doctor, either your consultant or a member of their team. Occasionally there may be a delay between your allotted appointment time and the time you actually see your doctor. We would ask that you be patient with us if this should happen as occasionally delays are unavoidable.

During your appointment it is usual for your doctor to perform a breast examination after which various tests may be required such as a mammogram or blood tests. This will be planned specifically for you so do not worry if others have different tests, this is quite normal. (You may find it useful to re-read the section in this booklet headed "Further Routine Tests", as this outlines the majority of tests which may be requested).

You will remain on follow-up appointments with the consultant for a period of one to five years, following which you will still be offered routine mammography screening. Current practice is for you to have yearly mammograms for the first five years after treatment has been completed and a mammogram every 18 months until 10 years after treatment has been completed. You will then revert to three yearly mammograms in line with the National Breast Screening Programme. However, this may vary according to the wishes of your consultant.

Questions commonly asked by patients

My scar feels lumpy/hard. Is this normal?

For the first few months after surgery it is usual for your scar to feel hard/lumpy. As time passes this hardness should become less with the breast feeling more comfortable and the scar softer to touch. Applying a simple moisturiser to the scar will help the scar to become softer. However, please see your GP if you notice any redness or swelling, or if your scar feels hot to touch.

I am experiencing feelings of numbness/pins and needles in my arm. Why is this?

Surgery to your breast or armpit may cause numbness/pins and needles of the arm which may continue for a few months. It is important for you to carry on with your arm exercises as described in your leaflet. However, if this does not improve and you notice any swelling of your arm please contact your breast care nurse.

What do I do if I discover another lump?

It is important to continue to be “breast aware”, and should you discover any changes which are causing you concern please contact your breast care nurse who will be able to advise you accordingly.

Can I contact my breast care nurse if I feel unwell or insecure?

It is common for women to experience feelings of insecurity following treatment for breast cancer. If these feelings persist, your breast care nurse is available to provide ongoing support for you and your family. You may also find it beneficial to contact a member of the “Be re assured scheme”.

What do I do if I feel unwell between follow-up appointments?

It is quite normal at first to think that any twinge or pain means that the cancer has returned. Most women find that they gradually become calmer and some genuinely almost forget that they ever had cancer. However, it is advisable that you seek advice from your GP if you are concerned about your breasts. If you continue to remain anxious please do not hesitate to contact your breast care nurse.

Family history

As you have been diagnosed with breast cancer, you may have concerns about what this means for other members of your family.

Breast cancer affects over 44,000 women each year in the UK. The biggest risk factor, after gender, is increasing age – the older the person the higher the risk. Most breast cancers are not due to an inherited (genetic) risk and do not affect the lifetime risk for other family members. However, a small number of women with a significant family history may be at an increased risk. According to the number of people with the disease in your family and the age at which they were diagnosed, this risk can be classed into three groups:

- Near Population Risk (or average risk)
- Moderate Risk (sometimes called familial/raised risk)
- High Risk (sometimes called hereditary/increased risk)

A family history risk may be described as significant if one of the following exists:

- Two or more close relatives have had breast cancer.
- One or more with breast cancer diagnosed under age 40.
- Close relatives with breast cancer and others with ovarian cancer.
- One close relative with breast cancer in both breasts or with breast and ovarian cancer.
- One male relative with breast cancer.

If you think your family history is significant and you wish to discuss it in more detail, please ask your breast care nurse for further advice.

Support groups

Be re assured scheme (B.R.A.S.)

This group of women have all experienced breast cancer and have undergone various operations and treatments. The group was set up in order to help others facing the trauma of breast disease, since only when you have actually faced the situation can you really understand what a woman faces at this time.

They are strictly non-medical and aim to offer friendship and moral support, before, during and after surgery and treatment. They may be able to answer some of the questions that you do not feel you can ask the doctors or nurses, but which may still cause you anxiety and concern.

As a group they have the support of the consultants. A member of the group attends the results clinic every week. They will also, if you wish, maintain contact once you are home.

You will be provided with a complete list of names and telephone numbers enabling you to contact someone at any time, if you want to talk, but please do not feel you have to contact them.

These volunteers are compassionate, caring people who have experienced similar emotions to you, and continue to lead full and happy lives. The group's motto is "don't be alone pick up the phone". Ask for the be re assured scheme. Someone will always be ready to listen.

Breast friends

A local support group meet monthly for people who have had breast cancer and their family and friends. They offer support and friendship and organise social events for members to enjoy. They also hold fund raising events with all proceeds going to the trust.

Please ask your breast care nurse for details.

Authors:

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James Paget University Hospitals



NHS Foundation Trust

Courtesy and respect

- A welcoming and positive attitude
 - Polite, friendly and interested in people
 - Value and respect people as individuals
- So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
 - Attentive, responsive & take time to help
 - Visible presence of staff to provide care
- So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
 - Keep people clearly informed
 - Involve people
- So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
 - Effective care / services from joined up teams
 - Organised and timely, looking to improve
- So people feel **safe**



The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN.

If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on
01493 453240