

# Patient Information

## Patient Resource Pack

### Hinchingbrooke Breast Cancer Unit

This pack provides you with information about your condition and your treatment including:

- Local information for patients under the care of Hinchingbrooke Hospital and
- Further information produced by support organisations and links to useful online websites
- You can find this information on line via Hunts Community cancer Network <http://www.hccn.org.uk/>

Further information will be offered to you according to your needs and wishes.

Please do not hesitate to contact your breast care nurse for any further information which you might find helpful:

Lorraine Walker- Macmillan Breast Care Nurse Consultant 01480 363516 or page 2153  
Mel Scholes- Macmillan Breast Care Nurse Specialist 01480 416416 x 8249. Page 2184.

## SUMMARY OF YOUR DIAGNOSIS

Your diagnosis is:.....

.....  
**The following information and plan was discussed with you today:**

.....  
.....  
.....  
.....  
.....  
.....

Surgery date ( if appropriate).....

Pre-op date (if appropriate).....

Lorraine Walker, Macmillan Breast Care Nurse Consultant	01480 363516	Bleep 2153
Mel Scholes, Macmillan Breast Care Nurse Specialist	01480 416416 x8249	Bleep 2184
(If Lorraine and Mel are not available please call Lynda Hall)	01480 363500	

If you would like a copy of your clinic letter, please contact the Breast Service Secretary on 01480 416194.

Once you have read the information given to you today, if you would like to discuss this or would like further information please don't hesitate to contact your Breast Care Nurse.

## THE BREAST CARE TEAM

### Consultant Breast Surgeons

Mr Shaukat Mirza  
Mr Rudwan Adi

### Consultant Radiologist

Mauro Mattace- Raso  
Vasiliki Papalouka

### Consultant Oncologists

Dr Simon Russell, Consultant Clinical Oncologist (radiotherapy and/or cancer drug specialist)  
Dr Cheryl Palmer, Consultant Medical Oncologist (cancer drug specialist)

### Breast Care Nurses

Lorraine Walker, Macmillan Breast Care Nurse Consultant	01480 363516	Bleep 2153
Mel Scholes, Macmillan Breast Care Nurse Specialist	01480 416416 x8249	Bleep 2184
(If Lorraine and Mel are not available please call Lynda Hall)	01480 363500	

### Breast Radiographers

Janet Hayman and Melissa Brown

### Clinical Trials Practitioners (to discuss options of taking part in trials if appropriate)

Suzanne Miller & Vanessa Goss 01480 847478

### Prosthesis Advisers (to assess and provide guidance about wearing prosthesis and on correctly fitting bras)

Carole Parker & Sarah Dunne 01480 423136

**Lymphoedema Nurse- Via G.P.-** Veronica Williams.

### Breast Surgeons' Secretary

Leisa Hunt 01480 416194

### Oncology Secretary

Rachel Sinfield 01480 416428

**Questions I would like to ask at my next appointment**

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**Questions I would like to ask at my following appointment**

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## YOUR DIAGNOSIS

Being told you have breast cancer requiring treatment will probably mean you are going to experience many different emotions, for example: shock, fear, anger, a sense of helplessness and a loss of control. You may feel disbelief because you don't feel ill. You may be frightened about the future and what it holds for you. These are all normal reactions which may affect you, your family and friends.

We understand this is a very difficult time for you and we aim to keep you and your family informed about your treatment. This will be discussed with you at every stage.

It can be difficult to take everything in when you are first told about your cancer diagnosis. Do not be afraid to query, at any time, anything you are not clear about. We will try to resolve any issues about your diagnosis or treatment.

## BEFORE YOUR OPERATION

Between the time of your diagnosis and admission to hospital for surgery the breast care nurses are available for support, advice and information. You can make an appointment to see the breast care nurses or you can see your surgeon again.

Prior to surgery you will be asked to attend for a pre-operative assessment. One of the breast care nurses will normally visit you before and after your surgery whilst you are on the ward, giving you the opportunity to discuss any concerns. Your GP will be kept informed about your planned operation and the date for surgery.

Patients undergoing a mastectomy or wide local excision may be discharged **later the same day** or on the **day following surgery**. Most of these operations are performed in the Treatment Centre and you would return to Daisy Ward. You may be discharged with drains in place and you will be visited by the District Nurses who will monitor them and remove them when required. Patients undergoing reconstructive surgery will need to be in hospital for a week at least to ensure any residual fluid has been drained after your operation.

## AFTER YOUR OPERATION

Immediately after your operation you will be transferred to the recovery area attached to theatres. You will be looked after here until you have woken from your anaesthetic. You will then return to the ward. You are likely to be away from the ward for 2 to 3 hours.

Following your return to the ward you may remain drowsy for a few more hours. For this reason we recommend that only close family members visit on this day.

Once you have recovered from your anaesthetic you will be able to start eating and drinking and also get out of bed. Most patients are surprised at how quickly they can resume caring for themselves and be fully mobile.

## IS THE SURGERY PAINFUL?

The pain you may experience after your surgery is different for each patient. Good pain control will improve your recovery. If you experience any pain or discomfort while you are in hospital we recommend you accept the offer of regular pain relieving medication. If you have concerns, you will have the opportunity to discuss them at the pre-operative assessment clinic, with the anaesthetist on the day of surgery or with any of the nursing staff on the ward.

## AT HOME AGAIN

In the early days at home following your operation a vast amount of 'internal energy' will be required by your body to repair itself. This may leave you with only a small amount of energy for the rest of the day. You will find that your body will naturally pace itself. After a particular activity you may find that your energy levels are dipping and you will have to rest.

As the days and weeks pass, your energy store increases so that after 3 to 6 weeks you will have returned to your normal daily pattern (this can take up to 3 months following breast reconstruction surgery). During this time you may find there are good days, when you lots of energy, and days when you feel more tired. This is normal.

## HOUSEWORK

In the first few weeks you may find it helpful to limit yourself to light housework such as dusting and preparing light meals. Vacuuming, shopping, laundry and ironing are best left to someone else until your energy levels increase and you can incorporate these activities into your daily routine.

## PHYSICAL EXERCISE

If you take part in some regular sporting activity it is usually advisable to refrain from this in the few first weeks following your surgery. When your energy levels increase your body will tell you it is ready to go back to your sport. If you have had breast reconstruction surgery you need to seek advice from your plastic surgeon or breast care nurse as this may take longer.

## DRIVING

The main requirement for driving is that you feel safe. This involves being able to perform an emergency stop or to swerve very quickly. In the early days arm/shoulder discomfort may prevent your performing these procedures. When you feel ready we would recommend that you go for a short drive to see how well you can manage. **If you have had breast reconstruction surgery it is recommended that you do not drive for a minimum period of 6 weeks.**

## INSURANCE

A cancer diagnosis does not mean that you will be unable to get any insurance at a future date.

If you need any information on life insurance, travel insurance or mortgages you can visit the web site for the Association of Medical Insurers and Intermediaries, [www.amii.org.uk](http://www.amii.org.uk) telephone 01206 848443, who will have a list of insurers in your area.

## **HOLISTIC NEEDS ASSESSMENT**

This will be part of your care plan and will be performed at key points following diagnosis until you have completed your treatment. The aim of the assessment is to provide you with the opportunity to think through your needs and, together with your health care professional, to devise a plan on how best to meet those needs.

The term 'holism' is a philosophy that views the human as having physical, social, psychological and spiritual aspects of life, all of which are closely connected. Meeting spiritual needs is about identifying what is important to you and may or may not include religious beliefs.

The hospital has a chapel on site, situated on the ground floor in the main corridor and is for the use of patients, staff and visitors. It is open all the time for peace and quiet and may be used by people of any faith or those who have no religious affiliation. We now have a tranquil garden, accessed through the chapel, for anyone who wishes to use it.

Our hospital chaplains can be reached by telephone on 01480 416125 or from within the hospital on extension 6125. There may be an answering machine if nobody is in the office.

Towards the end of your treatment you will be offered a 'moving forward' interview. This will give you the opportunity to work out a plan for moving forward and improving your well-being. It will include signs and symptoms to be aware of, and how to devise a healthy living plan. This does not mean you cannot access support from your breast care nurse if ever you have any concerns.

## SEXUALITY & BODY IMAGE

Sexual health following treatment is an important issue for us individually. Sexuality implies more than just an ability to engage in sexual intercourse. It concerns the way we view ourselves, our body image, and the way we feel about ourselves. All cancer treatment has the potential to affect our sexual health.

Cancer treatment can impact on the way we view our bodies and how we feel about ourselves from first diagnosis and throughout treatment. These changes can be temporary or permanent:

- Surgery changing the external appearance of the body
- Radiotherapy possibly changing the texture of the breast tissue and skin
- Chemotherapy and hormonal therapy can induce menopausal symptoms such as vaginal dryness, hot flushes weight gain and hair loss.

Other changes can impact on you feeling desirable and attractive and sexual desire can be dampened by:

- Tiredness
- Anxiety or depression
- Concerns about how you view your body
- Concern about how your partner views your body

There are no restrictions on sexual contact from a medical point of view but you may need to experiment with different positions to find one that is most comfortable for you. Coping with breast cancer and its treatments can be physically and psychologically demanding, both of which can lead to you feeling very tired.

You may not feel any sexual desire for a while and this is quite a normal reaction. Your husband/partner may also have concerns about resuming your sex life and it is helpful in these circumstances if you can talk to one another about your feelings in a frank and open manner. Talking to each other can help avoid misunderstandings

The breast care nurses are available to discuss any concerns you or your husband/partner may have and provide support and advice.

## FURTHER INFORMATION SOURCES

Macmillan Cancer Support & Breast Cancer Care both produce some excellent booklets on sexuality and body image

[www.macmillan.org.uk](http://www.macmillan.org.uk) or telephone 0808 808 0000

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or telephone 0808 800 6000

For psychological and spiritual information contact the NHS Choices website: [www.nhs.uk/ips](http://www.nhs.uk/ips)

## **COMPLEMENTARY THERAPIES**

Having a cancer diagnosis is nearly always accompanied by confusion, anxiety and a sense that life will never be the same again.

Holistic or complementary therapies can offer treatment options that in some cases may compliment conventional approaches. Complementary therapies can help promote a state of relaxation and a feeling of calm. Through alleviating stress the body has more energy to concentrate on healing, both physically and emotionally.

If you would like to consider complementary therapies please do not hesitate to discuss this with your breast care specialist nurse. We can provide several complementary therapies at the hospital free of charge. Please ask and we can refer you to our complementary therapist.

## FERTILITY AND BREAST CANCER TREATMENT

Some treatments for breast cancer, such as chemotherapy, can affect your ability to become pregnant. You may not have planned to have children at this stage in your life or you may have children already and would like more in the future. Having cancer treatment could mean you need to think about your fertility sooner than you planned.

It is important to discuss any fertility concerns with your specialist team before you begin treatment.

We can refer you to a fertility specialist to discuss the options for preserving your fertility. The specialist will provide you with information about treatments and their success rates to help inform your decision.

We can refer you as soon as possible after diagnosis to minimise any delays to your treatment.

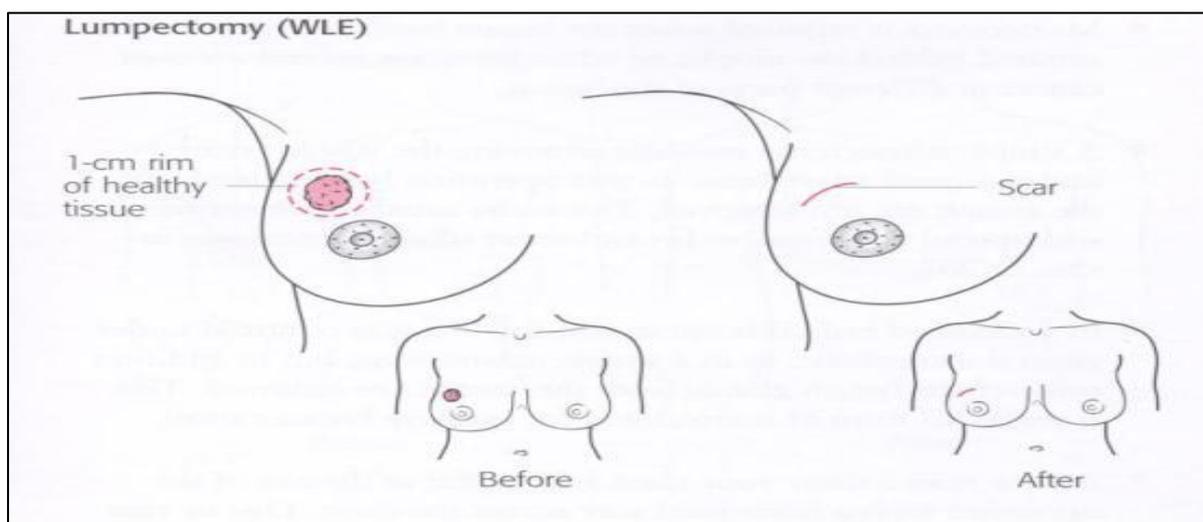
The Human Fertilisation and Embryology Authority (HFEA) website includes a list of UK fertility clinics [www.hfea.gov.uk](http://www.hfea.gov.uk).

Absorbing all the information you have been given following your diagnosis can be daunting. You can take some extra days to consider what is best for you and discuss any concerns you may have with your breast care nurse.

## WIDE LOCAL EXCISION

You have been recommended to have a wide local excision of your breast cancer (sometimes called a lumpectomy). It involves removing the breast lump with a small amount of healthy breast tissue which is tested for traces of cancer. In a small number of cases further surgery may be required to ensure that all the cancer cells have gone.

The change in appearance of your breast after the procedure is usually slight as only the minimum of tissue is removed.



## WOUND CARE

- Immediately after your operation you may have wound drains in place and a dressing over the wound. These drains collect tissue fluid into a small container, which is emptied daily. If you think how much fluid there is in a small blister you can imagine how much fluid collects after a breast operation and if this is not removed you may become very uncomfortable. The drains will be removed when the volume has reduced significantly.
- You can go home with the drains in place. This will be discussed with you at hospital and you will be visited daily, at home, by District Nurses who will change the drains and measure the amount of fluid, then remove the drains for you when the fluid in the drain is minimal.
- The dressings will be removed and the wound checked at your surgical follow up appointment. You will normally have dissolvable stitches, which take about 4 to 5 months to dissolve completely, and steri strips (small pieces of tape) over the wound, they help wound healing and improve the scar. You can remove these after about 7 days in the bath or shower. If you have clips then these will be removed, not necessarily all at once, in clinic.
- Your scar may feel lumpy during this time.
- You may shower once the wound dressings have been removed but do not soak the wound for the first few days.

- Following surgery your wound will be bruised and there may also be a build-up of fluid which can make it swollen and puffy and you may hear a gurgling sound. This is known as a seroma. The fluid can be drained away. Please contact the breast care nurses for advice if you have any concerns.
- **If the wound becomes red, inflamed or painful this may be a sign of infection and you should contact your district nurse, GP or alternatively the breast care nurses:**  
**Lorraine Walker            01480 363516 or**  
**Mel Robinson                01480 416416 x8249**

#### **WHEN WILL I KNOW THE RESULTS?**

Before leaving the ward you will be given a date to return to the breast clinic for the results of your surgery, approximately 10 days later. Any further treatment will be discussed with you then.

#### **ADJUVANT RADIOTHERAPY**

Following your wide local excision and once you have your results, you will be offered radiotherapy to the remaining part of your breast.

Radiotherapy reduces the chance of the tumour recurring in the breast and is standard practice in the UK. The radiotherapy will be carried out at an Oncology centre (generally Addenbrooke's) and will be co-ordinated by a Consultant Oncologist. Radiotherapy is normally given 5 to 6 weeks after surgery and is administered for a short time each day Monday – Friday, over a period of 3½ weeks.

#### **ADJUVANT SYSTEMIC THERAPY**

You may be given further individual treatment dependent on your personal results. There are several different types of adjuvant therapy which have been shown to improve survival rates. These include:

- Chemotherapy
- Suppression (drug therapy) or removal of the ovaries (surgery).
- Hormone therapy eg tamoxifen or an aromatase inhibitor
- Herceptin
- Radiotherapy to chest wall

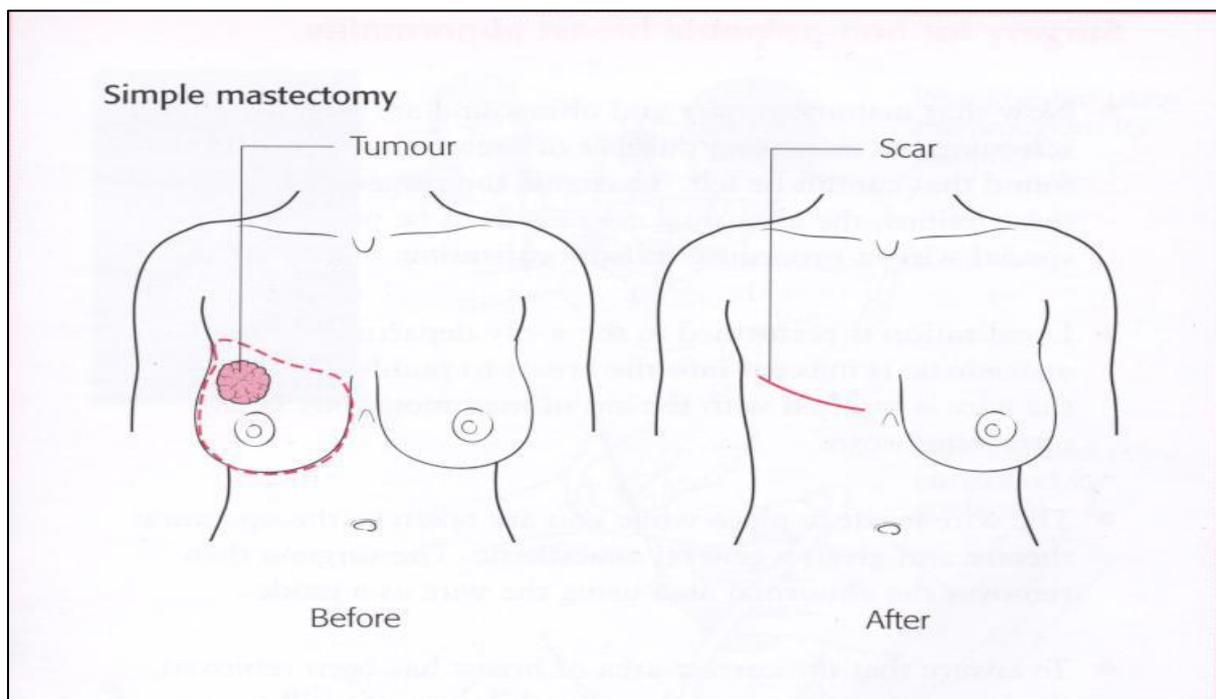
An individual treatment plan will be recommended based on your pathology results and whether or not you continues to have periods (pre or post-menopausal). A brief outline will be given in the surgical clinic but a detailed plan will be made after a discussion with the Oncologist who will explain things further and set up a time plan.

## **MASTECTOMY (Removal of the breast)**

You have been recommended to have a mastectomy. This involves removing the whole breast tissue which is required when:

- The breast lump is large, the breast is small or the lump is situated behind the nipple
- When there are several areas of cancer in different parts of the breast
- Widespread non-invasive DCIS (ductal carcinoma in situ)

Mastectomy involves removing the whole breast under a general anaesthetic. After the mastectomy your chest will be flat at the site of the operation with a horizontal scar across the chest.



The shape of your scar may vary slightly from the above diagram.

## **WOUND CARE**

- Immediately after your operation you may have wound drains in place and a dressing over the wound. These drains collect tissue fluid into a small container. If you think how much fluid there is in a small blister you can imagine how much fluid collects after a breast operation and if this is not removed you may become very uncomfortable. The drains will be removed when the volume has reduced significantly.
- You can go home with the drains in place. This will be discussed with you at hospital and you will be visited daily, at home, by District Nurses who will monitor and empty the drains if necessary and measure the amount of fluid, then remove the drains for you at the right time.

- The dressings will be removed and the wound checked at your surgical follow up appointment. You will have dissolvable stitches, which take about 4 to 5 months to dissolve completely, and steri strips (small pieces of tape) over the wound, they help wound healing and improve the scar. You can remove these after about 7 days in the bath or shower. If you have clips then these will be removed, not necessarily all at once, in clinic.
- Your scar may feel lumpy during this time.
- You may shower once the wound dressings have been removed but do not soak the wound for the first few days.
- Following surgery your wound will be bruised and there may also be a build-up of fluid which can make it swollen and puffy and you may hear a gurgling sound. This is known as a seroma. The fluid can be drained away. Please contact the breast care nurses for advice if you have any concerns.
- **If the wound becomes red, inflamed or painful this may be a sign of infection and you should contact your district nurse, GP or alternatively the breast care nurses:**

**Lorraine Walker            01480 363516 or**  
**Mel Robinson             01480 416416 x8249**

#### **WHEN WILL I KNOW THE RESULTS?**

Before leaving the ward you will be given a date to return to the breast clinic for the results of your surgery, approximately 10 days later. Any further treatment will be discussed with you then.

#### **ADJUVANT SYSTEMIC THERAPY (Further treatment)**

You may be given further individual treatment dependent on your personal results. There are several different types of adjuvant therapy which have been shown to improve survival rates. These include:

- Chemotherapy
- Suppression (drug therapy) or removal of the ovaries (surgery).
- Hormone therapy eg tamoxifen or an aromatase inhibitor
- Herceptin
- Radiotherapy to chest wall

An individual treatment plan will be recommend based on your pathology results and whether or not you continue to have periods (pre or post-menopausal).

A brief outline will be given in the surgical clinic but a detailed plan will be make after a discussion with the Oncologist who will explain things further and set up a time plan.

## **BREAST PROSTHESIS**

Immediately after a mastectomy you may be concerned about your appearance but you can discuss your feelings and concerns with the breast care nurse. Before you leave hospital, the breast care nurse or prosthesis adviser will fit you with a lightweight fabric breast form called a 'comfy'. They will also advise you on the type of bra you will require.

As it will take several weeks for your wound to heal, you can wear your 'comfy' to give you shape and some protection. It can be worn inside your bra, or pinned to your vest, camisole or petticoat.

## **WHEN WILL MY PERMANENT PROSTHESIS BE FITTED**

A more permanent prosthesis (breast form) will be offered to you about 6 to 8 weeks after your surgery when the wound has healed and your skin has become less sensitive.

The permanent prosthesis is made to closely simulate the shape, size and softness of your natural breast. It is weighted to give the correct balance.

If you are due to have radiotherapy we would suggest that you temporarily revert back to using the 'comfy' whilst you are receiving radiotherapy and for 3 to 4 weeks after this has been completed.

Your prosthesis is free and will be fitted free of charge with a 2 year guarantee (although we expect it to last longer). If you lose or gain weight you may need to return earlier to be assessed again.

## **BEFORE YOUR APPOINTMENT FOR PROSTHESIS FITTING**

It is important to have a well-fitting bra to ensure that your prosthesis is held securely within the cup. There are many choices of suitable bras on the market. Recommended retailers are Marks & Spencer, John Lewis and, locally, Lady Jayne in St Ives.

## **BREAST RECONSTRUCTION**

If you have a mastectomy as treatment for breast cancer or ductal carcinoma in situ (DCIS) we will discuss the various options with you. If you are suitable for breast reconstruction and you want to have it, you will be referred to a plastic surgeon. Certain types of reconstruction may need to be performed at Addenbrooke's Hospital. Should this be required, the plastic surgeon and breast care nurse will discuss this fully with you and your follow up can still be at Hinchingbrooke Hospital.

You have the choice to delay your decision on reconstruction. For many, the treatment of the breast cancer itself is sufficient at the time. Other patients may find that they are overwhelmed by the amount of information that needs to be considered before reconstruction.

Some patients may opt for a delayed reconstruction. For others immediate reconstruction helps them come to terms with the need for their surgery and is an integral part of their cancer treatment.

Breast reconstruction is not a replacement breast, but provides a breast form in order that the emotional impact of the loss of a breast is reduced. There will then be no need for an external prosthesis.

## **IMMEDIATE BREAST RECONSTRUCTION**

Immediate breast reconstruction is offered at the same time as your mastectomy. There are several advantages of immediate reconstruction:

- The avoidance of a period of time without a breast form
- The preservation of the natural skin of the breast in a skin sparing mastectomy may give the breast a more natural appearance

It is important to consider that a planned, delayed reconstruction is another surgical procedure. Even immediate breast reconstruction, however, may mean more than one operation to create a breast and nipple as there may be minor adjustments that need to be made in the process.

Last, breast reconstruction does not prevent the detection of recurrent cancers. And we would strongly suggest discussing your options with your breast care nurse.

## **SENTINEL LYMPH NODE BIOPSY (SLN)**

SLN is a new technique that usually removes only a small number of glands. The 'sentinel lymph node' is the first to receive lymph fluid from the breast and is therefore most likely to contain cancer cells if they have spread. As only a third of patients have affected lymph glands this avoids having all of the glands removed in the majority of patients.

### **HOW IS THE SLN IDENTIFIED?**

Between 4 – 24 hours before your operation a small amount of radioisotope tracer is injected into your breast. From there it is carried into the armpit by the lymph vessels.

While you are asleep blue dye is injected around the areola (pigmented area around the nipple), and this also travels to the SLN by a similar route as the radioactive tracer. During the operation we will use a probe to identify any SLN's that have been highlighted by the radioactive tracer and the blue dye. The SLN's will be removed for pathological examination.

If we cannot identify the SLN because neither dye nor tracer has reached the lymph glands in the armpit (this occurs in approximately one in twenty of patients), we will proceed to remove the majority of the remaining lymph glands. In rare circumstances, when it is obvious that the SLN is involved with cancer, we will remove the remaining lymph glands in your armpit during the same operation. Based on the experience of other international centres, there is a small possibility that by adopting the technique of removing only one or two glands an occasional gland containing tumour cells may be left behind. This occurs in less than one in fifteen of all patients.

### **ARE THERE ANY SIDE EFFECTS FROM THE BLUE DYE?**

The blue dye injection may cause blue discoloration of the urine for a few days following the operation. A blue discoloration of the skin can last for up to three months, or more after the operation. Mild allergic reactions to the blue dye can occur in less than 1.8% of patients. More severe allergic reactions are rare but can occur in only 0.2% of patients (for example, in two patients for every 1000 patients treated).

### **WHEN WILL I GET THE RESULTS?**

Before leaving the ward you will be given a date to return to the breast clinic for the results of your surgery, approximately 10 days later. Following a detailed examination by the pathologists we will know if the SLN is involved with cancer cells or not.

If this further analysis does show cancer cells in one or more SLN's, a second operation will be necessary to remove further lymph glands from the armpit. This second operation will usually take place approximately two weeks after your pathology results are available.

### **WOUND CARE**

It is recommended that you wear a bra as soon as possible (if it is comfortable) following your surgery. This will act as a support to your breast.

- Your dressing will be removed at the follow up appointment.

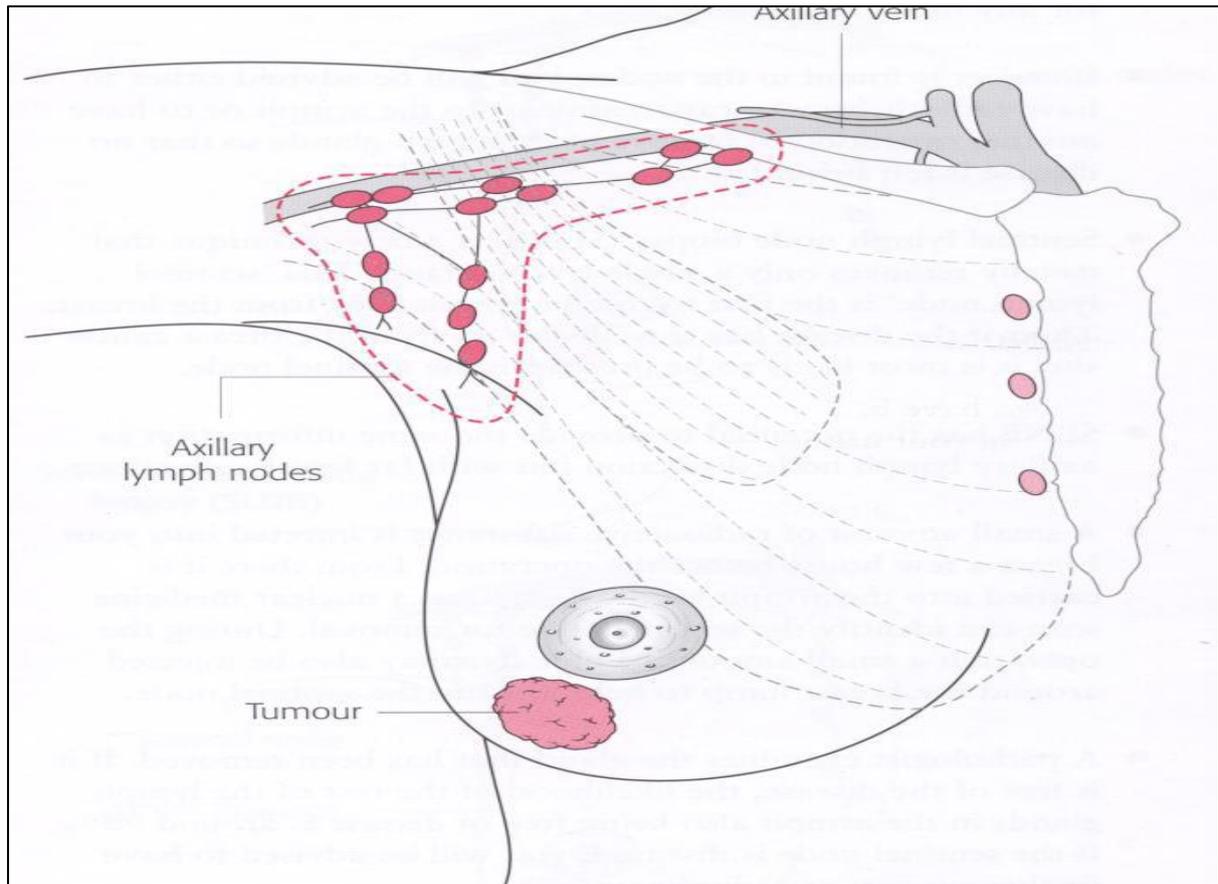
- You will have dissolvable stitches that take about four to five months to dissolve and steri strips (small pieces of tape) over the wound. They help wound healing and improve the final appearance of the scar. You can remove these seven days after surgery in the bath or shower.
- Your scar may feel lumpy and firm during this time.
- You may lightly shower or bath once the dressing is removed but do not get the wound soaked for a few days.
- Following your surgery you may feel that there is some fluid (serum) in the wound. Serum is a clear straw coloured fluid produced by all wounds. A seroma is a collection of this fluid deep to the wound and the body normally absorbs it. This is nothing to worry about and will usually disperse. Should you have any concerns, please contact your breast care nurse.
- **If the wound becomes red, inflamed or painful this may be a sign of infection and you should contact your district nurse, GP or alternatively the breast care nurses:**

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## AXILLARY SURGERY (CLEARANCE)

The lymph nodes under the arm (axilla) drain a large area of the lymphatic fluid from the breast. Sometimes cancer cells from the tumour can spread to the lymph nodes.

You have been advised to have an axillary clearance, which removes the majority of these nodes. This will reduce the chance of a local recurrence of the cancer under the arm. We will also be able to see if the nodes are involved with cancer; this in turn helps us plan any adjuvant therapy (further treatment).



## ARE THERE ANY SIDE EFFECTS FROM AN AXILLARY CLEARANCE?

Following an axillary clearance a number of patients will experience:

- Swelling of the arm (lymphoedema)
- A sensation of numbness and tingling on the inner aspect of the upper arm as a result of the division of a nerve, which supplies the skin of that part of the arm.
- Shoulder stiffness. You will be given some exercises to overcome this problem.

## WOUND CARE

- Immediately after your operation you may have wound drains in place and a dressing over the wound. These drains collect tissue fluid into a small container, which is emptied daily. If

you think how much fluid there is in a small blister you can imagine how much fluid collects after a breast operation and if this is not removed you may become very uncomfortable. The drains will be removed when the volume has reduced significantly.

- You can go home with the drains in place. This will be discussed with you at hospital and you will be visited daily, at home, by District Nurses who will change the drains and measure the amount of fluid, then remove the drains for you when the fluid in the drain is minimal.
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**Lorraine Walker                      01480 363516 or**  
**Mel Scholes                              01480 416416 x8249**

#### **WHEN WILL I KNOW THE RESULTS?**

Before you go home you will be given an appointment in approximately 10 days time. You will be informed how many of your lymph nodes have cancer in them and what further treatment you will need (adjuvant therapy) will be discussed with you.

#### **ADJUVANT THERAPY (MORE TREATMENT)**

You may be given further individual treatment dependent on your personal results. There are several different types of adjuvant therapy which have been shown to improve survival rates. These include:

- Chemotherapy
- Suppression (drug therapy) or removal of the ovaries (surgery).
- Hormone therapy eg tamoxifen or an aromatase inhibitor
- Herceptin
- Radiotherapy to chest wall

An individual treatment plan will be recommend based on your pathology results and whether or not you continue to have periods (pre or post-menopausal).

A brief outline will be given in the surgical clinic but a detailed plan will be made after a discussion with the Oncologist who will explain things further and set up a time plan.

### **SWELLING OF THE ARM (LYMPHOEDEMA)**

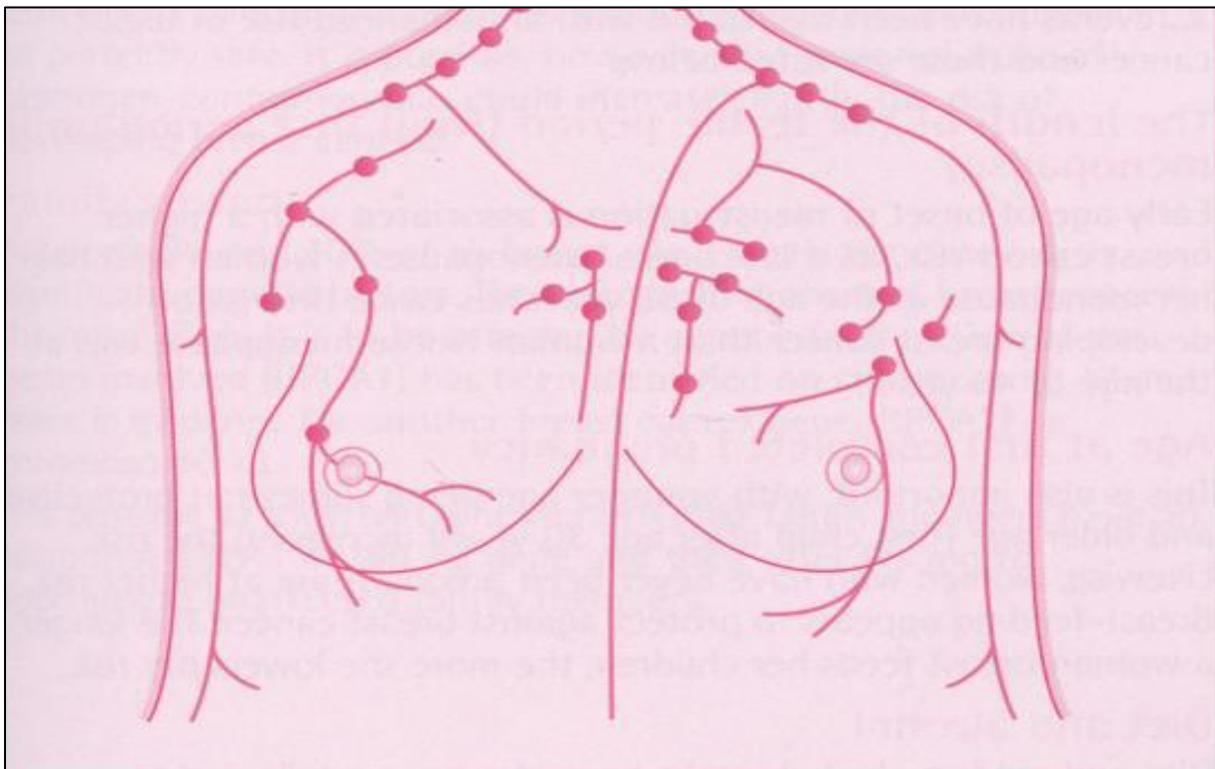
It is normal to experience some swelling around the area of the operation and occasionally in the arm after surgery to treat breast cancer. This usually improves within weeks as the wound heals.

However a small minority of people experience more persistent arm swelling which becomes lymphoedema. It might occur at any time following surgery; usually it would be a few months later but sometimes it is several years. Everyone is different therefore; it isn't possible to estimate one person's risk against another. Guidance regarding the risks and suggestions for prevention are available to everyone who has axillary lymph node surgery.

### **WHAT IS LYMPHOEDEMA AND WHY DOES IT HAPPEN?**

Lymphoedema is associated with cancer treatment, when lymph nodes are treated either with axillary clearance surgery, or with radiotherapy. Either of these treatments can cause damage to the vessels connected to lymph nodes, probably through the formation of scar tissue. Therefore, in some people, there can be an impairment of the lymphatic system in that area of the body.

When the function of the lymphatic system is impaired or damaged (despite successful cancer treatment) the system works less effectively, and as a result an increase of fluid accumulates in the tissues. If the lymph vessels cannot keep up with the extra demands on their drainage capacity, then swelling can develop which is called lymphoedema, as the fluid cannot drain away.



## **Lymph nodes in the upper body**

### **WHAT IS LYMPH?**

Lymph is a colourless fluid that forms in tissues of the body. It normally drains back into the blood circulation through a network of vessels and nodes called the lymphatic system. Oedema means swelling.

### **WHAT DO I DO?**

Discuss the problem with your GP, or your breast care nurse, who will refer you to the breast clinic for assessment of the swelling. You are likely to be referred to the lymphoedema clinic for advice on treatment. It is possible that you will be referred for investigations, as very occasionally swelling can be an indication of recurrence of breast cancer.

### **CARING FOR YOUR ARM AFTER SURGERY**

There are some simple precautions you can take to reduce the risk of developing lymphoedema and the following section highlights the ways in which you can help by taking extra care.

As one of the functions of the lymphatic system and lymph nodes is to help fight infection, much of the advice is to look after your skin and avoid damage. If the majority of the axillary (under the arm) lymph nodes have been removed you may be more prone to developing an infection on this arm or hand.

In reducing risk of damage you will reduce the risk of infection, which could potentially lead to the disturbance of the lymphatic system and lymphoedema.

Also, putting additional strain on the arm can overload the remaining lymph drainage pathways, so the following is advised:

- Use the other arm to carry heavy cases or shopping bags.
- Avoid using this arm continually for repetitive movement without taking a break.
- Use your arm as normally as possible as movement helps the lymphatic system.
- After surgery introduce other activities and sports gradually, building up gently.
- Wear gloves for protection when doing household task, taking hot dishes out of the oven and gardening.
- Rubber gloves should be worn when using harsh detergents or steel wool etc.
- Whenever possible avoid having injections, blood samples or blood pressure measurements taken on this arm.
- Electric shavers or hair remover cream should be used for underarm hair removal
- Treat even small grazes, cuts or insect bites with antiseptic and keep them clean until healed. See your GP at the first signs of infection – if the skin becomes inflamed or feels warm or tender. Your GP will prescribe a course of antibiotics.
- Take extra care with fingernails and cuticles, as damage to surrounding skin can lead to potential infection. Use hand/cuticle cream regularly.
- Use insect repellent to prevent bites while you are on holiday or in the garden.

Please remember that the aim of this information is for lifelong guidance rather than post-operative treatment advice.

## **BREAST RADIOTHERAPY**

Hinchingbrooke Hospital does not have a Radiotherapy Unit; patients will be referred to Addenbrooke's hospital for this part of their treatment. Radiotherapy treats breast cancer using machines called linear accelerators that produce high-energy X-rays.

## **TREATMENT PLANNING**

- Before starting your course of radiotherapy it is necessary to plan the treatment.
- The planning session lasts approximately 30-45 minutes and takes place in the simulator or on the radiotherapy CT scanner. You will be required to lie still with both arms raised above your head during radiotherapy.
- You will need to remove the top half of your clothing to allow the treatment area to be marked. Vest tops are ideal garments to wear or gowns/covers are available.
- During the planning session the machine will move and the room lights dim.
- Each patient will have an individualised plan to treat the breast/chest wall area. For some patients the lymph nodes in the armpit and/or the area above the collarbone will also be treated.
- During planning, reference points on the skin will be defined using several small tattoos (usually two to four tattoos). The tattoos are made with dark ink and feel like a pin prick when each tattoo is done. They are about the size of a pinhead and are permanent, but may fade with time.

## **RADIOTHERAPY TREATMENT**

It takes time to produce the individualised plan so there will be a gap between the treatment planning appointment and the start of treatment.

Radiographers on a linear accelerator carry out treatment, and they will explain the procedure before the first treatment. You will be in the treatment room for 10-15 minutes but the treatment is much less. Treatment is delivered from several directions and the machine moves around you during treatment and comes close, but will not touch you.

When the radiographers are satisfied with your position they will leave the treatment room, but they can see you on close circuit television throughout the treatment. You should not feel anything during treatment but the machine does make a noise. You must keep still during treatment but continue to breathe and swallow normally.

## **BOOST**

Some people will require boost treatment to the area where the cancer was removed. This treatment may be planned during the first planning session or a separate clinic visit. The treatment area will be marked on your skin and a map of the treatment area taken. It is not necessary to keep these pen marks on.

## **RADIOTHERAPY REVIEW**

During your course of treatment you will have clinic appointments with a doctor or a specialist radiographer to see how you are getting on and sort out any problems. In addition, the radiographers will be happy to discuss any concerns on a daily basis.

## SIDE EFFECTS

Radiotherapy affects everybody differently. Many people will experience little or no side effects. Any side effects that occur during treatment should be temporary:

- Radiotherapy can sometimes cause some soreness, reddening to the skin within the treatment area. Therefore it is important to look after your skin and avoid any irritants.
- Levels of tiredness vary greatly between individuals. Generally tiredness increases as the treatment progresses and may continue for several weeks/months after the end of the treatment.
- Hair loss only occurs in the treated area and does not affect the hair on the rest of the body.

Please refer to the 'Advice for radiotherapy patients-breast' information sheet produced by Addenbrooke's Hospital for advice on how to look after yourself during and after your treatment.

Side effects experienced during treatment usually reach a peak approximately one to two weeks after completion of treatment and usually take several weeks to settle down. The radiographers will advise you about post-radiotherapy skin care. Once the skin starts to return to normal, you can begin to reintroduce products. If irritation occurs leave it a few more days and then try again.

Long-term effects are uncommon but can occur in a small percentage of people.

- Radiotherapy can cause the breast tissue to become more fibrous and less elastic. This can lead to shrinkage and firmness of the breast. People who have had breast reconstruction with implants may experience contraction of the capsule around the implant. This will be discussed at length with you prior to your reconstruction.
- There may be a change in the appearance of the skin. The skin within the treated area may appear slightly darker. In some cases the blood vessels may become dilated, giving the appearance of broken vessels in the skin. This effect is known as telangiectasia. Though this can be unsightly, it does not cause any problems.
- Breast pain, tenderness and sometimes swelling may be experienced several months after treatment.

Modern radiotherapy techniques mean the following side effects are extremely rare and do not occur in the majority of cases.

- A small part of lung may be included in the treated area. In a very few cases this may result in a degree of breathlessness.
- Radiation can in some cases affect the heart if the left breast is treated. The risk of heart damage is slightly higher in patients with known heart problems before radiotherapy and if certain types of chemotherapy have been received.
- Some patients may experience weakening of the bones, which may result in fractures of the ribs, and collarbone.
- Rarely damage to the nerves in the arm can occur which may cause tingling, numbness, pain, weakness and sometimes loss of movement.
- Swelling in the arm, known as lymphoedema, may develop in some patients.

### **National organisations for information and advice for patients with breast cancer**

Macmillan Cancer support  
Telephone: 0808 808 00 00  
[www.macmillan.org.uk](http://www.macmillan.org.uk)

Macmillan merged with [Cancerbackup](#) in 2008. Together they provide quality assured, up-to-date cancer information, written by specialists for patients, relatives and carers.

Breast Cancer Care  
Telephone: 0808 800 6000  
[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

Breast cancer care is a national organisation offering free help, information and support to patients with breast cancer or other related problems. Its services include:

- Help lines
- Information
- Support for partners
- The lavender trust – support for young patients with breast cancer
- Prosthesis fitting service
- Volunteer service

Breast Cancer Care also provides books related to breast cancer that will be supplied free of charge to patients.

They have just launched a new live chat room for men every Wednesday between 2000-2100 hours.

For details visit: [www.breastcancercare.org.uk/chat](http://www.breastcancercare.org.uk/chat) or to order a publication call: 0131 273 3041.

Breast Cancer Now  
Telephone: 0333 20 70 300  
[www.breastcancernow.org](http://www.breastcancernow.org)

Breast Cancer Now is a charity committed to fighting breast cancer through research and education and has established the UK's first dedicated breast cancer research centre.

A further wealth of reliable information sources from NHS Choices and our charity partners to make it easier for you to find the information you need can also be found on:

[www.nhs.uk/ips](http://www.nhs.uk/ips)

### Local support groups

Patient's Primary Breast Cancer Support Group  
Woodlands Centre Lounge  
Hinchingbrooke Hospital  
Huntingdon  
Telephone: Lorraine Walker 01480 363516  
or  
Mel Scholes- 01480 416416 ext 8249  
Held on the 1<sup>st</sup> Wednesday of every month, 7-9pm.

The HCCN nursing team can also offer you lots of free support around getting back to exercise, good nutrition and managing your emotional well being. Just ask your community nurse for information or ring Amanda on 01480 416410. This team has a base at the hospital so you can also pop in to see them if you are in the hospital.

#### Acorn Cancer Support Groups:

St Ives – 3<sup>rd</sup> Wednesday every month at Broad Leas Court, 11am to 1pm. Tel: 01480 416042.

Huntingdon – 2<sup>nd</sup> Wednesday every month at the MS Centre, Mayfield road, 11am to 1pm. Sally Thornton.

Ramsey 1<sup>st</sup> Monday every month at the Rainbow Resource Centre between 11.15am and 1.15pm (2<sup>nd</sup> Monday when 1<sup>st</sup> is a bank holiday).

The Mary Wallace Cancer Support Centre  
The main concourse at Addenbrooke's Hospital  
Telephone: 01223 596379  
[www.marywallacecentre.org.uk](http://www.marywallacecentre.org.uk)

The centre offers a drop in service that provides support, information, help and advice. It is a place to have a cup of tea (a compassionate ear) to talk things through with someone.

The Mary Wallace Cancer Support Centre  
7 Red Cross Lane  
Cambridge  
Telephone: 01223 596379

This centre provides a relaxation group for patients and their carers. Go and unwind and relax your mind for a brief period, to bring about a sense of inner calm and wellbeing. They also offer alternative therapies and practical advice on healthy eating.

### References:

Patient pictures: Breast Cancer. Oxford, Health Press, 2003: <http://www.healthpress.co.uk/> and Mediscript Ltd.

## Glossary of Terms

Adjuvant therapy- further treatment given, usually after surgery, for example: chemotherapy or radiotherapy.

Breast reconstruction - is surgery to rebuild a breast's shape after a mastectomy.

Chemotherapy – cancer drugs used in the prevention or treatment of disease.

Comfy – a breast form made from soft foam inserted into the bra.

Complementary therapy – therapy which involves treating the whole person, mind, body and spirit, for example, aromatherapy.

CT scanner – a special kind of X-ray machine which is used to pinpoint the location of a tumour.

Ductal carcinoma – a tumour of the milk ducts in the breast tissue.

Hormone therapy – treatment which is used to block or lower the effect of oestrogen on cancer cells which are receptive to it.

Oncologist – a person who is trained in the study and practice of treating tumours.

Oncology centre – a centre which treats cancer, treatments include chemotherapy and radiotherapy.

Pathological - relating to or arising from disease.

Plastic surgeon – a doctor specialised in restoring the function and cosmetic appearance of tissue during or following surgery.

Prosthesis – an artificial breast which is placed inside the bra to replace all or part of the natural breast.

Radiographer – a doctor trained in the use of taking X-ray pictures of parts of the body.

Radiologist – a doctor specialised in the interpretation of X-rays and other imaging techniques for the diagnosis of disease.

Radioisotope tracer – a substance which acts as a tracer enabling the tumour to be located.

Radiotherapy – the treatment of disease with high energy x-rays.

Simulator – an X-ray device used to help with the planning process of radiotherapy

