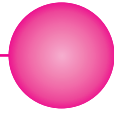




How to take control again
after your surgery

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Taking control again

At last there is some time now for you to take stock. You've been through a great deal. It has been a very busy and possibly quite a traumatic time, both for you – and the people who love you too. All being well, however, this is the point where the tide turns. From now on you can begin to take control of your life again, and focus on doing what you can to ensure you make a full recovery.

This means you must give yourself permission to put yourself first for a while, because feeling like you are taking control of your own life again can contribute very positively to your recovery.

That's why we'll be here for you over the next few months to provide you with what we hope will be some useful advice. There are many steps to be taken in your journey towards recovery, and understanding your choices is important. We'll try to help you do that.

You may sense that people around you are willing you to get back to normal as fast as possible. But of course, as well as any physical tiredness you might be feeling, there may well be many emotional issues to be dealt with. In fact you might not want to 'get back to normal' just yet. On the other hand, you might find that people close to you are being over-protective and treating you with kid gloves all the time – which can become exasperating too.

Either way, you may need to make the people who love you understand that adjusting to your new situation is something you must do in your own time. But you will have to accept that these reactions from other people are almost certainly caused by their love for you.

It is reassuring to gradually realise that there are more things you can do for yourself. And the better able you are to take decisions, the less room there is for the whole subject of breast cancer to dominate your life.

Beginning to trust your body again is a good thing. Taking up some gentle exercise such as walking can make you feel like you are reclaiming your life again as well as helping you to feel freer and less confined.



Beating fatigue

Fatigue is a common side effect of cancer treatment. It is under-reported to doctors because people don't believe it is something they can help with. Increasingly this is not the case as more research is now being done on how to alleviate fatigue.

An hour or so of 'me-time' every day

Make a date with yourself. Set aside an hour or so to do something that you love doing. This can be as simple as sitting in the garden if the weather is fine, or taking yourself to a café for a cup of coffee, or just reading a good book.

Something else that may help you re-establish a sense of control is to write about your experiences. You may want to keep a diary, or a blog (an on-line diary) if you want to share your experience with others on the internet; or write up your meetings with doctors and other professionals.

Writing can help you understand and evaluate your experiences in so many ways – so do it your way. If it feels like it's helping, it probably is.

Feeling energetic

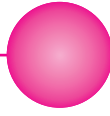
- 1 Have your red blood count checked to make sure that you are not anaemic.
- 2 Exercise more. This can really help to increase your energy levels. The more you do the more you will be able to do. Aim for 30 minutes exercise five times per week.
- 3 Sleep for no more than 60 minutes during the day. Too much rest can reduce your energy levels.
- 4 Drink plenty of fluids.
- 5 Follow a nutritious diet.
- 6 Spread your activities throughout the day rather than doing them altogether.
- 7 Do activities that make you feel good.
- 8 Report your fatigue to your doctor. Lacking in energy and being unable to follow your normal routine is not unusual in the first year after your cancer treatment. And this is not evidence that your cancer has returned.

Facing the future after surgery

Getting used to your body again may take more time – particularly if you feel that your body has in some way let you down by having breast cancer. While you're getting used to your body again, you may feel particularly vulnerable about other people touching you again – whether it be your partner, or your children or others who are close to you.

If you are a naturally tactile person, this change may be difficult for other people to understand. And of course this has implications for your sex life with your partner.





Regaining intimate relationships

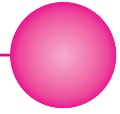
If you have an intimate relationship, you won't need us to tell you that sexual attraction can be a complicated thing. To feel sexy you have to feel desirable in yourself. If you have had breast surgery you might feel that your image of yourself as a woman has been undermined, and you may worry whether or not your partner will still find you desirable.

It is important to remind yourself of why you are attractive to your partner as a woman. The chances are that you are loved for who you are, your personality, the way you make your partner feel, and the fact that you have shared so many experiences together. Your partner probably loves you for what you mean to him, rather than merely for the shape of your body.

If you are taking hormonal therapy you may also experience a loss of libido, which can be a bit of a problem if your partner is eager to resume the sexual side of your relationship again. If he loves you it's only natural that he wants to express love and reassurance. Not all men are the same, of course, but traditionally men are less likely to discuss how they feel, and often use making love as the main way of expressing their feelings of care and tenderness.

- Sit down with your partner and talk honestly about how you feel. The fact is that talking is absolutely essential now, to ensure that problems don't develop in your relationship in the future.
- If you are not yet ready to resume your sex life, talk to your partner about this. Above all, give your partner a chance to express their care and love for you. If your partner feels that your emotional bond is still very strong, they might not need the reassurance of sex quite so much at this time.
- Allow yourself to be reassured. If your partner tells you they still think you are sexy – then believe them. Being sexually attractive doesn't just come from your breasts. It comes from all of you, and you are no different inside than you were before.
- There's no rush. Reassurance is best built slowly. For example, you can decide that you are not going to make love with one another for an agreed time. Instead, allow yourself to be held and gradually build up your intimacy again and you might find that suddenly you will feel relaxed and assured enough to make love again.
- Be open. Tell each other how much you love each other, how much you value each other for the support you have given one another now, and in the past. Putting this latest event in the context of a relationship and its inevitable ups and downs can give you a wonderful perspective on what has happened.

Choosing a breast prosthesis



If you've lost a breast or your breast has changed shape as a result of surgery, you may feel happier about your appearance with a false breast or a breast prosthesis.

One of the benefits is that it may help you to keep your familiar outline when you're dressed.

Even though you've probably had a chance to talk to a prosthetics specialist while you were in hospital, it's only natural to want to take some time before making a definite decision. So make sure you give yourself all the time you need. It's your choice – you can do whatever you feel comfortable with.



Caring for your skin

Caring for your skin is especially important at the moment, as your treatment may make your skin dry and more sensitive to sunlight. This means moisturiser and sunscreen are both essential. But don't forget, you're also particularly sensitive to infections at the moment, so take care not to use anyone else's. That includes any samples you may be offered if you go along to a pharmacy or department store for advice on skin care.

Take special care with any wounds or scars that you may have after your surgery and if you're having radiotherapy, make sure you keep the exposed area dry and out of the sun – don't use soaps or lotions on areas exposed to radiotherapy. Simply use warm water unless you have been advised otherwise by your doctor.

Feeling good about the way you look

One important priority is to feel good about yourself – including your appearance. If you can look great, the chances are you'll feel confident too. It's not always easy, though, especially if the cumulative effects of surgery, chemotherapy and radiotherapy are changing your appearance.

It may feel like you've been dressing and doing make-up for one person all your life, and now you've got to learn about a whole new person and what will work for her.

About your hair

For many women, losing hair as a result of chemotherapy is one of the worst parts of recovering from cancer (though remember, hair does usually grow back later and may even be in better condition than your original hair). It can feel like yet another aspect of your femininity is being undermined.

For some women, going without hair can be a positive choice. They feel that they are not hiding anything; that they are still themselves whether they have hair or not. However, if you are not comfortable with this then choosing to wear a wig or some form of headwear is essential as a way of looking 'normal' and retaining confidence.

Effective relaxation techniques can relieve the stress associated with chemotherapy and radiotherapy, and help alleviate the emotional and physical side effects of these treatments.



Considering complementary and alternative therapies



Complementary and alternative therapies often get confused and if you haven't used them before, the first important step is to understand the difference between the two.

It's called complementary therapy because it 'complements' – or **works together with** – traditional medicines that you may be taking, as well as chemotherapy and radiotherapy.

Alternative therapies, on the other hand, are intended to be used **instead** of traditional medicine.

It's an important difference, because alternative therapies may actually work against any other treatments you're having, and they could make you feel worse, or actually hold back your recovery. So do check carefully and involve your doctor and breast care nurse in all your decisions if you are considering taking any additional treatments to those prescribed for you.

Remember – if you're having any type of massage, please tell the therapist about your surgery and any treatment you're having beforehand. Avoid massaging the area around any wounds or scars, or areas where you are having radiotherapy.

Who to ask

If you find your chosen complementary therapy isn't what you expected, or makes you feel uncomfortable in any way, feel free to talk to your therapist, see if you can modify the treatment or if necessary, stop altogether. This is supposed to be about making you feel relaxed, so if it's having the opposite effect it's not helping.

If there's anything you're not sure about with your therapy, or you'd like more information, your doctor or breast care nurse will probably be able to answer any questions, or suggest an alternative. It's always worth involving them in your decisions.

The most important thing with all of this, though, is to feel that you are making choices – and that the choices you make will have a positive impact on your progress over the next few months.

Make sure they're qualified

You may find that complementary therapies are available at a local hospital or a centre that specialises in cancer therapies, or perhaps your doctor can refer you to a suitable therapist. If not, you may need to find someone yourself. Avoid anyone who promises miracles or a cure for your condition – or who is not open about their qualifications or experience. The best way to find a reputable therapist is to choose someone who's a qualified member of a recognised professional body.

A doctor's view

- Q** Can complementary therapies really make a difference to your recovery?
- A** “Some doctors remain quite cynical about the benefits of these therapies,” says Dr Patel, “Perhaps with good reason, because there is very limited research to show that any of them have a significant effect on physical symptoms. However, a growing number of doctors have trained to provide complementary therapies such as acupuncture alongside traditional medicines. We have a therapist associated with our practice who sometimes works on the premises. This doesn't mean I buy into every single claim that's made on behalf of Reiki, for instance – but I know it can be a very effective relaxation technique, and that can be valuable in itself when you're having treatment after breast cancer surgery.”

Here are some of the main types of complementary therapy available:

- **Reiki** – an ancient Japanese therapy; many people believe this channels healing energy through the practitioner's hands into your body.
- **Acupuncture** – involves inserting fine needles into pressure points around your body. It has been used to help relieve side effects of surgery, chemotherapy and radiotherapy – including pain, inflammation, nausea and vomiting. Do not allow the practitioner to insert needles into the area around your lymph nodes if you have had surgery there.
- **Reflexology** – hands and feet are massaged in order to stimulate the flow of energy to specific points in the body, and to help it to heal itself.
- **Massage** – the basic aim of massage is to improve blood and lymph circulation. Several types are available: gentle massage is probably most suitable at the moment.
- **Aromatherapy** – uses the natural properties of aromatic essential oils, such as lavender oil. These can be mixed with a base oil and added to your bath, inhaled or used in massage.

Going back to work



If you have decided to go back to work, now is a good time to get in touch with your employer to discuss the best way for you to return.

Even if you're not going back just yet, you need to get in touch with your Personnel or Human Resources Department as soon as possible – they should be able to advise you on who to approach about the size of your pension fund and what your pension options are in the future.

What other women say

“Try not to dwell on your condition. Watch films, read, give yourself plenty to concentrate on.” **Elizabeth, 56**

“Do the things you've perhaps put off until now. Learning a new skill can give you such a positive outlook for the future.”
Mavis, 59

“Ask loads of questions when you're in hospital and make sure you know about all the different sources of information – so you're ready to make your own choices.” **Angie, 50**

These tips all came from members of a breast cancer support group. Joining a support group can be a great way to meet other women with similar experiences, get positive insight from them – and talk about all the things you could never talk about with your family.

Glossary



ADJUVANT THERAPY

Adjuvant therapy is a treatment method used in addition to the primary therapy to improve the chances of curing cancer. It is often given when it is not known for certain whether or not any cancer cells may still remain in the body. Examples of adjuvant therapy in breast cancer include the use of hormone blocking therapy or chemotherapy after surgery.

ANTI-OESTROGEN

An anti-oestrogen (like tamoxifen) is a drug which reduces the production of oestrogen or changes the normal action of oestrogen in the body. This is important for post-menopausal women with hormone-sensitive tumours, since the presence of oestrogen can stimulate the tumour cells.

AROMATASE INHIBITORS

Aromatase inhibitors (like anastrozole [Arimidex®], letrozole [Femara®], and exemestane [Aromasin®]) work by blocking peripheral oestrogen production. This is important for post-menopausal women with hormone-sensitive tumours, since the presence of oestrogen can stimulate the tumour cells.

BREAST CANCER RECONSTRUCTION

The use of plastic surgery to rebuild the breast following surgery.

CANCER

Cancer is a general term for more than 200 diseases. It is the uncontrolled, abnormal growth of cells that can invade and destroy healthy tissues. Most cancers can also spread to other parts of the body.

CELL

A cell is the basic structure of living tissues. All plants and animals are made up of one or more cells. An amoeba for example, is made up of one cell.

CHEMOTHERAPY

The use of cytotoxic drugs to treat cancer.

CLINICAL TRIALS

Research trials to test new treatments or approaches to detecting, reducing the risk for and managing cancer, which may prove to be of more benefit than current methods. Strict rules are followed to make sure participants are well informed about the purpose, risks and benefits of any study before they agree to join a clinical trial. Participating in a clinical trial does not affect the quality of the care you will receive.

COMBINATION THERAPY

The use of two or more types of treatment for a particular type of cancer (e.g. surgery and radiation therapy).

CYTOTOXIC DRUG

A drug that damages or destroys rapidly dividing

cancer cells. These types of drugs can also affect normal rapidly dividing cells in the body (e.g. bone marrow, skin and stomach lining) and therefore, can be associated with unpleasant side effects.

HORMONE REPLACEMENT THERAPY (HRT)

The use of synthetic oestrogen and/or progesterone after menopause to replace the natural hormones produced by women in their fertile years.

HORMONAL THERAPY

This therapy, given when tumours are hormone-sensitive i.e. when the continued growth of the tumour is dependent on the female hormones oestrogen and progesterone, is usually started after radiotherapy and chemotherapy (if you have it) have finished. There are different drugs, usually a pill taken every day for around 5 years. Taking the full treatment is clinically proven to reduce the risk of cancer returning.

HORMONES

Chemical substances that regulate such specific body functions as metabolism, growth, and reproduction.

LYMPH NODES

Small bean-shaped glands that filter impurities picked up by lymphatic fluid. Large collections of lymph glands, or nodes, are most commonly found in the armpits, groin and neck.

MALIGNANT

The term malignant means cancerous.

MAMMOGRAPHY

Mammography uses small amounts of x-rays to get a clear picture of the soft tissue inside the breast. This x-ray picture is called a mammogram.

NEOADJUVANT THERAPY

This is a treatment given before surgery in order to shrink the tumour. This makes the tumour easier to remove and in some cases can allow breast-conserving surgery rather than a total mastectomy. Depending on the type of tumour it can consist of either chemotherapy or hormonal therapy.

OESTROGEN

A female hormone mostly produced by the ovaries. It influences such female sexual characteristics as breast development, and it is necessary for reproduction. A small amount is produced by the adrenal glands, and other tissues such as fat and the liver. The growth of many breast cancers is stimulated by the presence of oestrogen.

ONCOLOGIST

An oncologist is a doctor who is a specialist in the understanding and treatment of cancer. There are a number of different types: gynaecological (cancers of

the ovaries, uterus and vagina), medical (drug therapy), paediatric (childhood cancers), radiation and surgical.

OSTEOPOROSIS

A process in which bone loss occurs more quickly than bone redevelopment, making the bones very thin and weak, and at risk of fractures.

RADIOTHERAPY

The use of high-energy penetrating rays to treat disease. Radiotherapy can be internal or external.

RADIOLOGIST

A radiologist is a physician with special training in reading and interpreting diagnostic x-rays and other imaging techniques such as ultrasound and CT scans. Breast cancer patients will also find that the radiologist is responsible for using radiation to treat disease.

SIDE EFFECT

An unwanted or undesirable symptom caused by cancer treatment.

TUMOUR

A tumour is a lump, mass or swelling of tissue. A tumour can be benign (not cancerous) or malignant (cancerous).

X-RAYS

Short wavelength radiation derived from a high-energy radiation source. X-rays produce images of body organs on film for diagnostic purposes. High energy x-rays are used to treat some forms of cancer. X-rays are a form of 'ionizing radiation'.





touchpoint

Guiding, advising and supporting women with breast cancer