

Breast Cancer Treatment

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Safe & compassionate care,

every time

Your diagnosis and treatment plan

Free Prescriptions

All cancer patients undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment can apply for an exemption certificate for a free prescription from their GP.

Types of treatment for breast cancer:

- Surgery
- Chemotherapy including targeted therapy
- Radiotherapy
- Hormone therapy

If you have breast cancer, you will be assigned to the breast multidisciplinary team (MDT), which is a group of specialists who work together to provide the best treatment and care.

You may have one or more of these treatments. The type or combination of treatments you have will depend on the type of cancer and the MDT will discuss which treatments are most suitable.

Surgery

There are 2 main types of breast cancer surgery:

- Breast-conserving surgery, where the cancerous lump is removed and some healthy tissue around the tumour.
- Mastectomy, where the whole breast is removed.

Following your surgery a wound drain may be inserted. A drain is used to prevent or minimise bruising or swelling caused by fluid collecting in the wound cavity. The drain(s) may be required to stay in for a few days so you may go home with a drain. The ward nurses will provide further information.

Lymph node surgery

The removal and examination of some or all of the lymph nodes (glands) in the armpit is an important part of the treatment for breast cancer. The surgery can involve removing some (sentinal node biopsy) or all the lymph glands (axillary clearance) from the armpit. Sentinal node biopsy is most commonly performed.

Sentinal Node Biopsy

This procedure is called sentinal node biopsy. The sentinal lymph nodes are the first lymph nodes in the armpit that the cancer cells reach if they spread. To identify the sentinal nodes a combination of blue dye and radioisotope are used. The blue dye will give you a blue patch on your breast that will gradually disappear but may take weeks or months. If there are cancer cells in the sentinal nodes, you may need further surgery to remove more lymph nodes.

Breast Reconstruction

Breast reconstruction can be immediate or delayed and use either patient's own tissue or implants. The breast care nurses (BCN's) can give you more information.

Prosthesis

An external breast prosthesis is an artificial breast which can be worn inside your bra to replace the volume of the breast that's been removed. Before you are discharged home after surgery, you will be given a lightweight foam breast to wear until the affected area has healed. After your wound has healed you will be offered a silicone prosthesis. An appointment will be arranged for you.

We suggest you wear a supportive bra to go home in so the breast is supported and you may feel more comfortable. You may wish to wear a soft bra at night for the first few weeks. If you only have underwired bras, it is possible to remove the wire on the affected side, as this may be more comfortable.

Possible side effects after surgery

Altered sensation - it is normal for the arm, breast or chest wall and ribs to feel different for weeks, and sometimes months after the operation.

You may experience, numbness, tingling, heaviness, shooting pains in the breast or under the scar, aching in the breast or under the scar, acute sensitivity, especially of the upper arm.

These sensations can be more troublesome 3-4 weeks after the operation rather than immediately after surgery.

Pain

You will have some discomfort in your breast for a couple of months after your operation. However, this differs from patient to patient and depends on the extent of your surgery. You can take some simple painkillers, such as paracetamol (following the instructions on the packet) to help with pain and discomfort. If your pain doesn't get better with painkillers, please contact your GP or BCN for advice.

Seromas – A collection of fluid (seroma) can develop in the breast or under the arm area after surgery.

A seroma is a build up of clear bodily fluid in a place where tissue has been removed by surgery including lumpectomy, mastectomy and lymph node removal. This is not a serious issue; it is normal fluid which the body has not yet found an alternative way of draining. A seroma is normally reabsorbed over a period of time but can take several weeks or months. If it is causing a lot of pain or discomfort it may need to be drained. This is a simple procedure which can be done as an outpatient, it is not usually painful and it is not a medical emergency.

Please call the BCN on 01494 426228 who can arrange a clinic appointment for you.

Cording - this is a tight and painful pulling that can develop from the armpit either down to the elbow or to the wrist. If you feel you are developing this, you must contact your **physiotherapist** for advice but it is essential that you continue with your exercises. It may be that you need additional physiotherapy treatment to resolve this, you can contact them on 01494 425431.

Lymphoedema – a swelling that can occur in the arm or breast which has undergone surgery. If you think you have developed lymphoedema **please contact the BCNs** who could refer you to a specialist clinic of further management.

If you develop lymphoedema, you will be advised about different treatments and how to care for your arm and skin.

Infection - Signs of infection are: the area looks red or swollen, feels warm , is painful or leaks fluid. You may also feel unwell and have a temperature.

In case of an infection, please contact your GP first as this is often the quickest way to get antibiotics if required. Please then call the BCN during office hours for further advice.

Posture - you are bound to feel protective towards your scar, but try and maintain a good upright posture. Avoid being tempted to carry your arm across your body.

Sleeping – you are advised not to lie on your operated side, however, if you do you may find it comfortable to have a pillow in front of your chest. It allows your top arm to have something to rest upon and prevents your operation site from feeling squashed.

Showering - keep the wound dry for the first 24-48 hours then you can shower or bathe avoiding perfumed soaps and lotions. You can then get the wound splash wet and dab around the wound with a dry, clean towel. Don't submerge your wounds in the bath, swim or use a hot tub until you have been reviewed in clinic post operatively.

Work – ask the BCNs for advice on returning to work – this will depend on the type of work you do and the extent of surgery. It is better to feel completely well before you return as many people feel tired and find concentration difficult to start with.

Driving – may be resumed when you are able to manage the gears and handbrake without strain. If you are unsure it may be wise to check with your insurance company.

At Home - information on day-to-day activities i.e. bathing/showering and daily chores such as heavy shopping/hovering etc. will be given to patients when they are seen by the BCN/Keyworker pre/post operation and will vary depending on the surgeon.

**Please remember that post-operative experiences vary
If you have any concerns please contact
the BCNs on 01494 426228**

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic means toxic to cells. These drugs disrupt the way cancer cells grow and divide, but they also affect normal cells. The drugs are usually given into a vein and a combination of drugs are often used. The treatment is given as an outpatient in the cancer unit either at The Sunrise Unit, Wycombe Hospital or Cancer Care and Haematology Unit, Stoke Mandeville Hospital. How often you have the treatment will depend on the drugs you have been prescribed.

If chemotherapy is recommended you, you will be given information before treatment begins by your oncologist and at a pre-chemo assessment appointment on the chemo unit. This will tell you more about all aspects of the treatment and possible side effects.

Targeted therapy

Targeted drugs block the growth and spread of cancer by interfering with specific molecules on the cells surface. Cancers which test positive for the HER2 receptor can be treated with targeted therapies such as herceptin. About 15% of all breast cancer are HER2+. These treatments are given in cancer units.

Radiotherapy

Sometimes called X-ray therapy, uses high energy X-rays to destroy diseased cells in the body. All the cells in the part of the body being treated will be damaged. The diseased cells will be destroyed but the healthy ones will recover.

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How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

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