Breast cancer treatment
<table>
<thead>
<tr>
<th><strong>Patient details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Hospital Number:</strong></td>
</tr>
<tr>
<td><strong>Consultant Surgeon:</strong></td>
</tr>
<tr>
<td><strong>Breast Care Nurse Specialist/Key Worker:</strong></td>
</tr>
<tr>
<td><strong>Pre-Assessment Date:</strong>       <strong>Time:</strong></td>
</tr>
<tr>
<td><strong>At:</strong>                     <strong>Entrance:</strong></td>
</tr>
<tr>
<td><strong>Admission Details:</strong></td>
</tr>
</tbody>
</table>
Contents

Section 1  Introduction  4

Section 2  Treatments for breast cancer  5
  2.1  What are the treatment options?  5
  2.2  What are the aims of breast cancer treatments?  8

Section 3  Breast reconstruction  9

Section 4  Getting ready for the operation  10
  4.1  Pre-assessment appointment  10
  4.2  Things to bring into hospital  11
  4.3  Eating and drinking before surgery  11
  4.4  What sort of anaesthetic will I have?  11

Section 5  What should I expect after the operation?  12
  5.1  Intravenous drip  12
  5.2  Drains  12
  5.3  Pain relief  12
  5.4  Moving around  12
  5.5  Going home  12

Section 6  Side-effects associated with breast surgery  13
  6.1  Wound infection  13
  6.2  Bruising and haematoma  13
  6.3  Scars  14
  6.4  Swelling  14
  6.5  Seroma  14
  6.6  Pain  15
  6.7  Cording  15
  6.8  Change in sensation  16
  6.9  Lymphoedema  16
The aim of this booklet is to provide you with enough information, to allow you to be fully involved in the decision making process regarding your treatment for breast cancer.

This booklet does not cover all aspects of breast cancer treatments. The first treatment for breast cancer is usually surgery; therefore the main focus of this booklet is surgery.

Breast cancer affects both men and women and the information provided within this booklet is applicable to both.

If you wish to discuss any of the information provided within this booklet, or you have any further questions, please do not hesitate to contact the breast care nursing team.
2.1 What are the treatment options?
The first treatment offered for breast cancer is usually surgery. There may be a choice of surgical procedures and both the consultant surgeon and breast care nursing team will discuss these with you.

Further treatment could include: more surgery, radiotherapy (x-ray treatment), chemotherapy (drug treatment), hormone treatment (tablet/injection treatment), herceptin (drug treatment). Any further treatment you require will be discussed with you shortly after your first operation.

There is also the option for you to decide not to have any treatment at all, however the consequence of this is disease progression.

If you would like more information please speak to your consultant or one of the breast care nursing team.

Treatment and fertility
After a diagnosis of breast cancer your fertility may be important, although not a priority for you at this time. However, for some ladies issues related to fertility may become more pertinent. The situation for every individual will be unique. It is important that you ask questions and discuss any concerns with your breast care nurse specialist who will be able to give you more information and if necessary refer you to the appropriate professional.

The different types of breast surgery to treat breast cancer include wide local excision, mastectomy and removal of some or all of the lymph glands from your armpit (axilla).
**Wide local excision or lumpectomy**
A wide local excision or lumpectomy is an operation to remove the cancer with a margin of normal tissue.

The aim of this operation is to safely remove the area of breast cancer whilst preserving the rest of the breast.

When a breast cancer cannot be felt, it is necessary to mark the area of concern to allow the surgeon to safely remove the tumour. This can be done using ultrasound to help the doctor either insert a fine wire into the breast or use a marker pen to draw on the skin of the breast.

Further information regarding ‘marker’ procedures will be provided to you separately if required.

A wide local excision or lumpectomy is usually followed by a course of radiotherapy (x-ray) treatment, starting several weeks after surgery.

**Mastectomy**
A mastectomy operation involves the removal of all the breast tissue, including the nipple and areola.

Following this operation, you will be left with a long scar across the chest, curving towards the armpit.
Surgery to the lymph glands
One of the first places a breast cancer can potentially spread to are the lymph glands under your arm. It is important to check for this and most women having surgery for breast cancer will also need an operation to remove some or all of these lymph glands.

Information about your lymph nodes and whether they have any breast cancer cells in them, will help the breast team to decide whether you need any further treatment after your surgery.

There are different ways to remove the lymph nodes. These procedures are known as; sentinel node biopsy; axillary node sampling and axillary node clearance. Your surgeon will discuss with you which of these operations is most appropriate for you.

**Sentinel node biopsy**
Lymph nodes are usually removed using a procedure known as sentinel node biopsy.

The sentinel nodes are the first one or two lymph nodes under your arm to which breast cancer has the potential to spread.

On the day of your operation you will be injected with a small amount of radioactive material around the nipple. During the operation, a blue dye is also injected into the breast. The radioactivity and the blue dye will identify the sentinel node(s), which will then be removed during surgery.

After having a sentinel node biopsy procedure you will notice a blue or green colour to your urine and your skin and lips may also develop a bluish colour, this generally disappears within 24 hours.

You may also notice a bluish mark on your breast, which may look like a bruise. This is caused by the blue dye and can take 2 - 3 months to fully disappear.
If no cancer cells are identified in the node(s) it is unlikely you will need any further treatment to your armpit.

If cancer cells are found in your sentinel node you may require some further treatment to your armpit in the form of either surgery or radiotherapy. Your surgeon will discuss this with you fully.

**Axillary node sampling**
Surgery to remove a random sample of lymph nodes (usually 4) is sometimes performed when the sentinel node biopsy procedure is not possible. This may be due to previous surgery.

**Axillary node clearance**
Your surgeon may advise you to have all of the lymph nodes in your armpit removed. This is often advised when a needle test (known as a fine needle aspiration), has confirmed the presence of cancer cells in the lymph nodes before your operation.

Further information regarding axillary node clearance will be provided to you separately if required.

### 2.2 What are the aims of breast cancer treatments?
- To remove the cancerous area in the breast
- To treat any affected lymph nodes in the armpit
- To reduce the risk of the breast cancer coming back
All women who are advised to have a mastectomy will have the opportunity to discuss breast reconstruction.

Breast reconstruction is an operation to re-create a breast ‘mound’ on your chest wall to replace breast tissue which has been removed during a mastectomy.

There are different types of breast reconstruction operations, which can be done at the same time as a mastectomy (immediate breast reconstruction) or after the completion of treatment (delayed breast reconstruction). A delayed breast reconstruction can be done months or even years after your treatment for breast cancer.

For further information, please ask for a copy of ‘A guide to your breast reconstruction’ or speak to your consultant or one of the breast care nursing team.
4.1 Pre-assessment appointment
You may be requested to attend a pre-operative assessment clinic. This appointment will last approximately 2 hours.

A breast care nurse specialist will discuss the operation with you at the time of your diagnosis and again at your pre-assessment appointment. You will have plenty of opportunity to ask any questions that you may have.

Your medical history will be obtained and a short physical examination will be performed by a nurse practitioner, who will also take some routine blood samples.

You may be required to have an ECG (heart test), which will be performed during your appointment. You will also see a breast care nurse specialist and if appropriate for your care, a physiotherapist.

You will also be given opportunity to read your consent form. You have been given a leaflet called ‘A Guide to your Consent Form’, which we advise you to read, as Part 1 of the consent form may be completed at your pre-assessment appointment with the breast care nurse specialist and consultant breast surgeon.

Part 2 of the consent form is usually completed on the morning of your operation, and you will have the opportunity to ask any further questions when you see the surgeon.
4.2 Things to bring into hospital

- Nightwear, light and comfortable (light clothing for day wear if preferred).

- Toiletries including a towel.

- Soft comfortable bra (preferably not under wired).

4.3 Eating and drinking before surgery

You will be asked not to have anything to eat, chew (including chewing gum) or smoke for at least 6 hours before your operation. You should have nothing to drink for 3 hours before surgery.

You will be advised of the actual times. Please refer to your letter with details of your admission for actual times.

4.4 What sort of anaesthetic will I have?

Your operation will be performed under a general anaesthetic, which means you will be asleep throughout.

Please refer to your copy of ‘A Guide to your Anaesthetic’.
After your operation, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse. It is quite usual to feel drowsy for several hours. You may be given oxygen through a facemask until you are more awake. Anaesthetics can sometimes make people feel sick and you will be offered anti-sickness medication to help with this. You may have a dressing covering your wound or the wound may be glued and left exposed.

5.1 Intravenous drip
You may have a drip running into a vein in your arm/hand until you are eating and drinking again.

5.2 Drains
You may have drainage tubes in your wound. Vacuum drains are used to drain off any fluids that may collect under the wound. The drain(s) are removed when appropriate in the days following surgery. It is likely you will be sent home with one drain still in place. If this happens, the community team will support you.

5.3 Pain relief
If you experience pain it is important to tell the nurses who can give you painkillers to help.

5.4 Moving around
You will be encouraged to get up and move around as soon as possible after the operation to reduce the risk of blood clots.

5.5 Going home
You may have your operation and be able to go home the same day. This will depend on the type of operation.
6.1 Wound infection
A wound infection can develop at any time until the wound has healed (which usually takes approximately 2 - 3 weeks) and sometimes later. Any one of the following symptoms may indicate a wound infection:

- The wound feels tender, swollen or warm to the touch.
- Redness in the area.
- Discharge from the wound.
- Feeling generally unwell with fever.

If you have any of these symptoms, please discuss them with your community team, GP or breast care nursing team, who will advise you on the treatment required.

6.2 Bruising and haematoma
Bruising is common after surgery and will gradually disappear.

Occasionally, blood collects within the tissues surrounding the wound causing swelling, discomfort and hardness. This is called a haematoma.

Usually the blood can be left alone and will be reabsorbed by the body over the next few weeks. Very occasionally it is necessary to return to the operating theatre to drain a haematoma, however the risk of this is very small.

If you have any concerns please contact the breast care nursing team for advice.
6.3 Scars
You will have scar(s) after surgery. The type of scar(s) and exact position of the scar(s) will be different for each person. After a wide local excision it is normal to expect a change in the shape of your breast.

6.4 Swelling
Swelling is a common symptom after surgery and may affect your breast, chest wall, shoulder and arm. It is a normal part of the healing process and should lessen 6 - 8 weeks after your surgery.

If the swelling is uncomfortable and feels heavy, try wearing a supportive bra. It may help to wear a bra day and night.

If the swelling persists for longer than 2 months after your surgery, particularly if you have had your lymph nodes (glands) removed, please contact the breast care nursing team for advice.

6.5 Seroma
Following surgery to your breast area and/or armpit, you may find that your wound site becomes swollen. This can be due to the build up of fluid under the wound as the body is unable to drain it away from the tissues in the usual way. This area may feel quite tight and uncomfortable.

This swelling is called a ‘seroma’.

This is very common and is not a sign of anything being wrong.

If you develop a seroma this fluid may require draining. This can be done quickly and painlessly by the one of the breast care nursing team.

For further information see ‘Seroma Service - Your Questions Answered’ (a copy is usually given to you when you leave hospital).
6.6 Pain
Pain in the breast after the initial period following your operation is not uncommon.

Discomfort is expected and may be relieved by taking a simple painkiller such as Paracetamol as directed.

You will usually be prescribed regular pain relief whilst you are in hospital.

If you have ongoing problems with pain, please tell your surgeon or a breast care nurse specialist who will be able to advise you.

If you find it difficult and painful to move your shoulder and are unable to continue with your exercises, you may have developed shoulder stiffness. Your surgeon or breast care nursing team may refer you back to a physiotherapist.

6.7 Cording
Occasionally you may develop a pain which can feel like a tight cord running from your armpit down to your elbow or wrist. This is called cording.

It is thought to be due to hardened lymph vessels and can appear at anytime following surgery. You may feel a raised cord-like structure that can significantly restrict your arm movements.

Physiotherapy may be required to stretch the cords which usually get better and the symptoms go away, although some people can develop it more than once.

If you have any symptoms that you are concerned about, please contact the breast care nursing team.
6.8 Change in sensation
You may experience a loss of, or change in sensation to your chest area or the inside of your arm. This is because the nerves running through the armpit are often disturbed at the time of surgery.

You may experience the following symptoms:

- Burning or tingling sensation.
- Loss of or reduced sensation.
- Numbness or coldness.
- Sensitivity to touch or pressure.

If you are concerned about any of these symptoms, please contact the breast care nursing team.

6.9 Lymphoedema
Surgery to remove all of the lymph nodes under your arm may affect your lymphatic system. The lymphatic system is made up of small vessels (similar to blood vessels).

The lymphatic system works with the blood stream to maintain and protect the balance of fluid in the surface tissues of the body, draining, filtering and transporting lymphatic fluid around the body.

Surgery can cause a blockage that results in a build up of fluid in the tissue of your arm and/or the area of surgery. This is called lymphoedema.

The risk of lymphoedema is greater if you have all your lymph nodes removed (axillary node clearance). Having radiotherapy to the armpit can have a similar effect.
There is growing evidence that if the development of lymphoedema is detected early, it will respond better to treatment. To do this we measure the volume of your arm before treatment (surgery or chemotherapy). This is done using a device called a perometer which will measure the fluid in your arm by a technique called bioimpedance.

The perometer uses a frame that is moved up and then down your arm, bouncing light onto it. This enables the volume (size) of your arm to be calculated.

To undertake bioimpedance, a small electrical current is passed through your arms. You will not feel the test and the electrical current is harmless.

Bioimpedence compares how easily the electrical current can travel through both your arms and a ratio is calculated.

Neither of the measurements should cause you any discomfort and it takes about 20 minutes to undertake both measurements.

There can be a natural difference in the size of your arms, this can be due to limb dominance and also if you play racquet sports. Therefore, measuring your arms before you start any treatment will help determine true changes in arm volume and bioimpedance in the future.

We may repeat these measurements at intervals during and after your treatment, to see if there have been any changes or signs of lymphoedema developing.

The nurse undertaking the first measurements will ask you if you would be happy for future measurements to be undertaken. The nurse will liaise with you and the breast care nursing team to try and arrange for the measurements to be taken when you have other appointments at the hospital.
Lymphoedema can become progressively worse. Nevertheless, lymphoedema can be monitored and treated and if necessary you will be referred to a lymphoedema specialist team.

You may reduce your risk of developing lymphoedema by taking some precautions such as avoiding scratching or cutting your hand and arm on the affected side.

Make sure you wear protective gloves when gardening or handling animals that may scratch you.

Also if you require any blood tests or blood pressure monitoring in the future, it is advisable to suggest the use of the opposite side.

If you are concerned about any of these side-effects, or require any further information, please speak to your surgeon or the breast care nursing team who will be able to advise you.

If you notice any swelling of the hand, arm or breast on the affected side, please tell your surgeon or a breast care nurse specialist as soon as possible, however trivial it may seem at the time. This can happen months or even years, after treatment.
Breast surgery affects people in many different ways and you may experience other symptoms that have not been discussed. Remember that tiredness and fatigue can be a problem for some people, lasting for several months to a year.

It is normal to feel a range of emotions at different times after you learn that you have breast cancer. These can include shock, numbness, disbelief, fear and anger. Recovering from breast surgery emotionally can take some time. Everybody reacts differently; so don’t be too worried if you feel you are not coping as well as someone else you know in a similar situation.

If there are times when you are struggling or feel isolated, it is important to remember that there are people who can help you. Try to let your family know how you feel so that they can support you.

You may find it helpful to talk to someone who has had the same experience as you. You can do this either one-to-one or in a support group.

It can also help to discuss your feelings with the breast care nursing team.

Remember, the breast care nursing team is there to support you and you can contact them at any point throughout your breast cancer journey - from diagnosis, treatment and beyond.
Performing shoulder exercises after your breast surgery is very important to regain normal shoulder movement and prevent stiffness. Exercise will also help the wound to heal more easily and the scar to be more mobile.

A member of the physiotherapy team will see you before your surgery to teach you the following exercises and to give you advice. Please bring this booklet to your physiotherapy sessions.

8.1 Stage 1 - Gentle mobilising exercises
The following exercises are to be performed from the day after your surgery for 7 days. They should be done gently and slowly 5 times each, 3 to 4 times per day.

1. Shoulder circling
Use this exercise as a warm up.
Relaxing both hands in your lap, make circling movements with your shoulders first in a forwards and then in a backwards direction.

2. Side elbow lifts
Place your hands on your shoulders and move your elbows out to the side until level with the shoulder.
Lower slowly.
3. **Forward arm lifts**
Clasp your hands together with elbows straight.

Slowly lift your hands up to shoulder level.

Lower gently.

4. **Hair Brushing**
Imagine you are going to brush or comb your hair.

Keep your head up and raise your arm, moving your elbow away from your side.

Pretend that you are brushing your hair from front to back.

Start with small movements, then build up to cover a larger area of the head.

5. **Walking hands up the back**
Place your hands in the small of your back.

Slowly ‘walk’ them up your back.

Lower gently.
8.2 Stage 2 - Increasing movement further

After 7 days (and when all drains are removed) the next 5 exercises should be added. They should be repeated 5 times each, 3 - 4 times per day.

6. Forward wall reaching
Stand facing a wall and walk your fingers up the wall as far as you can reach, using the wall for support.

Use coloured tape or pencil on a doorframe to mark your progress and try to reach further next time.

As you get higher you will need to stand closer to the wall.

7. Sideways wall reaching
Stand sideways with your affected arm nearest the wall, elbow straight, palm flat on the wall.

Keep both shoulders facing forwards.

Walk your fingers up the wall as high as you can reach.

Use the wall for support.
8. Chest stretch
Lying on your back place your hands behind your head with your elbows pointing towards the ceiling.

Move your elbows apart and down to touch the bed. Bring them gently back to the centre.

Initially it may be more comfortable to place a pillow under the affected elbow.

9. Back drying exercise
Holding a towel diagonally across your back, see-saw it up and down in a drying action.

Repeat on the opposite side.
8.3 Stage 3 - Stretches
Once your wound is healing satisfactorily or at approximately 10 days to 2 weeks. You may continue to increase your shoulder movement by doing the stretches below unless otherwise directed by your physiotherapist.

The previous exercises can be discontinued except for ones you still find difficult.

It is also advisable to do exercise number 1 and 10 (below) as a warm-up before stretching.

Repeat each one 3 - 5 times, 3 - 4 times a day.

10. Arm lift
Lie on your back with enough head room to lift both arms upwards and over your head. Lift your arms as far as you can using your better arm to assist your operated one.

Hold at the furthest point for 5 seconds then lower.
11. Sideways stretch
Lying on the bed with space on the affected side, slide your arm away from you, palm uppermost as high as you can.

Hold at the point of maximum stretch for 5 seconds then lower.

12. Doorway stretch
Stand in a doorway with the elbow of your affected arm at shoulder height against the frame. Keep facing straight forwards, do not turn towards the wall. Feel a firm but comfortable stretch across the front of the chest.

To progress, step forward with the opposite leg as shown in the picture and lunge forward.

Hold for 5 seconds then relax.

13. Overhead stretch
Once you can walk your hand up the wall fully as in exercise 6, try this stretch.

Reach over your head between the shoulder blades with the affected arm.

Aim to point your elbow at the ceiling. Use your other hand to push a little further.

Hold for 5 seconds then relax.
8.4 Massage
When the wound is healed and dry (usually around week 2 - 3), you should also begin massaging the scar and 'tight' areas in the front of your chest, axilla and upper arm with E45 or aqueous cream 2 - 3 times a day.

It is useful to have someone help you do the massage. They are welcome to attend the physiotherapy sessions where one of the physiotherapy team will show you how to do this.

8.5 What if I find the exercises uncomfortable?
The aim of the later exercises is to stretch the scar tissue so you may experience temporary discomfort during or following your exercises.

This should last no longer than 30 minutes and can be relieved with simple painkillers eg. Paracetamol if required. However, if at any time you experience throbbing pain, localised redness, heat or swelling around the wound, axilla or arm then arrange to see the breast care nurse or GP as soon as possible.

8.6 How long will I require physiotherapy?
Once we are satisfied that you can do the massage and exercises at home correctly and are making progress, we usually stop the physiotherapy appointments. We will discuss this with you. If you are experiencing difficulties or require more sessions we will refer you to the regular outpatient physiotherapy service either at this hospital or at your local hospital if appropriate.

8.7 How long shall I continue the exercises for?
You are advised to continue the Stage 3 exercises for 6 months if you do not need chemotherapy or radiotherapy. If you do go on to have chemotherapy or radiotherapy then we advise that you continue the exercises for up to 1 year. This is to allow for changes in your body tissue following your surgery and treatment.

The telephone number for physiotherapy at the Royal Derby Hospital is 01332 785520. Alternatively you can telephone switchboard on 01332 340131 and ask for bleep 2212.
9.1 Wound care
On discharge from hospital the nursing staff will provide you with verbal and written information regarding your wound care and if necessary will arrange for a district nurse to check the wound and remove stitches. It is quite normal for some bruising to be present for a short while.

If you notice any signs of infection (see 7.1) discharge (leaking from the wound) or an increase in pain, please contact the community team, surgical assessment unit or breast care nursing team for advice.

9.2 Personal hygiene and dressing
Once the dressing is removed from your wound, you may bathe or shower as usual, taking care to avoid rubbing the skin around your wound by patting dry with a towel.

If your wound has been glued, it is safe to shower straight away.

It is advisable to avoid using deodorant and talcum powder until the wound is completely healed.
9.3 Returning to normal activities
You may wish to rest for a day or two but should gradually increase your activities each day.

You may use your arm as normally as possible when you go home, although avoid heavy lifting, using the vacuum cleaner, hanging out washing and driving the car for approximately 2 - 4 weeks. These tasks will need to be re-introduced gradually.

It is normal to feel more tired than usual for up to a month after such an operation and this will pass.

There is no reason why you should not resume sexual activity as soon as you feel able.

9.4 When will I get the results of my operation?
You will be given an outpatient appointment either at your pre-assessment visit or before you leave the ward. This is usually 10 - 14 days following your operation. At this appointment your results will be explained to you, and any further treatment will be discussed.

Further treatment could include: more surgery, radiotherapy (x-ray treatment), chemotherapy (drug treatment), hormone treatment (tablet/injection treatment), herceptin (drug treatment).

You may wish to write down any questions in preparation for this appointment. You may also find it helpful to bring a relative or friend along with you to this appointment.
9.5 Driving
Do not drive until you can wear a seatbelt comfortably and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

9.6 Time off work
This will depend on the nature of your employment. Please ask your surgeon when you return for your outpatient appointment. A medical certificate (sick note) can be issued from the ward or GP exempting you from work for 2 weeks. Further sick notes can be obtained from your GP should you require any further treatment or more time to recover.

9.7 Medications
It is important to take any medications prescribed as directed. Further supplies, if needed, are available from your GP.
10.1 Using a soft breast form prosthesis
You will be fitted with an external breast prosthesis called a ‘comfy’ or a ‘softee’. These breast forms are made out of material with a soft filling. The comfy or softee is hand washable, and should be washed in warm soapy water, rinsed well and dried away from direct heat.

A comfy weighs almost nothing and to achieve a ‘balanced’ look you may need to adjust your bra straps to compensate for this, ie. lengthen the strap on the side of the operation.

Securing the comfy into your bra ensures that it will not move its position, ie. by using a small safety pin or a couple of stitches in the top and bottom of the bra.

If for some reason, you are unable to wear a bra, please tell a member of staff. They can show you how to fix the comfy into your underskirt or vest.

These soft breast forms can be worn for the first few weeks after surgery, until your wound has healed. Then it is usually more comfortable to wear an external silicone breast prosthesis.
10.2 Having your external silicone breast prosthesis fitted

Approximately 6 weeks after your operation, please contact breast care services at the Royal Derby Hospital, telephone 01332 788591, to discuss and arrange an appointment for the provision and fitting of your external silicone prosthesis.

The bra you already use may be suitable, please discuss this at your appointment.

Your bra should:

- Fit correctly.
- Have full cups and good support.

It is not necessary to buy a mastectomy bra, but they can be purchased at breast care services.

If you are having radiotherapy treatment, we advise you to discuss the wearing of external silicone prosthesis with the radiotherapy staff as it may be more appropriate to wear your soft breast prosthesis during this episode of care.
10.3 Looking after your external breast prosthesis

- Wash your prosthesis daily in warm soapy water and towel dry before placing back in the box provided.

- Take extra care washing after swimming in salt or chlorinated water.

- Do not use any talcum powder on or near the prosthesis, as this can cause the prosthesis to split.

- Be careful not to puncture or tear your prosthesis with sharp objects, such as cat’s claws or brooches.

Your prosthesis is guaranteed for 2 - 3 years and is available on prescription to NHS patients. If you wish to purchase an additional prosthesis, they cost approximately £100.

Should you have any concerns regarding your prosthesis at any time, please contact breast care services or any of the breast care nursing team.
11.1 Mammograms
If you have had an operation to treat breast cancer (wide local excision or mastectomy) you will be invited for regular mammograms. Your first mammogram will be approximately 1 year after your surgery and the frequency of mammograms thereafter will be discussed with you by your surgeon or breast care nurse.

You will be called automatically for your mammograms when they are due - there is no need for you to arrange an appointment yourself.

Your mammograms may take place in the Breast Unit at the Royal Derby Hospital or in the community as part of the NHS Breast Screening Programme.

The NHS Breast Screening Programme is organised around General Practice areas. To be included in the screening programme it is important that you are registered with your local GP.

You will receive an appointment through the post, when your next mammogram is due. It is therefore important you inform the Breast Unit if you change your address.

Both you and your GP will be informed of the results of your mammograms in writing and if necessary an appointment will be arranged for you to re-attend.
11.2 Clinical follow up
Clinic follow up appointments will be arranged on an individual basis between yourself and your consultant (breast surgeon and/or oncologist). These will not usually be on the same day as your mammogram appointments.

11.3 Being breast aware
It is recommended that you remain breast aware. Breast awareness is knowing about your own breasts and what is normal for you.

Being breast aware will help you to notice any changes that may occur in your breasts/chest wall area. You can become familiar with your breast tissue by looking and feeling, in any way that is best for you eg. in the bath, shower, when dressing.

Appearance - any change in the outline or shape of the breast, including any puckering or dimpling of the skin or nipple changes.

Lumps - any lumps, thickenings or bumpy areas in one breast or the armpit, which seem different.

If you notice a change that concerns you:
- In the area of your breast surgery.
- In your other breast.
- Underneath your arm.
- Swelling of your arm.

If you are concerned about any of the above, please contact the breast care nursing team directly on 01332 789476. This phone is usually manned between 8.00am - 4.30pm, Monday to Friday. At other times an answer machine is available.

If you have any other symptoms that you are concerned about such as; pain, headaches, breathlessness or abdominal symptoms you should visit your own GP. Your GP will refer you back to the breast team if appropriate.
Section 12
The Breast Team at Derby and useful contacts

Breast Care Nursing Team
Telephone (01332) 789476 or (01332) 785962
Monday - Friday (answer phone messages checked regularly)

Breast and Plastic Surgery Team
Mr DM Sibbering, Consultant Surgeon
Mr HW Holliday, Consultant Surgeon
Ms Y Wahedna, Consultant Surgeon
Miss CA Courtney, Oncoplastic Breast Surgeon
Mr JC Daly, Consultant Plastic and Reconstructive Surgeon

District Nurse - Liaison Office
Telephone (01332) 366717 (24 Hrs)

Ward 311
Telephone (01332) 788311 or 787311

Physiotherapy
Telephone (01332) 785520 or
Telephone (01332) 340131 and ask for bleep 2212

Breast Care Services - Prosthetic Fitting
Telephone (01332) 788591 (answer phone messages checked regularly)

The Derby Breast Cancer Support Group
The group meets the first Thursday every month at the Mackworth Hotel, Mackworth, Derby. There is an admission charge of £2, which includes refreshments.

Husband/partners, family and friends are most welcome. This is a very social group and each month they have a guest speaker or an event.

See also 'Derby Breast Cancer Support Group' booklet.
Section 13
Useful organisations for additional information and support

Macmillan Cancer Support
89 Albert Embankment
London
SE1 7UQ

Helpline: 0808 8080 0000
Website: www.macmillan.org.uk

Breast Cancer Care
5 - 13 Great Suffolk Street
London
SE1 0NS

Helpline: 0808 800 6000
Website: www.breastcancercare.org.uk

Macmillan Information Centre
Cancer and Specialist Services
Level 1, Main Hospital
Royal Derby Hospital

Telephone: 01332 786008
Email: cancerinformation@derbyhospitals.nhs.uk
Smoking is not permitted anywhere in the buildings and grounds of Derby’s Hospitals. For advice and support about giving up smoking please call Free Phone 0800 707 6870.