Moving Forward

For people living with and beyond a diagnosis of primary breast cancer
This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We’ve been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who’ve been there. We also offer local support across the UK.

From the moment you notice something isn’t right, through to treatment and beyond, we’re here to help you feel more in control.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk
Contents

What is *Moving Forward? 7
  Who is this Moving Forward book for? 8
  How do I use this Moving Forward book? 8
  Breast Cancer Care’s Moving Forward courses 9

Managing the effects of treatment
  See page 15 for a full list of what’s in this section

You and your relationships
  See page 47 for a full list of what’s in this section

Your wellbeing
  See page 67 for a full list of what’s in this section

Finances, work and practical issues
  See page 91 for a full list of what’s in this section

Breast cancer recurrence (when breast cancer comes back)
  See page 105 for a full list of what’s in this section

Move forward with us
  See page 117 for a full list of what’s in this section

*Moving Forward® is a registered trademark.
Call our Helpline on 0808 800 6000
What is Moving Forward?

Breast Cancer Care’s Moving Forward services and information are here for anyone who has had a diagnosis of primary breast cancer, helping you approach life after treatment with more confidence.

For some people, the last hospital-based treatment is the goal they focus on, and getting there can feel like a real achievement. But some people also feel isolated, low or anxious when their regular hospital appointments stop. You may be experiencing ongoing side effects of treatment, thinking about going back to work or worrying about the cancer coming back. You might feel under pressure to get back to ‘normal’ but find it difficult to adapt to life after treatment.

After treatment has ended, the healing process, both physical and emotional, can take months or sometimes years.

‘It was isolating and rather scary, full of “what if” questions, and “where do I go from here?”, “what do I do now?” I felt like I had been thrown back into the big wide world to get on with it on my own and I didn’t know how.’

Corrine

Our Moving Forward services and information are here to support you through the process.
Who is this Moving Forward book for?

Whether you’re just coming to the end of your hospital-based treatment or your diagnosis of breast cancer was a few years ago, this book contains information that’s relevant to you.

You may also find it useful to show the book to your family or friends to help them understand how you might be feeling.

While we mainly refer to women throughout the book, men who have had breast cancer may also find it useful.

How do I use this Moving Forward book?

This book is designed to be easy to dip in and out of. And while you may want to read the whole book, you can just take what’s useful to you, your family and friends and leave the rest.

Other publications

You may want to read about certain topics in more detail. Breast Cancer Care has free publications and online content on many of these subjects. Where relevant, we’ve included the names of other publications. Look out for this symbol:

You can order or download these from our website [breastcancercare.org.uk](http://breastcancercare.org.uk), or order using the form on page 127. You can also call our Helpline on 0808 800 6000 for a copy.
Breast Cancer Care’s Moving Forward courses

Finishing hospital-based treatment for breast cancer can be an unexpectedly challenging time, bringing a mix of emotions. If you’re worried about how to adjust to life after treatment, our free Moving Forward courses can help.

In weekly sessions over four weeks we look at the issues that you may be facing, from the physical side effects of treatment such as fatigue, to how you’re feeling about your relationships and the future.

Because the courses are run in partnership with NHS hospitals, there is expert guidance on hand to answer the questions that are most important to you. Meeting up regularly also means you’ll get to know other people who are in a similar situation and understand how you’re feeling.

You can also find out more about the other support we provide and services that are available locally.

Topics covered may include: healthy eating, exercise, managing menopausal symptoms, lymphoedema, cancer-related fatigue, intimacy and relationships, and adjusting and adapting after a diagnosis of breast cancer.

For more details, visit our website or call 0345 077 1893.

‘The course allows patients an opportunity to explore and discuss the issues affecting them in a safe and confidential environment, putting to rest any fears and anxieties related to their diagnosis and treatment.’

Finola, Breast Care Nurse
Meeting other people on the Moving Forward course helped Cynthia adjust to life after treatment.

I was diagnosed in 2014, and had a lumpectomy, chemotherapy, radiotherapy and Herceptin. Having breast cancer affected my quality of life, mentally and physically. Treatment gave me fatigue – the kind of fatigue where even your bones ache. It was frustrating because I like to be up and out doing things. I’m not a person that likes to sit still. Losing my hair really affected me too. I lost a lot of confidence and was really low.

After treatment I suppose I expected to go back to normal, how I was before my diagnosis. But it wasn’t like that because I had different feelings.

A lot of people think you’re fine after treatment finishes, but you’re still going through it in your head. I knew that I had to boost my confidence. However, I also knew that I could not do this alone. I was curious about Breast Cancer Care’s Moving Forward course – I wanted guidance and support on how to live my life after a breast cancer diagnosis.

Learning to adjust
I went on the Moving Forward course in January 2015. The course had everything I needed to feel great about me. It teaches you a lot. It teaches you about body image and just to get on with your new life really, because it is a new life.

I learnt not to push myself too much. I think that we try to push ourselves because treatment is over and done with. You think you can go along skipping away how you were before but it’s not so. I learnt how to be kind to myself, and how to like and love the new me.

Talking to people who understand
My partner, family and friends were fantastic throughout my treatment. But while I never felt lonely, I often felt alone. I wanted to talk to other people who had experienced breast cancer, knowing that they would understand me and I would understand them.

It was great meeting other women on the course and being able to talk freely, openly and honestly if we wanted to, to people who understood.

I became close to two brilliant women called Debs and Caroline. I think it’s important to interact with people who have had the same experience.
We understand the challenges and experiences of going through breast cancer, and we support each other when needed.

I also feel it’s important to be around people who make you laugh, and these ladies do just that. If we want to talk about our experiences or how we’re feeling, we respect one another and give each other time to listen to what each other is saying. But then we switch it round to have a laugh about something else.

Meeting them was a blessing and a relief, having two people in my life with whom I can confidently interact about my breast cancer journey. For this I am truly grateful. Out of something awful came something good, which has made me a stronger, happier person.

**Be kind to yourself**

My advice would be: be kind to yourself. You’re number one so look after yourself the way that you want to, and don’t forget to seek help and guidance.

You don’t always want to speak to friends or family, but there’s always someone around. Breast Cancer Care has always been there when I’ve needed them – they’re always available and ready to help no matter how small your concern may be.

The Moving Forward course definitely lives up to its name and I would definitely recommend this course to anyone who may be affected by this disease – I guarantee you will get something positive from attending. Breast Cancer Care turned my life around.

For more details on Moving Forward courses in your area, visit our website or call **0345 077 1893**.
Call our Helpline on 0808 800 6000
Managing the effects of treatment

- Coping with ongoing side effects
- Menopause and menopausal symptoms
- When your hair grows back
- Pain
- Cancer-related fatigue (extreme tiredness)
- Sleep disruption
- Lymphoedema
- Effects on memory and concentration
- Bone health and osteoporosis
- How can breast cancer treatment affect fertility?
- Keeping a diary
Breast cancer and its treatments can cause a number of side effects such as fatigue (extreme tiredness) and hot flushes. While most side effects will start to improve once treatment ends, some can continue. This section outlines some of the side effects you may have and possible ways to try to manage them.
Coping with ongoing side effects

If you’re struggling with ongoing side effects, this can affect your daily life and leave you feeling low. They can be a reminder of your breast cancer and make it more difficult to move forward. Finding ways to manage side effects is important.

You might want to talk to someone in your treatment team (your breast care nurse, oncologist or surgeon) or your GP about any side effects you’re having.

Some people find it useful to keep a diary. You can find an example diary on page 45. Recording your feelings, both good and bad, can help you make sense of them and identify the cause. As time goes on, looking back through your diary may help you see signs that you’re recovering from your experience, both physically and emotionally.

We have a range of booklets and online information on the drugs used to treat breast cancer and their side effects. To find out more call our Helpline on 0808 800 6000 or visit our website.

Menopause and menopausal symptoms

The menopause is the time when a woman stops having periods, and she’s no longer able to get pregnant. It happens when the ovaries stop releasing eggs.

The ovaries are the main source of the hormone oestrogen, so when they stop working, there is a drop in the level of oestrogen in the blood. This change disrupts periods and causes the symptoms associated with the menopause. These symptoms usually last some time from several months to a number of years.

The menopause is a natural event for all women and usually occurs between the ages of 45 and 55 years, with 51 years being the average age. However, treatment for breast cancer can cause an early menopause or menopausal symptoms.

What treatments cause menopausal symptoms?

Chemotherapy
If you haven’t been through your natural menopause, chemotherapy commonly causes your periods to stop temporarily or sometimes permanently. For some women this may cause menopausal symptoms or an earlier, more sudden menopause. Symptoms are often more intense than when the menopause occurs naturally.
Hormone therapy
Menopausal symptoms can also be caused by hormone (endocrine) therapy. The hormone oestrogen can stimulate some breast cancers to grow. A number of hormone therapies work in different ways to block the effect of oestrogen on cancer cells. This can lead to menopausal symptoms.

For more information on hormone therapy, see our website.

Ovarian suppression
Menopausal symptoms are common if you are having ovarian suppression. Ovarian suppression means stopping the ovaries from making oestrogen, either temporarily or permanently. You may also hear it called ovarian function suppression and ovarian ablation. Ovarian suppression is usually achieved by:

• hormone therapy (drugs, usually given as a monthly injection)
• surgery to remove the ovaries

What menopausal symptoms might I have?
Some of the most common symptoms include:

• hot flushes
• night sweats
• vaginal dryness
• palpitations
• mood changes
• joint pain
• changes to skin and hair

You may put on weight, particularly around the waist. You might also have difficulty sleeping. More rarely, some women experience a crawling sensation under the skin, usually on the chest. You may find that you become anxious and irritable or have problems with memory or concentration.

‘You should never underestimate a hot flush. They have stayed with me since chemo and Zoladex and they are not easy to manage.’

Jackie

The changes you notice may be gradual but for some women symptoms such as hot flushes can start suddenly. How severe the menopausal symptoms are and how long they last varies. Some women have very few symptoms at all. For others they can be very distressing and interfere with everyday life. You may feel they are a constant reminder of cancer or feel frustrated that they have been caused by your cancer treatment. But many people get used to them and find they improve in time.
Managing menopausal symptoms

Lifestyle changes, drugs and therapies may help reduce menopausal symptoms and make them easier to manage.

For example, doing regular exercise, eating well and limiting alcohol intake may help reduce some menopausal symptoms.

Some people use complementary therapies – however, there’s very little reliable research into these so it’s hard to judge how useful they are and whether they affect breast cancer treatment. Discuss any complementary therapies with your treatment team before trying them.

There’s a wide range of complementary therapies. Finding the right complementary therapy for you will depend on your personal choice and you might try a couple before you find one you like.

There are also drug treatments that can help with menopausal symptoms if they are severe. Discuss this with your treatment team who can advise you of the options available.
You can find out more about menopausal symptoms as well as tips on how to manage them in our booklet *Menopausal symptoms and breast cancer*.

For more information about complementary therapies, see page 86. You may also like to read our booklet *Complementary therapies, relaxation and wellbeing*.

‘I often describe cancer as the comfort stealer. It steals your taste buds, zaps your energy, makes having simple things such as showers or looking in the mirror really hard. And, when all you want to do is lie in bed and fall asleep, it steals your nights too. That’s why it is so important not to suffer in silence with menopausal symptoms. Relieving them means putting a bit of comfort back into your life.’

Jackie

**Menopause organisations**

**The Daisy Network**
daisynetwork.org.uk

A website offering information and support for women facing an early menopause, menopausal symptoms and treatment options.

**Menopause matters**
menopausematters.co.uk

Information on menopausal symptoms, what might help and what treatments are available.
When your hair grows back

If you lost your hair because of chemotherapy, it will almost always start to grow back once your treatment is over, and sometimes it may even start to grow back before it’s finished. In very rare cases, hair loss will be permanent.

When hair grows back it may be weak and fragile or softer to begin with, but over time the condition and texture of hair becomes stronger. It can sometimes grow back differently to how it was before treatment, for example:

- the colour may change
- the texture can be different
- it may be curlier
- it can be straighter

This change may only be temporary but for some it will be permanent.

‘My hair was steely grey when it grew back and I thought it would stay that way. However, my natural colour returned. I have some grey in it [but] not all through as it was then.’

Eithne

For some women, having hair grow back differently to what they are used to can be very difficult. You might feel it is another change to your appearance to cope with especially if, in the short term, you’re not able to treat or style your hair in the way you always have.

The rate of hair growth varies from person to person but most people will have a full covering of hair after about three to six months, although for some people this can be patchy. Other hair such as eyebrows and eyelashes may grow back more quickly or more slowly than the hair on your head.

‘My eyebrows have still not fully grown back in some places and are a bit patchy. I am back to having them threaded every month and dye applied, then I just fill in little gaps with an eyebrow pencil.’

Amanda

As your hair grows back you may find your scalp is very dry, sensitive and scaly. You can use natural oils such as almond or olive oil to help with this.
Many women wonder whether there is anything that can speed up hair regrowth. There is some evidence that a drug called minoxidil may help when applied to the scalp. Minoxidil can also be found in some hair loss treatments. You can talk to your GP, a dermatologist (doctor who specialises in skin problems) or a trichologist (person who specialises in hair loss problems but is not medically trained) about the possible use of minoxidil.

Once your hair is long enough, you can begin to use a gentle shampoo and conditioner.

It’s best to wait until your hair is longer and your hair and scalp are in good condition before applying a colour or other chemical treatments to it. For some people this may be six months to a year; for others it will be sooner. It might be a good idea to discuss with your hairdresser and treatment team about when to begin colouring your hair.

Avoid hair extensions that are woven in for several months after your hair has begun to grow back, as the new hair will be very delicate and liable to break easily.

You may also find there is an in-between period when your hair is growing back but you aren’t quite ready to show your own hair. You can choose to continue wearing a wig or other headwear until your hair is longer.

‘I took frequent selfies and shared with a Breast Cancer Care Forum group. [It was] very encouraging to see everybody’s hair returning and share stories.’

Ann

For more tips on caring for your hair and scalp when your hair grows back, as well as information on wigs and other headwear, see our Breast cancer and hair loss booklet.
Hair loss organisations

Cancer Hair Care
cancerhaircare.com
Information and tips on hair loss and regrowth after breast cancer treatment.

My New Hair
mynewhair.org
Directory of independent salons and professionals who offer a wig styling service.

Strength in Style
toniandguy.com/charity/strength-in-style
Participating Toni & Guy salons provide people with specialist support and advice on hair loss.

Care for new hair
If your hair has recently regrown, there might be a salon near you that could give styling tips. My New Hair’s salon directory means you can find specially trained hairdressers near you who can advise you on how to treat your new hair. Why not see if there’s one near you? Go to mynewhair.org

This tip comes from our free BECCA app. See page 124 for more information.
I wasn’t prepared for my hair growing back

I was surprisingly OK about losing my hair. I bought a wig that I liked plus a couple of headscarves. To me it was just part of the treatment I had to go through and not nearly as big a deal as I might have expected.

My hair started growing back about a month after my chemo finished. At first it was just a fine down and I carried on wearing my wigs and scarves as I had during chemo.

The worst stage was after about two to three months. By then my hair had grown back very unevenly with next to no hair at the front, and the hair I had was thin, fluffy and grey – so it looked a real mess. There was a period of several weeks where my scalp was very sore, itchy and really uncomfortable. I found Argan oil helped, but nothing gave complete relief. It got to the point where I could no longer wear my wig for more than a few hours.

I had gone back to work so wanted to look good, not least as I was still getting my confidence back. I was not at all prepared for this stage and my hair became a really big issue for me.

I finally bought a couple of smart trendy turbans to wear at work and emailed my department to let them know I would be wearing those from the next Monday. I was bowled over by how many lovely supportive replies I got, including quite a few people who hadn’t realised I had been wearing a wig before.

After about six months my hair was long enough to have it cut into a short style and go without any other headwear. It then grew very thick, dark and curly (not at all how it had been before). One year on it is thicker than before and a bit darker but has gone back to being straight and is closer to its original colour. I will have to wait and see if this is the ‘new normal’ or if it will continue to change.

Sandra
Pain

Some treatments for breast cancer can cause pain while you are having them or for some time afterwards.

For most people, the pain can be managed, for example by taking regular pain relief and doing arm exercises after surgery. For others, pain can be longer lasting and might affect day-to-day activities.

Whatever the type of pain you're experiencing, tell your treatment team or GP about it.

You can also find information on our website about managing pain.

Pain after breast surgery

After breast surgery, the area around your operation site(s) may continue to feel sore and your arm may feel stiff for several weeks, or longer if you have had breast reconstruction. But this should gradually improve over time.

‘It was a long time before I got the full movement back in my left arm... I did all the exercises etc but it was six months or more before I could stretch up above my head properly.’

Sarah

Nerve pain

Many people experience pain, numbness and a burning sensation as a result of damage to the nerves under the arm (axilla) and scar area. This should settle within the first few weeks or months after surgery. However, for some the pain continues for a longer period of time.

‘I had terrible nerve pain after my lymph nodes were removed... Gradually, though, and with the help of the physio, this abated.’

Rebecca

Some people have the feeling that their breast and nipple are still there after a mastectomy or other surgery to remove the nipple. This is known as phantom breast and nipple pain, and is caused by damage to the nerves at the time of surgery. It can happen straight after surgery or sometimes up to a year later.
Joint pain

Joint pain is a common side effect of breast cancer treatments. It can be a result of lower oestrogen levels.

Many women taking hormone therapy, particularly aromatase inhibitors such as exemestane, anastrozole or letrozole, have pain or stiffness in the joints. This is most common in the wrists, knees and hands and usually starts within the first few months of taking hormone therapy. These symptoms are usually mild and can be relieved by gentle exercise or anti-inflammatory drugs.

For some people, joint pain can be more severe and affect daily life. If you’re experiencing severe pain, talk to your treatment team. For some people, switching from one hormone therapy to another might help. Don’t stop your hormone therapy before you have discussed doing so with your treatment team.

Hormone therapy can result in some people developing carpal tunnel syndrome. This is a condition that causes feelings of pain, tingling or numbness in the hand.

If you have any of these symptoms, tell your treatment team or GP who can advise about any treatments.

‘I do have some joint pain – [but] I am unsure whether this would have happened anyway. I see all my “problems” as part of growing older.’

Louise

‘My joints can be very painful, something I experienced during treatment and it has still lingered after.’

Sarah

What can be done to relieve pain?

How much your pain affects your day-to-day life will determine the treatment you may need to relieve it. If the pain is interfering with everyday tasks and affecting your sleep, it can be an added source of anxiety at a time when you’re hoping to move forward in your recovery.

You may find it helpful to take regular pain relief such as paracetamol or anti-inflammatory drugs, either in tablet or topical (applied to the skin) form. Other drugs can be prescribed – for example, low dose antidepressants or drugs usually used to treat people with epilepsy can be effective in relieving nerve pain. Doing arm and shoulder exercises and stretches can also reduce pain.
Getting support

If your pain persists, talk to your treatment team. You may be referred to a specialist pain clinic where your pain will be assessed and different options can be discussed with you. Depending on the type of pain you’re experiencing, you’ll be referred to the most appropriate healthcare professional, such as a specialist anaesthetist or nurse, a physiotherapist or occupational therapist.

A counsellor or psychologist may be able to help you manage any thoughts or anxieties that might be making the pain worse, and help you find more effective ways to cope with pain.

Cancer-related fatigue (extreme tiredness)

Fatigue is extreme tiredness and exhaustion. It doesn’t always go away with rest or sleep and may affect you physically and emotionally. It’s a very common side effect of breast cancer treatment and can last for weeks or months after your treatment has finished.

Everyone knows what it feels like to be tired sometimes but if you have cancer-related fatigue you may feel like you have very little energy. You might find it difficult to do simple everyday tasks and it can stop you from doing things you want to do. Everyone’s experience of cancer-related fatigue is different. It’s important to know your limits and not expect too much of yourself.

‘Taking tamoxifen I found sometimes I suffer from fatigue but I am not that bad. Sometimes at the weekend when it has caught up on me I will tend to have a pyjama day just to laze about and get my energy back.’

Suzie

‘The fatigue lasted for about two years after the treatment and I would say that I still don’t think that I have been quite the same since. I still get tired very quickly but that could also just be my age!’

Sarah
What causes cancer-related fatigue?

Most of the treatments used for breast cancer have side effects that can contribute to fatigue.

**Surgery**
You can feel tired after surgery. This may be due to the stress on your body and the time it takes your body to heal.

**Chemotherapy**
Side effects of chemotherapy may include a lowered resistance to infection, anaemia (too few red blood cells in the body) and altered eating patterns. These can all cause or worsen fatigue.

**Radiotherapy**
Travelling back and forth to the hospital for radiotherapy can make you feel increasingly tired and the treatment can cause fatigue because of the way it affects your body. This tiredness may start or get worse after radiotherapy has finished.

> ‘I really struggled after the radiotherapy finished. I am now five months clear of radiotherapy and am still affected by fatigue.’

Rebecca

**Hormone therapy and targeted therapy**
Hormone therapy and some targeted therapies can cause fatigue.

**Emotional effects**
Many people feel worried and anxious about their diagnosis and treatment. You may find it difficult to sleep, or feel depressed. These feelings and emotions can make your fatigue worse.

You can find out more about managing anxiety and coping with depression in the ‘Emotional wellbeing’ section of this book which starts on page 80.

**Other medications**
You may need to take other medications alongside your main treatments, which can also contribute to fatigue. For example, pain relief, anti-sickness medication, sleeping tablets and antidepressants can make you feel very tired.
Tips for managing fatigue

Where possible, try to take things easy and give yourself time to get stronger. You may find the following tips helpful.

Tell your treatment team or GP: your fatigue may have a treatable cause (for example, iron supplements may be prescribed for anaemia).

Use a fatigue diary: keep a record of when you have more or less energy so you can plan any activities around it (see our example diary on page 45).

Do some exercise: many people find regular moderate exercise such as walking or swimming helps. See our section on ‘Physical activity’ on page 74.

‘Initially I was so fatigued that I became concerned that “this was it”. I joined a gym and slowly regained my fitness... I am now the fittest I have ever been and feel great.’

Karen

Rest: try and get plenty of rest between your daily activities.

Limit your naps: limit the number of daytime naps you have and keep them to less than an hour at a time so that you sleep at night.

Relaxation techniques: make time to relax and regain energy – some people use relaxation CDs and apps.

Stay hydrated: being dehydrated can make you tired so drink plenty of fluids (6 to 8 glasses a day).

Eat well: make the most of the times when your appetite is good as eating well can help improve your energy levels. Try to choose foods that give you energy over a period of time like nuts and cereals – sugary foods may give you a quick fix but won’t keep your energy levels up for very long.

Make a ‘To Do’ list: this can help you to remember things you need to do and prioritise tasks. Only do the things that absolutely have to be done each day.

Accept help: try and accept offers of practical help from others where possible.

Macmillan Cancer Support has a booklet called Coping with fatigue. Order or download it from be.macmillan.org.uk
“Fatigue affected my confidence”

At the end of treatment I was hugely relieved to have made it through. But I was also completely exhausted and felt unable to really celebrate. I had planned to go out the night of my last chemo but when it came to it I was just too exhausted.

I found that feeling so ill for so long combined with a complete lack of energy got to me over time. Initially my friends and family were very sympathetic and did not expect me to be ‘back to normal’ straight away. But after a few months this wore off. I don’t think anyone (including me) expected it to take as long as it did for me to get properly back on my feet.

The worst aspect was that I just could not think straight, remember even the most basic things or concentrate on the simplest tasks. I managed to set fire to three pairs of oven gloves by leaving them on top of my gas hob and forgetting to turn off the hob. I felt frustrated and found it hard to adjust to having to take on less – in particular as previously I was a busy working mum who enjoyed packing lots into life.

I found it much harder going back to work than I expected. I found I had lost confidence, easily forgot things and just ran out of energy by mid-afternoon. I very nearly resigned after six months as I was exhausted and very low. I think neither I nor the firm I work for really knew what was realistic to expect.

It took me 12–18 months to recover from treatment – both physically and emotionally. I had to learn to go easier on myself and adjust to the ‘new normal’.

But things do get better. Nearly a year after my treatment finished my husband and I walked the Cotswold Way – all 108 miles of it. I was really worried that I wouldn’t make it. But my husband was great and with his support I did. I felt this was a real marker of how far I had come.

I think I have a better perspective now on what really matters – as well as a keen desire to make the most of every day. But I take each day as it comes and prioritise relationships over tasks.

Sandra
‘You learn that through all treatment and beyond you have a finite reserve of energy and so you have to be selective about how to use [it] and then listen to your body when it tells you that reserve is used up.’

Caroline

Sleep disruption

Many people find it difficult to sleep when they are diagnosed with breast cancer. This may continue after treatment has ended. This is not unusual and it may take some time before your sleep pattern returns to normal, which in most cases it eventually does.

What causes sleep problems?

Stress and anxiety
The main causes of sleep disruption are stress and anxiety resulting from your diagnosis and side effects of treatment.

Anxiety can be related to many things. You may have concerns about the future or worries about relationships with friends and family and their expectations of you. Feeling anxious can stop you from getting to sleep or cause you to wake early. Sometimes sleep disruption can also be a sign of depression. We have more information later in the book about coping with anxiety and depression.

Changes to your routine
Your sleep pattern may have changed while you were having chemotherapy. For example, you may have started having naps during the day.

Being diagnosed with breast cancer may have affected your daily routine. You may have stopped working during treatment and started getting up later, which disturbs your regular sleep pattern.
Eight tips for a good night’s sleep

1. Keep to a routine
   Set a regular time to go to bed and wake up each day.

2. Relax before bedtime
   Do something relaxing before bedtime, like having a warm bath or listening to some calming music.

3. Keep it dark and quiet
   Create a dark, comfortable and quiet sleep environment, for example by using thick curtains or blinds, an eye mask or earplugs.

4. No phones in bed
   Keep the bedroom for sleep only – don’t watch TV or use your computer, tablet or phone while in bed.

5. Don’t drink before bedtime
   Avoid caffeine and alcohol for a few hours before going to bed.

6. Limit naps
   Try to limit naps during the day to less than an hour.

7. Get physical
   Do some regular physical activity, but avoid exercising within three hours before bedtime.

8. Write it down
   Write down any concerns, and how you might deal with them, before bedtime.

If you can’t get to sleep or you wake up in the night and can’t get back to sleep, try to get up and do something rather than lying in bed (for example, read or listen to the radio) until you start to feel tired, then go back to bed again.

You can find more top tips like this by subscribing to our free Vita magazine. Go to vita.org.uk for more information.

What treatments are available?

Talking therapies such as counselling or cognitive behavioural therapy (CBT) can be useful and can help change your patterns of thinking and behaviour. If you think you might benefit from counselling or CBT, discuss these with your treatment team or GP.

Some people find activities such as yoga and mindfulness, or using relaxation techniques, help with sleep problems. See page 80 for more information.

Some people may be recommended a short course of sleeping tablets to help them sleep. You can discuss this with your GP. If your mood is low and you’re struggling with sleep, your GP might also suggest antidepressants.
Lymphoedema

Lymphoedema is swelling of the arm, hand or breast/chest area caused by a build-up of lymph fluid in the surface tissues of the body. It can occur as a result of damage to the lymphatic system, for example because of surgery or radiotherapy to the lymph nodes under the arm (axilla) and surrounding area.

Although it affects people in different ways, the most common symptom of lymphoedema is swelling of the arm, which can include the hand and fingers on the affected side. Swelling can also affect the breast, chest, shoulder or the area on the back behind the armpit.

When does lymphoedema occur?

Lymphoedema may develop soon after surgery or radiotherapy, but can also occur many years later and may be triggered by infection or injury to the arm, hand or breast/chest area.

Lymphoedema is a long-term condition, which means that once it has developed it can be controlled but it is unlikely to ever go away completely.

Who is at risk?

People having surgery and/or radiotherapy to the lymph nodes under the arm may develop lymphoedema at some time in their life. The risk is greater if you’ve had both of these treatments. Only the arm, hand, fingers, breast and chest wall on the same side as the affected breast are at risk of developing swelling.

There is strong evidence to suggest that being overweight can increase your risk of developing lymphoedema due to added strain on an already weakened lymphatic system.

People who have a sentinel lymph node biopsy (to identify whether or not the first lymph node/s is clear of cancer cells) have a reduced risk of developing lymphoedema compared to people who have surgery where more lymph nodes are removed.

Most people who have had the lymph nodes under their arm removed don’t develop lymphoedema. However, it’s important to be aware of the risk and deal with any symptoms quickly as early diagnosis can make it easier to treat. There’s a list of the signs to look out for on page 35.

Our Reducing the risk of lymphoedema booklet contains more information as well as further tips for reducing your risk.
How to reduce the risk of developing lymphoedema

While it’s not known exactly what causes lymphoedema, there are certain things that may help to reduce the risk.

**Use your ‘at risk’ arm normally**
If you’re still stiff from surgery do some gentle arm and shoulder exercises to return gradually to normal activity (see our leaflet *Exercises after breast cancer surgery*).

**Maintain a healthy weight**
Maintain a healthy body weight to reduce the strain on your body in general and specifically the strain on your lymphatic system.

**Protect your skin**
Damage to the skin or injury to your ‘at risk’ arm can lead to cellulitis (an infection of the skin and underlying tissue), which can increase your risk of developing lymphoedema.

It may help to:
- moisturise the affected area/s daily to help prevent dry and cracked skin
- use sunscreen to avoid sunburn
- apply insect repellent to avoid insect bites
- wear oven gloves when cooking and protective gloves in the garden
- take care when cutting your nails
- be gentle when removing underarm hair – an electric razor or depilatory cream are safest (use creams with caution after patch testing)
- wear comfortable clothing and avoid tight-fitting jewellery
- if you have a cut or a graze, keep it clean and use antiseptic cream
- if you notice any signs of infection (redness, heat, tenderness or swelling) contact your GP as you may need antibiotics

**Will having manicures or using a hot-tub affect my risk?**
There is no evidence to suggest having manicures or using a hot-tub increases your risk of developing lymphoedema.

**Will massage affect my risk?**
Deep tissue massage will encourage more fluid to the treated area so you may want to avoid this on your ‘at risk’ side. However, many therapists are now trained to work with people who have, or are at risk of, lymphoedema, so check with your therapist.

General massage can soothe stiffness and muscle tension, and may help you feel relaxed and less stressed.

There is no evidence to suggest that massage risks spreading cancer cells from one part of the body to another.
Will travel affect my risk?
When travelling you may want to do gentle exercises during flights or long train or car journeys, such as clenching and unclenching your fist and shrugging your shoulders to reduce the risk of swelling.

There is no evidence that air travel or cabin pressure triggers lymphoedema, or that wearing a compression sleeve (usually used by people with lymphoedema) will help to prevent swelling. In fact, an ill-fitting sleeve may cause more problems.

Can I have an injection, blood taken or blood pressure taken from the ‘at risk’ arm?
There are different opinions among healthcare professionals about using the ‘at risk’ arm for these procedures. There is no strong evidence to suggest that taking blood or taking a blood pressure reading from your ‘at risk’ arm will cause lymphoedema, but current recommendations are that the unaffected arm should be used whenever possible.

What should I do if I notice any signs of infection?
Infection (such as cellulitis, a skin infection) can damage the lymphatic system, which can increase the risk of developing lymphoedema.

If you notice a cut, graze, scratch or insect bite, keep the area clean and apply antiseptic cream, covering the area where appropriate. Contact your treatment team or GP as soon as possible if you have:

- redness or a rash
- heat
- swelling
- tenderness or pain

What should I do if I notice a swelling?
Early diagnosis of lymphoedema makes it easier to treat. Tell your treatment team or GP if you notice any:

- swelling in your arm, hand, fingers, breast or chest wall
- pain
- discomfort
- reddening of the skin

They can assess your symptoms and in many cases the breast care nurse at your hospital will be able to help and advise you about mild lymphoedema.

If you’re no longer in touch with your hospital team, talk to your GP and ask for a referral to a lymphoedema service.
If you develop lymphoedema

If you do develop lymphoedema, it should respond well to treatment and can be controlled and improved in most cases, especially if treatment is started when the symptoms are mild.

Having lymphoedema can be uncomfortable and can affect your ability to do some daily activities and sports. It can also affect your body image and self-esteem, and be a constant reminder of your breast cancer diagnosis. See the section about body image on page 49 for more information on coping with this.

If you have developed lymphoedema, you may find our booklet *Living with lymphoedema after breast cancer* useful.

**Lymphoedema organisations**

*British Lymphology Society (BLS)*
thebls.com

Directory of lymphoedema clinics in the UK and Ireland.

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*The Lymphoedema Support Network*
lymphoedema.org
020 7351 4480 (helpline)

Provides information and support to people with lymphoedema.
Effects on memory and concentration

Following cancer treatment some people find it difficult to concentrate or they feel more forgetful. This is sometimes called ‘chemo brain’ or ‘chemo fog’, although some people with cancer will have changes to their memory and concentration even if they don’t have chemotherapy. This is why your treatment team is more likely to call it cognitive impairment, cognitive dysfunction or cancer-related cognitive change.

This usually improves over time after treatment has finished, but for some people it can continue. It can be very frustrating and have a big impact on daily life.

Many people find that relaxation techniques, keeping a diary and being physically active can help. There are tips on how to get started with these things in this book. You can also find more information on our ‘Cognitive impairment’ webpage.

Bone health and osteoporosis

Bone health is important throughout life. It becomes more important as we get older or if illness or treatments increase the risk of bone problems. After the menopause, we start to lose bone strength (density) as part of the natural ageing process and this can lead to osteoporosis.

What is osteoporosis?

Osteoporosis is a condition where your bones lose density and become fragile and more likely to break (fracture). Although osteoporosis cannot be cured, treatments are available to try to keep bones strong and less likely to fracture.

How can breast cancer treatment affect bone health?

The hormone oestrogen protects against bone loss and helps to maintain bone density and strength. Some breast cancer treatments affect the amount of oestrogen in the body, which can reduce bone density.

Breast cancer treatments can increase the risk of osteoporosis in both premenopausal women (women who haven’t yet gone through the menopause) and postmenopausal women.

‘I was very disappointed to learn I had developed osteoporosis. It is in the family and I had hoped to avoid it a bit longer.’

Hedwig
Chemotherapy can affect the function of the ovaries, causing an early menopause in some women. This means less oestrogen is produced, which can reduce bone density. Women aged 45 or under whose periods have stopped for at least a year as a result of treatment may also be at risk of osteoporosis, even if their periods restart.

Research has shown that postmenopausal women may also have reduced bone density following chemotherapy.

Ovarian suppression
Ovarian suppression is when the ovaries are removed, or temporarily or permanently stopped from working. This means there’s less oestrogen in the body, which can also reduce bone density.

Tamoxifen
Tamoxifen can be given to both premenopausal and postmenopausal women. It blocks the effect of oestrogen.

In premenopausal women, taking tamoxifen may cause a slight reduction in bone density. This is unlikely to lead to osteoporosis unless ovarian suppression is given as well. However, your risk may be higher if you’re 45 or under and your periods have stopped for at least a year.

In postmenopausal women, taking tamoxifen slows down bone loss and can reduce the risk of osteoporosis.

Aromatase inhibitors
Aromatase inhibitors (including anastrozole, letrozole and exemestane) are mainly used to treat breast cancer in postmenopausal women. These drugs reduce the amount of oestrogen circulating in the body, which can reduce bone density.

Some premenopausal women have an aromatase inhibitor at the same time as ovarian suppression. Having these two treatments can reduce bone density.

The likelihood of developing osteoporosis while taking aromatase inhibitors also depends on how healthy your bones were before your breast cancer treatment.

‘[My bone density] has reduced significantly since starting anastrozole, and [I am] now on daily vitamin D and calcium supplements.’

Shamim
What can I do to maintain bone health?

A varied, balanced diet will give you the nutrients that are important for strong, healthy bones. You can find out more in the section on ‘Eating for bone health’ (see page 73).

Regular weight-bearing exercise helps to stimulate growth and strength of the bones. Weight-bearing exercise is any exercise where you support the weight of your own body – they can be high-impact or low-impact.

High-impact weight-bearing exercises include:

- running
- skipping
- aerobics
- tennis

Low-impact weight-bearing exercises include:

- walking
- dancing
- stair climbing
- cross training machines

The type of activity you do will depend on your individual needs and current abilities, such as your fitness levels, any effects of treatment or other health problems you might have. You should consult your treatment team before starting any new exercise routine, especially if you have low bone density.

As well as weight-bearing activities, aim to do muscle-strengthening activities, such as yoga, at least twice a week.

See page 74 for more information about exercise after treatment.

Drinking too much alcohol and smoking can have a damaging effect on bones.

For more information on how to keep your bones healthy, see our booklet Osteoporosis and breast cancer treatment.

Osteoporosis organisations

National Osteoporosis Society
nos.org.uk
0808 800 0035

Information and support for preventing, diagnosing and treating osteoporosis.
How can breast cancer treatment affect fertility?

Some breast cancer treatments can affect your ability to become pregnant in the future.

This can depend on your age and the type of treatment. You may have been referred to a fertility specialist before starting your breast cancer treatment to discuss the option of preserving your fertility.

Chemotherapy
Chemotherapy can affect the functioning of the ovaries, reducing the number and/or quality of eggs. This will depend on:

- the type of drugs used
- the dose given
- your age when you received chemotherapy
- your fertility before you had chemotherapy

Women over 35 having chemotherapy are more likely to lose their fertility by having an early menopause (the time when a woman stops having periods and she’s no longer able to get pregnant).

‘I had not reached the menopause but following chemo I was tested and had gone through the menopause as a result of the treatment.’

Karen

Even if you don’t go through the menopause and your periods return after chemotherapy, the menopause is still likely to happen sooner (up to 5–10 years earlier) than if you hadn’t had chemotherapy.

Hormone (endocrine) therapy
If you have been offered hormone therapy, this is usually given for five years or longer. You’ll be advised not to get pregnant while taking it as it may harm a developing baby. Because of the length of time hormone therapy is taken for, the side effects may hide the start of a natural menopause. It may only be when you finish taking it that you realise you have reached the menopause.

If you want to have children and you’re in your late 30s or early 40s, taking tamoxifen for five years or more may be an issue you want to discuss with your treatment team.
Can I still become pregnant after treatment?

It’s difficult to predict exactly how your fertility will be affected by breast cancer treatment. Generally, you should assume you could still get pregnant unless you haven’t had a period for at least a year after completing your treatment if you’re 40 or over, or two years if you’re under 40.

Even if your periods haven’t started again, you may still be producing eggs and could become pregnant. However, if your periods have returned this doesn’t necessarily mean that your fertility hasn’t been affected.

Generally, women are advised not to get pregnant while having treatment for breast cancer. This is because treatment for breast cancer can harm an unborn baby at the early stages of development.

How will I know if my fertility has been affected?

After your treatment has finished, there’s no totally reliable way of checking how it has affected your fertility.

To check if your ovaries are working, your specialist will ask about:

- your periods
- whether they’ve started again
- whether you have any menopausal symptoms

A series of blood tests to check the levels of a hormone called FSH (follicle stimulating hormone) can be taken. The results of these can show whether you have gone through the menopause. Sometimes a blood test will also be taken to check the level of a hormone called AMH (anti-mullerian hormone) as this may give more accurate information about how your ovaries are working.

You may not be able to find out straight away after your treatment has finished if you’re still fertile. For example, you may have to wait three to six months after your chemotherapy before your blood can be tested. If you’re taking tamoxifen, it may be possible to test FSH levels.

Even when fertility returns after chemotherapy, the menopause is likely to occur earlier than would usually be expected.

Pregnancy after breast cancer

For many women, deciding whether to try to get pregnant after a diagnosis of breast cancer is difficult.

Many specialists advise women to wait for at least two years before becoming pregnant. This is because the possibility of the cancer coming back can lessen over time, and you may be at greatest risk in the first two years after diagnosis. Waiting for this long may not be appropriate for every woman. If you’re thinking about getting pregnant, talk to your specialist. They can help you make an informed choice.
If you’re able to become pregnant and have a baby after your breast cancer treatment, there’s no evidence that you’re at increased risk of the cancer returning. There’s also no evidence that there are any health risks for children born after breast cancer treatment.

**Contraception after breast cancer**

If you’re sexually active with a man, it’s important to discuss contraception with your treatment team.

After a diagnosis of breast cancer, women are usually recommended to use non-hormonal methods of contraception, such as:

- condoms
- a coil (a type that doesn’t contain hormones)
- a diaphragm

Coils containing hormones, such as the Mirena and Jaydess coil, work by releasing a small amount of the female hormone progesterone. There’s limited information about the safety of these coils and breast cancer – currently, the manufacturer doesn’t recommend using them in women who have been diagnosed with a hormone receptor positive breast cancer. However, some oncologists may consider it. You can discuss this with your treatment team.

The contraceptive pill is not commonly advised after a diagnosis of breast cancer. This is because it contains hormones. The morning-after pill can be used in emergencies as it’s a single dose of hormones and unlikely to affect your breast cancer. Speak to your treatment team if you have any concerns.

**Coping with losing your fertility**

Some women who’ve had breast cancer treatment will face the possibility of permanently losing their fertility. This can be devastating and difficult to come to terms with, especially if it comes at a time when you were planning to start a family or before you have completed your family. It may change how you feel about yourself as a woman and you may feel intense grief at the loss your cancer has caused.

If this is the case for you, you may find it helpful to talk to a specialist counsellor. Your breast care nurse or oncologist may be able to arrange this for you.

You might also find it useful to talk to one of the specialist organisations listed on page 43. As well as offering emotional support they may be able to offer information on other options such as surrogacy, adoption or fostering.

Whatever your feelings, remember that you don’t have to cope on your own.
Support for people facing fertility issues

Someone Like Me
Breast Cancer Care’s Someone Like Me service may be able to put you in touch with someone who has had a similar experience. For more information see page 124.

Younger Women Together
Our Younger Women Together events include sessions relating specifically to the needs of younger women, recognising issues such as the effect of treatment on fertility. For more information see page 125.

Other organisations

Daisy Network
daisynetwork.org.uk
An organisation offering information, advice and support for women who’ve gone through an early menopause.

Fertility Network UK
fertilitynetworkuk.org
01424 732361 (infoline)
Provides support and information about fertility issues, including information and support groups for people who are involuntarily childless.

Human Fertilisation and Embryology Authority (HFEA)
hfea.gov.uk
Provides free information for anyone affected by fertility treatment.
Call our Helpline on 0808 800 6000
Keeping a diary

You can use a diary to make notes of any issues you’re having and to help you move forward.

It’s up to you how often you write in your diary, what you include and where you write it. You could use a diary, a notebook or a computer. Below are some things you may want to record. You can also share this with your GP if you’re struggling with side effects.

<table>
<thead>
<tr>
<th>Time/date</th>
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<table>
<thead>
<tr>
<th>Fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What it feels like</td>
</tr>
<tr>
<td>• How much sleep you’ve had, what time you went to sleep and when you woke</td>
</tr>
<tr>
<td>• What activities you’ve done, and whether they made it better or worse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain rating out of 10 (1 = no pain, 10 = the worst pain you’ve ever felt)</td>
</tr>
<tr>
<td>• Where you feel the pain (where the pain is, whether it’s in one or several places)</td>
</tr>
<tr>
<td>• When you feel the pain (how often pain occurs, how long it lasts and when it’s better or worse)</td>
</tr>
<tr>
<td>• What the pain feels like (a stabbing, nagging or burning sensation)</td>
</tr>
<tr>
<td>• What makes the pain worse and what relieves it</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Menopausal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any menopausal symptoms you experience (hot flushes, night sweats and vaginal dryness)</td>
</tr>
<tr>
<td>• Mood (feeling irritable, short-tempered or having more severe mood swings than usual)</td>
</tr>
<tr>
<td>• How you’re feeling (low or happy, and whether you feel like that some or all of the time)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What sort of exercise you’ve done, how long you exercised for and how difficult you found the exercise</td>
</tr>
</tbody>
</table>
You and your relationships

- Changes to the way you look and feel
- If you wear a prosthesis
- Loss of identity
- Feeling isolated
- Your relationships
- Your sex life
Breast cancer and its treatments can cause many physical and emotional changes. This can affect how you feel about yourself and your self-confidence. Your relationships may have changed, for example with your family, friends or partner. You might find your sex life is affected by the physical and emotional effects of breast cancer.

This section offers tips on getting used to your body after treatment and coping with any changes to your relationships or sex life.
Changes to the way you look and feel

Being treated for breast cancer can cause changes to your body and the way you look.

Even though many of these changes can be temporary, they can still be very upsetting and have an important effect on how you see your body, not least because they can be an outward sign of having cancer. How you feel about your body may affect how you relate to the people around you, such as your partner.

It’s natural to feel that you need to readjust to what’s been lost – whether it’s your breast (or part of your breast) following surgery, your hair if you had chemotherapy or how you thought about your body before breast cancer.

Getting used to the changes that have taken place and adjusting to life after breast cancer can take time.

People respond differently to breast cancer and its treatment, and how you feel about the changes to your body is very personal. How you felt about your body before your diagnosis and treatment may also have an effect on how you cope with and manage these changes.

‘I felt like my body had let me down. During treatment everything about me changed and I didn’t recognise myself. It’s hard to take on top of everything else. As time goes on I try and see my scars as signs of my strength but it’s not always easy.’

Beth

Changes to your body after surgery

For some women, surgery doesn’t affect how they feel about themselves, but many others find the changes more difficult to accept.

Your confidence and self-esteem can be affected and you may feel unfeminine or unattractive. Some women feel uneven or incomplete. You may feel very self-conscious, for example if you’re in a communal changing room, particularly at first. However, these initial intense feelings should lessen over time as you get more used to how you look now.
‘I don’t mind the scars that I have – they are a reminder of what I have been through and how lucky I am to be here.’

Heather

‘Initially I was self-conscious of the scar area, but now have accepted it and don’t even think about it when in the changing rooms of a pool or during a spa day where other ladies could see it.’

Kim

See our website for more tips on getting used to the changes to your body. If you continue to find looking at your body difficult or upsetting, it may help to speak to a counsellor. Your treatment team or GP should be able to arrange this. It’s common to feel anxious about your appearance after surgery and worry that your clothes won’t look the same or that people may notice a difference. However, with time, most people become more confident in knowing what works for them and what feels comfortable.

You can find tips on choosing bras, clothes and swimwear, as well as practical information about breast prostheses, in our booklet *Breast prostheses, bras and clothes after surgery*.

‘I don’t think post-surgery bras are particularly sexy. But generally I feel comfortable with my body. I work out to keep in good shape, which gives me confidence. Prosthesis or no prosthesis I think feeling fit helps.’

Zoe
'I was never one to worry about how I looked, or concentrate on my appearance so I tried to remain that way. However, it did take me a while to get used to, and to find a comfortable prosthesis, which resulted in some changes in clothing styles, as if trying to hide the top half of my body. Once I realised what I was doing, I took steps to get back into my usual casual styles, which I feel I have achieved.'

Madeleine

If you wear a prosthesis

Many women choose to wear a breast prosthesis – an artificial breast form used to restore shape when all or part of the breast has been removed.

For some women, wearing a prosthesis may be a temporary choice before reconstruction. Other women choose not (or are unable) to have breast reconstruction and find wearing a prosthesis an effective and suitable long-term choice.

Some women choose not to have a reconstruction or use a prosthesis.

It's important to wear a well-fitting, supportive bra when you're being fitted for a permanent or replacement prosthesis. The prosthesis fitter will help you choose a prosthesis that feels comfortable, gives you a good shape and is a reasonable match to your skin colour.

‘I’m happy with the shape and fit. It’s got some weight to it, which makes it feel more natural.’

Zoe

‘I have been assured many times that people can’t tell I have a fake boob. Looking natural and moving in a natural way was key.’

Caroline
Replacing your prosthesis

The NHS will replace your prosthesis when it is worn out. You can also ask for a reassessment if your prosthesis is no longer a good fit, even if it’s still in good condition. This might happen if your weight or body shape changes or if your lifestyle changes (for example, if you become more active).

‘My prosthesis was OK at the time of fitting, but has (obviously) not grown with my remaining breast, which has due to the extra 2.5 stone I have gained!’

Saba

If your prosthesis is damaged due to a manufacturing fault, you should be reassessed and given a free new one if you’re an NHS patient. If it’s damaged because you have punctured it or not followed the care instructions, you may be charged for replacing it.

The process for getting a replacement prosthesis will depend on what happens in your local area and whether you have been discharged from the breast clinic or not. You can either:

• contact your breast clinic to arrange a prosthesis reassessment and fitting
• if you no longer attend follow-up appointments ask your GP for a referral to the breast clinic or prosthesis fitter

New prosthesis styles are developed frequently, so when you need a replacement it’s a good idea to have a reassessment rather than directly replacing the one you already have.

Loss of identity

You may feel as though life as you knew it has been disrupted by the diagnosis of breast cancer and that you have lost a sense of who you are.

It’s not uncommon for people to feel their body has let them down or that they need to exert some control over their lives at a time when they feel unsure about the future and the changes in their body. During this time you may experience a number of emotions from anger and fear, to shock and disbelief.

Feeling you have lost your identity can at times affect a number of areas of your life. Finding it difficult to work and maintain relationships can add to the feelings of loss you’re experiencing. Your sexuality and how attractive you feel may also have been affected by breast surgery or menopausal symptoms caused by treatment.
Feeling isolated

If you’re struggling with a loss of identity, you may find it difficult to relate to others and for them to relate to you. Those around you may be eager for you to return to the person they knew before you were diagnosed. This in turn can make you feel very isolated and alone. You might feel the need to avoid situations where you have to deal with others’ responses to you. Many people experience these types of issues.

Tips if you’re feeling isolated:

- sharing your feelings with your healthcare team or a counsellor can help you feel more confident and comfortable with yourself
- you may find it useful to ask those close to you to read this book to help them understand the issues you may be facing – this may help you to talk to them about how you are feeling
- talking to someone else who has been through similar experiences may help you feel less isolated and learn how to cope better (see page 124)
It was hard to talk to friends and family

The end of treatment was a very strange time with a whole cocktail of emotions. I had a real sense of relief that the process was finally coming to an end, mixed with an overwhelming sense of loss, fear and isolation. The next part of my journey was going to be down to me – no longer did I have the security of regular visits, checks and professionals reassuring me that things would be OK.

During treatment my moods were fairly normal. I suppose I was just concentrating on getting better and didn’t allow myself time to dwell on things too much. Only afterwards did I start to have low moods. I cried a lot, realisation about what had happened finally kicked in, and while everyone around me was beginning to pick up and move on again I was stuck, scared and I suppose, still in shock.

The expectation that I was back to normal was certainly there. Most people wanted to celebrate and told me how wonderful it was. I think this was the time that I felt most on my own. Life was expected to be normal but I felt far from that.

It was hard to talk to friends and family, and people tend not to mention it now. I suppose to them time has moved on and I have come through it. Even now when I talk about not feeling the same since treatment or say that I feel I get tired more quickly I am met with looks that say ‘but that was three years ago’ or ‘you’re better now’, and I feel as though I’m just expected to put it all behind me and get on. I do try and most days I can but it’s not easy and never will be. I still have times when I want or need to talk about it.

My husband arranged for me to go to a local cancer charity who organised counselling sessions and for the first time I was able to pour my heart out to someone who truly understood how I was feeling. I was shown that it was OK to feel like this and that my thoughts at this stage were perfectly normal.

Things are better now. I still think about it every day, but the worry and loneliness that comes with it has lessened. My experience will always be there but it’s now part of who I am and I have to accept that.

I would tell people finishing treatment now to keep going and that things do get better over time. What you are going through is normal – it may not be the same for someone else but it’s your normal. Make the most of friend and family time and remember you are not on your own with this. Never be afraid to talk to people. Sometimes it’s better that it’s not always someone close to you. There are plenty of people out there who are happy to talk and listen.

Sarah
Your relationships

Family, friends and colleagues

The way your family, friends and colleagues respond to your diagnosis can vary considerably, and they can have a positive and negative effect on you. You may find that your relationships with your friends and family change. Your friends may have little experience of a life-threatening illness and what it means, and they may not be able to respond to your needs. Some people may react in a way that makes you feel unsupported.

‘I remember one day when I mentioned it around a year on and my friend said “but that was ages ago now”. I think because the treatment is over and the cancer has gone some people don’t realise that it’s not as simple as that. You do have bad days and feel low and it’s not easy to put it all behind you and forget it ever happened.’

Sarah

The end of treatment can be a particularly difficult time. Your family and friends may expect things to go back to how they were before your diagnosis, but you may feel differently.

‘You don’t want to talk about it all the time but during those initial months after the end of your treatment it is never very far from your mind. That can feel quite isolating.’

Heather

‘Most people expected that I would go back to normal but I didn’t know how to do that. I knew that nothing was going to feel normal again.’

Beth
Talking openly about how you feel may make it easier for the people around you to respond to your needs. Alternatively, you may choose not to talk about your breast cancer experience with those outside your immediate family or treatment team.

‘Some relationships have continued to support me but others have just disappeared. New lifelong friendships have blossomed and these people get me! They cry with me, laugh and are sometimes crazy!’

Bal

If you have children
After your treatment has finished, your children may expect their ‘old’ mum back. Make sure they have a realistic expectation about:

• your energy levels
• how involved you can be
• where you may still need their help or understanding

Continue talking with your children about your experience of breast cancer even after treatment has finished.

Children tend to be more comfortable when they know what’s happening and what to expect. You may want to talk to them about any fears they may have for you, your partner (if you have one) or their own future. The age of your children will affect how you communicate with them and their expectations of you after treatment has finished.

For more information you can order our booklet Talking with your children about breast cancer and our children’s book Mummy’s Lump.

If you have a partner
If you’re in a relationship you may find that the roles within your relationship change. Some partners become overly protective or feel they need to find out everything they can about your breast cancer. Others may cope by continuing with life as if nothing has happened.

They may have become more independent or taken on the role of carer during your treatment. Once treatment has finished your partner may have adjusted to their
new role and want to continue this way. Or they may want to revert back to how things were before or move on. However your partner responds, it’s important that you both try to talk about any concerns or fears.

‘My husband, I think, had a terribly hard time. He had to watch me go from being such an active, strong woman to becoming a much weaker person who needed help even putting on pyjamas. We had no holiday together for 18 months as a result of my diagnosis, and while everyone was rallying around me, I felt he wasn’t getting the support he needed.’

Rebecca

‘The experience of having cancer has made our relationship stronger. We dealt with the treatment with humour throughout and supported each other through it.’

Heather

If you have problems with your relationship
The quality of a relationship before breast cancer is likely to have a large bearing on how a couple copes with the experience of a diagnosis and treatment. Breast cancer may not always cause problems but it can often aggravate existing ones. If you had problems in your relationship before, these will not necessarily have gone away.

Your diagnosis will almost certainly make you re-evaluate many things in your life, including your relationship. Some people decide that they no longer want to stay in a relationship in which they are unhappy. Others may feel they need the security of their relationship even if it isn’t an entirely happy one.

Being able to talk openly about your situation can mean that together you’re able to find solutions. This may be a gradual process, but avoiding problems altogether can make them more difficult to resolve in the long term.
Your sex life

Being diagnosed and treated for breast cancer can cause changes to your sex life. How breast cancer affects you sexually will be unique to you. Any changes to your body may affect your confidence and feelings about yourself as a woman.

Loss of sexual desire, or experiencing vaginal dryness and pain are common problems that can make it more difficult to have sex.

Other side effects of treatment, such as menopausal symptoms, can also affect your sex life. For information, see the section on ‘Managing the effects of treatment’ which starts on page 17.

If you’re in a relationship, you may find your sex life changes after a breast cancer diagnosis. Or you may be worried about starting a sexual relationship with a new person in the future. All of these worries are normal and it may take time for your confidence to return and for you to feel comfortable being intimate with a partner or having sex again.

‘It did [affect our sex life] for a while – I was very aware that I only had 1 and 3/4 boobs and felt that my husband would avoid that area. It’s back to normal now, whatever normal is.’

Sarah

‘It took a long time before I felt happy being naked in front of my husband. I also didn’t really feel in the mood for sex. It is challenging and painful, so we tend to find other ways of being intimate. We have been married 20 years, and he is fine about it, but I struggle with the idea I am “letting him down” by not wanting sex.’

Nicola
Talking about sex

Some people find it difficult to talk about sex. You may feel awkward discussing it with your partner or friends. It may be the first time that you’ve really thought about the issue and what it means for you. You may also be from a background or culture in which sex is rarely talked about.

Sharing feelings with your partner, being honest and talking openly can help you understand each other. If you can explain to your partner how you feel, however awkward or difficult this is, they may be more able to respond to your needs.

Your treatment team may not mention sex or intimacy, making it harder for you to raise any questions or concerns. But your breast care nurse or GP should be able to talk to you about any issues you have or refer you to a counsellor or a therapist who deals specifically with sexual issues. You may find it useful to use our ‘Your body, your concerns’ prompt list at the end of this section to help you discuss these issues with your healthcare professional.

How your partner may react

An illness like breast cancer not only affects the life of the person diagnosed but also the lives of those who are close to them, especially partners. Couples facing cancer can feel emotional distress and when both partners are under stress, the relationship often becomes strained. However, some couples find that intimacy improves during this time.

Your partner may also face a time of readjustment following your diagnosis and treatment. How your partner responds to you sexually can be influenced to a degree by how they reacted to your breast cancer.

While some people’s sex lives may continue much as before, some partners may take on an overly protective role, which means they try to do everything for you and protect you from any further distress. They may not want to mention or initiate sex or intimacy for fear of upsetting or hurting you.

Some partners simply need time to accept what’s happened. Others cannot come to terms with their partner’s breast cancer and may emotionally push them away or even reject them, temporarily or permanently. This rejection can be particularly difficult to deal with at a time when you feel vulnerable.

Your partner may find it useful to read our booklet When your partner has breast cancer.
How future partners may react

If you’re single (not in a relationship), meeting someone new may mean telling them about your breast cancer.

Deciding when and how to do this can be difficult. You may feel there isn’t a right time to talk about it or be unable to find the words. But as you get to know someone and feel more comfortable with them, you may find it easier to talk about all aspects of your life, including your breast cancer.

When you feel the time is right they may respond in a number of ways. They can initially be shocked and take a little time to adjust to this news. They might have their own anxieties and fears around cancer and what it means to them. Or your new partner may be very accepting and recognise that your experience of breast cancer is now part of who you are.

When you start a new relationship, you and your partner will decide on the right time to be intimate for the first time. Your decision about the right time may be affected by your breast cancer diagnosis. Talking with your partner about your feelings will help.

Loss of sexual desire

Many women being treated for breast cancer find their desire for sexual contact decreases because of:

• side effects of treatment such as pain and fatigue
• changes to their body and confidence about how they look
• being unable to concentrate on anything other than the diagnosis and treatment
• finding it difficult to relate to those around them

Loss of desire can continue for many months after treatment but as time moves on this should start to improve.

Even if your sexual activity has decreased or stopped completely, you may want to maintain a level of closeness with your partner. Sexual activity can include touch and other displays of affection such as holding hands, hugging and kissing that don’t always lead to oral or penetrative sex, but still result in pleasure.
Tips for getting back to sex

When you feel ready to increase or resume sexual activity, you may want to make some time specifically for you and your partner, free from distractions. It may help to consider what you and your partner now expect from intimacy and sex.

Talk to each other
Communication with each other at this time is very important. Both of you need the opportunity to talk about how you are feeling, and to understand one another. It may help to:

- talk before you get intimate, when it could be more difficult to say how you feel
- talk somewhere that you both feel comfortable, perhaps away from the bedroom
- write down what you like about each other and practise talking about these positives

Don’t rush
Taking things slowly at first can help. Sensual and genital touching, with a partner and on your own, can help remove anxiety associated with sex and can be a helpful starting point for people resuming sexual activity.

Use lubricants or moisturisers
Using a vaginal lubricant or a vaginal moisturiser on a regular basis will ease vaginal dryness and help prevent pain.

Try new positions
The effects of your treatment may mean that you need to think about trying different sexual positions. This can be because of pain or discomfort or because you don’t want the focus to be on a particular part of your body.

Change the focus
If having your breasts stimulated was an important part of your sex life, you and your partner may want to change your focus to other areas of the body and explore other areas sensitive to sexual stimulation (erogenous areas). Some women find sex toys, such as vibrators and clitoral stimulators, helpful in finding out more about what gives pleasure.

Our webpages on sex and intimacy have more information and tips on sex and intimacy after breast cancer treatment.
Further support

Someone Like Me
Breast Cancer Care’s Someone Like Me service may be able to put you in touch with someone who has experience of the issues you’re facing – whether it’s struggling with relationships old or new, or other concerns.

For more information see page 124, call 0345 077 1893 or email someoneilikeme@breastcancercare.org.uk

Other organisations

College of sexual and relationship therapists (COSRT)
cosrt.org.uk

The national specialist charity for sexual and relationship therapy.

FPA pleasure
fpapleasure.co.uk

The sexual health charity has information, advice and opinion pieces covering topics such as sexual pleasure and wellbeing, and talking with your partner about sex.

Relate
relate.org.uk
Tel: 0300 100 1234

Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website.
Your body, your concerns

A prompt list for discussion

Talking about changes to your body, sex and intimacy can be difficult. But addressing your concerns is an important part of your breast cancer treatment and care.

This list may help you discuss these topics with your healthcare professional (perhaps your breast care nurse or GP) or in a phone call with Breast Cancer Care’s Helpline.

Tick the topics you would like to discuss, ask for more information on, or find specialist services about. Have the list with you when you talk to your healthcare professional. You may also want to make a list of the treatments you’ve had or are having.

I want to talk about or be directed to relevant information or specialist services for the issues I have ticked.

Changes to my body and how I feel about my body

☐ Operation scars
☐ Reconstruction
☐ Radiotherapy skin changes
☐ Prostheses, bras, clothes and swimwear
☐ Menopausal symptoms
☐ Lymphoedema
☐ Hair loss/hair regrowth
☐ Weight gain/weight loss
☐ Regaining confidence in my appearance

Intimacy after breast cancer – physical issues

☐ Vaginal dryness/discomfort or pain during intercourse
☐ Pain, numbness and sensitivity after surgery
☐ Contraception (compatible with my breast cancer treatment)
☐ Loss of desire
☐ Changes to how I experience orgasm
☐ Low energy (fatigue)
Intimacy after breast cancer – emotional issues

- Worries about starting a new relationship
- Changes in my relationship with my partner after breast cancer
- Accessing relationship counselling or sex therapy
- Support or information for my partner
- Coping with the loss of my fertility and its impact on my relationship
- Low mood/depression

Any other issues about my body and intimacy ________________________________

______________________________

______________________________

______________________________
Your wellbeing

• Looking after your wellbeing
• Healthy eating
• Physical activity
• Emotional wellbeing
• When to ask for support
• Complementary therapies and relaxation techniques
Being diagnosed and treated for breast cancer can have an effect on your wellbeing. You may need to do more to look after yourself physically and emotionally after treatment finishes.

This section outlines how diagnosis and treatment for breast cancer can affect your wellbeing and the different things you can do to help improve it.
Looking after your wellbeing

The term ‘wellbeing’ can mean different things to different people, but it might be described as feeling content, physically and emotionally well, or having a sense of control. Breast cancer and its treatment can affect your wellbeing.

Your experience of having breast cancer can make you want to focus on different aspects of your physical and emotional wellbeing. For example, you may decide to pay more attention to the food you eat or make time to do something you enjoy or that will help you relax. If you’ve put on weight as a result of treatment, you may now want to start or return to regular exercise.

You may feel that now your hospital-based treatment has finished, you should be able to move on with your life, but instead you’re still experiencing many different emotions. You may feel upset more frequently or have difficulty relaxing. It can take a long time to get used to the changes that have taken place and to adjust to life after breast cancer.

You might want to talk to someone in your treatment team (your breast care nurse, oncologist or surgeon) or your GP if you have any concerns about your physical or emotional wellbeing after breast cancer treatment.

Healthy eating

Eating healthily is important for everyone, but when you’ve had breast cancer you can become even more aware of what you eat and drink. You may have experienced a loss or increase in appetite or your tastes may have changed during treatment. You may have put on weight or want to find out if diet can play a role in your recovery and future health. Being a healthy weight can reduce the risk of the cancer coming back.

What is a healthy diet?

To eat healthily, try to eat a variety of foods from each of the four main food groups every day. The Eatwell Guide shows the different types of foods you should eat and in what proportions. It recommends that you:

- eat at least five portions of a variety of fruit and vegetables a day
- base meals on potatoes, bread, rice, pasta or other starchy carbohydrates – choose wholegrain where possible
- have some dairy or dairy alternatives (such as soya drinks and yoghurts) – choose lower-fat and lower-sugar options
- eat some beans, pulses, fish, eggs, meat and other protein – if you eat fish, aim for at least two portions every week, one of which should be oily, such as salmon or mackerel
In addition to this, you should:

- eat less foods that are high in sugar
- choose unsaturated oils and spreads and use in small amounts
- avoid eating foods that are high in salt or fat too often
- try to limit alcohol as much as possible – see ‘Alcohol’ opposite

Eating healthily doesn’t mean you can’t have any of the foods or drinks you enjoy that might not be considered healthy, such as those high in fat, salt and sugar. If you follow the advice on the Eatwell Guide you can still enjoy these from time to time, it’s just about making sure you get the balance right.

**Supplements and herbal products**

Some supplements have the potential to do harm as well as good. Talk to a dietitian or your treatment team before taking them. In some situations your GP may prescribe supplements, for example if your bone health has been affected they may prescribe a calcium or vitamin D supplement.

Some people wonder whether certain herbal products might help, for example with the side effects of treatment. However, there’s conflicting evidence about the safety or effectiveness of some herbal products, and some may affect how certain cancer treatments work. Talk to your treatment team, GP, a dietitian or pharmacist before taking them.
Alcohol

Studies have shown drinking alcohol increases the risk of getting breast cancer. It’s less clear if drinking alcohol affects the prognosis (outlook) of breast cancer.

NICE (National Institute for Health and Care Excellence) recommends that people who’ve had breast cancer limit their alcohol intake to below five units per week.

You can find out how many units are in your drinks by using an online unit calculator. As a general guide:

- half a pint of average-strength (4%) beer = 1 unit
- a 175ml glass of wine (12.5%) = 2 units
- a single 25ml measure of spirits (40%) = 1 unit

It’s worth bearing in mind that alcohol is also high in calories.

You can find out more about the recommendations on the NICE website nice.org.uk

If you’ve put on weight

We usually put on weight when the amount of calories we eat is more than the amount of calories we burn through normal everyday activities and exercise.

Some people put on weight during and after treatment, which can be distressing. This may be due to:

- the side effects of some drugs, which can increase appetite
- the body retaining fluid
- being less active than usual
- overeating when you’re anxious or because your usual routine has changed
- the menopause (as a result of your treatment)

It can be helpful to speak with your GP or practice nurse. They can assess if your current weight is healthy.

‘Since taking tamoxifen I have found it’s easier to put on weight so it is something I am more aware of now.’

Sarah
How to lose weight safely

The only way to lose weight healthily and keep it off is to make some permanent changes to the way you eat and exercise.

Aim for a realistic weight loss of about 0.5–1kg (1–2 pounds) a week until you reach your ideal healthy weight. Some people find the support from a local weight loss scheme or club helpful.

The following tips may help.

Do some regular exercise – see page 76 for tips

Reduce your portion sizes

Eat lots of fruit and veg
Aim for five portions a day.

Choose wholegrain
Wholegrain varieties of bread, pasta and cereals are higher in fibre and can leave you fuller for longer.

Use lower-fat options
Use lower-fat dairy foods, such as skimmed or semi-skimmed milk or lower-fat cheese such as feta, reduced-fat cheddar or cottage cheese. Go for lean cuts of meat and trim off as much fat as possible.

Cut down on unhealthy food and drink
Try to limit unhealthy snacks such as biscuits, cakes, chocolate, crisps and sugary drinks. Be careful when eating out and remember that takeaways can be high in fat and calories.

‘I am much more conscious about what I eat. I started to keep a food diary, and that enabled me to cut out some of the junk.’

Catriona

Drink less alcohol
Alcoholic drinks tend to be high in calories and have little nutritional value.

See our website and blogs for more tips on maintaining a healthy weight.
If you’ve lost weight

If you’ve lost weight during your treatment, some simple changes to your diet can help. To put on weight in a healthy way, you need to eat more calories and more protein. Aim to eat three meals and some snacks throughout the day, based on the Eatwell Guide (page 70).

Have more of the protein-rich foods such as lean cuts of meat, fish, eggs and nuts, and include healthy fats such as avocados, olive or rapeseed oil, and unsalted peanut butter.

Your GP can prescribe high-protein or high-energy drinks and soups if you need extra help to gain weight, or they may refer you to a dietitian.

Eating for bone health

Some breast cancer treatments, such as chemotherapy or hormone therapy, can affect your bone health (see page 37) and affect your risk of osteopenia or osteoporosis, conditions that affect the bones.

Having enough calcium in your diet is vital for healthy bones. Good sources of calcium include:

- milk and dairy products (including low-fat varieties) such as yoghurt, fromage frais and cheese
- calcium-fortified breakfast cereals
- dried fruit such as apricots and figs
- fish with edible bones such as anchovies, sardines, pilchards and whitebait
- green leafy vegetables like broccoli, watercress and kale
- pulses, beans and seeds such as kidney beans, green beans, baked beans and tofu
- nuts and seeds such as almonds, brazil nuts, hazelnuts and sesame seeds
- okra

Some women choose to follow a dairy-free diet after a diagnosis of breast cancer. However, there’s no good evidence that this reduces the risk of breast cancer recurrence. If you do follow a dairy-free diet it’s important it includes lots of non-dairy foods that contain calcium so your body is still getting the calcium it needs.

Vitamin D is needed to help your body absorb calcium. The main source of vitamin D is sunlight. You can also get vitamin D from some foods. Good food sources of vitamin D include:

- margarine
- low-fat spreads
- egg yolks
- oily fish such as herrings and sardines
- cod liver oil
- vitamin D-fortified breakfast cereals

Your treatment team or GP may recommend a calcium or vitamin D supplement.
What are special ‘cancer diets’?

Some people who’ve had breast cancer consider following a special diet. This may be because they believe it could reduce the risk of cancer coming back (recurrence).

These diets often encourage eating or avoiding certain types of food. There’s no good evidence to show that they reduce the risk of breast cancer recurrence. Evidence shows that maintaining a healthy weight, exercising and eating a balanced diet have benefits for people who’ve had breast cancer.

Special diets can often be very restrictive, expensive and can sometimes lead to a lack of nutrients.

If you’re thinking about changing your diet or want to find out more about different diets, you may find it helpful to talk to your treatment team or a dietitian.

Our **Diet and breast cancer** booklet has more information on healthy eating after breast cancer treatment.

Physical activity

Being physically active during and after treatment for breast cancer can be difficult, especially if you have side effects such as fatigue, or you feel unwell. But regular physical activity has many benefits, and there’s evidence to show that being active and maintaining a healthy weight after treatment may reduce the risk of breast cancer coming back.

Regular physical activity can also:

- help avoid or reduce some side effects of cancer treatment – such as fatigue, weight gain, osteoporosis and lymphoedema
- improve your long-term health, reducing the risk of heart attacks and strokes
- help your mental wellbeing by reducing anxiety, stress, depression and improving your overall mood
- prevent or reduce the loss of muscle tone and aerobic fitness that can happen during treatment

Before you start any exercise, discuss it with your treatment team or GP, and then begin gently and build up gradually. If you’ve had reconstruction surgery, check with your treatment team when you can start exercising and which exercises are safe.
’I have always been an active person, but my energy levels are most definitely lower. The sweats and flushes certainly do not help during exercise... I find it harder to try and exert myself. Since I had chemotherapy I do find I cannot run the same as I get a bit more breathless.’

Suzie

’I exercise more since treatment. I started jogging, which is something I hadn’t done before, and I’m trying to do regular 5k park runs.’

Beth
How much exercise should I do?

It’s recommended that adults should do at least 150 minutes (2 hours 30 minutes) of moderate-intensity activity a week. Moderate-intensity activity should make your heart beat faster. You’ll feel warmer and breathe slightly harder, but you should still be able to hold a conversation. This may feel daunting to begin with, but you can split this however you like and build up gradually. For example, you could do 30 minutes of activity on five days a week, or if you want to do shorter periods of activity, you could do 10 minutes three times a day on each of these days. You should build up to this amount gradually, especially if you’re not used to exercising.

‘I exercised heavily before diagnosis and during treatment got out of this... Since finishing treatment, I have got back into exercise, but not as heavily as I was before.’

Liz

Any amount of activity is better than none; if you struggle to do 150 minutes, start by trying to reduce the time you spend sitting down or being inactive.

As well as this, aim to do muscle-strengthening activities at least twice a week (see opposite). These activities can help strengthen your muscles after treatment.

What type of activity should I do?

Moderate-intensity activities

Examples of moderate-intensity activities are:

- brisk walking
- cycling
- hiking or hill walking
- water aerobics or swimming
- gardening or housework
- dancing

A combination of different types of activity can be more interesting, and will exercise different parts of your body. There are many ways to include physical activity in your daily routine.
If you enjoy walking, try to increase the amount of time you walk for and the number of times you walk each day. You could also try increasing your pace as your energy returns. A pedometer app for your phone or a step counter can help you monitor your progress.

There’s lots of technology and apps available, including many that are aimed at beginners if you are new to exercise.

The following can also help to increase your activity levels:

- energetic housework
- if you drive to work or the shops, park your car a little further away and walk the rest
- get off the bus a stop earlier than you need to and walk
- use the stairs instead of taking the lift
- try to sit less and stand more, for example when talking on the phone

Setting realistic goals and keeping a record of how much activity you do may help you stay motivated.

‘I tried to walk regularly during treatment. I was lucky that we have a treadmill so even on days when I wasn’t up to going out I would walk on the treadmill and I think it helped a lot.’

Beth

‘I haven’t been able to go back to a class (aerobics, for example) because I feel… that the enclosed room will be too stifling and hot… I have always walked but now I walk more often or further.’

Madeleine

**Muscle-strengthening activities**

Muscle-strengthening activities include:

- sitting to standing
- squats
- press-ups against the wall
- lifting light weights, such as tins of food or small bottles of water
- gardening
- activities that involve stepping and jumping such as dancing
- using fitness equipment such as a static bike or cross trainer
- yoga or Pilates
Research suggests there may be benefits to practising yoga after a breast cancer diagnosis.

Ask someone in your treatment team for advice on when you can begin doing muscle-strengthening activities.

**Physical activity if you have osteoporosis**

If you’ve been diagnosed with osteoporosis, avoid high-impact exercises such as jumping, running, jogging or skipping. A special exercise programme may be recommended if you’re at high risk of fracture (breaking a bone). Ask your treatment team for advice.

The National Osteoporosis Society suggests that swimming, gardening, walking and tai chi can all help you keep fit and reduce your risk of fractures.

**Physical activity if you have lymphoedema**

It’s thought that exercise doesn’t cause or worsen lymphoedema and may even lessen symptoms. The type of exercise that’s best for you depends on the severity and cause of your lymphoedema and whether you have any other medical conditions.

There is ongoing research into types of exercise for people with lymphoedema. However, Pilates, yoga, tai chi, chi gung and swimming can all be of benefit.

Ask your lymphoedema specialist or breast care nurse for advice. Deep breathing exercises can also help to improve the flow of lymph fluid through the veins and lymph vessels.

If you have been fitted with a compression garment you should wear it while exercising as it can help increase lymph and blood flow. You don’t usually need to wear the compression garment when swimming, because water will naturally put pressure on your arm.
The gym was a major milestone in my recovery

When I was diagnosed I did feel let down by my body. Before diagnosis, I ate well, ran marathons, didn’t drink much, didn’t smoke, slept well and took care of my body – but I still got cancer.

I really struggled with the chemo. The first week in particular. After each session I’d feel sick as a dog and even walking down the stairs to the kitchen felt like as much exercise as I could cope with.

But I was determined to keep up with exercise. It was really important to me, partly to keep up my fitness levels, and partly because I had (and still have) a fantastic group of gym buddies I train with.

I started seeing a physio as soon as I was able, and explained to her what my goals were. She was brilliant at giving me exercises that would push me back to a modified version of my pre-diagnosis fitness regime. I’m delighted to say that, with a few adjustments, I was back to training with my gym buddies pretty quickly. The first time I got back into the gym with them was one of the major milestones of my recovery, both physically and mentally.

Persevering with the exercise has categorically helped, both in terms of keeping on top of my fatigue, and feeling like I’m regaining some control over my body. During treatment it was like I became two people: the ‘Original Me’, who was strong and healthy, and the ‘Cancer Me’, who appeared without invitation, and kept interfering with my life.

‘Cancer Me’ has been running the show for nearly a year, but, bit by bit, I’m fighting back. And with the counselling, nutritional and wellbeing advice I have received from some wonderful people, it feels like a refurbished and improved version of ‘Original Me’ is steadily regaining control.

Rebecca
Emotional wellbeing

Dealing with stress and anxiety

After a diagnosis of breast cancer, you may feel more stressed or anxious than usual. Some people may experience anxiety for the first time.

‘I don’t deal with stress as well as I used to and I get stressed far more easily.’

Corrine

Stress and anxiety can make you feel nervous, worried and tense. These feelings can range from being a bit uneasy to a continuing sense of dread and sometimes you may feel panicky and frightened.

Stress and anxiety can cause:

- a change in appetite
- sleep disruption
- muscle tension
- tightness in the chest
- a racing heart rate
- difficulty concentrating
- feeling more irritable than usual

In some cases anxiety can become so overwhelming that it leads to panic attacks, causing further fear and worry.

If you’re finding it difficult to move on after treatment has finished, you might want to talk to someone about how you’re feeling. This could be someone in your treatment team or your GP, who can advise you if more specialist help would be beneficial.

Talking to someone who has had a similar experience may also help. You can do this through a local support group or with Breast Cancer Care’s Someone Like Me service (see page 124).

There are various techniques and talking therapies specifically designed to help you cope at a difficult time.

Distraction
This involves learning to focus on the things around you, or a hobby or interest, so that you can shut out negative thoughts.

Relaxation, visualisation and meditation
These can be used separately or together to reduce stress and tension, relax the mind and body and help improve wellbeing.
Counselling
One-to-one counselling takes place in a private and confidential setting. You will be able to explore feelings such as anger, anxiety and grief, which can be related to your cancer diagnosis, making them easier to understand and cope with.

Cognitive behavioural therapy (CBT)
This is a type of talking therapy that can help you to change patterns of thinking and behaviour that may be stopping you from moving forward. Unlike some techniques, it focuses on problems and difficulties you’re having in the ‘here and now’. Instead of exploring causes of your distress or symptoms in the past, it looks for ways to improve your state of mind in the present.

If you think you might benefit from these techniques, your breast care nurse or GP may be able to advise you on how to access them. You can also visit the Anxiety UK website anxietyuk.org.uk or call their helpline on 03444 775 774.

Complementary therapies, relaxation techniques and activities such as yoga can reduce stress and improve your mood. See page 86 for more information.

‘The anxiety did become a serious problem so I got help from my GP with antidepressants and a counsellor to talk to. I also talked to my husband and my two closest friends about how I felt. It really helped to have that extra support and to not carry all my worries on my shoulders.’

Carol

Be more mindful
‘Mindfulness’ is a recent health buzzword. But there’s evidence that being more mindful – that is, paying more attention to the present moment – can improve mental wellbeing. There are plenty of ways to get started. Try a mindfulness app like Headspace or a website like Kara, which contains a range of guided mindfulness meditations designed to support people affected by cancer. Mindfulness colouring books have been popular for a while, or search for ‘guided meditation’ videos on YouTube.

This tip comes from our free BECCA app. See page 124 for more information.
Low mood and depression

Most people experience some low mood and sadness after treatment for breast cancer.

‘Low mood comes with the territory and so you have to find the pick-me-ups no matter how random or ridiculous. For me it was Pop Tarts and episodes of NCIS and that always cheered me up.’

Caroline

‘Some days I just feel incredibly low for no conceivable reason and that’s difficult to deal with, especially if it’s say a weekend when I should be enjoying the time off with my husband.’

Sarah

Low mood usually improves after a few days, but if it doesn’t then you could have depression. Depression is a common condition that can have a broad range of symptoms, from feeling continuously low in spirits to having no will to live.

Some people become depressed because of the impact of breast cancer, such as dealing with the shock of diagnosis, ongoing physical effects or uncertainty about the future. This can happen at any stage during diagnosis and treatment, or after treatment has finished. It can be made worse by having fewer hospital trips or none at all because you may miss the reassurance of being seen by your treatment team. People close to you may expect you to carry on with the life you had before breast cancer.

Depression can be a normal response to trauma and a way of coping, but as you adjust to what has happened, you will gain energy and your mood should improve.
When to ask for support

If negative thoughts are interfering with your life and don’t go away within a few weeks or keep coming back, it’s important to ask for support.

You don’t have to ignore these feelings and struggle on. Realising that there is a problem and getting help is the most important thing you can do.

Tell your treatment team or GP if you or the people close to you are worried because you have any of the following signs:

• loss of enjoyment and interest in everyday things and experiences
• loss of interest in your appearance
• persistent thoughts such as ‘I can’t be bothered’ or ‘what’s the point?’
• withdrawing from others (not going out or socialising)
• feeling more tearful and irritable than usual
• difficulty concentrating
• difficulty sleeping or wanting to sleep all the time
• loss of appetite or overeating
• feeling very low in mood or even suicidal

Your GP or treatment team can refer you to a counsellor, psychiatrist or psychologist for help and support.

There’s nothing to be ashamed of in admitting that you’re feeling depressed or finding it hard to cope, and that you need professional help. Some people find it particularly hard to seek professional advice but it can help to relieve these symptoms and allow you to regain control of your life.

What might help?

Anxiety and depression are natural reactions to the experience of breast cancer. Emotional support from your family and friends and healthcare professionals can help at this time.

Talking therapies
Professional support such as counselling or cognitive behavioural therapy (see page 81) can also be of benefit and your treatment team or GP will be able to direct you to services in your area.

Antidepressants
Antidepressant drugs may be recommended to treat symptoms of depression. It usually takes up to six weeks before you notice the effects and start to feel an improvement in mood, although it may take longer to feel the full benefits. Antidepressants can be an extra support during a particularly difficult time.
‘Initially when I started on tamoxifen I could not understand why I was shouting a lot at home at my family and getting very angry. I went to the doctors as I felt out of control... They put me on a mild antidepressant. After a month it was like night and day – what a relief I was back to my normal self.’

Suzie

Talking to other people

Our Someone Like Me service can put you in touch with a trained volunteer who has been through similar experiences to you. They are there to listen to your concerns and share their experiences. You can talk with them over the phone or by email if you prefer. Visit breastcancercare.org.uk/someonelikeme

You can call our Helpline on 0808 800 6000 for information and support. Alternatively, you can email a Breast Cancer Care nurse through the Ask Our Nurse email service on our website. All emails are treated confidentially. Visit breastcancercare.org.uk/aon to submit a short form that includes your question. You can also ask our nurses any questions you like through the Ask Our Nurses section of our Forum (forum.breastcancercare.org.uk)

Joining a cancer support group to meet others with a similar experience may be helpful. You can search for support groups near you on the Macmillan Cancer Support website.

Other sources of support

Samaritans provides confidential, non-judgemental emotional support, 24 hours a day, for people experiencing feelings of distress or despair. You can call them on 116 123 or email jo@samaritans.org

You can find more information about stress, anxiety and depression on the NHS website nhs.uk On this site you can also visit Moodzone, which offers tips for relaxation and relieving stress.

The Mental Health Foundation has more information on talking therapies that you may find helpful. See page 88 for more details.
Talking helped put my thoughts in perspective

During treatment I had a couple of low days when I was feeling particularly sick but, because I had so many friends and family around me, I didn’t find it too difficult to cope with.

I really struggled after the radiotherapy finished. I was fatigued, I was trying to work full time, and suddenly I wasn’t receiving the daily contact with the medical teams looking after me, which I’d come to rely on so much.

I wasn’t hitting it right, so I sought help. I got myself a counsellor and joined a couple of support groups. It’s really helped me come to terms with the fact that I wasn’t just fighting a tummy bug or flu: I had cancer, and I need to give myself time to process that.

I have an ongoing baseline thought about the cancer coming back and I think in some ways it has become more noticeable since treatment finished, perhaps because I’m no longer consumed by that on a day-to-day basis. It’s only through speaking with other people who’ve had cancer, and my counsellor, that I am able to put these thoughts into perspective.

My advice would be: don’t beat yourself up. Take time to figure out what would help you feel better, or at least serve as a good distraction, and have no hesitation in asking for help and getting it.

Rebecca
Complementary therapies and relaxation techniques

Complementary therapies are used alongside conventional breast cancer treatments (treatments that have been approved for use in medical practice, such as chemotherapy or radiotherapy).

Complementary therapies are different from alternative therapies, which are used instead of conventional treatments.

Complementary therapies are thought to have a range of benefits for people with breast cancer. They can give you comfort and help you feel more relaxed when coming to terms with the physical and emotional effects of breast cancer and its treatment. Some people believe they help with the side effects of breast cancer and treatment. For others, it’s just about taking time to do something for themselves and feeling more in control.

However, there’s little reliable research into complementary therapies, so it’s hard to judge how useful they are. Your treatment team may advise you to avoid certain complementary therapies if there’s a chance they may affect how well your breast cancer treatment works.

If you want to have a complementary therapy, speak to your treatment team first.

Types of complementary therapy

Popular types of complementary therapies include:

- acupuncture
- acupressure and shiatsu
- aromatherapy
- healing and energy therapies
- hypnotherapy
- massage
- reflexology

Relaxation techniques

Relaxation techniques such as meditation and mindfulness are designed to help you reach a relaxed and focused state of mind. They can help you cope better with stress, anxiety and depression, and improve your mood. Some people also find they help with physical side effects such as fatigue.
Yoga, tai chi and chi gung

Yoga is an ancient form of exercise that uses a combination of stretching, breathing and sometimes meditation.

Tai chi and chi gung are ancient forms of Chinese exercise that combine gentle movements with breathing exercises.

Practising yoga, tai chi or chi gung may be useful for fatigue, pain, anxiety and depression.

For more information, see our Complementary therapies, relaxation and wellbeing booklet.
Other organisations

Anxiety UK
anxietyuk.org.uk
08444 775 774

Provides information and support to people with anxiety through a range of services, including one-to-one therapy.

Breast Cancer Haven
breastcancerhaven.org.uk

Provides support, information and complementary therapies to help anyone affected by breast cancer.

Macmillan Cancer Support
macmillan.org.uk
0808 808 00 00

Macmillan Cancer Support provides practical, medical, emotional and financial support to people living with cancer, and their carers and families.

Maggie’s Centres
maggiescentres.org
0300 123 1801

Maggie’s provides free practical, emotional and social support to people with cancer and their family and friends.

Mental Health Foundation
mentalhealth.org.uk

Provides information, carries out research and campaigns, and works to improve services for anyone affected by mental health problems.
Mind
mind.org.uk
0300 123 3393

For people who are concerned about their mental and emotional health. Its services include a confidential helpline, drop-in centres, counselling and a range of publications offering coping strategies for life.

Samaritans
samaritans.org
116 123 (free helpline)

Provides confidential, non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair.
Finances, work and practical issues

• How breast cancer can affect you financially
• Working after breast cancer
• Travelling abroad
Breast cancer can cause financial and practical issues during and after treatment. You may have concerns about money, going back to work or travelling abroad.

This section outlines some of the issues you may face. It also suggests possible sources of help and support.
How breast cancer can affect you financially

When you’re dealing with the physical and emotional effects of having breast cancer, money might be the last thing on your mind. But being diagnosed with breast cancer can have a financial impact you may not be aware of straight away. For example, you may have to take time off work or reduce your hours, or have to pay increased childcare costs or meet the cost of travelling to hospital.

The benefits system can be complicated and often changes. Therefore, rather than explaining different benefits in detail, we have suggested where you can go to get up-to-date and expert advice.

Health costs

Prescription charges
In Wales, Scotland and Northern Ireland, prescription charges have been abolished.

People in England being treated for cancer are entitled to all their prescriptions free of charge. To show you’re eligible for free prescriptions you need to apply for an exemption certificate (FP92A) from your GP or hospital. The certificate means that you will not have to pay any charges for prescriptions for five years.

You can renew your application after five years if you’re still having treatment for:

• cancer (includes tamoxifen or other hormone therapies, and lymphoedema garments)
• the effects of cancer (includes pain relief and effects directly related to cancer that did not exist before the cancer diagnosis, such as a change in mental health)
• the side effects of cancer treatment (includes all side effects of chemotherapy or late effects caused by radiotherapy)

If you have to pay a prescription charge while you’re still waiting for your exemption certificate, you should ask the dispenser for an NHS receipt (FP57) when you pay. You will then be able to get a refund later.

See nhsbsa.nhs.uk/help-nhs-prescription-costs for more information.

People aged 60 and over do not have to pay NHS prescription charges in England and do not need to apply for the certificate.
Paying for a breast prosthesis
NHS patients do not have to pay for their prostheses. Your prosthesis will have a guarantee but most prostheses will last longer than the period of the guarantee. The NHS will replace your prosthesis when it is worn out.

If you had your surgery privately, ask your insurance company if they cover the cost of future replacement prostheses. If they don’t, you can ask your GP to refer you to an NHS breast clinic or prosthesis fitter to be fitted with a free replacement.

For more information see our booklet *Breast prostheses, bras and clothes after surgery*.

Financial help and benefits

Statutory Sick Pay
If you’re employed and become sick you’ll probably be entitled to Statutory Sick Pay for up to 28 weeks if you earn enough to pay National Insurance contributions.

As part of your contract, your employer may also be required to pay you your normal salary for a number of weeks or months. Check your contract or talk to your human resources (HR) department to find out about this.

Who can claim benefits?
Many people with breast cancer don’t claim benefits because they’re unaware of what they’re entitled to, are too embarrassed to ask for help or find the system complicated.

Whether you’re entitled to certain benefits depends on your individual circumstances.

Several factors are taken into account when assessing whether or not you’re eligible for benefits. They include your age, how much National Insurance you’ve paid and how long you’ve been ill.

Some benefits are paid in addition to other benefits or other income you already receive, to top up your income to a minimum level. These are called means-tested benefits and depend on your circumstances, income and savings.
Finding out what you may be entitled to
As the benefit system can be confusing, specialist help with financial issues is available for anyone with a diagnosis of cancer. Some hospitals have welfare advisers and social workers. Talk to someone in your treatment team or your GP who can refer you.

Macmillan Cancer Support
Macmillan Cancer Support produces a booklet called Help with the cost of cancer. This outlines the benefits and financial help available to people affected by cancer, as well as information on benefits available for carers, help with housing costs, children’s needs and transport. You can order a free copy from their website be.macmillan.org.uk or by calling their helpline on 0808 808 00 00.

You can also call their helpline to speak to a welfare rights adviser, who can provide information about benefits for people affected by cancer and their families and carers. They can also help you fill out benefit claim forms.

GOV.UK
You can find out more about benefits on the government information website gov.uk
To get an estimate of what benefits and tax credits you could get, and find out about claiming specific benefits, go to gov.uk/benefits-calculators

Citizens Advice (CA)
Citizens Advice is a good place to go for general guidance about benefits. You can find information on their website citizensadvice.org.uk, where you can also download factsheets about specific benefits and find your local Citizens Advice.

Age UK
Age UK can offer advice on a wide range of benefits. Visit their website ageuk.org.uk or call 0800 169 2081.
Working after breast cancer

Your rights at work

People with cancer are protected at work by the Equality Act 2010. The Equality Act (which replaced the Disability Discrimination Act in England, Scotland and Wales) protects employees from being discriminated against because of their disability. For the purposes of the Act, anyone who has or has had cancer is classed as disabled.

Employers are required to make reasonable adjustments to help employees continue to work, return to work, and have time off for medical appointments or continued treatment and recovery. You can find more detailed information about your rights at work on the Macmillan Cancer Support website.

The Disability Discrimination Act (DDA) continues to protect people living in Northern Ireland.

Returning to work

If you took time off or reduced your working hours during your breast cancer treatment, when and whether you decide to return to work will depend to some extent on what your job involves and your financial situation.

If your job is physically or mentally stressful, you may need a longer period of time off before you feel ready to return.

‘My employer and colleagues were very supportive but I found it very difficult going back to work initially. I felt like I was supposedly going back to normal when nothing about me felt normal. It was hard getting back into a routine and adjusting especially when still having side effects of treatment, but the phased return helped.’

Beth

Returning to work after a breast cancer diagnosis can be a very positive step and may help some people move forward by maintaining or regaining some normality. However, many people feel disappointed or frustrated that it isn’t as easy as they had imagined. This may be because you are experiencing side effects from your treatment such as fatigue, or are adjusting to life after a cancer diagnosis and the emotional changes this can bring.
‘I went straight back to normal hours after my treatment had ended. My employer is very supportive and understands that some days I’m maybe not feeling myself and not to worry if I’m a bit quiet… With hindsight I think I should have taken more time off and given myself a bit more time to recover properly.’

Sarah

‘I have now been back at work for a year and have good days and bad. Chemo brain is slowly fading and my short-term memory, which was almost non-existent during and immediately after treatment, is improving, along with my confidence.’

Saba

It can be helpful to discuss returning to work with your treatment team, occupational health or human resources (HR) department and your manager. A phased return to work can help you gradually adjust to your normal working pattern. You might like to seek external advice before discussing this and take someone along with you to the meetings.

Do I have to tell my employer about my cancer?

You don’t have to tell your employer any details of your diagnosis and treatment if you don’t want to.

How much information you give about your breast cancer to those involved with your return to work is a personal decision. You also have the right for any information given to be kept private and only discussed with other people with your permission.

Your employer has a duty to make reasonable adjustments to your role or your working environment to help you do your job. If you don’t tell them about your diagnosis and treatment, it may be difficult for them to know what adjustments to make.
I lost my confidence at work

I was very open about both my diagnosis and my treatment to my colleagues and I was very lucky to have both a supportive employer and team.

There was no pressure put upon me to come back before I was ready, but it was very important that I felt ‘normal’ and I didn’t want to hide away. My employer was happy for me to work as much or as little as I needed when I initially came back.

Having worked throughout my treatment I didn’t expect to have any issues returning to work. However, for the first few weeks I lost my confidence and felt very isolated.

To my colleagues I looked completely ‘normal’ but mentally I was still coming to terms with what I had been through. Despite working throughout I wasn’t as up to date and felt that I was out of touch with things that had been happening while I was having treatment.

My boss left within weeks of me coming back to work and I applied for the role. However, I felt so under-confident that I nearly withdrew from the process. One of my colleagues was very supportive, listened to my concerns and gave me the confidence to continue. With hindsight moving into a new role so soon after my treatment ended helped me with moving on.’

Heather
Do I have to tell a new employer about my diagnosis?

Many people worry that giving information about their cancer diagnosis when applying for a new job may affect their chances of success. If you are being or have been treated for breast cancer, the Equality Act 2010 protects you against any discrimination relating to employment – including during the recruitment process. Under the Equality Act, employers are not permitted to ask questions about candidates’ health during the recruitment process. This includes asking if you have a disability.

An employer can ask for information regarding your health if it is relevant to the job or is to be used as part of equal opportunities monitoring.

Once you’ve been offered a job, an employer can then ask for information about your health. If you’re asked directly it’s important you answer truthfully. Giving false or incomplete information could mislead your employer. However, if they decided to withdraw the job offer, this must be done for reasons that are non-discriminatory.

If you feel like you have been discriminated against at work because of your breast cancer diagnosis, you can contact Acas (see page 100).

Giving up work

Some people choose to stop working altogether after a diagnosis of breast cancer. This may be for health reasons or because the experience of having breast cancer has made them reassess what’s important.

‘[I] saw my performance at work suffer through my inability to think clearly. I got lost several times driving from work, a journey I had undertaken for years. My mental capacity and self-confidence have never recovered, despite changing jobs a couple of times at work. I came to the conclusion that I needed to leave and improve the quality of my life. I took early retirement and am enjoying the new me.’

Karen

‘I couldn’t go back to work as my confidence was badly affected and I also didn’t want to expose myself to any stress.’

Margaret
However, giving up work is not an option for everyone and your circumstances may mean it’s not possible for you to do this.

Giving up work for good means you also give up any rights and benefits linked to your job such as pension rights. So if you’re planning to stop working it’s important to get independent employment advice before you make any decisions (see below).

‘I [found] a job closer to home... Meeting and working with people who had no idea what I had been through was quite refreshing.’

Corrine

Advice about your rights at work

Acas (Advisory, Conciliation and Arbitration Service) provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law. Visit acas.org.uk for information and to use their online helpline. You can also call their helpline on 0300 123 1100.

Macmillan Cancer Support has more information about how cancer and cancer treatments may affect your employment, and your rights at work. Visit their website macmillan.org.uk or call their helpline on 0808 808 00 00.

They also produce booklets called Work and cancer and Self-employment and cancer. You can order and download these from be.macmillan.org.uk

Travelling abroad

If you’re travelling abroad, having breast cancer won’t necessarily affect your arrangements. But planning things in advance can help ensure your trip goes more smoothly.

‘We had no holiday together for 18 months as a result of my diagnosis... However, when we took our first holiday together after chemo, it felt magical, and our second holiday, after treatment ended, was like a second honeymoon.’

Rebecca
‘Since cancer I have enjoyed visiting new places, trying different foods and relishing the time spent with family and friends.’

Madeleine

Travel insurance

Some people have difficulty getting travel insurance after a diagnosis of breast cancer. You may have to pay a higher premium. However, there are some companies that specialise in providing cover for people who have had cancer.

Be aware that your travel insurance will not cover you for any claim relating to your breast cancer and its treatment or any other pre-existing medical condition if you don’t inform the insurance company about it when you buy the policy.

You can find tips on finding travel insurance on our website.

Medication

If you’re taking tablets, such as tamoxifen, it’s a good idea to pack more than you’re likely to need in case of travel delays. Carry your medication in your hand luggage so it doesn’t get lost. A summary of your medical details may also be helpful.

Air travel and prostheses

It’s safe to wear a prosthesis on a flight or pack it in your luggage. If you pack your prosthesis in your luggage, some small air bubbles may appear in the back of your prosthesis. This is because the luggage hold is not pressurised. It will only happen if your prosthesis has a clear back. These small bubbles will disappear shortly after you have landed and will cause no harm to your prosthesis. If you have a lightweight prosthesis, the bubbles will appear as black dots. Again, these cause no harm and will disappear soon after you land.

Airport security body scanning

Body scanners are now in place at most airports. People are randomly picked for a body scan or may be scanned if the metal detectors are activated. External breast prostheses will show up on body scanners.

The scan will take place in a security area with a member of airport staff present. The images are viewed remotely – they cannot be seen by the public and the screener (person analysing the images) won’t be able to see or recognise you. They are deleted immediately afterwards. You can ask for a female screener.

If selected for a scan you might want to tell the security staff that you are wearing a breast prosthesis before being scanned. It may also be helpful for you to carry a letter from your treatment team or GP, confirming your situation.
If you’d like more information, read the government’s Code of Practice for the Acceptable Use of Security Scanners in an Aviation Security Environment on the gov.uk website.

You can find out more information about breast prostheses on our website, or by reading our booklet Breast prostheses, bras and clothes after surgery.

Radiotherapy and skincare
If you’ve had radiotherapy, the skin in the treated area may be more at risk from the sun. Therefore, make sure that the skin in the treatment area is covered (you can still get burnt through some fine or mesh fabrics) or apply a high-factor suncream when you’re out in the sun, even when treatment is finished.

Travel vaccinations
If you’re planning to travel somewhere that requires vaccinations, discuss your plans with your treatment team or GP first.

Live vaccinations
Live vaccinations – which contain tiny amounts of live virus or bacteria – are not recommended during chemotherapy or for six months afterwards. This is because they could cause serious infections. Live vaccinations include:

- measles
- rubella
- yellow fever
- typhoid (tablets)
- tuberculosis (BCG)

Inactivated vaccinations
While inactivated vaccines are safe after treatment, they may be less effective if you have a weakened immune system. This may be the case in the first six months after chemotherapy. Inactivated vaccines include:

- cholera
- diphtheria, tetanus and polio
- hepatitis A and B
- flu
- Japanese encephalitis
- meningococcal meningitis
- typhoid (injection)
- tick-borne encephalitis
- rabies
Travelling if you have lymphoedema

There’s no reason why having lymphoedema should stop you enjoying holidays, but extra care may be necessary.

**Pack carefully**
- talk to your GP or lymphoedema specialist about taking antibiotics with you (in case you develop an infection in the swollen area)
- use a suitcase on wheels rather than one you carry
- keep your hand luggage light and choose one you can carry on your back rather than your shoulder

**Pack carefully**
- take to your GP or lymphoedema specialist about taking antibiotics with you (in case you develop an infection in the swollen area)
- use a suitcase on wheels rather than one you carry
- keep your hand luggage light and choose one you can carry on your back rather than your shoulder

**Protect your skin**
- apply a high-factor sunscreen regularly to prevent sunburn
- loose cotton clothes with long sleeves will also protect your swollen areas from the sun
- use mosquito repellent containing at least 50% DEET, especially in the evenings and at night
- wash your skin after swimming to get rid of the salt from the sea or chemicals from the pool

**Take care on long journeys**
- if you’ve been fitted with a compression garment, wear it during your journey
- wear loose, comfortable clothes to ensure that they are not too tight on your shoulder, arm and wrist
- ask for help when moving luggage around
- try not to sit for too long in one position; take regular breaks if you are travelling by air
- Gentle exercises can also be done while sitting to promote lymph flow

**Stay cool**
- wear cotton compression garments in hot weather if possible, as they tend to be more comfortable
- spray some water on your garment if you are feeling too hot
- try keeping a spare garment in a plastic bag in the fridge to cool you down when you put it on
- try to avoid extremes of temperature – getting too hot then too cold, or too cold then too hot

You can find out more information about lymphoedema on our website, or by reading our booklet *Living with lymphoedema after breast cancer.*
Breast cancer recurrence (when breast cancer comes back)

- Follow-up
- Continuing to be breast aware
- Signs and symptoms to be aware of
- A new primary breast cancer and breast cancer recurrence
- Signs and symptoms of secondary breast cancer
- Who to contact if you have a concern
- Coping with fear of recurrence
- Can I reduce my risk of recurrence?
- Worries about a family history of breast cancer
Most people worry about the cancer coming back (recurrence). These worries are normal, and the anxiety usually lessens with time. Knowing how to be breast and body aware after treatment can help you manage your feelings of uncertainty.

This section explains what happens after your hospital-based treatments (such as surgery, chemotherapy or radiotherapy) finish. It also describes symptoms to be aware of and to report to your treatment team (such as your breast care nurse, oncologist or surgeon) or GP between follow-up appointments or after your follow-up has ended.
Follow-up

How you are followed up will depend on your individual needs and on the arrangements at the hospital you have been treated in. You'll probably find your contact is more frequent at first, becoming less so as time goes on. You may be:

• followed up at the hospital with regular appointments with your surgeon and oncologist
• given a choice of being followed up by your GP or a combination of hospital and GP appointments
• followed up by the breast care nurse unless there are any particular concerns
• given follow-up appointments over the phone, in which case you will only need to visit the breast clinic if there’s any concern or symptom you or your doctor feel should be checked out

Your follow-up appointments will focus on how you are feeling so you can explain any problems, symptoms or treatment side effects, for example any pain, stiffness, menopausal symptoms or fatigue.

This is also your opportunity to ask questions. Many people find writing their questions down beforehand helps them get the best out of the appointment. You might find it useful to take someone with you to appointments.

You will usually have a physical examination that includes your breast and/or chest area as well as any other area of concern. You may be referred to another healthcare professional for advice, for example a physiotherapist if you are having problems with arm movement.

Open access

Some people won’t be given any regular follow-up appointments, but can contact the breast clinic if they have concerns or symptoms and would like to be seen by a doctor or nurse at the hospital. This is called open access. If you are offered this sort of follow-up you should be given the details of whom to contact.

Follow-up after clinical trials

If you’ve taken part in a clinical trial during your treatment, your follow-up may vary depending on which trial you’ve been part of. The research nurse will be able to give you a better idea of how you will be followed up.
‘In a strange way I always look forward to my follow-up appointments. For me it is a good opportunity to seek reassurance and ask questions. A reminder that whatever is happening in the outside world, I am still in the system and this is a time when I can talk about it comfortably.’

Sarah

**Will I have any regular tests?**

After your treatment, you will have regular mammograms. If you’ve had breast-conserving surgery (also known as wide local excision or lumpectomy) you’ll have a mammogram on both breasts. If you’ve had a mastectomy, with or without reconstruction, you will only have a mammogram on your other breast.

If you’ve had both breasts removed (bilateral mastectomy), with or without reconstruction, you will not need to have follow-up mammograms.

The time between mammograms may vary depending on the hospital where you have your follow-up. Most hospitals will follow the recommendations set out by NICE (National Institute for Health and Care Excellence), an independent organisation that produces evidence-based guidance on effective ways to prevent, diagnose and treat ill health.

Younger women with breast cancer may be offered follow-up with MRI scans instead of mammograms as their breast tissue can be dense, which can make mammograms less useful.

‘My second year mammogram showed a mass that I had to go back in for and that was very nerve wracking. I started crying at the reception desk because I was scared it had come back, but it was nothing and now I know that is quite common with mammograms – next time I won’t be as worried.’

Sarah
Continuing to be breast aware

Whether you've had breast-conserving surgery or a mastectomy (with or without reconstruction), it is important to be aware of any changes to the breast, chest or surrounding area after your treatment, even if you're still having follow-up appointments or regular mammograms.

After treatment for breast cancer it can be difficult to know how your breast or scar area should feel, especially as the area can change over time as it repairs and heals.

Immediately after surgery and in the weeks that follow, people can experience pain and sensations such as burning and numbness in the scar area and under the arm (axilla). The area around the scar may feel lumpy, numb or sensitive.

You will need to get to know how it looks and feels so you know what is normal for you. This will help you feel more confident about noticing changes and reporting them early to your treatment team or GP.

It's also important to be aware of any new changes in the other breast and surrounding area, and to report these as soon as possible to your treatment team or GP.

There's no right or wrong way to check for any changes. Get used to looking at and feeling both sides of your chest regularly. You can do this in the bath or shower, when you use body lotion, or when you get dressed. There's no need to change your usual routine. Just decide what you're comfortable with and what suits you best.
Signs and symptoms to be aware of

- **Constant pain** in your breast/chest area or armpit
- **Swelling** on your chest, in your armpit or around your collarbone
- **Change in shape or size**
- **Lump or thickening** that feels different (with your treated breast this could be on or away from the scar line)
- **Swelling in the upper arm**
- **Change in skin texture**, such as puckering or dimpling
- **Redness or a rash** around the nipple and/or on the skin
- **Liquid (discharge)** that comes from the nipple without squeezing it
- **Your nipple** has become inverted (pulled in) or looks different, for example changed its position or shape

If you notice a change, even if it’s not listed here, tell your treatment team or GP.

If you have had a breast reconstruction you should be aware of the above changes, as well as other changes that may be to do with the reconstruction itself. For more information see our Breast reconstruction booklet.

A new primary breast cancer and breast cancer recurrence

**Recurrence**

Recurrence is the term used to describe breast cancer that has returned following treatment.

At the time of your diagnosis and after surgery, tests will have been done to find out the type of breast cancer you had. The results are used to plan your individual treatment to ensure it is as effective as possible in reducing the risk of the breast cancer coming back.

While most people have no further problems, sometimes breast cancer can come back.
**Local recurrence**

This is when the breast cancer has come back in the chest or breast area, in the skin near the original site or scar, but has not spread to other parts of the body. Local recurrence is treatable. Treatment will depend on what treatment you had before, but could include surgery, radiotherapy and drug treatments. If you notice any changes in the skin around your scar line or chest area, contact your treatment team or GP.

**Locally advanced breast cancer (also called regional recurrence)**

This is when the breast cancer has come back and has spread to the tissues and lymph nodes (glands) around the chest, neck or under the breastbone. How regional recurrence is treated will depend on what treatments you had previously, but could include surgery and radiotherapy. Treatments such as chemotherapy, hormone and targeted therapies can be given as they work throughout the whole body. If you notice any changes around the scar line or in your breast, chest, armpit or around your collarbone, contact your treatment team or GP.

**New primary**

Having breast cancer means you have a slightly higher risk of developing another breast cancer than someone who has never had breast cancer. A new primary breast cancer can occur either in the same breast after breast-conserving surgery, or in the other breast. This would be treated as an entirely new breast cancer.

**Secondary (metastatic) breast cancer**

When breast cancer spreads to other parts of the body, this is called secondary breast cancer. This happens when cancer cells are carried away from the breast through the lymphatic system or the bloodstream. These cancer cells can then form secondary cancers in other parts of the body. You may also hear this called metastatic, stage 4 or advanced breast cancer.

Secondary breast cancer can develop anywhere in the body, but it’s most likely to develop in the bones, lungs, liver and brain. Only one area of the body may be affected or there may be a number of different areas. Secondary breast cancer can be controlled, sometimes for many years, and treatments are improving all the time, but it cannot be cured.
Signs and symptoms of secondary breast cancer

Although there are some signs and symptoms of secondary breast cancer shown on this chart, it’s not possible to list them all. So if your symptoms are new, don’t have an obvious cause and don’t go away, tell your treatment team or GP about them.

- Weight loss and a loss of appetite
- Pain in your bones, for example in the back, hips or ribs, that doesn’t get better with pain relief, lasts for more than a week and may be worse at night
- Feeling tired all the time
- Feeling sick all the time
- Discomfort or swelling under the ribs or across the upper abdomen
- Altered vision or speech
- A dry cough or feeling of breathlessness

Talk to your GP or breast care nurse about ANY symptoms that are:
- new
- don’t have an obvious cause
- don’t go away

Remember, these symptoms can be caused by other things, such as cancer treatments or different illnesses. But if these types of symptoms don’t improve, your doctor may decide to investigate the many possible causes.

Who to contact if you have a concern

During follow-up

Many people find calling their breast care nurse can be a good way to discuss any concerns in between their follow-up appointments. They may make you an earlier appointment if you need to see your specialist sooner.

If you have any new symptoms that are worrying you, you can see your GP between appointments for advice. Alternatively, you can phone the hospital and ask for an earlier appointment.
After follow-up

After you have been discharged from your follow-up appointments, your GP may be your main contact for checking out concerns. If they think you need to be seen at the breast clinic they can refer you. When speaking to your GP, make sure they know about your breast cancer, particularly if you were diagnosed some time ago.

Alternatively, you may still be able to contact the breast care nurse or hospital you were discharged from.

Coping with fear of recurrence

Nearly everyone who has been treated for cancer worries about it coming back. At first, every ache or pain can frighten you. For some people, over time they may come to accept minor symptoms for what they are in most cases – signs of a cold or flu or the result of over-exerting yourself. However, for others this fear of recurrence might not go away.

Some events may be particularly stressful – the days or weeks leading up to your check-ups, the discovery that a friend or relative has been diagnosed with cancer, or the news that someone you met while having treatment is ill again or has died.

‘I do a lot of talking to myself and running through all I know about my cancer, that I had all the treatment offered to me to get rid of it and telling myself that I need to just live for the now and enjoy it, that worrying won’t help and that I’ve got too much to look forward to.’

Rebecca

We all cope in our own way, and there are no easy solutions. But keeping quiet because you’re worried about bothering people is probably not the best approach. Talking about your fears relating to recurrence may help. The wellbeing section on page 80 has more information on how to cope with anxiety or low mood as well as details of where you will find support if these feelings are getting on top of you.
Having a goal helped me manage my fears

From the start of my diagnosis I treated every day as a step closer to the end of my treatment, but as that day became closer I started to worry that I wouldn’t have the reassurance of regular checks with the hospital team. I knew that the first six months after the end of my treatment were going to be a challenge and I had to learn to live with the worry of the cancer returning.

I had talked to family and friends about my concerns for the first six months after treatment and had planned a long-distance charity bike ride for six months after my treatment finished. This was to provide me with a focus. I wasn’t able to exercise during treatment as I suffered from nausea but once my treatment came to an end I started to train for my long-distance bike ride, gradually building up my fitness over six months.

Family and friends were very supportive throughout treatment. However, once you have finished treatment and your hair comes back, everyone assumes that chapter in your life is over. You don’t want to talk about it all the time but during those initial months after the end of your treatment it is never very far from your mind. That can feel quite isolating, you don’t feel as though you can keep talking about it as people expect you to have moved on. I found that having a goal to work towards for the first six months gave me a focus and helped me to manage the fears of my cancer returning.

I still have moments when I worry, particularly when I get any aches and pains but I am learning to live with this and take it one day at a time.

Heather
Can I reduce my risk of recurrence?

Many people wonder if there is something they can do to reduce the risk of cancer coming back. There is some evidence that exercise, maintaining a healthy weight and keeping your alcohol intake within current guidelines may help reduce your risk of recurrence. See page 69 for more information.

Our Moving Forward course also explores this in detail.

Worries about a family history of breast cancer

People diagnosed with breast cancer are often worried about whether this will increase the risk of breast cancer for family members, especially daughters. A diagnosis is unlikely to mean family members have a significantly higher risk of developing breast cancer. The majority of cases of breast cancer happen ‘by chance’ and are not inherited. If you are worried about your family history, you can speak to a member of your treatment team who may refer you directly to a specialist family history clinic or a regional genetics centre if appropriate.

For more information see our website or booklet Family history, genes and breast cancer.
Move forward with us

- Moving Forward: your words
- Volunteering helped me turn a negative into a positive
- Getting involved
- Further support
- Find out more
Moving Forward: your words

We asked people who have had a diagnosis of breast cancer what they would like to say to people who have just finished their hospital-based treatment.

‘It’s OK not to feel normal at the end of treatment – try and adjust to a new normal. Take one day at a time and try to focus on looking forward.’

Beth

‘Take your time and don’t expect your life to get back to normal straight away. You will learn to live with the fear of your cancer returning. Your life will never be the same again but you learn to appreciate the smaller things in life and enjoy the moment rather than always looking to the future.’

Heather

‘Take each day at a time (or even half day at a time)... things do get better but be good and fair to yourself. Try to give yourself little treats, go outside and soak up this beautiful world.’

Karen

‘Ensure that you take the time to fully recover and just have some time to yourself without the routine of treatment. I would definitely recommend seeking out support groups.’

Sarah
Volunteering helped me turn a negative into a positive

Becoming a Breast Cancer Care volunteer helped Hedwig to move forward after treatment.

I’d just celebrated my 50th birthday when I received the invitation for my first routine screening. I went without any hesitation or any inclination that something could be wrong. I felt great, fit and healthy. So the diagnosis was unexpected, I was absolutely shocked.

It was recommended that I should have a mastectomy, chemotherapy, Herceptin and radiotherapy, followed by tamoxifen and letrozole.

Finding the ‘road map’

I came across Breast Cancer Care via some publications I received from my breast care nurse. She gave me Breast Cancer Care’s booklets about the type of cancer I had and about understanding my pathology report. Then I went on the website and ordered all the booklets that were relevant to me. For me it was very important to understand the nature of my cancer, to know why I was offered the treatment I was and to prepare for the next stage in treatment.

To me having access to this reliable information, written in understandable language, made all the difference to how I dealt with my diagnosis and the treatment. If you were to compare having breast cancer and undergoing treatment for it as a ‘journey’, then Breast Cancer Care provided me with a road map.

Turning the page

When I finished treatment, on the one hand I was relieved to be released from the relentless hospital routine. But on the other hand I also felt quite insecure, especially about aches and pains, and changes in my other breast. So I ended up undergoing many diagnostic tests and wondering if I ever got rid of it. Aches and pains that in the past would not have meant anything to me, now made me wonder if I should be worried or report them to my medical team or GP. But fortunately they all had different causes rather than recurrence.

I went on a Moving Forward course after my hospital-based treatment. It helped me turn the page from being a breast cancer patient to a person in my own right again. I also found the session on recurrence and the information in the pack very helpful to put it all in perspective.
Giving something back

I decided to volunteer for Breast Cancer Care while I was still having treatment. I wanted to give something back to the charity that had made such a difference to me, but also at the same time volunteering helped me move forward.

I started volunteering as an office volunteer for the Helpline in March 2014. Gradually I took on different roles as Moving Forward volunteer, Someone Like Me volunteer, Breast Cancer Care Voice and Volunteer Speaker.

It was important to me to share my experiences because it helped me to deal with my own treatment and diagnosis. It’s difficult to recognise how far you’ve moved forward, because it happens gradually. But when I talk to someone who has recently been diagnosed in my capacity as a Someone Like Me volunteer, or hear from women on a Moving Forward course, it acts as a kind of reference point; I can remember being in their shoes a few years ago.

‘You don’t know how far you’ve come until you look back. Volunteering helps me to realise this and makes it possible to encourage others by showing them that there is a future beyond the treatment.’

Having those regular volunteering days in the diary helped me feel normal again. For more than a year your schedule is geared around treatment – you’re living from hospital appointment to hospital appointment. Then when that’s finished you have to put your life back together. Volunteering helped me meet some wonderful people in fellow volunteers and Breast Cancer Care staff, offered me new opportunities like speaking at events, and helped me turn something negative into a positive by helping other people deal with their own diagnosis.

I am still volunteering for Breast Cancer Care and am now also a facilitator on the Moving Forward courses. I’d like to keep doing these roles for as long as it is useful for the charity. My own experience has made me passionate about breast cancer, in the sense that I want to help others going through it. As long as I am useful in doing that, it all makes sense.
Getting involved

Volunteering

The work we do would not be possible without our volunteers. We’re always looking for motivated people who want to get involved and make a difference. From supporting others with breast cancer, to helping us raise money or supporting our sporting and challenge events, there are lots of ways you can get involved.

Some people like to stay behind the scenes; we also welcome people to help in our offices. Whether you have a few hours to spare every week or would like to spend a day helping at a special event near you, get in touch and make today the day you volunteer.

See more at breastcancercare.org.uk/volunteer or call us on 0114 263 6489 for more information.

Breast Cancer Voices

You can make a real difference to the support and care available for people affected by breast cancer by becoming a Breast Cancer Voice. It is a unique and powerful way to make a positive, lasting impact for people today and into the future.

Give as much time and energy as you would like by choosing the opportunities that appeal to you. From campaigning on important issues to taking part in an awareness-raising photoshoot, we’ll offer you a range of ways you can take action.

If you have any questions or would like more information about Breast Cancer Voices, we’d love to hear from you. Contact us at voices@breastcancercare.org.uk

Further support

Helpline

Talk to our breast care nurses by calling our free, confidential Helpline on 0808 800 6000.

Whatever your concern, you can be confident we will understand the issues you might be facing, and that the information you receive is clear and up to date. We will also let you know where else you can go for further support.

Ask Our Nurses

If you prefer not to talk over the phone, we can answer your questions by email instead. The Ask Our Nurses service is available on the website breastcancercare.org.uk/aon – complete a short form that includes your question and we’ll get back to you with a confidential, personal response.
Forum

Through our online Forum – forum.breastcancercare.org.uk – you can exchange tips on coping with the side effects of treatment, ask questions, share experiences and talk through concerns. Our dedicated areas for popular topics make it easy for you to find the information you’re looking for. The Forum is easy to use and professionally hosted. If you’re feeling anxious, or just need to hear from someone else who’s been there, there is always someone online 24 hours a day, 365 days a year.

The BECCA app

BECCA, the Breast Cancer Care app, gives you information, support and inspiration to help you move beyond breast cancer, presented on easy-to-use flashcards. It’s available for iPhone and Android phones and is free to use.

For more information about BECCA go to breastcancercare.org.uk/becca

‘Breast Cancer Care’s BECCA app was and still is a good source of help with bite-size nuggets of information that can be saved for later... Everything from dealing with fatigue to getting back to exercise and creating natural eyebrows.’

Saba

Someone Like Me

Sometimes it can seem as though no one really understands how you feel. Our Someone Like Me service matches you to a trained volunteer who has had breast cancer too and who has experience of the issues you’re facing – whether that’s going back to work, struggling with relationships old or new, or other concerns. Chatting over the phone, where and when it suits you, means you can ask any questions you like and talk openly without worrying about the feelings of the person listening.

Someone Like Me also has volunteers who haven’t had breast cancer, such as partners.

Call 0345 077 1893 or email someoneilikeme@breastcancercare.org.uk. Some of our volunteers can also be contacted via email – check our website to see their profiles and read more about them.
Website

We know how important it is to understand as much as possible about your breast cancer. Our website is here round the clock, giving you instant access to information when you need it. As well as breast cancer information, you’ll find regular blogs sharing personal stories, top tips and addressing breast cancer in the news.

Information resources

We produce free information for anyone affected by breast cancer, including booklets, ebooks and audio books. Our resources are here to answer your questions, help you make informed decisions and ensure you know what to expect. All our information is written by experts and reviewed regularly by healthcare professionals and people affected by breast cancer, so you can trust the information is up to date, clear and accurate.

You can order or download our publications from our website breastcancercare.org.uk/publications. You can also order copies using the form on page 127 or by calling our Helpline 0808 800 6000.

Vita

Vita is our magazine for people affected by breast cancer. It comes out three times a year and is completely free. It includes real-life stories, and articles about health and wellbeing, fashion, food and other hot topics.

Subscribe at vita.org.uk or by calling 0345 092 0808.

Younger Women Together

At these two-day residential events, you will meet other women with a breast cancer diagnosis under the age of 45. You will find out more about topics such as the medical management of breast cancer in younger women, fertility after treatment and breast surgery and reconstruction, with plenty of opportunity to ask questions. Discussion groups on topics such as intimacy and sex, relationships and communication help you to explore the impact your breast cancer has had on these areas of your life.

Support is also available throughout the event from one of our specialist nurses and from trained Someone Like Me volunteers who have experienced breast cancer as younger women.
Find out more

Breast Cancer Care publications

To order any of Breast Cancer Care’s publications, tear out this page, tick the boxes below next to the titles you want and send it to the address overleaf. Alternatively, all our publications are free to order or download from our website breastcancercare.org.uk/publications, or call our Helpline on 0808 800 6000

Managing the effects of treatment
☐ Breast cancer and hair loss BCC54
☐ Fertility and breast cancer treatment BCC28
☐ Living with lymphoedema after breast cancer BCC5
☐ Menopausal symptoms and breast cancer BCC18
☐ Osteoporosis and breast cancer treatment BCC75
☐ Reducing the risk of lymphoedema BCC15
☐ Breast cancer in younger women BCC66

Signs and symptoms of the cancer coming back (recurrence)
☐ Family history, genes and breast cancer BCC32
☐ After breast cancer treatment: what now? BCC169

You and your relationships
☐ Breast prostheses, bras and clothes after surgery BCC123
☐ When your partner has breast cancer BCC120
☐ Talking with your children about breast cancer BCC50

Your wellbeing
☐ Complementary therapies, relaxation and wellbeing BCC55
☐ Diet and breast cancer BCC98
Name:

Address:

Postcode:

We never give your information to other organisations to use for their own purposes.

Please send to:
Breast Cancer Care,
PO Box 33,
Ross-on-Wye HR9 9WA

Keep in touch

We’d like to keep in touch with you by sharing information and keeping you up to date about our services.

Vita magazine

Our free lifestyle magazine for people affected by breast cancer is full of real-life stories, health and wellbeing features, hot topics and recipes.

Subscribe to Vita magazine at vita.org.uk

Facebook, Twitter and Instagram

• Like us on Facebook facebook.com/breastcancercare
• Follow us on Twitter @BCCare
• Find us on Instagram @breast_cancer_care
Four ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here’s how you can.

Speak to our nurses or trained experts. Call our free Helpline on 0808 800 6000 (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it’s like to have breast cancer.

Chat to other women who understand what you’re going through in our friendly community, for support day and night. Look around, share, ask a question or support others at forum.breastcancercare.org.uk

Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at breastcancercare.org.uk

See what support we have in your local area. We’ll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit breastcancercare.org.uk/in-your-area
We're here for you: help us to be there for other people too

If you found this book helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

Donate online
Donate using your debit or credit card breastcancercare.org.uk/donate

Donate by post
Please accept my donation of £10/£20/my own choice of £

I enclose a cheque/PO/CAF voucher made payable to Breast Cancer Care

Name ________________________________________________________________
Address ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
Postcode __________________________

Email address ________________________________________________________
Telephone ___________________________________________________________

In addition, we’d love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

☐ I’d like to hear from you by email
☐ I’d like to hear from you by text message or SMS
☐ Please do not contact me by post
☐ Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at breastcancercare.org.uk or contact supporter services on 0345 092 0800.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG, Chester House, 1–3 Brixton Road, London SW9 6DE
About this book

Moving Forward was written by Breast Cancer Care’s clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.

For a full list of the sources we used to research it:

Phone 0345 092 0808
Email publications@breastcancercare.org.uk

You can order or download more copies from breastcancercare.org.uk/publications

We welcome your feedback on this publication:
breastcancercare.org.uk/feedback

For a large print, Braille, DAISY format or audio CD version:

Phone 0345 092 0808
Email publications@breastcancercare.org.uk
When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone’s experience is different.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk

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