Smoking
Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

Textphone
We use Next Generation Text for people with hearing difficulties. This used to be called BT Text Relay.
Breast Care Nurses  18001 01274 365190
Breast Secretaries  18001 01274 365734 / 365844 / 365063
Prosthetic Appointments  18001 01274 365190
Research Nurse  18001 01274 383435

If you need this information in another format or language, please ask a member of staff to arrange this for you.
What happens next?
You have now completed your initial treatment to remove your breast cancer. There are a number of approaches to follow up after breast cancer treatment and these do sometimes vary between different patients and hospitals to meet your individual needs.

The most important thing for you to remember is if you have any problems or become worried, there is a team of professionals including your breast care nurse, GP and hospital specialists who can help you.

What is the purpose of follow up care?
- It provides you with an opportunity to raise concerns and ask questions.
- It allows health care staff to monitor your recovery, answer questions, record the outcome of your treatment and monitor any ongoing treatment you are taking.
- It may help in planning your future care.
- If you have agreed to take part in a clinical trial it allows the research team to assess your recovery.

Contact numbers

1) Breast Care Nurse answer machine

Monday to Thursday (9am – 5pm)
Friday (9am – 4pm)
Telephone: 01274 365190

If you phone please leave your name, date of birth and a contact telephone number. This machine is checked regularly. It may not always be possible to return your call on the same day.

2) Prosthetic advice and appointments

Clinics are run from The Dales Unit, Level 2, Area 8, Horton Wing, St Luke’s Hospital on a Monday and Thursday mornings.

Telephone: 01274 365190 to make an appointment.

3) Breast Secretaries

Telephone: 01274 365734
01274 365844
01274 365063

4) Breast Research Nurse

Mrs Helen Robertshaw
Telephone: 01274 383435
**What checks will be made?**

There are two main purposes of hospital follow-up:

- **Clinical breast examination**
  
  If you attend a hospital clinic your doctor or nurse will look at your breasts for changes in size or shape. They will then feel each breast / mastectomy scar (chest wall) and the area under both arms for changes in texture (thickening in the skin) or the presence of lumps. Although clinical examination is routinely performed, it is unusual for any lumps to be detected that you were unable to feel yourself.

  The clinics are run by a team of breast surgeons. You may be seen by a doctor or a breast care nurse qualified to work in the clinic.

  You will be seen in the post treatment clinic around six months, one year and two years. If you are receiving the drug Tamoxifen you may also be seen after five years of treatment to check your menopausal status and discuss your ongoing treatment options. After this time, routine clinic appointments will end, but you can still contact us on the numbers detailed at the end of this booklet.

- **Mammography**
  
  A mammogram is a breast X-ray. Modern mammography equipment exposes the breast to extremely low levels of radiation.

  The use of mammograms can detect early changes within the breast which may be associated with breast cancer.

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**Treatment Summary**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Hospital number</td>
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<tr>
<td>Surgical</td>
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<tr>
<td>Medical (chemotherapy and Herceptin treatment dates)</td>
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<tr>
<td>Radiotherapy</td>
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<tr>
<td>Anti-hormone drugs start and planned timing of treatment</td>
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<tr>
<td>Mammogram start</td>
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<td>Mammogram finish</td>
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<tr>
<td>Clinical trials record</td>
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</table>
- Mammography continued

Unless you have had a bilateral mastectomy (surgery to remove both breasts) you will be invited to have a mammogram on a regular basis. If you have had a mastectomy or mastectomy and reconstruction of the breast you will be invited for a mammogram of the other breast every year for 10 years or until you enter the NHS Breast Screening Programme – whichever is later.

Thereafter it is appropriate for you to continue routine mammograms once every three years within the NHS Breast Screening Programme.

If you have had a lumpectomy (wide local excision) you will be offered a mammogram of each breast every year for 10 years or until you enter the NHS Breast Screening Programme, whichever is later. Thereafter it is appropriate for you to continue routine mammograms once every three years within the NHS Breast Screening Programme.

Mammogram appointments will be sent to you by post. Whilst you are attending for any yearly mammograms you should cancel any invitations sent by the National Breast Screening Programme.

You should receive the results of your mammogram by post within 4 weeks of your appointment. If you do not receive your results you can phone the breast care nurses, on the number at the end of this booklet.
Some anti-hormonal drugs affect the bone strength. If this is a side-effect of your treatment you will be informed. Your surgeon or oncologist will arrange a special scan to look at the thickness of the bones before treatment (a DEXA scan) and we will write to you with the results of this and provide detailed recommendations to maintain your bone health during the time you are taking treatment.

If you are taking Tamoxifen or Herceptin it is recommended you do not get pregnant whilst taking this treatment. Your breast care nurse or your hospital doctor and GP can provide further help and advice about suitable contraception.

Remember you can ask for help

For some people the side effects are a constant reminder of their breast cancer. For others, experiencing ongoing effects of treatment leaves them feeling very low and they may struggle to cope. If you need extra support please talk to your breast care nurse or your GP.

Some symptoms may cause you anxiety or concern. Many will be nothing to worry about but if you experience any of the symptoms below you should bring them to the attention of your hospital doctor or breast care nurse:

- **Any pain** lasting more than 3 – 4 weeks
- **New changes** in the breast(s)
- **Unexplained lumps or bumps** anywhere in the body

**NHS Breast Screening Programme**

In December 2007, the Department of Health’s Cancer Reform Strategy announced that from 2012 the NHS Breast Screening Programme would be extended to cover women between the ages of 47 and 73. In most parts of the country the NHS Breast Screening Programme will invite doctors’ practices for screening in turn. So you will not necessarily get your invitation in the year that you turn 47.

As long as you are registered with a doctor, you will be invited for breast screening before your 50th birthday. The invitations will continue at three yearly intervals until the age of 73. After this time you can request further appointments directly from the Screening Department but you will no longer receive an invitation from them.

**How effective are follow-up checks?**

The radiologist (a doctor who specialises in the X-rays) will look at your mammogram(s) for any abnormalities. Rarely other tests to look at the breasts may be required. This does not mean that your cancer has returned. If you need further images or tests you will be asked to return to the hospital where you will meet a consultant X-ray specialist who will explain why you have been asked to re-attend and will explain any tests required.

Quite commonly the abnormality is nothing to worry about and you will be reassured following further tests. If you are invited back to the department you can contact your breast care nurse for further support and advice on the number at the back of this booklet.
Decreased shoulder movement – it is important to discuss this with your breast care nurse who can refer for physiotherapy support if this is appropriate.

Breast swelling if you had a lumpectomy. You may have some change to the size and shape of the breast particularly around the scar. If the breast becomes smaller you can contact the breast care nurse for consideration of fitting of a partial prosthesis (also called a shell) to help you regain equal shape in a bra.

Following Chemotherapy, Herceptin and anti-hormonal therapy

Fatigue – This can be improved by exercise activity please ask your breast care nurse for advice.

Some chemotherapy treatment may lead to discoloration of the nails and brittle nails. This will improve once your chemotherapy stops.

Early menopause with symptoms including hot flushes, night sweats, palpitations (rapid heartbeat), mood changes, joint aches and pains, vaginal dryness. If you need help with these symptoms you can talk to your breast care nurse or hospital doctor.

If you are having the drug Herceptin you will have regular monitoring of your heart and your oncologist will talk to you about the timing of these scans and when your results will be available.

What to look for?
Following treatment many women live to an old age without cancer related problems. You will get normal coughs and colds, aches and pains.

You may also experience some effects from the treatment you have received, for example:

Following surgery and radiotherapy

- Pains in the treated area
- Rib tenderness
- Skin changes
- Under arm numbness

What check-ups are not part of follow up?
Other scans, X-rays and blood tests are not required as part of your routine follow up. Your breast care nurse, GP or hospital specialist will advise you if you need further investigations.

Please be aware that mammograms are never 100% accurate and if you have a new breast symptom, particularly a lump, you should still contact us via your breast care nurse who will arrange clinic appointments as necessary. If you are no longer having regular appointments at the hospital with the breast surgeon you may need a referral from your GP. If this is required the breast care nurse will be able to advise you.

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Persistent back pain or pain in the bones which wakes you up at night

- Pain that requires continual painkillers
- Breathlessness or a persistent dry cough
- Unexplained weight loss
- Unexpected vaginal bleeding
- Swelling of the arm (lymphoedema)

If you experience these symptoms it does not necessarily mean your cancer has returned. It does however mean that you should speak to your breast care nurse for advice or be assessed by your GP.

What happens when you are discharged from clinic?

Routine clinic visits are now no longer necessary. Please remember, however, that you can contact us on the numbers on the back page of this leaflet if you have any breast-related problems.

The most important thing is that if you have any problems or you become worried, there is a team of professionals including your breast care nurse, GP or hospital specialists who can help.

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