



Bradford Teaching Hospitals
NHS Foundation Trust

**Information Following Treatment
for Patients with Early Breast Cancer**



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.

What follow-up care does not achieve

- There is no evidence that overall patient outcome is improved by hospital based follow up.



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 clinic is run by a team of breast surgeons. You may be seen by your named consultant or an advanced nurse practitioner qualified to work in the clinic.

You will be seen in the post treatment clinic after six months. Beyond this further appointments may be arranged at one year and two years depending on your individual treatment requirements.

After this time routine clinic appointments will end but you can still contact the breast team for advice using 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 changes within the breast which may be associated with breast cancer.

■ Mammography continued

Unless you have had a bilateral mastectomy (surgery to remove the right and left breast) you will be invited to have a mammogram on an annual basis for 5 years or until you turn 50 and are eligible for entry into the National Breast Screening Programme.

Whilst attending for these appointments it is important that you cancel any invitations sent by the breast screening department to attend for a Mammogram. Thereafter it is appropriate for you to continue routine mammograms once every three years within the NHS Breast Screening Programme. As long as you are registered with a doctor you will be invited at 3 yearly intervals from the age of 50 until the age of 70. After the age of 70 you can request further appointments by telephoning the Bradford Breast Screening Department on 01274 365521 but you will no longer receive an invitation from the screening department.

Appointments will be sent annually. For most patients this will be around the anniversary of your surgical treatment. If you do not receive your appointment you can contact the screening department administration team to check on your appointment date. **Please ring 01274 365899 and let the administration team know that you are enquiring about your annual mammogram appointment after breast cancer treatment.**

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.

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.

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.

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.

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
- **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 discolouration 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.
- Some anti-hormonal drugs may 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). 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.
- Bone strengthening treatment also known as Bisphosphonates slow down or prevent bone damage. You may hear bisphosphonates called bone-hardening or bone-strengthening treatment. Research has shown bisphosphonates may reduce the risk of breast cancer spreading to the bones and elsewhere in the body in post-menopausal women being treated for primary breast cancer.

Your breast surgeon can tell you if bisphosphonates are likely to be helpful for you. They will help you weigh up the possible benefits against the side effects of the drugs.

Prior to taking a prescribed bisphosphonate treatment it is important that you:

- Arrange a dental checkup and completion of any important dental treatment.

- Arrange with your GP a vitamin D blood test to ensure your Vitamin D levels are not low before 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.

Most women who have had treatment for early breast cancer can expect to live without a return of their cancer and following discharge, it is important to begin to trust your body. Many aches and pains (on balance) may have an innocent cause and are as more likely to be due to everyday illnesses rather than a sign of anything more concerning. It is important to try to resume activities (including exercise which is strongly encouraged) whilst maintaining an awareness of the more concerning signs described below:

The changes to look and feel for in the breast and chest wall you are advised to report

- A change in shape or size of the breast
- A lump or thickening that feels new or different
- A change in skin texture such as puckering or dimpling
- Nipple discharge

- Redness or a rash on the skin/skin and/or around the nipple
- An inverted nipple or changes in the position or shape of the nipple.
- A swelling in your armpit or around your collarbone

Symptoms you are advised to report

- Persistent bone pain (especially in the spine or pelvis)
- Unexplained weight loss and a loss of appetite
- A constant feeling of nausea
- Discomfort or swelling under the ribs or across the upper abdomen
- A dry cough or feeling of breathlessness
- Severe persistent headaches

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.

Treatment Summary

A Treatment Summary will be sent to you and your GP once you have completed your treatment.

This information can also be found on the clinic letters you will receive after a clinic appointment with us.

Contact numbers

1) Breast Care Nurse answer machine

01274 365190

When leaving a message on the answer machine please leave your name, date of birth and a contact telephone number. The machine is checked regularly.

2) Prosthetic advice and appointments

Clinics are run from The Dales Unit,
Level 2, Area 8, Horton Wing,
St Luke's Hospital

Appointments can be booked by contacting the Breast Care Nurse Coordinator – Sandra Stewart or the Breast Care Nurses on 01274 365190

3) Breast Secretaries

Telephone: 01274 365734
 01274 365844

4) Breast Research Nurse 01274 383435

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

Breast Care Nurses	01274 365190
Breast Secretaries	01274 365734 / 365844
Prosthetic Appointments	01274 365190
Research Nurse	01274 383435

If you need this information in another format or language, please ask a member of staff to arrange this for you.

