

Living with and beyond cancer: Health and Wellbeing during and after Breast Cancer

Breast Clinical Nurse Specialist Team

Royal Devon University Healthcare NHS Foundation Trust

01392 402707

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Welcome

Welcome to our Health and Wellbeing information for patients diagnosed with breast cancer.

Over the past decades we have seen increasing numbers of people living with a cancer diagnosis. In response to this we have been asked by national guidance and local patients to provide some information, to support you to live well throughout treatment and into your recovery phase.

The aim is to help you identify what information you, your family or friends need at this time and where you are able to get help from. The really important bit is that the support really suits you and also recognises what you can do for yourself.

This booklet has been created by the Breast Clinical Nurse Specialists and Cancer Support workers, we are part of the larger clinical team looking after breast cancer patients at Royal Devon University Healthcare.

This booklet aims to provide information and support and help guide patients through treatments and their longer-term health and wellbeing. This also includes information from a specialist physiotherapist, dietician and our breast cancer support worker.

You may find it helpful to share this with your family or support network to give them ideas of how best to support you.

Personalised Care

We aim to support you with personalised care planning.

The Breast care nursing team will give you information and ongoing support. This includes:

Holistic Needs Assessment (or Concerns checklist)
This will be offered to you on several occasions by your Breast Care Nurse or Cancer Support worker.

The assessment covers:

- Practical/social concerns
- Family/relationship concerns

- Emotional concerns
- Physical concerns
- Spiritual/religious concerns

Doing a Holistic Needs Assessment helps to identify the impact of your diagnosis on you and tries to give you a structured way of looking at areas we may be able to offer support.

We appreciate that it is important to get the timing right as to when completing this feels useful for you and that you may have additional concerns that are not covered here.

Treatment summary

A treatment summary is a document detailing all your treatments and what your aftercare plan is including what to look out for, this is usually provided towards the end of your active treatment stage. This will be sent to you in the post and a copy will be sent to your GP.

Cancer care review – you can arrange this with your GP after you have your treatment summary. A cancer care review is an appointment with your GP and provides another opportunity to raise any new or ongoing concerns.

Personalised Stratified Follow Up.

When you get to the point of completing your active treatment you may have a discussion with your breast surgeon about the Patient Initiated Follow Up Service. (PIFU)

What is Patient-Initiated Follow-Up (PIFU)?

PIFU puts you, the patient, in control of when you are seen by the Breast department. PIFU enables you to self-manage your health and wellbeing as much as possible and to address any concerns you have which could be affecting your quality of life. This runs alongside the Living with and Beyond Cancer programme (LWBC). We aim to ensure that patients living with and beyond cancer access the care and support they need to lead as healthy and as active a life as possible, for as long as possible.

If your condition is stable, you may not find it helpful to attend regular outpatient appointments that are scheduled by the hospital. Sometimes, these appointments may not result in any change to your treatment, but you'll have spent time and energy putting arrangements in place to attend your appointment. Your condition may change or alter in between regular booked appointments and it's at this point you really do need our input. With PIFU, you can get advice from your clinical team when you need it.

It is important to note that you will still be having your yearly imaging (if appropriate) whilst you are on the PIFU pathway.

If PIFU is appropriate for you, then this will be discussed with you at the end of your treatment consultation with your breast surgeon. From this point you will receive full and comprehensive information about the PIFU service and how to access this.

For more information about PIFU please visit:

www.rdehospital.nhs.uk/patients-visitors/patient-initiated-follow-ups-pifu



What is a Breast Clinical Nurse Specialist?

- A main point of contact during and after treatment.
- A patient advocate to ensure a patient's voice is heard.
- An integral member of the breast multidisciplinary team (MDT).
- Available to provide clinical information and advice.
- Provide emotional support.
- Signposts to additional services.
- Able to offer guidance with follow up and supported self-management.

Our telephone number Mon to Fri 8.30am – 4pm is **01392 402707**

Statistics and family history

In the UK the general population risk of developing breast cancer is around 1 in 7 Cancer Research UK 2017 (cruk.org/cancerstats). 55,000 women and 390 men in the UK annually are affected.

Breast cancer is not commonly due to a faulty gene. Even if more than one person in a family has breast cancer it is likely to be down to chance. A very small number of people (around 5%) have an increased risk of developing breast cancer due to an altered gene. In this group of patients, we tend to see some of the following features:

- Strong family history of breast/ovarian cancer
- Certain pathological features and a breast cancer diagnosis at a young age
- Male breast cancer diagnosis

You can also talk with your breast care nurse about any particular concerns you have about family history and we can advise further if a genetics referral is needed.

It is important that we consider you individually and your circumstances. Please discuss any concerns about your family history with your Surgeon, Oncologist or Nurse.

Breast cancer treatments

There are a variety of breast cancer treatments, the main ones are:

- Surgery
- Radiotherapy
- Drug treatments (which can include chemotherapy and hormone or anti-oestrogen tablets)

Your treatment will be specifically prescribed for you and the particular features of your type of cancer. Therefore timings, length of treatment and side effects can vary from person to person.

Surgery and radiotherapy are what we call **local** treatments in that they target the primary source of the cancer. Drug treatments are **systemic** treatments as they work to treat the whole of the body (head to toe).

Some cancer treatments may have side effects, these can vary greatly from person to person but the most common is fatigue. Some people also experience an impact on their ability to concentrate, this maybe as a result of stress or fatigue and is usually temporary. Information regarding potential side effects of your prescribed treatment will be given to you by your clinical team.

Support is always available throughout your treatment and beyond, contact details of your clinical nurse specialist will be given to you. If you are prescribed chemotherapy you will be given a special support card which will include further information on what to do if you have questions or problems.

Clinical trials may be discussed with you and you will be given time to consider them. If you choose not to participate this will not affect the treatment you are offered.

Making the most of appointments

Making the most of appointments at the hospital or over the telephone is really important. Here are a few tips:

- Please write down any questions and bring them with you.
- Don't feel rushed – just use your own words and ask us to explain anything you don't understand.
- It is ok to make notes during the appointment, you may even like to ask the doctor if its ok to record the consultation on your phone.
- In most cases you will receive a copy of the clinic letter that is sent from your hospital doctor to your GP – please let your hospital doctor know if you do not want to receive a copy of this.
- Sign up to MY CARE

The MY CARE Patient Portal gives you easy and secure access to key elements of your medical record (starting from the day you gain access) and more control of your health and wellbeing. To sign up visit www.rdehospital.nhs.uk

Surgical treatments to Breast and Axilla

In the majority of cases, an operation to remove the cancer and also test or treat the lymph nodes in the axilla (armpit) is offered as the first line of treatment.

Your surgeon and breast care nurse will discuss with you as an individual why they are recommending specific surgery for you.

Surgical treatments include:

- Wide local excision (lumpectomy)
- Therapeutic mammoplasty (a way of performing the wide local excision with a breast reduction)
- Mastectomy - removal of all the breast tissue including nipple. However, nipple removal is not always done if having a reconstruction. If appropriate your surgeon or Breast Care Nurse may discuss breast reconstruction options.
- Axilla (armpit) or Lymph node surgery. Surgery to your lymph nodes is recommended to assess if disease has tried to move outside of the breast. Sentinel node biopsy – this targets the first lymph node(s) in the axilla. Axillary clearance – removes all or most of the lymph nodes under the arm. This is usually recommended if on scans we can see disease already in the lymph nodes.

If you are having a mastectomy we provide you with a temporary soft prosthesis to take home on the day of surgery. In the following months we will provide you with a silicone based external prosthesis and appropriate bra, this allows you time to heal and any swelling to settle before being fitted.

Your surgeon may also talk to you at the time of your surgery as to whether any immediate or delayed breast reconstruction options are available to you.

How will I feel after surgery?

Before your surgery your surgeon and breast care nurse should provide you with specific information on your post-operative recovery.

If you have had a wide local excision we would encourage you to wear a non-wired bra post operatively as the support it provides will aid the healing of your breast tissue and help with any discomfort due to swelling and bruising. It is normal to have swelling and bruising to the operated area in the first few weeks. It is usually helpful to wear your bra day and night during this period.

After a few weeks if your wound is healing massaging with a simple cream such as E45 can help the breakdown of scar tissue within your breast and armpit, but only do this if you are able to tolerate it.

Due to the surgery to the lymph nodes in your armpit it is important to avoid the overuse of the arm on your operated side for the first 10-14 days following surgery. We would advise avoiding heavy and repetitive use of this arm.

Your breast care nurse can advise you about getting back to normal with this arm but it is generally after about 2 weeks from surgery.

It is important to carry out the gentle arm exercises to keep your shoulder from becoming stiff. These exercises should be carried out a 2-3 times a day.

What is lymphoedema?

Lymphoedema is a generalised swelling caused due to congestion in the circulating fluid in your arm. It can occur at any time even a long time after your surgery and treatment has finished. Unfortunately, once it develops it needs to be managed and does not usually resolve although it can be kept under control, therefore we are keen to support you to avoid this.

How do I reduce my risk of lymphoedema?

This advice aims to reduce the risk even further, however, please note some of this is lifelong advice.

- Generally, this advice includes:
- Avoid heavy and repetitive use of affected arm in the initial 10-14 days following surgery.
- Carry out arm exercises in the initial post op recovery period.
- Gradually start to reuse arm as normal after post op check.
- Keeping active
- Maintaining a healthy body weight, Moisturising your skin
- Taking care of your arm with sunscreen
- Protecting it when gardening or cooking.

Ideally any vaccinations or blood tests and blood pressure readings should be carried out on your other arm.

When to seek advice regarding lymphoedema?

Seek advice via your Breast Care Nurse if you experience any of the following symptoms:

- Heavy or uncomfortable arm/hand
- Swelling/tightness of affected arm, hand or breast
- Skin changes (the breast will appear more swollen and have a dimpled appearance (similar to orange peel, sometimes described as peau d'orange)
- Signs of infection in affected arm/hand

Your Breast Care Nurse can also seek advice/support from the Lymphoedema Nurse Specialists if needed.

Chemotherapy Treatment

For some patients chemotherapy will be beneficial.

It is not recommended to all breast cancer patients. In patients who are recommended to have chemotherapy it will follow surgery, but there are a smaller group of patients who may benefit from it as a first line of treatment. You may even have a test discussed with you about whether chemotherapy will be beneficial for you.

Chemotherapy uses anti-cancer drugs to destroy cancer cells but can also damage some normal cells such as the lining of your gut and hair follicles. This can cause side effects such as hair loss and nausea. One of the main side effects is that it can weaken your immune system leaving you more susceptible to infections.

It is generally given intravenously (into veins – usually via a PICC line) in cycles every 1 to 3 weeks over a period of 4-5 months.

It is given as a day case procedure usually taking place on Cherrybrook ward, here at the RDE.

Radiotherapy

Most breast cancer patients will have a discussion on the benefits of radiotherapy treatment but again it is not given to all patients.

It uses high energy x-rays to destroy cancer cells and will be given to your affected breast and in some patients to the axilla (armpit) or chest wall (following a mastectomy).

We know it is beneficial in reducing the risk of a breast cancer returning to your breast or axilla. This is why most patients who have a breast wide local excision will be recommended radiotherapy, but if you have had a mastectomy there may be reasons why it is not needed. If there is evidence of disease in the lymph nodes it may be also beneficial to receive this treatment.

It is generally given over consecutive days for a period of anywhere between 5-20 days the number of sessions recommended will be confirmed at your oncology appointment. Each session lasts around 10 – 15 mins. Hospital transport can be provided for your treatment's sessions.

Side effects will vary for each person they may include:

- Tiredness, which builds up over the course of the treatment is the major side effect.
- Skin changes - Breast skin may look darker and feel more sensitive and tight
- Breast Swelling
- Shoulder stiffness

- 'Radiotherapy flare' – can occur 1-2 weeks after treatment Talk to your radiographer about any concerns during treatment
- Changes to breast shape and size. Your breast may feel firmer

These side effects generally settle over the following few weeks but can take longer.

Targeted treatments

Targeted treatments are drugs that are used to try and block the growth and spread of cancer. They specifically target particular proteins called HER-2 receptors which are found on the surface of cells. Your initial biopsy or surgical results provide more detailed information about your type of cancer and allows us to offer these targeted treatments.

One of the features we look for in your biopsy sample is whether the cells have an additional protein on the surface, this is called a HER-2 receptor

These drugs are used when breast cancer is found to be HER-2 positive.

Around 15% of breast cancers are HER-2 positive.

In breast cancer most commonly used targeted therapies are Herceptin (trastuzumab) and

Perjeta (pertuzumab). These are given alongside chemotherapy, every 3 weeks for around a year (18 cycles) as subcutaneous injection or through intravenous drip. There are minimal side effects with some patients reporting flu like symptoms for 24 hours.

If you are having this treatment it is important that we monitor your heart muscle usually with a specific ultrasound scan of your heart at the start of treatment and then every few months – this is called an ECHO.

Endocrine therapy

From your initial biopsy you have we also check to see if your breast cancer is responsive to the presence of oestrogen.

Oestrogen is a sex hormone produced by ovaries (before the menopause) but also in fat/adrenal cells after the menopause. About two thirds of all breast cancers are stimulated by the presence of oestrogen and we call this oestrogen receptor positive.

By using endocrine therapy or anti-oestrogen therapy we can block the effect of this circulating oestrogen on cancer cells and it therefore reduces the risk of your cancer coming back after surgery.

You will be asked to take this treatment in the form of a daily tablet for between 5-10 years.

The drugs used are Tamoxifen/Anastrozole/Letrozole/Exemestane. Sometimes it can be given as the first line treatment if other treatments are not possible (generally due to underlying health conditions).

In some pre-menopausal patients, a discussion may be had about switching off your ovaries. The medication to do this would be in addition to the treatment tailored to you and may consist of a monthly injection.

The main side effects of anti-oestrogen therapy can include post-menopausal type symptoms.

These side effects are very individual - you may not experience all of these side effects or indeed any.

Bone density loss –you will be offered a DEXA scan. This scan measures bone density and this will be requested in the first few months of treatment. The results will be communicated to you and your GP to be acted upon.

- Early menopause
- Fatigue and tiredness
- Hot flushes and night sweats
- Mood changes
- Intimacy and relationships
- Vaginal dryness

The side effects you do experience can feel the most extreme during the first three months of starting the tablets but in most cases will settle down.

Tips on coping with side effects...

- Dress in layers with natural fibres
- Small hand-held fan
- Cooling pillow
- Acupuncture
- Layer bed clothes
- To help with insomnia – audio books
- Exercise
- Fresh air
- Cognitive behavioural therapy

If you are experiencing long lasting, persistent side effects we recommend that you talk to either your breast care nurse or your oncologist as we may be able to suggest a change in the tablet.

Most patients manage this treatment with minimal impact but getting it right for you is important as we want to support you to be able to manage taking this treatment for at least 5 years.

Bisphosphonates

Bisphosphonates are another type of drug treatment that may be discussed with you towards the end of all your other treatments.

This is not given to all patients it depends on the other treatments you have had and your cancer pathology. It is used to help protect your bones from some of the additional treatments you have for breast cancer and reduces the risk of breast cancer spreading to your bones.

It is given as either tablet form (taken at home) or as a 6-monthly infusion (given as an out patient appointment) for 3 years and is generally well tolerated with minimal side effects. Side effects include: nausea, diarrhoea and having your calcium levels checked. If you are recommended this treatment your oncologist will confirm how and when this is given.

It is important to have a dental check-up and have any dental work completed before starting this treatment as in a very small number of

people it can cause problems with the jaw bone. It is important you let your dentist know if you are having this treatment.

Fertility

Some treatments for breast cancer can affect your ability to become pregnant.

For patients for whom this is important please discuss your individual concerns or questions about your fertility with either your breast care nurse or doctor as soon as possible after your diagnosis. They will be able to advise you specifically on options available to you.

Some of the treatments you undergo can affect your periods if you are pre-menopausal so you may notice your periods stop or become irregular.

It is still important to use contraception if you are sexually active as becoming pregnant whilst undergoing treatments is not advised due to potential harm to your unborn baby. Avoiding hormone-based contraception is advised with barrier methods (condoms) being preferred.

Fatigue

Fatigue is a very common side effect of cancer treatment. Fatigue is more than feeling a bit tired, it is an excessive lack of energy which can affect all aspects of life.

We know from an academic study from 2014 that around 30-40% of cancer patients suffer with prolonged fatigue. There is often very little discussion around this and yet it can have a major effect on your daily life and activities.

There is no quick fix for fatigue. But we do advise energy conservation. Try thinking about your energy as an energy bank account.

- Firstly, plan your day, when is that energy available to you?
- Get to know how much you have and when is it available to you.
- Secondly - Prioritise what you would like to do with it
- Lastly Pace yourself, listen to your body and rest before you get too tired.

The important thing is don't try using more energy than you have by keeping going, as this may take you days to recover.

As well as focusing on your energy conservation, keeping a diary or tracking your energy levels can be helpful to monitor things over longer time periods, it can help you see any patterns which are helpful or detrimental to you over time. And also, if changes you make to your routine are helpful.

Other useful tips include:

- Aim for quality sleep rather than the quantity.
- Try to eat healthy, regular meals
- Recent evidence shows that regular physical activity is beneficial and we will also introduce some ideas for you shortly.
- Let family and friends know how you feel so you are able to access the right emotional support
- NHS app recommended apps to help monitor energy levels and track patterns of fatigue: www.untire.me and www.owise.uk
- Do let your clinical team know how you are feeling so they are able to offer the relevant advice. When you attend for appointments bring questions written down to ask your team as it can be difficult to remember details when you are in a clinical situation.

Exercise

The positive effects of exercise are helpful in combating signs of fatigue but it can also improve our mood, sleep and promotes a sense of wellbeing. Exercise has general health benefits for your heart and lung function which contributes to a sense of general wellbeing. By being physically active you are using muscles which encourage the movement of lymph fluid in the lymphatic system and thereby reducing the risk of lymphoedema developing. But importantly for your cancer recovery there is also accumulating evidence that regular physical activity may reduce the risk of disease progression and increase survival time

You may be used to regular exercise or this may be completely new to you. Do not be put off by the thought of it, moving more even for short periods of time is helpful to you.

So, what are the recommendations for exercise? Government guidelines are to do around 2 and a half hours of moderate intensity exercise per week. Please don't let this put you off as this can be broken down into manageable and achievable chunks. 10 minutes at a time is just as effective. Moderate intensity exercise simply means you should be slightly breathless but able to hold a conversation whilst you are moving around.

Sometimes it can be difficult to know where to start, so do something you enjoy, so that you are more likely to keep going. Start slowly and gradually increase your activity levels. Here are some ideas to help you:

- Brisk walking
- Water aerobics
- Riding a bike on level ground or with few hills
- Doubles tennis
- Pushing a lawn mower
- Hiking
- Rollerblading
- Volleyball

Find an activity that you enjoy and can easily incorporate into your daily routine.

We have links to the physiotherapist teams here at Royal Devon University Healthcare and Force that can help advise you on specific ways you can help to increase your physical activity. They can speak to you individually to advise.

Managing your weight during and after treatment

Treatments, side effects or even lifestyle changes can cause you to put on weight during and after your treatment.

So, give yourself time to fully recover following your treatments.

Set realistic goals when looking to change your eating habits or exercise regimes and be kind to yourself.

There is a lot of different and sometimes conflicting advice about diet and cancer. The general advice given by the NHS is a moderate and varied diet with at least 5 portions of fruits and vegetables daily.

Base meals on starchy carbohydrates, choose wholegrains and include dairy or fortified alternatives, choose low-fat/low-sugar. Remember to include protein in the form of beans, pulses, fish, eggs, meat.

It is important to stress that we do not advocate excluding any food groups. And it is not about getting it right all the time but aiming to have a generally well-balanced diet with occasional treats.

Common diet myths

- Dairy products do not increase the risk of cancer recurrence. They are an essential part of our diet in providing protein and calcium
- Sugar does not promote cancer recurrence – but too much sugar is linked to weight gain and not beneficial to health.
- There is no proven link to eating an organic diet reducing the risk of cancer recurrence – but you may choose to eat organically for other health reasons.
- Soya products can be consumed in moderate amounts, around 2 to 3 portions a day. Soya consumption does not increase the risk of cancer recurrence.

Diet and lifestyle

- Trying to improve your diet and lifestyle can help in your recovery from cancer and the effects of treatment.
- Increasing your intake of high fibre foods, decreasing your intake of saturated fats
- Consider reducing your alcohol intake to 6 units of alcohol per week as there is some evidence that it can be helpful to decrease risk of recurrence.

- If you need help to stop smoking there are smoking cessation courses you can access either via Royal Devon University Healthcare or your GP.
- Increase physical activity. This improves long-term health, cardiovascular health, and potentially reduces the risk of recurrence

Here at Royal Devon University Healthcare, we have a wide range of exercise programmes and dietary advice to support you moving forward.

Support is still available via this healthy lifestyle support team as part of the living with and beyond cancer.

Please ask your clinical nurse specialist for advice regarding the most appropriate service for you or contact the team via the email link here. There is also access to a specialist cancer physiotherapist via Force, our cancer support charity. The BCNS team can refer you to her for additional support.

The emotional impact of a cancer diagnosis

Everybody deals with a cancer diagnosis differently, and it is important to stress that there is no right or wrong way to do this. Feelings of uncertainty and fear of what the future might hold can be overwhelming. You may also feel a loss of confidence in your ability to manage, attending the hospital for so many appointments and being told where to go and when can leave you with a sense of a loss of control.

Having concerns about friends and family and how they might deal with your diagnosis and treatment side effects can also increase anxieties. Often others may be unaware of underlying side effects and it can be difficult to know how to talk about how you feel to those around you.

Anxiety can sometimes manifest in different ways, you may find it affects your sleep, you may feel withdrawn or irritable. It can be helpful to think about how you managed with difficult situations in the past and use some of those coping strategies. It can also be useful to know that our normal is very adjustable, so don't always expect too much of yourself and allow for periods of adjustment to take place.

It is important to know that there is no right or wrong way to navigate the whole process of a cancer diagnosis and its impact.

Here are some tips that may help you to manage any anxiety:

- Deal with the here and now and notice the good around you can really help.
- Keep your expectations realistic, this is not the time to set marathon goals.
- At this time support is available from your breast care nurse and FORCE our local cancer charity so please don't feel isolated and unable to talk to anyone.
- We suggest allowing some structured worry time, maybe around 15 mins a day and to try and find solutions where you are able but if not leave them to the following day.
- It can be useful to keep a note pad and paper by your bed just in case something pops into your head and wakes you up so that you can write it down and hopefully go back to sleep.

Moving forward is all about finding the right balance for yourself. Gathering support from family and friends is really helpful, but remember you don't have to tell everyone what is going on for you, it's really up to you. Start thinking about what really matters to you and prioritise that. Remember cancer is only one part of what makes you 'you'.

Supporting your family and friends

If extra support is needed for anyone in the family do not be afraid to ask for help. You could try the following ideas:

- Identify extended family, friends and community who might help.
- Consider what other services could give extra support when needed, for examples schools often have excellent support systems in place for young people.
- Use FORCE or other local support services

Breast cancer can impact physical relationships and intimacy both from physical side effects of

treatments and the emotional fall out. Your Breast Care Nurse can help to guide you and sign post for specific help. If you would like some extra help during this time on how to maybe start the conversation please let your breast care nurse know.

Where young children are involved considering other services such as schools can be really helpful, just make sure they are aware of the situation. Alternatively, our local cancer charity FORCE has counsellors with a range of expertise who will be able to support you and your family.

Work and finance

You may have concerns about work and finances. Force have a financial advisor who can help with specific financial or benefit claim concerns. You can either self-refer or ask your breast care nurse to refer you. Macmillan also offer lots of advice and support and can be contacted over the telephone or on line (we include these details at the end of these slides).

It is important to know that you are legally protected from any unfair treatment at work as a result of your cancer diagnosis and the treatment you have to undergo. Please access support either via us or through one of the national charity helplines or Force. Many GP practices run voluntary hospital transport schemes to help patients who have to attend the hospital regularly.

When you have radiotherapy treatment the hospital can arrange transport to bring you to these appointments.

You are entitled to free prescriptions for 5 years – ask your GP for an exemption certificate

Force

We have mentioned the fantastic support services that Force offer to us locally in Devon.

They are a Cancer support and information centre for patients and their loved ones offering physical, emotional, psychological and practical support. They also run outreach centres in Tiverton and Okehampton and Honiton.

FORCE Cancer Nursing Team: 01392 406151

www.forcecancercharity.co.uk

support@forcecancercharity.co.uk

Fern Centre

The Fern Centre is a new centre in Barnstaple, North Devon. It offers information and support to those affected by cancer as well as their families by offering a warm, welcoming environment providing comfort and care away from the clinical setting.

The Fern Centre also offers counselling, activities and support to patients diagnosed with cancer as well as their partners and children.

The Fern Centre is based opposite the entrance to the Ladywell Unit at North Devon District Hospital

01271 311 855

ndht.theferncentre@nhs.net

Moving Forward: Life after your diagnosis and treatment?

Your medical team will discuss with you your follow up care which usually involves annual mammograms if appropriate for 5 years. You can access support or come to us with concerns please ring the Breast Care Nurses – we will be able to help signpost you in the right direction. You may also be referred to the PIFU service.

Moving forward following your diagnosis and treatment can feel overwhelming. The survival instinct that may have got you through treatment may not have allowed much room for processing emotion. Recovering from the aftermath and living with any side effects is understandably hard to navigate. We have touched upon some of the sources of support available to help you navigate the emotional impact of living well beyond your cancer diagnosis and treatment. Moving forward courses are available through Breast Cancer Now charity and you can access some of this help online. Counselling sessions are also available locally through Force.

For additional useful telephone numbers and links to online support please visit:

www.rdehospital.nhs.uk/services/breast-care/breast-cancer-clinical-nurse-specialists

If you have any questions about this booklet please contact the breast care nursing team and we will be able to help or signpost you to the right place.

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E (Eastern Services) main switchboard: 01392 411611 NDDH (Northern Services) main switchboard: 01271 322577

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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