



Canadian Cancer Society  
Société canadienne du cancer

# Understanding Treatment for Breast Cancer

*A guide for women*



Let's Make Cancer History  
1 888 939-3333 | [cancer.ca](http://cancer.ca)

The Canadian Cancer Society would like to thank the people who shared their personal experiences with us. In some cases, their names have been changed – these names are marked with an asterisk (\*).

If you have advanced breast cancer that has spread (metastasized) to another part of your body, the information in this booklet may not be right for you. Call our *Cancer Information Service* at 1 888 939-3333 for more information.

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## Introduction

This booklet was written to help you understand the different ways to treat breast cancer with surgery, radiation therapy, chemotherapy, hormonal therapy and biological therapy. You can use this booklet as a guide as you:

- get ready to start treatment
- cope during treatment
- take care of your well-being after treatment

For some of you, the information in this booklet may be enough. For others, it will be only a starting point. Either way, it can help you prepare for what will happen next and help you talk with your healthcare team and your family and friends. Throughout these pages, you'll hear from Canadian women who've been where you are now. Their stories may not be the same as yours, but their words are offered here to let you know that you're not alone.

“ *When my doctor phoned with the news, she said, ‘This next part of your journey is a roller coaster, but it’s not the end of your journey.’* ~ Karyn

### Men with breast cancer

Men of all ages can develop breast cancer, but it is most common in men over 60. That said, male breast cancer is rare – less than 1% of all breast cancers occur in men. Breast cancer in men behaves and is treated much the same way as breast cancer in women.

Being a man and being treated for breast cancer can affect how you feel about your body and your sexuality. Whether you're single or have a partner, it can be hard to talk about these issues and find information to help you cope. Start with your healthcare team – they can help you get the information and support you need.

We refer to women in this text, but you may find the information in this booklet helpful if you're a man with breast cancer.

## About breast cancer



### About your breasts

Women and men both have breasts, although women have more breast tissue than men. The breasts sit on the chest muscles that cover the ribs. But the breast tissue covers an area larger than just the breast. It extends up to the collarbone and from the armpit across to the breastbone in the centre of the chest.

Each breast is made of glands, ducts (thin tubes) and fatty tissue. Lobules are groups of glands that can produce milk. During breastfeeding, milk flows from the lobules through a network of ducts to the nipple. The nipple is in the centre of a darker area of skin called the areola. Fatty tissue fills the spaces between the lobules and ducts.

A woman's breasts may feel different at different times of her menstrual cycle, sometimes becoming lumpy just before her period. Breast tissue also changes with age. Breast tissue in younger women is mostly made of glands and milk ducts, but older women's breasts are mostly fatty tissue.

The breasts also have lymph vessels and lymph nodes. These are part of the body's lymphatic system, which helps fight infections. Lymph vessels move lymph fluid to the lymph nodes, which trap bacteria, cancer cells and other harmful substances. There are groups of lymph nodes near the breast under the arm, near the collarbone and in the chest behind the breastbone.

### What is breast cancer?

Breast cancer starts in the cells of the breast. Normally, healthy breast cells grow, divide and die in an orderly way. But cancer cells multiply in an uncontrolled way, creating a lump, or tumour. If the tumour isn't treated, it may spread and damage or destroy healthy tissue around it.

There are many types of breast cancer, and different types are treated differently. Most breast cancers start in the cells that

line the milk ducts (this is called *ductal carcinoma*) and may spread from there into surrounding breast tissue. Another type of breast cancer called *lobular carcinoma* starts in the lobules, where milk is produced. Other less common types of breast cancer include inflammatory breast cancer and Paget disease of the nipple. You can learn more about the different types of breast cancer below.

### **Types of breast cancer and breast conditions**

#### **Ductal carcinoma in situ (DCIS)**

In DCIS, cancer cells have developed within the milk ducts. The abnormal cells are completely contained within the ducts and have not spread into the surrounding breast tissue. Because the cancer cells have not spread outside of the ducts, DCIS is sometimes known as *pre-cancerous*, *pre-invasive*, *non-invasive* or *intraductal* cancer.

#### **Lobular carcinoma in situ (LCIS)**

LCIS means that there are changes to the cells lining the lobules. LCIS is not cancer, but if you have it, your risk of developing breast cancer goes up slightly. Most women with LCIS never develop breast cancer or need treatment, but doctors usually recommend regular breast monitoring to track any changes.

#### **Invasive ductal breast cancer**

Invasive ductal breast cancer occurs when cancer cells have spread from the milk ducts to the surrounding breast tissue. This is the most common type of breast cancer.

#### **Invasive lobular breast cancer**

Invasive lobular breast cancer occurs when cancer cells have developed in the lobules and spread to the surrounding breast tissue. These cancer cells look different than ductal cancers and spread in a certain pattern.

#### **Inflammatory breast cancer**

Inflammatory breast cancer is not a common type of breast cancer. The cancer cells block the lymph vessels, which normally remove fluids, bacteria and other waste from the breast tissue. As a result, the breasts can become swollen, red and inflamed. Inflammatory breast cancer usually grows in “nests” or layers, instead of solid tumours.

#### **Paget disease of the nipple (or Paget disease of the breast)**

Paget disease of the nipple is a change in the skin of the nipple. It usually starts as a scaly, red rash that looks like eczema. Some women may notice itching or burning, and there may be oozing or bleeding from the nipple or areola. Most women with Paget disease will have an underlying breast cancer.

“ *Initially, I had a new bra and I thought it was rubbing on my nipple. Then I realized it wasn't healing. I would put Band-Aids on my nipple, and then the scab would come off with the Band-Aid. The raw nipple was weeping clear fluid.* ~ Deb

## Working with your healthcare team



Treating cancer is a team effort. Many professionals work together to help you through treatment and beyond. Your healthcare team is there to help you and your family cope with the physical and emotional effects of cancer treatment, as well as help you find your way through the healthcare system. Together, you can work with your team to get the best care possible.

### Getting to know your healthcare team

Your healthcare team is a group of healthcare professionals who work to treat your cancer. But *you* are the most important member of the team, and you should be informed and consulted at every stage of care. Your family and friends are often part of your team as well. Your healthcare team may include:

A *medical oncologist* is a doctor who specializes in diagnosing and treating cancers using chemotherapy, biological therapy, hormonal therapy and supportive therapy.

“ *My oncologist was really good about explaining what chemo was required for my type of cancer and how it worked. She’s very good at being hopeful and optimistic and yet making sure that we do all the required tests and that I know about any clinical trials.* ~ Karyn

A *nurse* gives care in the hospital or at your home. Nurses often have the most contact with you and will answer questions, give medicine and provide emotional support. *Oncology nurses* and *oncology nurse practitioners* have special training in caring for people with cancer.

“ *The nurses were the ones who calmed me down. They explained things 10 million times so I could understand them properly. They could get me to laugh. When you’re sitting there, shell-shocked and crying, they’re the ones who can get you ready to walk out the door and start your life again.* ~ Karyn

“ *I couldn't look at my post-surgical self until I went for my follow-up with my surgeon. It was the nurse who recognized that I hadn't looked. She was the one who said, 'Let's do this together.' It was the nurse who put me onto the pharmacists when I was having trouble with chemo. There's a competence about them. They are a wealth of knowledge.* ~ Ruth

A *pathologist* looks at samples of tissue taken from the body under a microscope to diagnose illness or see how cancer is responding to treatment.

A *pharmacist* prepares cancer drugs and other medications and explains how they work.

“ *Until I had cancer, I didn't really understand what pharmacists did. They're amazing. They were the ones who knew everything, from why my eyes were so teary to what to do about vomiting and nausea. They know what all the drugs do and don't do. They tried all kinds of different cocktails to find something to help me stop barfing. They called me after every chemo to see if the drugs were working. They are such a valuable resource, and I would urge people to tap into that resource.* ~ Ruth

A *physiotherapist* or *occupational therapist* works with you to restore or maintain physical fitness. They can help when you have a hard time moving around or carrying out daily activities. An occupational therapist can also help you return to work, adjust your work activities and make suggestions to modify your home while you have treatment or deal with side effects.

“ *I developed some ropiness in the tendons of my armpit following my mastectomy, and a community care physiotherapist came to my house. She helped me with the exercises I needed to do to regain the mobility in my arm.* ~ Ruth

*Psychiatrists* and *psychologists* are mental health specialists. They can help you and your family understand, manage and cope with feelings, thoughts, worries and behaviours.

“ *My husband made an appointment for me to see the psychiatrist. I was really angry with him, but I went anyhow. I was depressed, but I felt that I was in the midst of a life crisis that allowed me to be depressed, and the psychiatrist agreed. Basically, we decided that we would check in with each other every few weeks or so to make sure that I was, what we referred to as, 'appropriately depressed.'* ~ Ruth

A *radiation oncologist* is a doctor who specializes in treating cancer with radiation. The radiation oncologist develops your radiation therapy treatment plan.

A *radiation therapist* plans your radiation therapy treatment at simulation and gives you your treatment based on the plan your radiation oncologist developed.

A *reconstructive surgeon* is a doctor who surgically rebuilds or reshapes (reconstructs) a part of the body, such as a woman's breast. This is sometimes done at the same time as surgery to remove breast cancer or at a later date.

A *registered dietitian* can answer your questions on diet and nutrition throughout your treatment and recovery.

“ *I gave the dietitian a list of all the homeopathic stuff I was on, my vitamins, the way I ate, and she let me know what I could and couldn't take during treatment. She would sit with me and explain the most updated recommendations, print stuff out and send it home with me so that I could read it.* ~ Cathy

A *social worker* helps you and your family cope with illness and its treatment. Social workers can provide or refer you to counselling, support groups, financial assistance and other resources.

“ *The social work department was open not just to me but to my family and friends. My mom went. Two of my kids went. My partner went for a while. Huge emotional support. My social worker also went to bat for me when it came to finding financial resources. She was my voice, my advocate, which was a blessing.* ~ Cathy

A *spiritual care worker* offers spiritual care, support and prayer according to your spiritual and religious needs.

Your *family doctor* or *general practitioner* (GP) provides general, primary healthcare to you and your family. Your GP plays an important part in continuing your care, especially after your cancer treatments are over.

### **Talking to your healthcare team**

The members of your healthcare team are experts in cancer – but you’re the expert on you. Help them know more about you, not just your cancer. Tell them what you need, whether you’re getting too much information, not enough or just the right amount. Let them know how you’re feeling and if you have any worries about your treatment or side effects.

“ *My doctor’s great. She’s a little older than me and she also has kids, so she gets where I’m at.* ~ Karyn

You may also want to tell your team about your life outside cancer treatment – whether you live alone, if you have young children or if travelling to and from the hospital is hard for you. Tell them if you plan to keep working or studying during your treatment or if you have any special events coming up like a wedding, a graduation or a trip.

Talk to your healthcare team about any cultural or spiritual practices that are important to you. If you find it easier to communicate in another language (including sign language), let them know – they can make sure you have an interpreter.

Members of your healthcare team may have different communication styles, and you may find it easier to communicate with some people than others. Good communication with your healthcare team is one of the best ways to get the best possible care. Be honest, open and direct.

“ *My oncologist and my plastic surgeon were very different. One was warm and fuzzy, kind and gentle. The other was down to earth and factual. Not uncaring but she had a lot of information to get across and she wanted you to listen. If you had questions, you were welcome to ask your questions but it was all business. But I never felt that she didn’t care. I felt that she wanted to make sure I had all the information necessary to make the right decision for myself.* ~ Deb

It takes time to develop a relationship with your healthcare team. But sometimes, no matter how many appointments you have, you may feel like it’s hard to talk to some members of your team. Communication can have a big effect on the success of your treatment, so if it’s hard to talk to someone on your team, tell them. Or talk to someone else on your healthcare team about the problem. If the relationship really isn’t working and you think it’s affecting your treatment, you may be able to ask for new members on your team.



## Planning your treatment



“ *It’s a cliché, but you can get through it day by day. When you think of the treatment process as a whole, you can’t begin to imagine how you’re going to get through it. But day by day, you do.* ~ Karyn

There are many ways to treat breast cancer, and your healthcare team will develop a treatment plan just for you. They’ll explain the different options, make suggestions for treatment and help you make the final treatment choices.

The most common cancer treatments are:

- surgery
- radiation therapy
- chemotherapy
- hormonal therapy
- biological therapy

When your healthcare team develops your treatment plan, they consider many factors, including:

- the type of breast cancer you have
- your age
- your menopausal status (whether you still get your monthly periods)
- your overall health
- your personal preferences or situation (such as whether you can travel to treatment or you wish to conserve your breast)

Your treatment plan for breast cancer also depends on:

- The **stage** of the cancer – the size of the tumour and whether it has spread beyond the place where it started to grow.
- The **grade** of the cancer – how the cancer cells look and behave compared to healthy cells under a microscope. The grade can help your healthcare team understand how quickly the cancer may be growing.

- **Hormone receptor status** – whether the cancer cells have certain areas on them (called receptors) for the hormones estrogen and progesterone. If the cells have these receptors, the tumour is called *hormone receptor positive* and needs estrogen and progesterone to grow. Knowing the hormone receptor status of the tumour helps predict how it will behave and whether or not hormonal therapy will help.
- **HER2 status** – whether the tumour produces a growth factor receptor called HER2. HER2 is a protein on the surface of breast cells that promotes growth. If the breast cancer cells have high amounts of HER2, the tumour is called HER2 positive (HER2+).

Some breast cancers don't have receptors for the hormones estrogen or progesterone or for HER2. This type of breast cancer is called *triple-negative breast cancer*.

### If you're pregnant when you're diagnosed

If you're pregnant when you're diagnosed with breast cancer, you and your healthcare team will come up with a treatment plan that is safest for you and the baby. You can usually have surgery even if you're pregnant, and the rest of your treatment will be planned around your pregnancy.

You should avoid getting pregnant while you're being treated for breast cancer. Talk to your healthcare team about any family planning issues you have while you're being treated for cancer.

## Questions to ask about treatment

You may want to ask your healthcare team some of the following questions before starting treatment:

What is the difference between breast-conserving surgery (or lumpectomy) and mastectomy?

How much of my breast will be removed?

When, if ever, is it a good idea to have my second breast removed as a precaution (prophylactic mastectomy)?

Will my arm be numb after surgery? If so, for how long?

When can I start wearing a bra?

Where can I get advice about breast reconstruction?

How will my new breast look and feel after surgery? Will it match my other breast? Will it change over time?

Do I need a special bra to hold my prosthesis in place? Where can I find special mastectomy bras and swimwear?

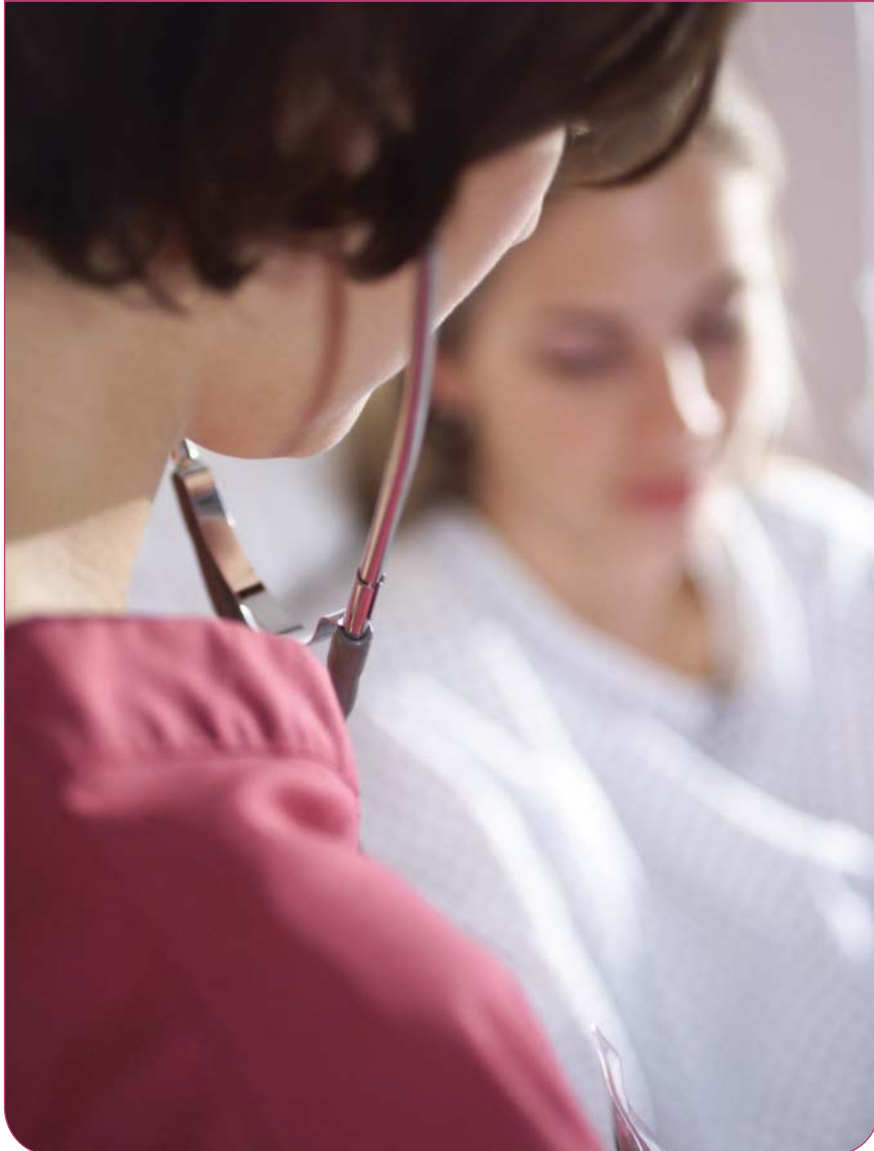
Is it safe to take birth control pills after breast cancer?

Should I continue to have mammograms after treatment? How often?

### More questions to ask about cancer?

Our booklet *Questions to Ask about Cancer* suggests other questions to ask your healthcare team.

## Surgery



Surgery is the most common treatment for breast cancer. It may be combined with other treatments such as radiation therapy, chemotherapy or hormonal therapy. The main goal of surgery is to completely remove the tumour from the breast. There are two different types of breast surgery:

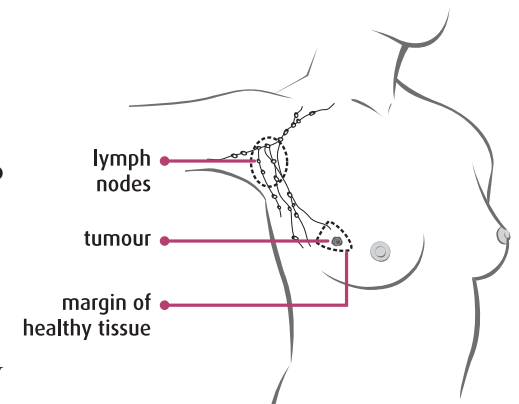
- breast-conserving surgery (removing anything less than the whole breast)
- mastectomy (removing the whole breast)

Your healthcare team will explain each type of surgery and help you decide what's best for you. In some cases, you may be able to choose between breast-conserving surgery and mastectomy. In other cases, depending on the location and size of the tumour, your team may recommend one type for you.

### Breast-conserving surgery

“ *I'm not unhappy with my decision ... You can't really tell that one breast is smaller than the other and missing the nipple/areola area. The benefits of being small, I guess! ~ Cassandra\** ”

In breast-conserving surgery, the surgeon removes the tumour and some of the tissue around it so that you keep or *conserve* as much of your breast as possible. Some lymph nodes may also be removed. Breast-conserving surgery is an option if it's what you want and if the tumour is small enough, compared to the size of your breast, to safely remove all the cancer and margin of healthy tissue.



The term *lumpectomy* may also be used to describe breast-conserving surgery.

It's hard to know exactly how your breast will look after surgery. How it looks depends on the amount of breast tissue removed and the location of the tumour.

In most cases, breast-conserving surgery is followed by radiation therapy. Your healthcare team may suggest other treatments as well.

“ I had the original surgery as a lumpectomy, followed by chemo. There were still a few cancer cells on the margins of the first lumpectomy, and so then I needed more surgery. I chose to do another lumpectomy versus the whole mastectomy and reconstruction. I talked things over a lot with my doctors, so I'm comfortable with the decision. ~ Jill\*

## Mastectomy

“ ‘Picture your breast from three different perspectives,’ the doctor said to me. ‘First, think of it as the face of a clock. There are cancer cells from 10 o'clock to 2 o'clock.’ Then, she explained that the cancer cells ran from my collarbone to my nipple. ‘Finally,’ she said, ‘picture your breast like a half-grapefruit, or a small hill. According to the biopsy, there are cancer cells in the bottom two thirds of that hill.’ Since the discovery of the lump, in my mind mastectomy had never been part of the equation, but now I understood that it was. ~ Ruth

For some women, breast-conserving surgery followed by radiation therapy may not be the best treatment option. Your healthcare team may recommend removing your entire breast if:

- The area affected by cancer is large compared to the size of your breast.
- The cancer is in more than one area of your breast.

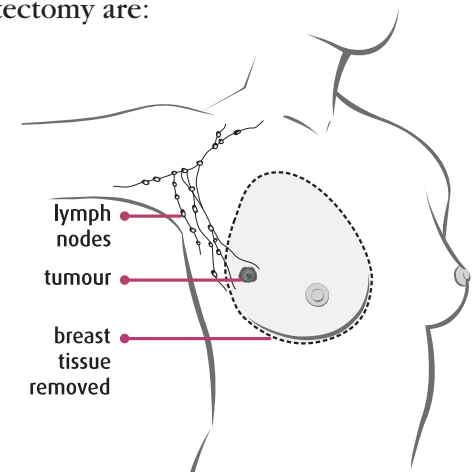
- You've had breast-conserving surgery and the margin of healthy-looking tissue around the tumour is not considered clear of cancer.
- It's what you prefer.

“ After my lumpectomy, my doctor said, ‘I am very sorry, but we couldn't find a clear margin.’ He recommended a mastectomy. ~ Deb

The two main types of mastectomy are:

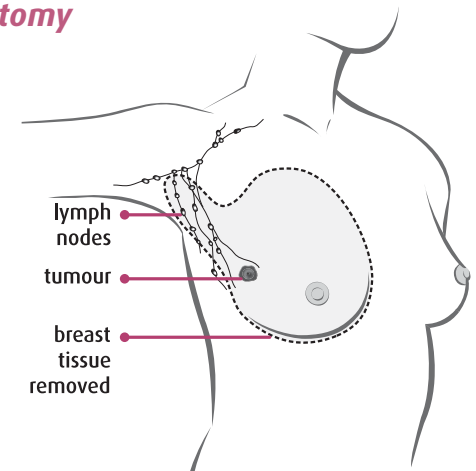
### Total mastectomy

A total mastectomy removes the entire breast, including the nipple. The lymph nodes and muscle under the breast are left in place.



### Modified radical mastectomy

A modified radical mastectomy removes the entire breast, including the nipple, and some of the lymph nodes in the armpit. The muscle under the breast is left in place.



A third type of mastectomy, called a *radical mastectomy*, removes the entire breast, including the nipple, some of the lymph nodes in the armpit and the muscle under the breast. This type of mastectomy is seldom done any more.

A new breast shape can often be created either at the same time as a mastectomy, or some months or years later. This is known as breast reconstruction. There are several different types of breast reconstruction – talk with your healthcare team before surgery about your options.

### Prophylactic mastectomy

For most types of breast cancer, cancer doesn't spread to the other breast.

But some women have certain risk factors for breast cancer that greatly increase their chance of developing cancer in the other healthy breast. These women may choose to have a prophylactic mastectomy to remove it. By removing the other breast, they greatly reduce the chances of developing breast cancer again.

Most of the time, there are no other medical reasons to remove the healthy breast, unless a woman feels very strongly about it. Talk to your healthcare team if you have questions about prophylactic mastectomy.

### Checking the lymph nodes

In both breast-conserving surgery and mastectomy, your surgeon usually removes some lymph nodes from your armpit (axilla) on the side of the cancer. Lymph nodes may be removed during breast cancer surgery or at a different time. These lymph nodes are examined under a microscope to see if any cancer cells have spread to them from the breast. This helps your healthcare team find out the stage of the cancer and plan your treatment.

There are several ways to check the lymph nodes. The most common are axillary lymph node dissection and sentinel lymph node biopsy.

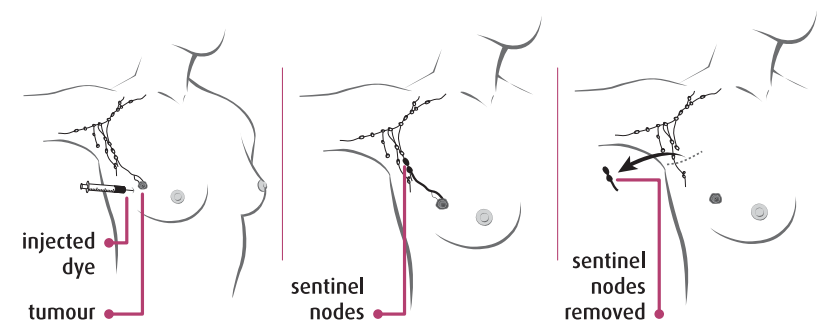
An **axillary lymph node dissection** (ALND) means having surgery to remove several lymph nodes from the armpit.

A **sentinel lymph node biopsy** (SLNB) is a way of checking only one or two of the lymph nodes to look for cancer. Removing only a few nodes reduces the chance of side effects such as arm stiffness or swelling (lymphedema). It can also be less painful than other methods of checking the lymph nodes and usually doesn't require surgical drains.

Before the surgery, a blue dye and a tiny amount of radioactive liquid are injected into the area of the cancer. The dye makes the lymph nodes blue. Then, the lymph nodes are scanned as the radioactive liquid moves into them. The nodes that become blue or radioactive first are known as the sentinel nodes. The surgeon removes only the sentinel nodes so that they can be examined for cancer cells.

If there are no cancer cells in the sentinel nodes, no further surgery is needed. If there are cancer cells in the nodes, an ALND is usually done.

Sentinel Lymph Node Biopsy



## Preparing for surgery



“ *My husband and I did a really lovely thing the night before. We had a little ceremony to say goodbye to my breast. I didn't think I'd be able to sleep because I was so upset. So, we lit a candle and – it's kind of cheesy – but we talked about the good times that we had and how it had fed our kids and how it was a big part of me but really, if it was going to be hurting me it had to go. That really helped. It allowed us to address it in a positive way. We had some tears and he scratched my back, and I was able to fall asleep and know that it was the right thing to do.* ~ Karyn

Your healthcare team will tell you how to prepare for surgery, including when to stop eating and drinking before the operation. At some time before you're admitted to the hospital, you'll likely have a physical exam and several other medical tests, such as blood and urine tests.

Some women also find it helpful to prepare emotionally for surgery. You may want to think about doing something that feels soothing or comforting to you – going out for a nice meal with family or friends, doing last-minute chores or taking some quiet time to reflect.

“ *How did I prep for surgery? I started cooking. I cooked and I cooked and I cooked, and I froze probably about 20 or 30 meals. None of which I could ever eat, but my family ate them. It made me sad but it was what I needed to do.* ~ Ruth

“ *When I was on the table, the doctors were all around and getting me ready. The anesthesiologist told me, 'I need you to take some deep breaths.' I remember saying, 'Just a sec,' and lifting the blanket and just looking at my breast for the last time.* ~ Karyn

## After surgery



After your operation, you need to get out of bed and start moving around as soon as possible. Most women are able to go home soon after their breast surgery – some in as little as a day or two. The amount of time you need to stay in the hospital depends on the type of surgery you had, your general health and how you feel after the operation.

“ *My surgery was scheduled for the day my daughter was starting junior kindergarten, and I really wanted to walk her to school. So we asked the school if she could start a couple of days later so that I could walk her, and that was fine. And I did.* ~ Karyn

When you do get home, your body will need to use a lot of energy for healing. Gradually you can get back into your regular routine. The amount of time this takes is different for everyone, but most women can get back to gentle everyday activities within a couple of weeks of surgery.

“ *People said to me, ‘So what are you doing with all your time?’ I would say, ‘Nothing but sitting on the couch staring off into space and lying in my bed and literally doing nothing.’ But really, what I was doing was healing. Give yourself the leeway to accept that that’s okay. That it’s not a shortcoming.* ~ Ruth

### Exercise is important

It’s important to get up and move around gently as soon as you can after surgery and regain your full range of motion within a few days of your operation. Exercise can help you recover faster from surgery and can reduce the side effects of chemotherapy and hormonal therapy. It’s important not to overdo it, but exercises after surgery can:

- help you maintain movement in your arm and shoulder (which is very important if you’re having radiation therapy after surgery)
- reduce stiffness in your joints
- improve muscle tone
- reduce pain in your neck and back area

Exercise is also important because it can help you keep a healthy body weight during or after treatment. Although it can be hard to get started, you'll likely find that being active is good for your overall mood and well-being. A physiotherapist or another member of your healthcare team can suggest exercises for you to begin after surgery.

Our booklet *Exercises after Breast Surgery: A guide for women* provides more detailed information on exercises after breast surgery.

## Caring for your wound

After your operation, the wound (incision) from your surgery is covered with a bandage or dressing. You may have one or more drains (plastic or rubber tubes) from the breast or underarm area – these help remove the blood and lymph fluid that collect during the healing process. The dressings are usually removed after a few days or weeks, depending on how much fluid is still draining. You may be able to go home with the drains still in place and have them removed later at the hospital or by a home care nurse. Bruising around the wound is common – it gradually disappears.

The wound will be sensitive and need extra care. Your healthcare team can teach you how to care for it while it heals.

### > **TIPS** for taking care of your wound at home

- Avoid using products such as talcum powder, deodorants or antiperspirants, or scented creams or lotions near the wound.
- Avoid any activity that might strain the wound and the tissues that are healing. This includes vigorous yardwork, heavy housework and intense exercise. Within a few weeks, you can get back to your usual activities.

## When to call your healthcare team

It's important to watch for signs of infection. Infection can become worse quickly and may delay the start of other treatments. It's normal to have some swelling and redness around the wound, but call your healthcare team if you have any of the following:

- a fever of 38° Celsius or higher
- redness or swelling around the wound that gets worse
- yellow or greenish fluid leaking from the wound
- a bad smell from the wound

## Side effects

“ *It was remarkably less painful than I might have imagined. I had some stiffness, some numbness, swelling – all those things, but nothing that wasn't manageable.* ~ Ruth

It's hard to know how you might feel after surgery or what side effects you'll have. Talk to your healthcare team about how you're feeling – most side effects can be managed.

## Pain

It's normal to have some pain and discomfort in your incision and in the surrounding chest area in the days or weeks right after your surgery. If you had lymph nodes removed, you may also have some pain in your armpit and down the inside of your arm. Your healthcare team can prescribe medication to help. Pain and discomfort around the wound should get better and not worse as time passes.

Sometimes pain or discomfort can last longer than a few days or weeks. Talk to your healthcare team if you still have pain long after your surgery. There are lots of things they can do to help. They may also refer you to a pain control specialist.



“ I still get pain all the way across my chest, all around the breast area. It feels like everything is just tight. If the kids pull on my arm a certain way, then I get a shooting pain right across my front. When we’re snuggling, there are certain spots where they can’t put their heads on my chest. It doesn’t deter me from doing anything. It’s annoying more than anything. ~ Karyn

#### > TIPS

- Wear loose-fitting clothing (for example, pajamas, nightgowns, oversize t-shirts or sweatshirts) until your wound has healed.
- Wear an older bra that has stretched a little when you’re ready to wear a bra, or try a sleep or leisure bra. They are softer and more comfortable than regular bras. An extender across the back of the bra may allow for a more comfortable fit. You should be able to find these bras and extenders in department stores, mastectomy boutiques, specialty bra shops and maternity shops.
- Sleep with your arm slightly raised. Place a small pillow under your arm on the side where you had surgery to help reduce pressure and help you get a more comfortable sleep.

### Axillary web syndrome (AWS)

In the weeks soon after surgery, some women have pain that feels like a tight cord running from their armpit down their arm. This is called axillary web syndrome (or *cording*). AWS appears as tender, cord-like structures below the skin in the armpit area and down the arm. Sometimes they extend as far as the wrist. If you have cording, it might be hard to reach for objects overhead, lift your arm or straighten your elbow.

If you get cording, a physiotherapist can suggest daily stretching exercises that should help. In most cases, cording goes away on its own over time.

### Numbness and tingling in the arm

“ Three years later, I still can’t feel the back of my arm. But, like everything, I think over time you kind of accept what you can and can’t do and live with it a bit more. I wouldn’t say it gets in the way. ~ Karyn

If you had lymph nodes removed, the sensation down the inside of your upper arm may change. This often happens because the nerves in the armpit were affected during surgery. Changes in sensation include:

- reduced feeling or loss of feeling
- numbness or coldness
- weakness in the arm
- sensitivity to touch or pressure
- feelings of burning or tingling

These symptoms usually improve or go away completely over several months. For some women, the symptoms may not go away completely, but there are treatments that help. Talk to your healthcare team if your symptoms don’t improve over time.

### Swelling

Swelling caused by a buildup of fluid is a common symptom after surgery. It may affect your breast, as well as your chest wall, shoulder and arm.

Most swelling is a normal part of healing, and it should get better over time. If the swelling causes discomfort or lasts for more than two or three days, talk to your healthcare team. They may be able to drain the fluid. If there is redness or pain, talk to your healthcare team as soon as possible (it may be a sign of infection).

## > TIPS

- Wear loose-fitting clothing that doesn't rub or pull against your skin. (If fluid from the wound does get on your clothing, it should wash out.)
- Keep your arm raised to shoulder level or above as much as possible.

## **Stiff shoulder**

Some women have stiffness in their shoulder. This happens more after a mastectomy than a lumpectomy. Your doctor or physiotherapist can suggest some exercises to help shoulder pain and improve movement.

## > TIPS

- Before the healthcare team removes your drains, start to move your shoulder gently to get some motion back.
- After the drains are removed, start doing your recommended exercises. If your incision has healed, you can relax your muscles by taking a warm (not hot) shower or bath before exercising. A warm pack on your shoulder can also help.

## **Lymphedema**

As part of your ongoing recovery, you should know about the possibility of lymphedema and act quickly if you notice any signs of it. Lymphedema is swelling in the affected arm, hand or chest wall caused by a buildup of lymph fluid. The swelling happens because lymph nodes, which normally act as filters, aren't able to do their job as well because they've been removed by surgery or they've been damaged by radiation therapy or the cancer itself. Lymphedema can happen soon after treatment, months or even years later. It can be temporary or become a long-term condition. It's easier to manage if you get help for it early.

“ *I haven't developed lymphedema. But I keep an eye out for it – you know, is my ring tight on my finger? Is that because of what I ate last night or is that because I've got swelling?* ~ Ruth

One of the most important ways to manage lymphedema is to wear a compression garment – for breast cancer this is usually a sleeve with or without a hand piece (called a glove or gauntlet) to help to control the swelling.

“ *I wear lymphatic sleeves and gauntlets every day on both arms. In the summer, I wear beige-coloured ones. In the winter, black as a standard colour. I wear my sleeves when I exercise and afterwards. I wear my sleeves when I drive because my hands are up and on the wheel and turning the wheel is difficult. That causes me to swell.* ~ Cathy

## **Watching for signs of lymphedema**

The start of lymphedema can be hard to notice, but it's very important to treat it quickly. It's normal to have some swelling right after surgery, but if it doesn't go away within a few weeks, see someone on your healthcare team as soon as possible. Even if it happens years after treatment, tell your doctor right away if you notice swelling in your hand, arm or chest wall.

Some other signs to watch for are:

- a feeling of fullness, puffiness or heaviness in your arm
- not as much flexibility of movement in your hand, wrist or arm
- jewellery (including watches) feeling tight even though your weight hasn't changed
- problems fitting your arm into your sleeves
- redness or increased warmth, which may mean that you have an infection

## > TIPS

- Treat infections as soon as possible. Your doctor may suggest you keep antibiotics at home, just in case.
- Take special care of your skin. Try to avoid breaks in the skin that could lead to infection.
  - > Keep your arm moisturized. This helps keep the skin supple and prevents it from getting dry and cracked, especially in the winter. Healthy skin can help your body avoid infection.
  - > Wash the area well with soap and water if you get a cut or burn on your arm or hand. It's important to keep the cut or burn clean. Your doctor or pharmacist may suggest an antibacterial cream or ointment.
  - > Stay out of direct sunlight, and wear sunscreen to avoid sunburn, especially on your arm and chest.
  - > Wear insect repellent to avoid bug bites.
  - > Do not cut the cuticles back when you manicure your hands. Push them back.
  - > Be careful when shaving under your arm.
  - > Use your other arm to have blood samples or your blood pressure taken, or for injections, if possible.
  - > Wear work gloves when gardening or doing other outdoor chores.
  - > Wear loose-fitting gloves when using household cleaning products or when your hands are in water for a long time.
  - > Use a thimble when sewing to protect your fingers from getting pricked by needles or pins.
- Avoid using the arm on the same side as your surgery to lift or carry anything heavy, such as heavy groceries, unless you've built up to doing this regularly.
- Exercise regularly, but don't overdo it. Moving your arm and contracting the muscles as you exercise helps move fluid through your arm. Talk to your doctor or physiotherapist about the right exercise for you. Increase your exercise gradually, and watch how your body responds.

- Maintain a healthy body weight. If you're overweight, you have a greater chance of getting lymphedema, and it may be harder to control or treat.
- Avoid tight-fitting cuffs, watchbands, bracelets and rings, and tight or narrow bra straps. They may prevent the fluid from flowing away from the swollen area and may lead to swelling.
- Be careful using saunas, steam baths and hot tubs. Some women find that heat can make lymphedema worse.
- Travel with care. Some women find that their lymphedema is worse when they travel a long distance in an airplane (over 4 hours) or when arriving at a hot climate. If you have a compression sleeve, your healthcare team may suggest you wear it when flying.

“ *When I fly, I wear one of those compression sleeves. I'm very cautious about putting sunscreen on so I don't get a sunburn and bug repellent for insect bites and all that stuff. And gardening – we had a thistle in our garden. I wouldn't touch it. I made my husband get rid of it.* ~ Karyn

## Radiation therapy



Radiation therapy uses high doses of radiation to destroy cancer cells. Radiation therapy works by damaging the cancer cells over and over again. The cells don't have time to repair themselves in between the daily treatments, so eventually they disappear.

**External beam radiation therapy** for breast cancer takes place at the hospital – usually once a day for several weeks, depending on your treatment plan. A machine directs radiation beams to the tumour and some of the tissue around it. The radiation is directed from many angles to treat the entire area, including the breast, skin, chest wall and lymph nodes.

Radiation therapy is planned carefully. A planning session (called a simulation) is done at the hospital before your first treatment. A CT scanner takes images of the area to be treated. The treatment team also decides on the best position for you to be in during treatment. They may draw marks on your skin to help the radiation therapist position you and show where the rays will be directed. These marks must stay on your skin throughout your treatment – permanent marks (tattoos) may be used.

At the start of each radiation therapy session, the radiation therapist makes sure you're comfortable and in the right position. During the session, you're alone in the room, but you can talk to the therapist, who watches you from the next room.

## Side effects

Side effects from radiation therapy depend on the size of the treated area, the total dose of radiation and your treatment schedule. Not everyone has side effects or experiences them in the same way.

### Fatigue

Fatigue (feeling very tired) is a common side effect of radiation therapy. Don't get discouraged if you keep feeling tired for some time after your treatment ends. Fatigue is a sign that your body is still healing.

“ *I needed a nap every single day. I think that I recognized my own need for adequate rest and made the decision not to feel bad about it. That was a big change in my acceptance of what my body needs.* ~ Ruth

### Skin changes

If you're having external beam radiation therapy, the radiation travels through your skin to reach the cancer cells. So your skin in the treated area may become red, dry, burned or itchy (like a sunburn). The nipple and fold under the breast can also be very sensitive and sore.

“ *I didn't have much of a reaction in terms of redness, which surprised me, because I burn in about 3 seconds in the sun. So I anticipated having really red skin, but it wasn't too bad for me. The last week of radiation, I was pretty sore, but it wasn't as bad as what I've heard some people say.* ~ Karyn

## Breast changes

You may notice some changes to your breasts during radiation therapy. They can include:

- soreness and swelling
- changes in your breast size
- changes in the texture of your skin and how sensitive it is

These changes can last for 3 to 6 months after you finish treatment if you've had breast-conserving surgery.

Your radiation therapy team may suggest that you not wear a bra until after your radiation therapy treatment is over. But if this is too uncomfortable, talk to them - they may suggest wearing a soft, comfortable bra that doesn't have an underwire.

### For more information on radiation therapy

Our booklet *Radiation Therapy: A guide for people with cancer* provides more detail on this treatment and tips on managing side effects.

## Chemotherapy



Chemotherapy uses drugs to destroy cancer cells. The drugs slow or stop cancer cells from growing, multiplying or spreading to other parts of the body.

Some chemotherapy drugs are given on their own. But for breast cancer, several chemotherapy drugs are usually given together. Most chemotherapy drugs for breast cancer are given slowly through a tube into your vein (by IV, or intravenously) at the hospital.

### Side effects

Chemotherapy works by damaging cancer cells. Unfortunately, chemotherapy doesn't damage only cancer cells – it also damages healthy cells. Damage to these healthy cells causes side effects. Side effects from chemotherapy may include:

- nausea and vomiting
- tiredness
- mouth sores
- increased risk of infection
- hair loss

Everyone is different and reacts to chemotherapy treatment in different ways. Some people have very few side effects – others have many. Almost all side effects gradually go away when the treatment has stopped. Side effects of chemotherapy depend mainly on the type of drug and your dose.

“ I was always sick the first 3 days after chemotherapy, and then I felt just gross for about a week and a half. My parents took my 2 younger kids for that first week because all I could do was lie on the couch all day in my pajamas watching TV. It felt like I had morning sickness, or like I was really hungover, that kind of thing. By the third week, I was actually almost back to normal – I could go out with my friends for dinner or coffee or something. We would plan fun things for that week. ~ Karyn

### ***Chemotherapy and your fertility***

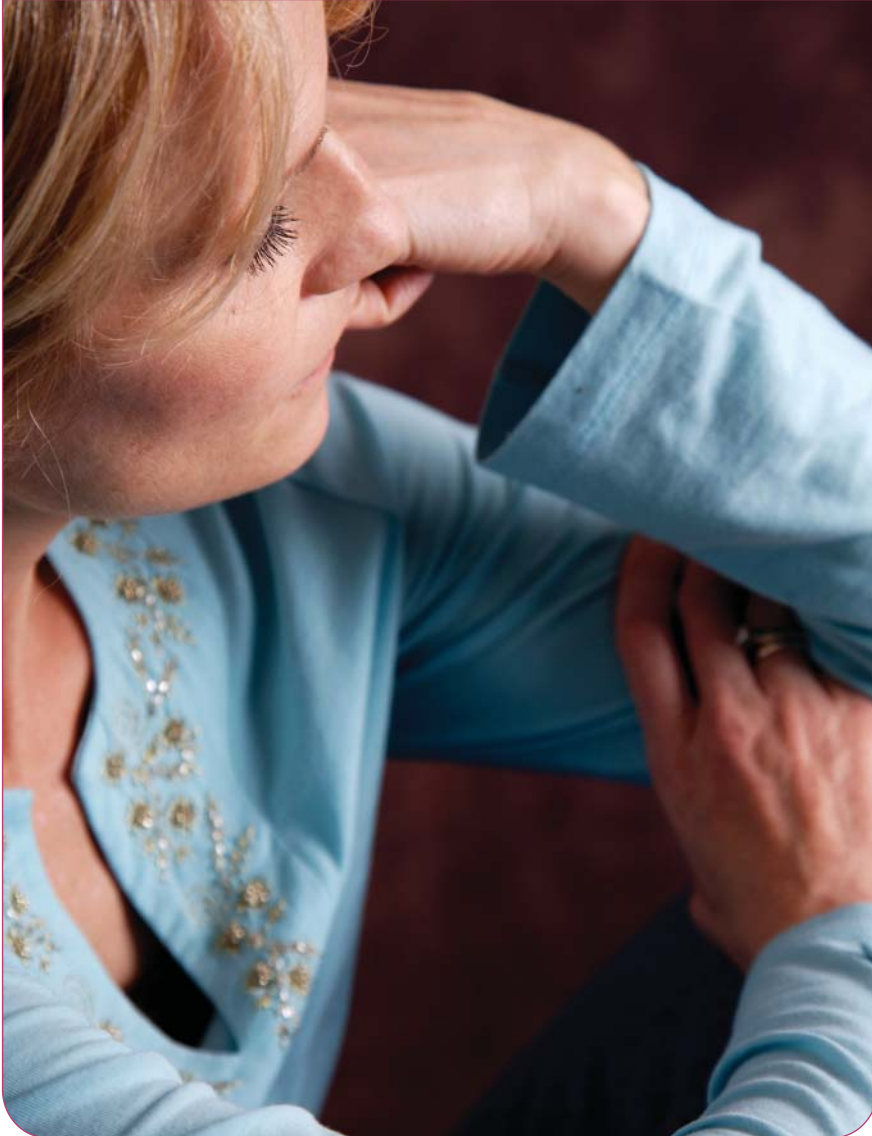
Some chemotherapy drugs can affect your fertility (your ability to have children). Your periods might stop during treatment and return after treatment is over, or you may go into early menopause. If you think or know that you'd like to have children in the future, it's important to ask your doctor about how cancer and treatment can affect your fertility and what your options are.

Menopausal symptoms such as hot flashes and vaginal dryness can be uncomfortable and upsetting, but there are ways to manage. Talk to your healthcare team if you have these kinds of symptoms.

#### **For more information on chemotherapy**

Our booklet *Chemotherapy and Other Drug Therapies: A guide for people with cancer* provides more detail on this treatment and tips on managing side effects.

## Hormonal therapy



Some breast cancer tumours have areas on their surfaces (called receptors) for the hormones estrogen and progesterone. These types of tumours are known as *hormone receptor positive*. When estrogen and progesterone attach to their receptors on the tumour, they can stimulate the growth of breast cancer.

Hormonal therapy treats hormone receptor-positive breast cancer by reducing levels of estrogen and progesterone in the body or blocking their effects on cancer cells. Hormonal therapies are often given after surgery, radiation and chemotherapy to reduce the risk of cancer coming back.

There are many different types of hormonal therapy, and they work in different ways. The most common hormonal therapies used to treat breast cancer are described below. (In listing the drug names, we give the generic name first, then the more common brand names in brackets.)

- **Anti-estrogens** block the effects of estrogen on breast cancer cells. They include tamoxifen (Nolvadex, Tamofen) and fulvestrant (Faslodex). Anti-estrogens are also known as SERMs, which stands for selective estrogen receptor modulators.
- **Aromatase inhibitors** stop estrogen from being made in your body. They include letrozole (Femara), anastrozole (Arimidex) and exemestane (Aromasin). They are used only in post-menopausal women.

Your healthcare team considers many things when deciding which type of hormonal therapy is right for you, including:

- your age
- your menopausal status
- the stage of your cancer
- your other treatments
- whether the cancer cells are HER2 positive



## Side effects

Side effects of hormonal therapy depend on the specific drug and type of hormonal therapy you're given. They may include:

- menopausal symptoms such as hot flashes or vaginal dryness
- weight gain
- early menopause
- decreased interest in sex
- joint or muscle aches

For many women, these side effects are mild and may get better over time. Some women may have side effects that last a long time or are permanent. Talk to your healthcare team about ways to manage.

“ *Tamoxifen caused the most unbelievable hot flashes. People joke about hot flashes, but there's nothing funny about them. It starts in your toes, and it moves all the way up through your body. I couldn't sleep. Major effects on my libido. Vaginal dryness. My doctors put me on a drug to counteract the hot flashes. That really helped.* ~ Ruth

If you're pre-menopausal and your periods stop during treatment, hormonal therapy drugs will not stop you from becoming pregnant. Talk to your healthcare team about birth control methods (for example, condoms) during treatment to make sure you don't get pregnant.

### For more information on hormonal therapy

Our booklet *Chemotherapy and Other Drug Therapies: A guide for people with cancer* provides more detail and tips on coping with hormonal therapy.

## Biological therapy



Biological therapy is a type of treatment that works with your immune system. Your immune system includes cells and organs that work together to protect you from disease and infections. When the immune system works the way it should, it can tell the difference between the cells that keep you healthy and the cells that can make you sick.

Several types of biological therapy may be used to treat breast cancer. The most common is trastuzumab (Herceptin).

**Trastuzumab (Herceptin)** is used only in women with invasive breast cancers (cancers that have spread beyond the milk ducts or lobules to other parts of the breast tissue) that are HER2 positive. This drug blocks the protein HER2, which helps tumours grow. It works by interfering with the division and growth of breast cancer cells and by stimulating the body's immune system to help destroy the cancer cells. It's given as an injection into the vein (intravenously). Trastuzumab may be given at the same time as or after certain chemotherapy drugs.

### Side effects

Side effects of biological therapy depend mainly on the type of drug, the dose and your overall health. They may include:

- flu-like symptoms
- diarrhea
- fatigue
- headache
- pain or tenderness at the injection site

Side effects can happen during, right after or a few weeks after treatment and are usually temporary.

### For more information on biological therapy

Our booklet *Chemotherapy and Other Drug Therapies: A guide for people with cancer* provides more detail and tips on coping with biological therapy.

## After treatment



## Follow-up care

When your treatment is done, you'll have regular checkups to keep track of how you're doing. This is called *follow-up care* – it helps you and your healthcare team watch your progress and your recovery from treatment. In a follow-up appointment, your doctor will examine you and ask how you're feeling. You will need to have a mammogram every year (unless both your breasts have been removed). You may also need other tests such as blood tests, x-rays or scans.

It's normal to wonder what to tell your doctor after treatment is over. If you can, keep track of side effects for a while after treatment. Knowing the pattern of a side effect (when it happens, how often, how long and how intense) helps your doctor know how to help you manage it.

**If you notice any of the following symptoms, tell your doctor right away, without waiting for your next regular appointment:**

- pain
- cough
- a lump in either breast
- unusual changes to the area of the surgery or in the scar itself
- feeling tired
- loss of appetite
- nausea
- tingling or numbness in the arm or hand
- swelling of the arm
- swollen lymph nodes in the neck, under the arms or in the groin
- any other unusual symptoms

Your checkup helps you be in control of your health. Share with your doctor:

- how you feel, including any emotional problems you're having
- any fears or concerns you have
- new medications you started taking since your last visit (including over-the-counter medication such as painkillers or laxatives, as well as nutritional supplements, vitamins and minerals)
- herbal therapies and other complementary therapies you're thinking of trying
- lifestyle changes you've made or would like help with, such as quitting smoking, exercising or diet changes
- names of new doctors or specialists you're seeing

Most people see a member of their healthcare team every few months for the first couple of years after their treatment is over. But the size of your team will be smaller – you won't see as many doctors and nurses as you did during treatment. As time goes on, you'll see your healthcare team less often. At first, your follow-up care may be managed by your oncologist. Later on, it may be taken care of by your family doctor.

“ *I always run everything by my GP – changes to medication over the years, reactions to medications, questions that may need to be put to the oncologist. Sometimes she has an answer and sometimes she doesn't, but she always points me in the right direction.* ~ Ruth



### **Emotional reactions to the end of treatment**

“ *I think the emotional element sometimes comes after you've done the physical healing. It doesn't all come together because I think the brain's still busy taking in what the body's dealing with.* ~ Deb

When treatment ends, you may feel very positive. But some women have mixed feelings about treatment ending and fewer meetings with the healthcare team who gave them support. The transition can make some women feel anxious or lost or worried that cancer will return. If you're having trouble getting used to the end of treatment, give yourself time, but consider talking to your doctor, or a social worker or counsellor from your healthcare team. You may also want to visit a support group for women who've survived breast cancer.

“ *You've had people looking after you, checking your blood every few weeks, saying this is up or that is down, adjusting this, adjusting that and all of a sudden – nothing. You're done. That's a tremendous emotional upheaval.* ~ Cathy

“ *I would say there was a point after a few years where I said, 'I recognize myself again.' I feel a little bit better.* ~ Ruth

#### **For more information on life after treatment**

Our booklet *Life after Cancer: A guide for cancer survivors* provides more detailed information on follow-up care and coping with the end of treatment.

## Reconstruction and prostheses



“ Well, I’ve had my breasts a long time and I kind of like them. My body felt complete, and all of a sudden, I was having part of me amputated. It was very disturbing. And so I opted for reconstruction. ~ Deb

“ I feel quite strongly about not doing reconstructive surgery. I’ve actually gotten to be quite comfortable with my post-surgery body. ~ Karyn

After breast cancer surgery, women have several options for recreating a natural breast shape – including doing nothing at all. Whatever decision you make will be very personal.

Some women wear a breast form (or *prosthesis*) that fits inside their bra and matches as closely as possible the size and shape of their breast. Other women have surgery to reconstruct a breast at the same time as a mastectomy or at a later date. Large-breasted women who’ve had breast-conserving surgery may decide on a breast reduction on the remaining breast – this can create a better “match” and also help posture and reduce back pain.

It’s also okay to decide that you don’t want any of these options.

### Types of breast prostheses

“ I kind of have the whole boob management system down. There’s all my different fake boobs for different things – I have one that works in a strapless bra. I have one that works in workout gear. I have one that works in a bathing suit. I even found a lingerie shop that will sew pockets into regular bras. ~ Karyn

Breast prostheses can be either temporary or permanent.

A **temporary prosthesis** is a soft, light form that you pin inside your clothes or wear inside a loose-fitting bra. It’s very soft and light so that it won’t hurt while you’re still feeling sore. Your surgeon can tell you when you’ve healed enough to wear one. But it’s your choice to use one.

A **permanent prosthesis** looks and weighs the same as a natural breast. When it fits properly, it gives balance for good posture, stops your bra from sliding up and gives a natural shape to clothing. Some prostheses attach directly to the skin on your chest, using a special kind of glue. Others go inside a regular bra or a mastectomy bra (a bra with a pocket in it).

The cost of a permanent prosthesis may be covered by your provincial or private health insurance plan. Ask your nurse or social worker about programs and services that help cover costs or provide prostheses.

> **TIPS** for shopping for a permanent prosthesis

- Get fitted by someone who is trained and experienced in fitting breast prostheses.
- Try the prosthesis on in a comfortable, supportive bra. Wear or take along a form-fitting top or sweater to see how it looks.
- Match the form as much as possible to the shape of your other breast from all angles, as well as from the front. It should appear natural in your bra and under clothing. Different types of incisions and body shapes affect what looks good and feels comfortable to you.
- Ask if the prosthesis works with swimwear. Some breast forms are made for swimming. If the prosthesis can be worn with a bathing suit, check whether you can wear it with your regular swimsuit or whether you'll need a special one.
- Compare styles and prices. There are many options – don't feel like you need to buy the first prosthesis you try on.

“ *Go to somebody who has a lot of experience. That was really, really helpful. I was fresh out of surgery, and I was barely ready to look at myself in a mirror. The fitter I went to was incredibly experienced and really good at what she was doing. She helped to make a potentially horrifying situation less jarring with her gentle professionalism and her seen-it-all attitude.* ~ Ruth

When you've bought your form and started to wear it, it might feel heavy. Wearing it for a few hours a day will let your body get used to it.

### Partial prostheses and breast-conserving surgery

Most women who have breast-conserving surgery don't need a prosthesis to fill in the missing breast tissue. But if a lot of breast tissue was removed, you may want to wear a partial prosthesis (also called a shaper or a shell). Shapers are worn over the breast to create a fuller, smoother look. They come in lots of shapes, sizes and colours and can be worn with a regular bra or a mastectomy bra.

### Breast reconstruction

“ *They look good, but I can't feel them. And because I can't feel them, I have a little bit of a hard time claiming them as my own. I love that I don't have to wear a bra. But I'm shy about the fact that they don't match the rest of me – I'm a middle-aged woman with a middle-aged woman's body and these very perky breasts. But I'm glad I did it. I wish I had my real breasts, but I'm very grateful to have my fake ones.* ~ Ruth

Breast reconstruction – surgery to rebuild a breast's shape – is an option for most women after a mastectomy.

Breast reconstruction makes many women feel better about how they look. But it's important to understand that a reconstructed breast won't look or feel exactly like your original breast.

“ *I wish somebody would have said to me, 'They're not real. We can make them look good, but they are reasonable facsimiles of breasts. They are never going to be breasts.' Now, how that would have helped I don't know. But that's the way I feel about them – that they are reasonable facsimiles of breasts. They are not replacement breasts.* ~ Ruth

In some cases, it may be possible to rebuild the breast at the same time as the surgery to remove the cancer. Talk to your surgeon about your options.

### ***Different types of breast reconstruction***

There are several types of breast reconstruction. It's important to understand the differences and to talk to your healthcare team so you can choose what's best for you. You may also want to talk to other women who've had breast reconstruction. Your reconstructive surgeon can show you pictures of reconstructed breasts and the different ways to construct them.

If your nipple and areola were removed, you can have them reconstructed too, using tissue from other areas of your body and sometimes tattooing.

“ *I had my left breast reconstructed, and then I ended up having my right breast lifted because they were definitely different sizes and heights. Then I had the nipple reconstruction, which is fascinating surgery. Now I'm waiting to have my reconstructed nipple tattooed. I'm 62, and it's my first tattoo!* ~ Deb

There are two main types of breast reconstruction, and each type has different techniques:

- implants
- tissue flap techniques, which use your own body tissue to create a new breast

Sometimes a combination of types is used – for example, if your breast tissue has been or will be treated with radiation therapy, then your surgeon may recommend an implant and flap technique.

### **Breast implants**

An implant is a shell filled with saline (sterile salt water) or silicone gel. The implant is placed under the skin and muscle of the chest wall.

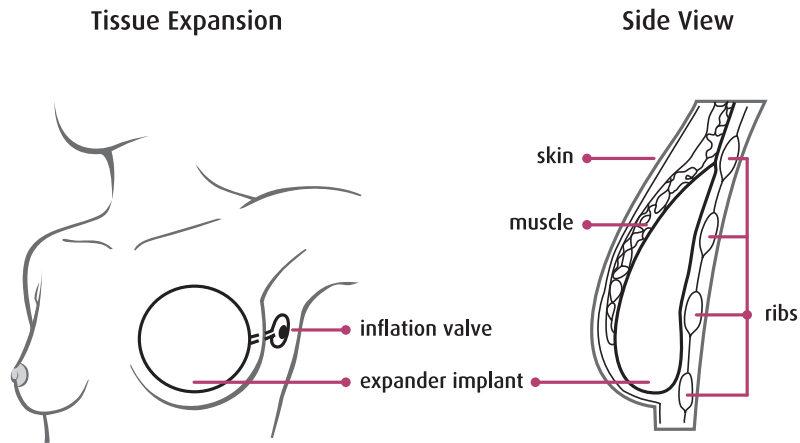
“ *When the doctor shows you the implant, it's this nice, perky, silicone version of what the perfect breast would look like. But when you actually have the surgery and it's installed, it is placed underneath the chest muscles because that's what holds it in place. And the chest muscles squish it. So, it doesn't really look like a breast. I think it took me a long time to come to terms with that. It was never going to look like my old breast.* ~ Karyn

“ *My surgeon presented me with the available options. He was an artiste, really concerned about the visual results. I'm grateful to him for that.* ~ Ruth

Most women who have a mastectomy need the **tissue-expansion method** of implant. With this method, the surgeon places an *expander implant* – an empty bag with a small valve, like a balloon – under the skin and muscle of the chest wall. Small amounts of saline are injected into the shell's valve, using a very small needle through the skin.

“ *Every other week, for a period of several months, I went to the Breast Centre, where my balloons were each injected with 50 mL of saline solution. It didn't hurt, but it did feel strange. They advised me to get some patterned shirts to help camouflage the irregular shape that the implants sometimes take on as they go through the inflation process.* ~ Ruth

You may need many visits to the doctor to stretch the skin and fully expand the breast implant to the size of the other breast. The expander usually stays in place for a couple of months before it's exchanged for a permanent implant.



Possible problems or side effects with breast implants include:

- infection
- the implant may harden over time and the breast may lose its shape
- scar tissue may develop around the implant
- a small risk of the implant leaking or rupturing

“ *In my case, some of my tissue adhered to the implant, so they had to go back in to remove the scar tissue so that it would heal properly.* ~ Deb

### Tissue flap techniques

In tissue flap techniques, a section of skin and fat, and often muscle, is moved from the abdomen, back or other area of the body to the chest area to shape a breast. There are many different types of flap techniques. After assessing you, your reconstructive surgeon will make a suggestion and explain why it's best for you.

Some of the techniques are:

- pedicled TRAM flap (transverse rectus abdominis muscle flap)
- LD flap (latissimus dorsi muscle flap) – also called LAT flap
- free flap

### Pedicled TRAM flap

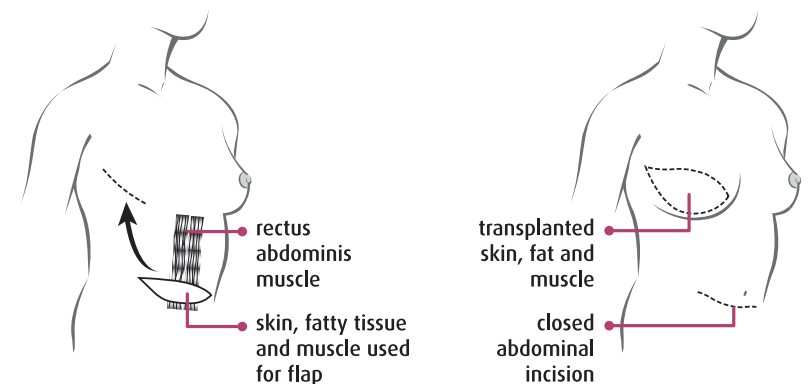
In a TRAM flap, skin, fat and muscle (with its own blood supply) from the lower abdomen are tunneled under the skin up to the chest to form a breast. The effect on your abdomen is similar to a tummy tuck.

The advantage of this technique is that the reconstructed breast is made of natural tissue and has a more natural feel than an implant.

Possible problems include:

- changes to any existing scar on your chest wall
- possible weakness, bulge or hernia of the abdominal wall
- infection and bleeding after surgery
- a buildup of fluid where the tissue was taken
- longer operation and recovery time than implant surgery
- the tissue in the area dies

### Pedicled TRAM Flap





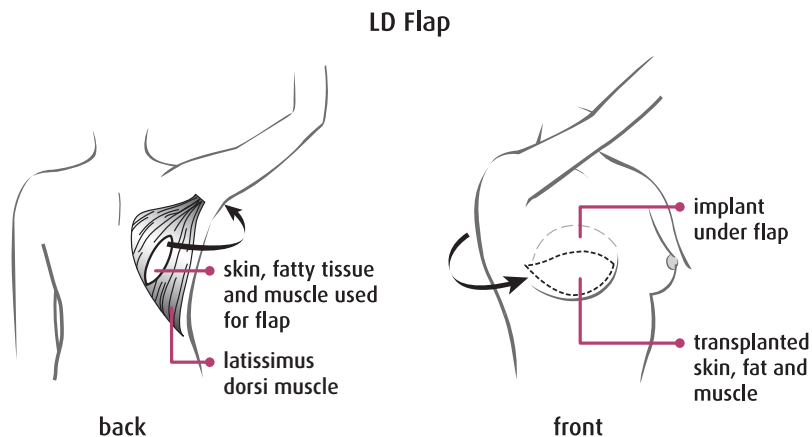
## LD flap

In an LD flap, skin, fat and muscle (with its own blood supply) from the upper back are tunnelled under the skin and turned to the front to form a breast. An implant is added in women who need a larger breast.

The advantage of this technique is that the reconstructed breast has natural tissue covering the implant (when used) and has a more natural feel. This technique also adds fullness to the lower part of the breast, where it is most needed to create a natural-looking breast.

Possible problems are the same as those for a TRAM flap, but:

- The scarring is on your back, not your abdomen.
- Instead of possible weakness in your abdominal wall, you may have less muscle strength on the side of the surgery.
- The skin taken from your back may be a different colour and texture than skin in the breast area.



## Free flaps

In a free flap, skin, fat, muscle and blood vessels are removed from one area of the body (for example, the abdomen or buttocks) and placed under the skin on the chest to create a breast. The free flap method needs a reconstructive surgeon skilled in microsurgery to reconnect tiny blood vessels to the flap in the new breast location.

The different free flap techniques include the free TRAM flap and DIEP flap.

### *Free TRAM flap*

Skin, fat, muscle and blood vessels are removed from the abdomen and placed under the skin on the chest to form a breast.

The advantage of the free TRAM over the pedicled TRAM method is that a new blood supply is restored to the flap, so more tissue will survive.

### *DIEP flap*

Skin, fat and blood vessels, but not muscle, are removed from the abdomen and placed under the skin on the chest to form a breast.

The advantage of the free flap method is that more of the muscle is left in place than with other flap methods – which may mean you can get your strength back faster. But the surgery takes longer, and there's more risk of flap loss (tissue dying).

## Living with breast cancer



Many areas of your day-to-day life will change during treatment for breast cancer. It can take some time to get used to living with these changes – whether they're temporary or permanent.

### Self-image and sexuality

“ I happen to be married to somebody who has always been breast-obsessed. And all of a sudden, I didn't have any. He kept reassuring me that he was okay, but I wasn't. We do a lot of talking, a lot of acknowledging reality. I don't know. It's a big one. ~ Ruth

“ I'm not a real “makeup and hair” kind of person. But a friend of mine dragged me to this workshop on looking and feeling good after cancer. And it was a really good thing I went because I did end up wearing makeup. I did learn how to paint on eyebrows, how to put on eyeliner so that I looked like I had eyelashes, to cover up the dark circles under my eyes. Plus, they gave me an entire bag of makeup. That was a coping mechanism that I didn't think I'd need but ended up being a really good thing. ~ Ruth

Breast cancer and its treatment can have an impact on the way you look and on your sex life:

- You may be worried or self-conscious about changes in your appearance, such as the loss of your breast, weight loss or gain, the loss of your hair or scars.
- If you had reconstructive surgery, you may feel self-conscious about the new look of your breasts or frustrated by changes in sensation.
- Surgery can make certain sexual positions painful.
- Chemotherapy or radiation may leave you feeling sick or tired and not in the mood for sex.
- If you're stressed, you may not feel like having sex.
- Some cancer treatments and antidepressants can reduce your desire for sex or affect your sexual function (for example, vaginal dryness caused by medications or hormonal therapies).

“ *What’s useful? Major use of lubricant. I have spent a lot of time investigating and trying the various types. The doctors only know so much – but the sex shop workers know way more.* ~ Ruth

- You may be worried that your partner won’t be attracted to you anymore.

“ *I had no boob and no hair, and I couldn’t figure out how he could still be attracted to me. He was exhausted. He was working and trying to maintain his career and hold up our family and do much more with the kids and around the house. So sex wasn’t on either of our minds. But sometimes you can misunderstand that as not feeling attractive to someone. So we had to have a lot of conversations about where we were at.* ~ Karyn

- If you’re single, you may worry about dating or starting a new relationship. And you may worry about a new partner’s reaction to your changed body.

“ *I’m not taking my shirt off for anyone in particular right now, but I think I’ll definitely be nervous the very first time. What will that be like? But you know, I am so good with me that if whoever my new person in my life is couldn’t see, look, touch and feel my new body, well, then, that’s not the right person for me.* ~ Cathy

If cancer and treatment are affecting your sex life, talking about it with your partner may help your fears. For example, if you’re not interested in sex at the moment, you can explain that it’s because of tiredness or stress, not because you don’t love or aren’t attracted to your partner. Knowing how the other person feels may help you both feel more secure. If talking to each other about sex is hard, a counsellor may be able to help you talk more openly.

You can also tell a member of your healthcare team if you’re having problems. There may be medicines that can help or other ways you and your partner can give each other pleasure.

You and your partner may find that sex and intimacy change during treatment. Hugging, touching, holding and cuddling may become more important than sexual intercourse and other forms of sexual activity. There are many ways to express sexuality and to satisfy your need for physical closeness. Even quiet time alone together can be healing for both of you. Together, you and your partner can decide what gives you both pleasure and comfort.

“ *I will admit, when my hair started growing back and I was starting to be myself more, it was much easier to feel like the other half of the marriage.* ~ Karyn

#### **For more information on sexuality**

Our booklet *Sexuality and Cancer* has more information on dealing with sexual issues and cancer treatment.

#### **Complementary therapies**

“ *I called on my friends who do reflexology and reiki and deep healing energy work.* ~ Cathy

A complementary therapy is any practice, therapy or product that is not considered conventional medicine for cancer care. Complementary therapies are used together with conventional cancer treatments. They can include things like acupuncture, massage, meditation, tai chi and yoga.

Complementary therapies may help you feel calmer and increase your sense of control over your life. They can reduce feelings of helplessness or anxiety and can help to improve your mood. For example, early research shows that tai chi improves quality of

life in breast cancer survivors. Many complementary therapies build on the body's own strengths and abilities and show the link between mind, body and spirit.

Before using any complementary therapy, talk to your doctor or other members of your healthcare team about the possible risks and benefits.

### For more information on complementary therapies

For more detailed information on complementary therapies, you may find our booklet *Complementary Therapies: A guide for people with cancer* useful.

## Managing stress

Dealing with breast cancer and treatment is stressful for most people. Some people feel sad or depressed because of the changes cancer has caused. Others feel down because they're frightened about the future or because they feel ill or uncomfortable. You may also be tired, which can make it even harder to cope with your feelings.

Your emotional health is just as important as your physical health. Whatever the cause of your stress, it's important to get the support you need.

“ *I took a meditation course. That helped immensely. It allowed me to focus on my emotions and thought processes around my cancer. I remember having a day where I felt really bitter, where I hated all healthy people. That day, the instructor led us through a visualization exercise – boxes filled with anger, moving along a conveyor belt. On the outside, I was sitting still, but in my head, I was swearing and screaming and throwing chairs around. And then the instructor had us focus on moving the feelings out. I put the feelings in boxes and I moved them out of my head. I was at such peace afterwards.* ~ Karyn

## > TIPS

- Do things you enjoy. Finding pleasure in the things you do will help give you back your sense of control.
- Keep a journal or diary during treatment. Writing down your thoughts and feelings can help reduce anxiety. A journal is also a good place to write positive feelings that you can return to when you're feeling down.
- Learn and practise a self-help relaxation method. Methods like meditation, deep-breathing exercises and guided imagery can help you relax when you feel tense or overwhelmed.
- Say “yes” to offers of help that will make your life easier. Family, friends, neighbours and community members often want to help in some way. For example, people may offer to cook meals, babysit, drive you to and from appointments, do yardwork, pick up groceries or walk the dog, or even just sit with you. If you find it hard to manage the offers of help, you can ask a friend to coordinate them for you.

“ *Within 2 weeks of my diagnosis, I had a calendar in my mailbox with 100 women from my neighbourhood on it. Three meals a week from September to June. I don't know what we would have done without them.* ~ Karyn

- Start talking about your stress. Talk to your healthcare team – they may be able to reduce your fears. Some people find it helpful to discuss their feelings with a counsellor, a spiritual care worker or a social worker. Talking to someone who's had a cancer experience similar to yours can also help.

### Want to connect with someone online?

If you'd like to connect with someone online, join our online community, CancerConnection.ca. There are discussions, blogs and groups that may interest you, and you'll find caring, supportive people there.

Sometimes, the symptoms of stress and anxiety can be severe. If you feel stressed most of the time, talk to your healthcare team. They may be able to teach you some self-help methods, refer you to a counsellor or support program or prescribe a medication for anxiety.

“ *You feel like you’ll never be happy again. That was chemo for me. The blackness was pretty constant. And then I was put on medication to counteract the hot flashes brought on by tamoxifen. And that medication also happens to be an antidepressant. It really helped the blackness to lift.* ~ Ruth

## Work and finances

“ *Finances were really a big thing because I had left my job, which included my benefits and long-term disability, the month before I was diagnosed. And of course the job I thought I would get fell through. I did employment insurance and then went on to disability. I’m still not working. My fatigue level is huge. There’re things I can and cannot do and things I’m still learning how to do differently.* ~ Cathy

Breast cancer treatment can affect your work and finances. You may need to take time off from work to rest and recover. You may have to pay for extra help around the house, child care or drugs or therapies not covered by provincial or private health insurance plans.

It can help to think about your finances and make some plans about work and money before you start treatment. A good place to start is by finding out if you have health insurance – either private disability insurance or insurance through your employer. Ask your insurance broker or your human resources department to explain your coverage. They can tell you what your insurance pays for, what you need to pay for yourself and when you can get your coverage. For example, many policies have a waiting period before disability coverage starts.

You may also want to talk to the account manager at your bank or a personal financial planner or advisor. These people can help you budget your money and find other sources for funding. An accountant can tell you about the medical expenses you can claim. Social workers can help you find out more about financial assistance programs in your province and about government benefits, such as Employment Insurance sickness benefits and Canada Pension Plan disability benefits.

“ *My oncology social worker found a foundation that paid for my new glasses and orthotics. When I was told that I was out of the budget range for one foundation, she called them up and explained the situation and found more resources.* ~ Cathy

## For information on government services

For information on government services and how to apply for them, contact your local Human Resources and Social Development Canada office at 1 800 0-Canada (1 800 622-6232) or visit [www.servicecanada.ca](http://www.servicecanada.ca).

## Working during treatment

“ *I had a newly promoted boss whose job was high stress and very demanding. All of a sudden, I’m saying, ‘I’m really sorry but I have to go to my doctor.’ He said, ‘Then you just go. Don’t worry about this. Off you go.’* ~ Deb

Working during treatment can help your self-esteem and remind you that you’re a valued employee, boss or co-worker – not just a cancer patient. The contact and support of others at work may make you feel better.

## > TIPS

- Plan your treatments late in the day or just before the weekend to give yourself time to recover.
- Explore options like flexible work hours, working from home or other changes to your work schedule.
- Reduce your hours. Consider working part-time while you're in treatment.
- Share your workload. There may be some parts of your work or other duties that can be divided among co-workers.

## Taking time off work

You may also need to take time off work to rest and recover while in treatment and afterwards. If you're an employee, talk to your employer or human resources department about sick leave or leave without pay.

It can be hard to know if or when to go back to work. You may be ready to return as soon as treatment ends, or it may be many months before you feel ready to go back. You may decide to change the type of work you do. It's important to do what's right for you.

“ *I actually gave myself permission to do only what I wanted to do for 5 years. I took care of my family and I wrote. And now my 5 years are up, and I'm looking for paid work and struggling a bit with that. Because I've changed. I'm not so clear about who or what I am anymore, and that makes it hard to figure out what I should do next.* ~ Ruth

## Discrimination is against the law

Some people with cancer can face problems when they try to keep working during treatment or when they go back to work or get a new job after treatment. If you feel that you have been discriminated against, you can contact the Canadian Human Rights Commission in your province or territory by calling 1 888 214-1090 or visiting [www.chrc-ccdp.ca](http://www.chrc-ccdp.ca).

## Moving forward

“ *The reality is that cancer sucks. It really, really, really sucks in every way, shape and form, and it's okay to acknowledge that. But you have to find your way out of it. And I feel like I have.* ~ Ruth

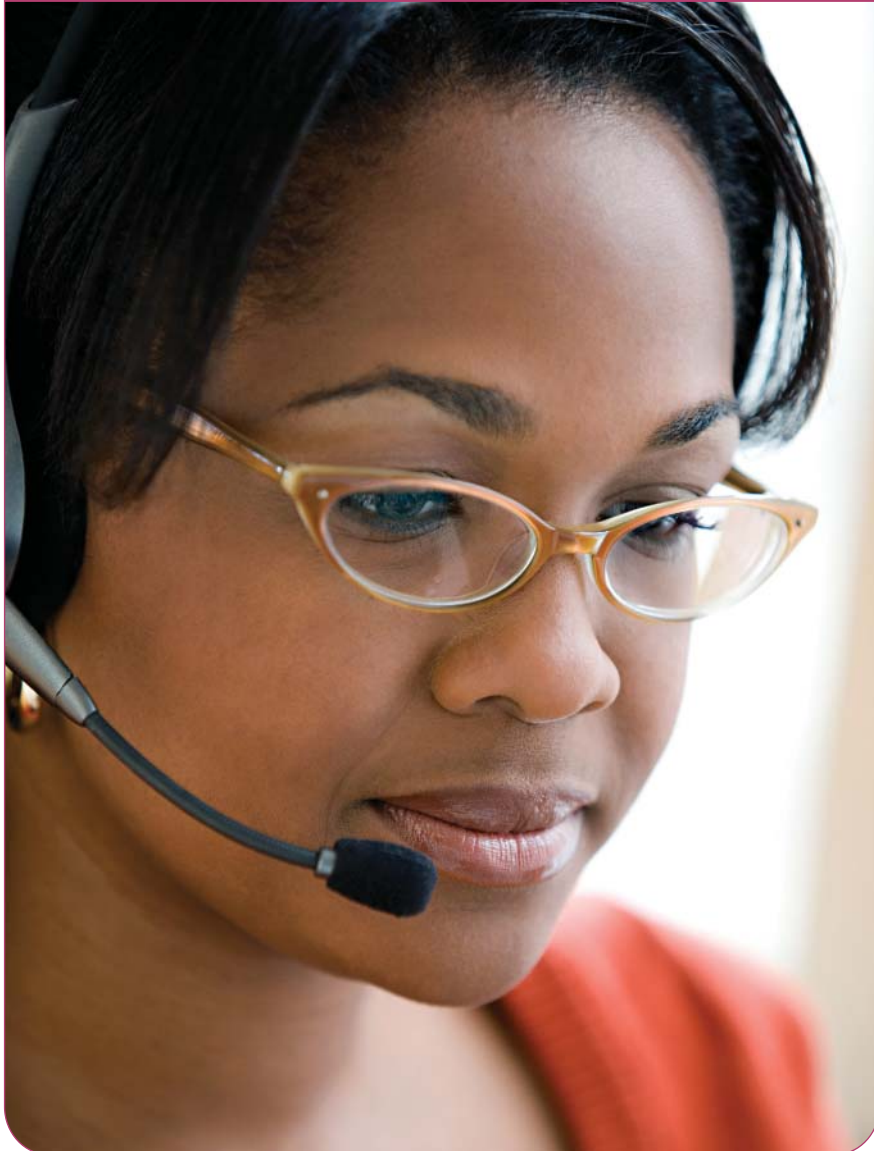
There's no right or wrong way to live with breast cancer and no right or wrong way to feel about the disease and how it's affected your life. For many women, having breast cancer and going through treatment is a life-altering event. For others, when breast cancer and its treatment are in the past, they prefer to keep them there.

“ *It makes you look at your life with a new perspective. I can't say that I thought I'd face mortality because I don't think I did. But it certainly made me look at some aspects of my life differently. Perhaps, appreciate some things that hadn't seemed as important before.* ~ Deb

Some days, you may feel that you can cope with anything. During harder times, it can help to remember that you don't have to deal with breast cancer on your own - you can rely on friends and family, your community and your healthcare team for support.

“ *I marked the first anniversary of the end of treatment with a big party for all my women friends. And then we had a giant party this past February for my 5 years. I didn't tell anybody that that's what the party was for but I knew. It was a fun party. I like a good party.* ~ Ruth

## Resources



### Canadian Cancer Society

The Canadian Cancer Society fights cancer by doing everything we can to prevent cancer, save lives and support people living with cancer.

All of our services are free and confidential.

#### *Helping you cope with treatment for breast cancer*

Our trained information specialists take the time you need to answer your questions over the telephone and by e-mail. If you need information in a language other than English, interpreters are available. We have the information you need about:

- treatment options
- symptom management
- reconstruction
- nutrition
- emotional support
- metastatic breast cancer

Through our Community Services Locator, we can help you find services and programs in your community that are offered by the Canadian Cancer Society and other organizations.

We offer resources on a wide range of cancer-related topics in print and online. You may find these publications useful:

*Exercises after Breast Surgery: A guide for women*

*Chemotherapy and Other Drug Therapies: A guide for people with cancer*

*Radiation Therapy: A guide for people with cancer*

*Sexuality and Cancer*

*Questions to Ask about Cancer*

Note: These titles may change when new versions of the booklets are published.

### **Talking to someone who's been there**

If you have been touched by cancer and would like to talk to someone who has had a similar cancer experience, we can help you connect with a trained volunteer – in person, over the phone or in a group setting.

If you'd like to connect with someone online, join our online community, CancerConnection.ca. There are discussions, blogs and groups that may interest you, and you'll find caring, supportive people there.

#### **To contact the Canadian Cancer Society:**

- Call us toll-free at **1 888 939-3333** (TTY: 1 866 786-3934) Monday to Friday, 9 a.m. to 6 p.m.
- E-mail us at [info@cis.cancer.ca](mailto:info@cis.cancer.ca).
- Visit our website at [cancer.ca](http://cancer.ca).
- Contact your local Canadian Cancer Society office.



### **Suggested websites**

#### **National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

Search for > Breast Cancer Treatment PDQ

#### **Macmillan Cancer Support**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

Search for> Treating breast cancer

### **Canadian Cancer Society division offices**

#### **British Columbia and Yukon**

565 West 10th Avenue  
Vancouver, BC V5Z 4J4  
604 872-4400  
1 800 663-2524  
[inquiries@bc.cancer.ca](mailto:inquiries@bc.cancer.ca)

#### **Quebec**

5151 de l'Assomption Blvd.  
Montreal, QC H1T 4A9  
514 255-5151  
[info@sic.cancer.ca](mailto:info@sic.cancer.ca)

#### **Alberta/NWT**

325 Manning Road NE, Suite 200  
Calgary, AB T2E 2P5  
403 205-3966  
[info@cancer.ab.ca](mailto:info@cancer.ab.ca)

#### **New Brunswick**

PO Box 2089  
133 Prince William Street  
Saint John, NB E2L 3T5  
506 634-6272  
[ccsnb@nb.cancer.ca](mailto:ccsnb@nb.cancer.ca)

#### **Saskatchewan**

1910 McIntyre Street  
Regina, SK S4P 2R3  
306 790-5822  
[ccssk@sk.cancer.ca](mailto:ccssk@sk.cancer.ca)

#### **Nova Scotia**

5826 South Street, Suite 1  
Halifax, NS B3H 1S6  
902 423-6183  
[ccs.ns@ns.cancer.ca](mailto:ccs.ns@ns.cancer.ca)

#### **Manitoba**

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Winnipeg, MB R3C 2B7  
204 774-7483  
[info@mb.cancer.ca](mailto:info@mb.cancer.ca)

#### **Prince Edward Island**

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Charlottetown, PE C1A 9L2  
902 566-4007  
[info@pei.cancer.ca](mailto:info@pei.cancer.ca)

#### **Ontario**

55 St Clair Avenue W, Suite 500  
Toronto, ON M4V 2Y7  
416 488-5400

#### **Newfoundland and Labrador**

PO Box 8921  
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St John's, NL A1B 3R9  
709 753-6520  
[ccs@nl.cancer.ca](mailto:ccs@nl.cancer.ca)

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#### **We'd like to hear from you**

E-mail us at [publicationsfeedback@cancer.ca](mailto:publicationsfeedback@cancer.ca) if you have comments or suggestions to help us make this booklet more useful for you and other readers.



## What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer, our services or to make a donation.



Canadian Cancer Society  
Société canadienne  
du cancer

Let's Make Cancer History

1 888 939-3333 | [cancer.ca](http://cancer.ca)

TTY 1 866 786-3934

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