



Canadian
Cancer
Society



Understanding Treatment for Breast Cancer



1 888 939-3333 | cancer.ca

The Canadian Cancer Society would like to thank the people who shared their personal experiences with us.

If you have advanced breast cancer that has spread (metastasized) to another part of your body or breast cancer that has come back (recurred), 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

When you find out you have breast cancer, you will have many questions about what comes next and how the cancer will be treated.

Understanding the treatments that may be available can help you make informed decisions about your care. You may feel more in control.

This booklet will help you understand the different ways to treat breast cancer with surgery, radiation therapy, chemotherapy, hormonal therapy and targeted therapy. It can help you prepare for what will happen next and help you talk with your healthcare team and your family and friends.

You can use this booklet as a guide as you:

- get ready to start treatment
- cope during treatment
- prepare for life after treatment

Throughout these pages, you'll hear from Canadians 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

Breast cancer in men is similar to the disease in women, but there are some differences. Mostly, breast cancer in men is treated like breast cancer in women who have reached menopause (when the ovaries stop making estrogen).

Many men find it difficult to talk about being diagnosed with breast cancer because it is often seen as a cancer that only women get. Your healthcare team can help you get the information and support you need if you have trouble talking about your feelings or concerns.

Need more info?

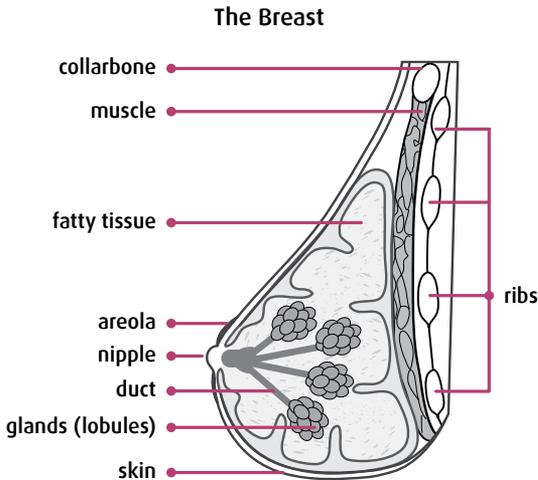
Visit cancer.ca/breastcancerinmen for more information.

About breast cancer



About your breasts

Breast tissue covers a larger area than just the breast. It goes up to the collarbone and from the armpit across to the breastbone in the centre of the chest. The breasts sit on the chest muscles that cover the ribs.



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

For some women, their breasts may feel different at different times. Women who still have their periods may notice their breasts sometimes become lumpy just before their 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.

Men's breast tissue is similar to women's, but their breasts are less developed. Their glands don't make milk.

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 grow and divide out of control. After a while, a group of abnormal cells forms a lump (called a tumour). If the tumour isn't treated, it may spread and damage or destroy healthy tissue around it. It may also spread to other organs and tissues in the body.

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. It may spread from there into surrounding breast tissue. Another type of breast cancer called lobular carcinoma starts in the lobules, and it may also spread into surrounding breast tissue. Other less common types of breast cancer include inflammatory breast cancer and Paget disease of the breast. You can learn more about the different types of breast cancer below.

Types of breast cancer and breast conditions

Ductal carcinoma in situ (DCIS)

DCIS may also be called non-invasive or intraductal cancer because the cancer cells are only in the lining of the breast duct. The cells have not spread into nearby breast tissue or other organs in the body.

Lobular carcinoma in situ (LCIS)

LCIS is a buildup of abnormal cells in the groups of glands that make milk (lobules). These cells do not spread outside the lobules into

nearby breast tissue. LCIS is not a true precancerous condition and it is not cancer. It is a sign (marker) that a person is at higher risk of developing breast cancer in the future. But many women with LCIS never get breast cancer.

Invasive ductal carcinoma

In invasive ductal carcinoma, cancer cells have spread from the milk ducts to the surrounding breast tissue. They can also spread to lymph nodes and other parts of the body. It is the most common type of breast cancer.

Invasive lobular carcinoma

In invasive lobular carcinoma, cancer cells have developed in the lobules and spread into nearby breast tissue. It can also spread to lymph nodes and other parts of the body.

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. So the breasts can become swollen, red and inflamed.

Paget disease of the breast

Paget disease of the breast is a change in the skin of the nipple. It usually starts as a scaly, red rash. Some women may feel itching or burning, and there may be oozing or bleeding from the nipple or areola. Paget disease usually means that there is 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 during and after treatment. 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 professionals who work together to treat your cancer. But *you* are the most important member of the team, along with your family and friends. You should be informed and consulted at every stage of care. Any of these people may be a part of your healthcare team:

A medical oncologist is a doctor who diagnoses and treats cancer using chemotherapy, hormonal therapy and targeted 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. They answer questions, give medicine and provide emotional support. Oncology nurses and oncology nurse practitioners have special training in caring for people with cancer. Oncology nurse practitioners can also prescribe medicines and order tests.

“ *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 tissue samples taken from the body to diagnose illness or help plan your treatment.

A pharmacist prepares cancer drugs and other medicines and explains how they work. An oncology pharmacist specializes in chemotherapy and other cancer drugs.

“ 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 doing daily activities. An occupational therapist can help you return to work, adjust your work activities and suggest how to change your home to make things easier while you have treatment or deal with side effects.

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

“ *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 plans your treatment.

A radiation therapist helps plan and deliver your treatment and manage side effects.

A radiologist is a doctor who reads and interprets x-rays, ultrasounds and other scans to diagnose diseases. They also do biopsies guided by x-rays or ultrasounds. In a biopsy, cells or tissues are removed to be examined under a microscope.

A reconstructive surgeon or plastic surgeon is a doctor who rebuilds or reshapes (reconstructs) a part of the body, such as a breast. This can be done at the same time as surgery to remove breast cancer or at a later date.

A registered dietitian can answer your questions about nutrition and eating well during your treatment and recovery.

A social worker helps you and your family cope with cancer and its treatment. Social workers can provide counselling or refer you to counselling, support groups, financial help 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 support and prayer according to your spiritual and religious needs.

Your family doctor or general practitioner (GP) provides general 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 people on your healthcare team are experts on cancer. But you are the expert on you. Help your healthcare team get to know more about you, not just your cancer. For example, tell them how much information you need – whether you want to learn more or if you're getting too much.

Tell your team how you're feeling. Share with them any fears or concerns you have about treatment or side effects so they can help you. Be honest, open and direct with your team. It's one of the best ways to get good care.

You may want your healthcare team to know things about your life away from the cancer centre – for example, that you live alone, that you have young children or that travelling to and from the hospital is hard for you. Tell them if you plan to continue working or studying during treatment or if you have special events coming up like a trip, wedding or graduation.

Talk to your healthcare team about any cultural or spiritual practices that are important to you. If you prefer to communicate in another language (including sign language), ask about an interpreter. If an interpreter isn't available during your visit, bring a friend or family member who can translate for you.

Before you meet with your healthcare team, you'll likely have a lot of questions. It can be helpful to make a list of your questions before your appointments. You may want to bring a family member or close friend with you. They can take notes or record the visit and help you remember what was said.

Doctors and other members of the healthcare team need to communicate effectively with you too. It's part of their job to provide you with the information you need to make decisions about care. This includes clear explanations of all available treatment options and the benefits and risks of each. You may want them to explain things several times.

“ *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

Keep in mind that it takes time to develop a good relationship with your healthcare team. If you find anyone on your team hard to talk to, tell them. And if the relationship with your doctor isn't working, you may be able to find a new doctor.

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

Your healthcare team will create 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 breast cancer treatments are:

- surgery
- radiation therapy
- chemotherapy
- hormonal therapy
- targeted therapy

Your healthcare team will consider many things when planning your treatment, including:

- the type of breast cancer you have
- menopausal status (whether you still get monthly periods)
- your overall health
- your age
- what you prefer or want (for example, you wish to keep your breast)
- your personal situation (such as whether you can travel to treatment)

Your treatment plan for breast cancer also depends on:

- The **stage** of the cancer - whether the cancer has spread beyond the place where it started to grow.
- The **grade** of the cancer - how the cancer cells look and act compared to normal cells. The grade can help your healthcare team understand how fast 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.
- **HER2 status** - whether the tumour produces a growth factor receptor called HER2. HER2 is a protein on the surface of breast cells that helps cells grow. If the 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 is called triple-negative breast cancer.

If you're pregnant

If you're pregnant when breast cancer is found, 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.

Avoid getting pregnant during treatment

You should avoid getting pregnant while you're being treated for breast cancer. But your doctor may recommend that you do not take oral contraceptives (the pill) while being treated for cancer. You'll need to use a different method of birth control (for example, condoms). Talk to your healthcare team about family planning.

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 (also called a lumpectomy) and removing the breast (mastectomy)?

How much of my breast will be removed?

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

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

Where can I get advice about breast reconstruction?

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

When can I start wearing a bra?

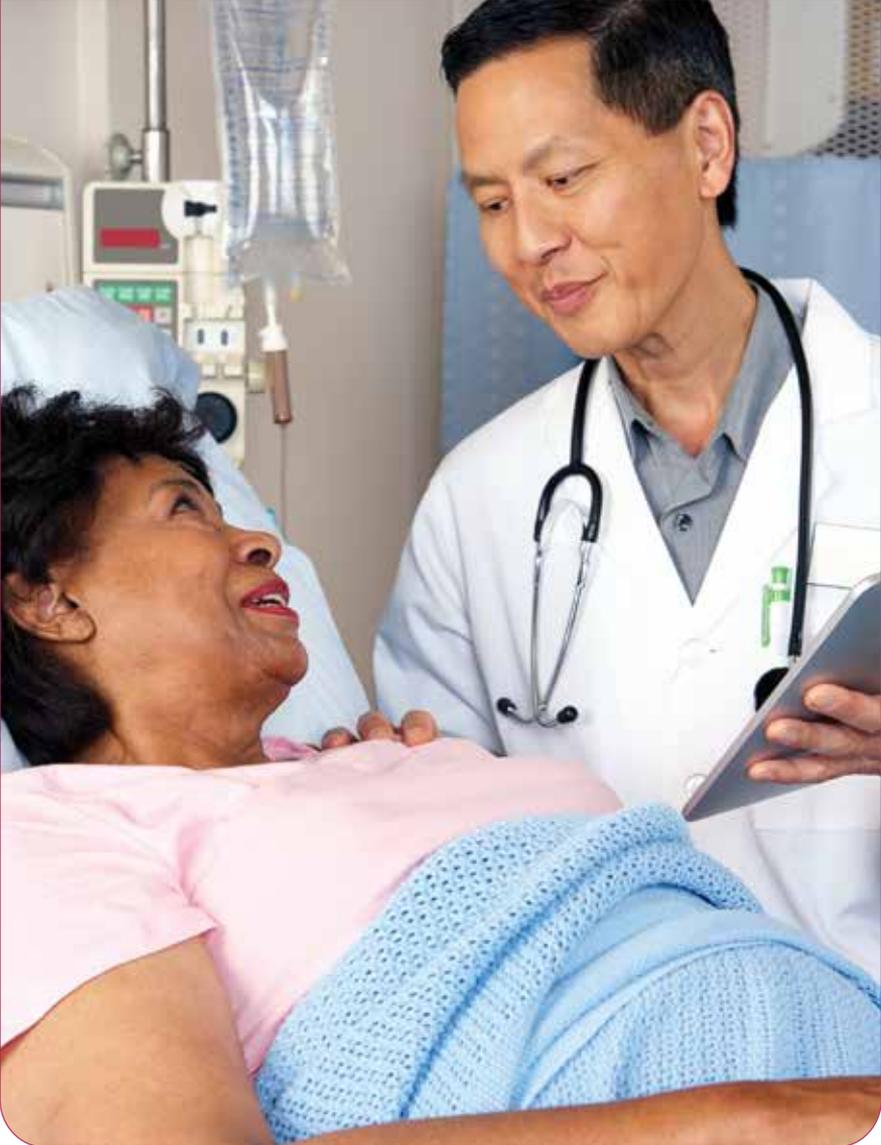
Do I need a mastectomy bra to hold my prosthesis in place? Where can I find this type of bra and swimwear?

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

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

Our booklet *Questions to Ask When You Have 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 – radiation therapy, chemotherapy, hormonal therapy or targeted therapy. The main goal of surgery is to completely remove the tumour from the breast. There are 2 types of breast surgery:

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

Your healthcare team will explain each type of surgery and will keep your wishes in mind as they help you decide what's best for you. In most cases, you will be able to choose between breast-conserving surgery and a mastectomy. In other cases, depending on where the tumour is located and the size of the tumour, your team may recommend one type for you.

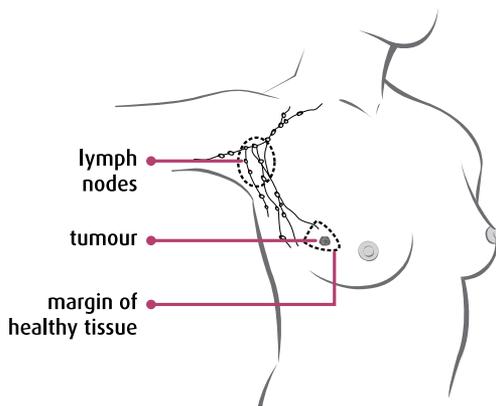
Before making a decision about surgery

Before you decide which type of surgery to have – or whether to have surgery – talk with your healthcare team about options of having reconstruction or a breast prosthesis after surgery. Discussing these options with your healthcare team will help you make a decision about surgery that's right 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 as much of your breast as possible. Some lymph nodes may also be removed. Breast-conserving surgery is an option if the tumour is



small enough, compared to the size of your breast, to safely remove all the cancer and a margin of healthy tissue.

The word 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 how much tissue is removed and where the tumour is located.

In almost all 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

Removing the breast (mastectomy)

“*‘Picture your breast from 3 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

Breast-conserving surgery followed by radiation therapy may not be the best treatment for you. Your healthcare team may recommend a mastectomy to remove 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.
- You can’t have radiation therapy.

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

The 2 main types of mastectomy used to treat breast cancer are a total mastectomy and a modified radical mastectomy.

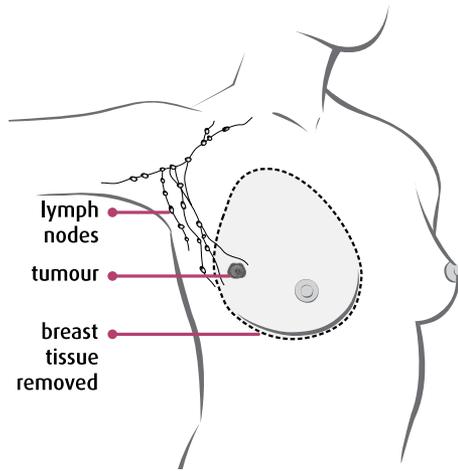
A new breast shape can often be created either during a mastectomy or months or years later. This is called breast reconstruction. There are different types of breast reconstruction. Talk with your healthcare team before surgery about your options.

Total mastectomy

A total mastectomy removes the entire breast, including the nipple and the tissue that covers the chest muscles. The lymph nodes and muscle in the chest are left in place.

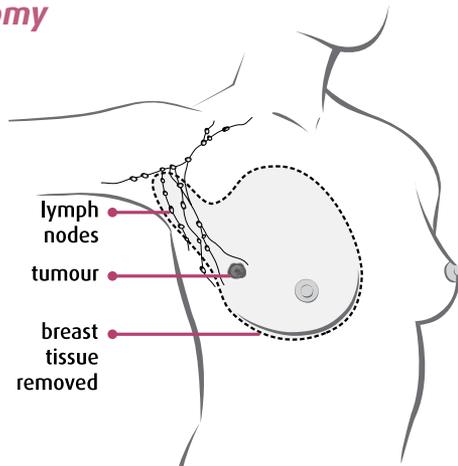
If you plan to have breast reconstruction, your doctors may try to do a skin-sparing mastectomy when they remove the cancer.

A skin-sparing mastectomy is like a total mastectomy except that the surgeon doesn't remove the skin that covers the breast. This approach means that breast reconstruction can be done with very little scarring that can be seen.



Modified radical mastectomy

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



Prophylactic mastectomy

A prophylactic mastectomy is removing the other, healthy breast as a safeguard.

Cancer doesn't usually spread to the other breast. It is rare. But some people have certain risk factors for breast cancer that greatly increase their chance of developing cancer in the healthy breast. If you have any of these risk factors, you may choose to have a prophylactic mastectomy to remove it. Removing the other breast when you have any of the risk factors greatly lowers the chances of developing breast cancer again but doesn't completely remove the risk.

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

Checking the lymph nodes

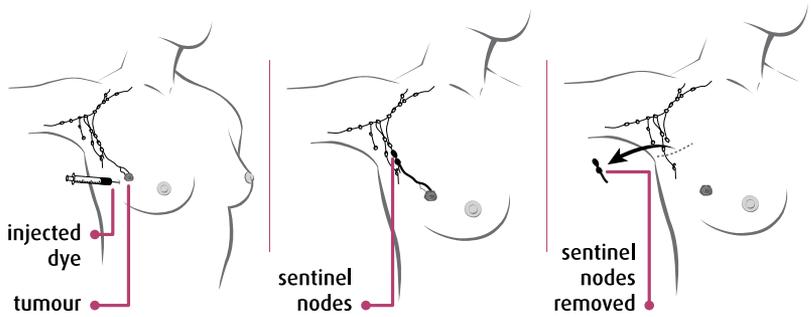
The surgeon usually removes some lymph nodes from your armpit (axilla) on the side of the cancer. Lymph nodes may be removed during breast surgery or at a different time. These lymph nodes are looked at under a microscope to see if any cancer cells have spread to them from the breast. This helps your 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 a sentinel lymph node biopsy and an axillary lymph node dissection.

A **sentinel lymph node biopsy** (SLNB) is a way of checking only a few of the lymph nodes to look for cancer. Removing only a few nodes lowers 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.

A blue dye and a tiny amount of radioactive liquid are injected into the area around the cancer or the nipple before surgery. The dye makes the lymph nodes turn blue. 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.

Sentinel Lymph Node Biopsy



If there are no cancer cells in the sentinel nodes, no further surgery is needed. If there are cancer cells in the nodes, an axillary lymph node dissection may be done.

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

Preparing for surgery



“ *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

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

You may 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

“ *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

After surgery



You need to get out of bed and start moving around as soon as possible after surgery. Most people are able to go home the same day as the surgery. 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

Your body will need to use a lot of energy for healing once you get home. You can slowly get back into your regular routine. The amount of time this takes is different for everyone, but most people can get back to gentle everyday activities within a couple of weeks.

“ *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 OK. That it’s not a shortcoming.* – Ruth

Physical activity is important because it can help you keep a healthy body weight during and after treatment and lessen the side effects of chemotherapy and hormonal therapy. Although it can be hard to get started, you’ll likely find that being active is good for your overall mood and well-being.

Exercises after breast surgery

The type of surgery will affect how quickly you regain your full range of motion. A physiotherapist or another member of your healthcare team can suggest exercises for you to begin after surgery. The key is to move your arm gently as soon as you can. It's important not to overdo it, but exercises after surgery can:

- help you maintain movement in your arm and shoulder
- reduce stiffness in your joints
- improve muscle strength
- reduce pain in your neck and back

Our booklet *Exercises after Breast Surgery* has more information and specific exercises to do.

Caring for your wound

After your operation, the wound where the surgeon made the cut 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 while you are healing. The dressings are usually removed after a few days or weeks, depending on how much fluid is still draining. Most people can go home with the drains still in place. The drains can be removed later at the hospital or by a home care nurse.

Bruising around the wound is common. It will gradually disappear as you heal.

The wound will be sensitive and need extra care. Ask your healthcare team any questions you have after surgery, such as when you can shower and how to clean the wound. Your healthcare team can teach you how to care for it while it heals.

> **Tips** for taking care of your wound at home

- Follow your healthcare team's advice about using or not 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 avoiding vigorous yardwork, heavy housework and intense exercise. Ask your doctor when you'll be able to get back to your usual activities.
- Don't use the arm on the side where you had surgery to lift anything heavy. Talk to your doctor about how much weight is too much and when you'll be able to lift heavy things again.

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°C (100°F) 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
- bleeding

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 wound and in the surrounding chest area in the days or weeks 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 medicines to help. Pain and discomfort around the wound should get better and not worse as time passes.

Sometimes pain 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, oversized T-shirts or sweatshirts) until your wound has healed.
- Sleep with your arm slightly raised. Place a small pillow under your arm on the side where you had surgery to help you get a more comfortable sleep.
- If you wear a bra, wear an older one that has stretched a little, 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 give 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.
- If you have had reconstruction surgery, your surgeon may suggest wearing a sports bra to help support the breast.

Axillary web syndrome (AWS)

In the weeks soon after surgery, some people have pain that feels like a tight cord or cords pulling 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, keep doing your daily stretching to the point of feeling tension but not pain, and talk to your physiotherapist or healthcare team. They may be able to suggest some exercises for you. In most cases, cording goes away on its own over time.

“ *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

Numbness and tingling in the arm

If you had lymph nodes removed, you may have changes in how the inside of your upper arm feels. This often happens because the nerves in the armpit were affected during surgery. Changes in feeling include:

- partial or total 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. Sometimes, symptoms may not go away completely, but there are treatments that can help. Talk to your healthcare team if your symptoms don't improve over time.

“ *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

Swelling

Swelling is a common symptom after breast surgery. It is caused by a buildup of fluid. You may have swelling in your breast as well as your chest wall, shoulder or arm.

Most swelling is a normal part of healing, and it should get better over time. If the swelling causes pain or lasts for more than 2 or 3 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.
- Raise your arm to shoulder level or above (supported on some pillows while seated) 2 or 3 times a day for 10 to 15 minutes each time.

Stiff shoulder

Some people have stiffness in their shoulder. This happens more after a mastectomy than breast-conserving surgery. Your doctor or physiotherapist can suggest some exercises to help you manage shoulder pain and improve movement.

> Tips

- Start moving your arm and shoulder gently right after surgery to get some motion back.
- If you have drains, you may be able to do gentle exercises during the first week after surgery. Wait until the drains are removed before doing more advanced exercises.
- If your wound 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

You should be aware of the possibility of lymphedema and act quickly if you notice any signs of swelling. 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 is different from the temporary swelling in the breast, armpit and arm that can happen just after surgery. For most people, lymphedema will last more than 2 or 3 weeks.

Lymphedema can happen soon after treatment, months later or even years later. It can be temporary or it can last a long time. 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

Watching for signs of lymphedema

The start of lymphedema can be hard to notice, but it's very important to treat it quickly. 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 sleeve
- redness or increased warmth, which may mean that you have an infection

One of the most important ways to reduce your risk of lymphedema is to maintain a healthy body weight. If you are overweight, you have a greater chance of getting lymphedema, and it may be harder to control or treat.

Here are some other ways to lower your risk of getting lymphedema.

> **Tips** to lower your risk of getting lymphedema

- Take special care of your skin and keep your arm moisturized. Try to avoid breaks in the skin that could lead to infection.
- 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.
- Treat infections in the arm on the same side as your surgery as soon as possible. Your doctor may suggest you keep antibiotics at home, just in case.
- 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 your strength to do this.
- Exercise regularly, but don't overdo it in the early weeks after surgery. 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.

- 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.

If you do get lymphedema, treatments are available to reduce the pain and swelling. One of the best ways to manage it is to wear a compression sleeve. Here are other things to consider when you have lymphedema.

> **Tips** to manage lymphedema

- Be careful using saunas, steam baths and hot tubs or doing heated exercise classes like hot yoga. Heat can make lymphedema worse.
- Keep your arm moisturized. This helps keep the skin flexible 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. Keeping it clean is also important. Your doctor or pharmacist may suggest an antibacterial cream or ointment.

“ 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

“ 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



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 die.

External beam radiation therapy is used to treat breast cancer. It is given at the hospital, usually once a day for several weeks, depending on your treatment plan. A machine directs radiation beams through the skin 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 scan is used to take 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 small marks on your skin to help the radiation therapist position you and show where the beams 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. You are alone in the room during the session, 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. Gradually increasing the amount of physical activity you do can help you get your energy back.

“ *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

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

These changes in the texture of the skin usually go away after a year.

The radiation therapy team may suggest that you not wear a bra until after treatment is over. But if this is too uncomfortable, talk to them – it may be OK to wear a soft, comfortable bra that doesn't have an underwire.

Visit cancer.ca/radiationtherapy for more information.

Our booklet *Radiation Therapy* also provides more detail and tips to manage side effects.

Chemotherapy



Chemotherapy uses drugs to destroy cancer cells. Chemotherapy drugs travel through the blood to target cancer cells and damage them. The drugs slow down how fast the cancer cells grow or stop the cancer cells from growing, increasing 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 depend mainly on the type of drug and the dose. They may include:

- nausea and vomiting
- fatigue
- mouth sores
- increased risk of infection
- hair loss
- brain fog
- numbness and tingling in the hands and feet (caused by damage to the nervous system)
- heart damage
- fertility problems

Everyone reacts to chemotherapy treatment in different ways. Some people have very few side effects – others have many. Talk to your healthcare team if you have any side effects. Almost all side effects slowly go away over time once treatment has stopped. Side effects of chemotherapy can happen during, immediately after or a few weeks after treatment, or years later.

“

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 ability to have children (your fertility) in the future. A woman's periods might stop during treatment and return after treatment is over, or a woman may go into early menopause. It may be permanent in women who are within a few years of natural menopause. In general, the younger you are, the more likely it is that your periods will come back after chemotherapy. But return of periods doesn't necessarily mean a woman is still fertile. If you plan to have children in the future or think you might want to, talk to your doctor before starting treatment so you have as many fertility options as possible.

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

Visit cancer.ca/chemotherapy for more information.

Our booklet *Chemotherapy and Other Drug Therapies* also provides more detail and tips on managing side effects.



Hormonal therapy



Hormonal therapy is a treatment that adds or blocks the production or action of hormones. Some breast cancer tumours have areas on their surfaces (called receptors) for the hormones estrogen and progesterone. When cancer cells have these receptors, the hormones can attach to them and help them grow. These types of tumours are known as hormone receptor positive.

Hormonal therapy treats breast cancer that is hormone receptor positive by lowering levels of estrogen and progesterone in the body. Hormonal therapies are often given after surgery and radiation therapy to lower 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.)

- **Estrogen receptor blockers** block the effects of estrogen on breast cancer cells. The drug most commonly used is tamoxifen (Nolvadex, Tamofen). These drugs are also known as selective estrogen receptor modulators (SERMs).
- **Aromatase inhibitors** stop estrogen from being made in your body. They include letrozole (Femara), anastrozole (Arimidex) and exemestane (Aromasin). They are given only to women who are post-menopausal.
- **Removal or suppression of the ovaries** is often recommended for women who are still menstruating when breast cancer is diagnosed. Suppression causes the ovaries to temporarily stop making estrogen and is given as an injection every month or every 3 months. This type of treatment is usually combined with tamoxifen or an aromatase inhibitor.

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

- menopausal status
- the tumour size and whether it has spread
- your other treatment
- your overall health
- your medical history

Side effects

Side effects of hormonal therapy depend on the specific drug and type of hormonal therapy you're given. They can happen within days of starting the treatment or weeks or months later. Most side effects will improve or disappear within 3 months. They may include:

- menopausal symptoms such as hot flashes or vaginal dryness
- weight gain
- early menopause
- decreased interest in sex
- thin, brittle bones (osteoporosis)

Tell your healthcare team about any side effects you're having. They can help you cope with them. Sometimes changing the hormonal drug can help with side effects.

“ *Tamoxifen caused 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

Visit cancer.ca/hormonaltherapy for more information.



Targeted therapy



Targeted therapy uses drugs to target specific molecules (such as proteins) on or inside cancer cells. These molecules help send signals that tell cells to grow or divide. By targeting these molecules, the drugs stop the growth and spread of cancer cells while limiting harm to normal cells.

Trastuzumab (Herceptin) is the most common targeted therapy drug used to treat breast cancer that is HER2 positive. It may be given with chemotherapy drugs after surgery. It's given through a needle into a vein (intravenously), usually every 3 weeks for a year.

Side effects

Most people don't get side effects from trastuzumab. But sometimes you may get mild fatigue or allergy symptoms. In a few cases, trastuzumab affects your heart. So when trastuzumab is given, your heart function is checked every 3 or 4 months with a MUGA (nuclear) scan or an echocardiogram.

Side effects can happen during, immediately after or a few weeks after treatment and are usually temporary. Tell your healthcare team about any side effects you're having. They can help you cope with them.

Visit cancer.ca/targetedtherapy for more information.

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, you may have several options for recreating a natural breast shape – or you may choose to do 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 make them match better and help improve posture and lessen back pain.

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

Men and reconstruction

If you are a man with breast cancer, talk to your healthcare team about your reconstruction options. You may be able to have your nipple reconstructed if it was removed during surgery.

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 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.

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 wounds 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 buy your prosthesis and start 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. 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.

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

BRA Day

BRA Day is a program that promotes education, awareness and access for women considering post-mastectomy breast reconstruction.

Learn more at bra-day.com

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 others who've had breast reconstruction. Your reconstructive surgeon can show you pictures of reconstructed breasts and the different ways to build 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 2 main types of breast reconstruction:

- implants
- tissue flap techniques

Sometimes both types may be used - for example, if your breast tissue is treated with radiation therapy, then your surgeon may recommend an implant and a flap technique.

Breast implants

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

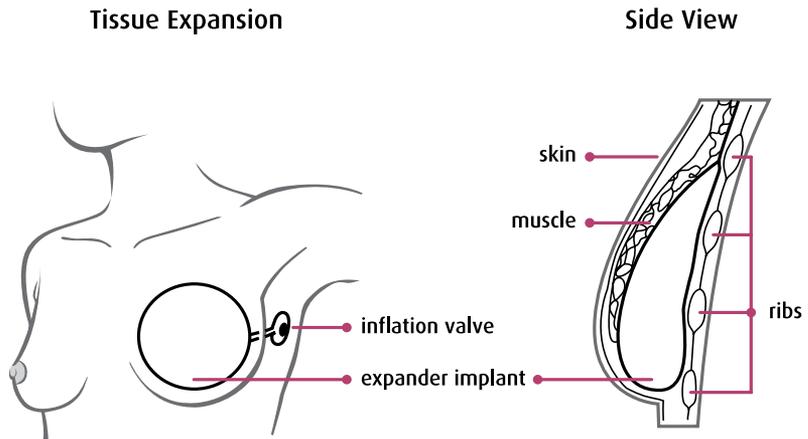
“ *When the doctor shows you the implant, it's this nice, perky, silicone version of what the perfect breast would look like. But when you actually have the surgery and it's installed, it is placed underneath the chest muscles because that's what holds it in place. And the chest muscles squish it. So, 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 are having delayed reconstruction after a mastectomy (not at the same time) need the **tissue-expansion method** of implant because they have lost skin, the shape of the breast and all the tissue. 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 inserted 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 replaced with 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 that the implant will leak or rupture



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. Your reconstructive surgeon will examine you and suggest the technique they think is best for you. Some of the techniques are:

- pedicled TRAM flap (transverse rectus abdominis myocutaneous flap)
- LD flap (latissimus dorsi muscle flap) - also called LAT flap
- free flap
- DIEP flap (deep inferior epigastric artery perforator flap)

Pedicle TRAM flap

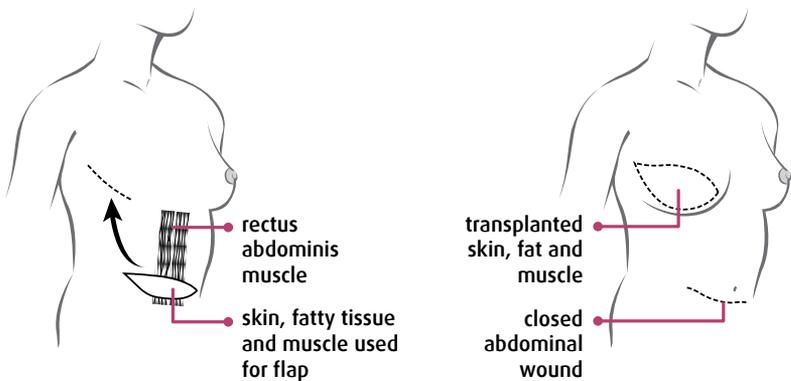
In a TRAM flap, skin, fat and muscle (with its own blood supply) from the lower abdomen are moved under the skin up to the chest to form a breast. The effect on your abdomen is similar to a tummy tuck.

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 or bulge 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

Pedicle TRAM Flap



LD flap

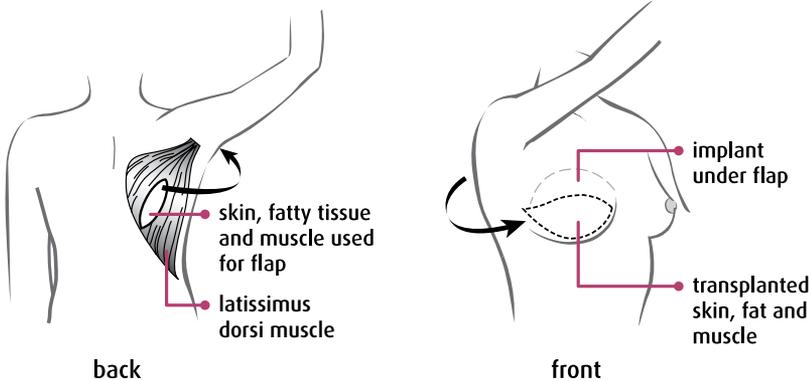
In an LD flap, skin, fat and muscle (with its own blood supply) from the upper back are moved under the skin to the front of the chest to form a breast. An implant is added in women who need a larger breast.

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, which helps 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.

LD Flap



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 surgeon then has to reconnect the tiny blood vessels to the flap in the new breast location. The free flap technique is not used very often because it is a very specialized type of microsurgery that not many doctors do.

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

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

DIEP flap

In a DIEP flap, skin, fat and blood vessels, but not muscle, are removed from the abdomen. The flap is placed under the skin on the chest to form a breast.

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.

Managing stress

Dealing with breast cancer and treatment is stressful. Some people feel sad or depressed because of the changes cancer has caused. Others feel down because they're scared about the future or because they feel sick or uncomfortable. You may also be tired, which can make it even harder to cope with your feelings. But it's important to get the support you need. Your emotional health is just as important as your physical health.

“ *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

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 medicine 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

> Tips

- Some people find it helpful to talk about their feelings with a counsellor, a spiritual care worker, a social worker or a psychologist. Talking to someone who's had a cancer experience similar to yours can also help you cope.
- 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 or start a blog during treatment. Writing down your thoughts and feelings can help relieve anxiety. A journal is also a good place to write positive feelings that you can return to when you're feeling down.
- Get up and move. Regular physical activity – even very gentle movement – can make you feel better, calmer and more in control.
- Learn and practise a 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, walk the dog or even just sit with you. If you find it hard to manage the offers of help, 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

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the shared perspective of someone who's been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with someone online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups that may interest you, get support and help others at the same time. You'll find caring, supportive people there.

Self-image and sexuality

“ *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 effect on the way you look and on your sex life. You may be worried about changes in your appearance or worried that your partner won't be attracted to you anymore. If you had reconstructive surgery, you may feel self-conscious about the new look of your breasts or frustrated by changes in sensation. It can take time to adjust to your new body.

“ *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

Some cancer treatments can lower your desire for sex or cause sexual changes. If you're stressed, you may not feel like having sex. For women, changes in hormone levels may lead to vaginal dryness. Men can get erectile dysfunction (impotence) from changes in hormone levels. You may be coping with side effects from treatment, including fatigue and pain. This can make certain sexual positions painful or make you not want to have sex.

“ *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

Remember that there are many ways to express your sexuality. Hugging, touching, holding and cuddling may be all you want for a while. Try to talk openly about how you're both feeling. Together, you and your partner can decide what gives you both pleasure and comfort.

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.

“ *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 OK, 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

You may have different challenges if you aren't in a relationship. Being single and dealing with sexual changes can be especially difficult. You may worry about dating or starting a new relationship. Or you may worry about a new partner's reaction to your changed body. Having a network of friends and family can help you feel

less alone. You can also share your feelings with your healthcare team, a counsellor or a close friend, if you're having a hard time on your own.

“ *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

Our booklet *Sex, Intimacy 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

Complementary therapies do not treat the cancer itself. These therapies help you cope physically and emotionally with cancer treatments like surgery, chemotherapy and radiation. Complementary therapies include things like acupuncture, massage, meditation, tai chi and yoga.

People choose complementary therapies for different reasons. Many people find that they are a good balance to their cancer treatments. Complementary therapies often focus on your health and healing. Their goal is to improve overall well-being and support the link between mind, body and spirit in the healing process.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might affect other treatments or test results.

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 are 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.

Extra expenses, loss of income and growing debt can leave you feeling worried about how you’ll manage financially.

It can help to think about your finances and make some plans about work and money before you start treatment. Many people have private health insurance with their employers or through a private insurance company. Your human resources staff at work or your private insurance broker can let you know what your plans will cover, such as paid time off or medicines. Be sure to ask:

- what the insurance will pay for
- what you will need to pay for
- will you have to pay first and then be reimbursed
- how to apply to get the coverage you need
- if there are any waiting periods before 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 suggest solutions when finances are tight. An accountant can tell you about the expenses you can claim on your tax return.

A social worker at the hospital or treatment centre can help you find financial assistance programs in your province or territory. They can also help you fill in and submit forms.

“ *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 and how to apply for them, contact Employment and Social Development Canada at 1-800-0-Canada (1-800-622-6232) or visit canada.ca.

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

> Tips

- Explore work options like flexible work hours, working from home or other changes to your work schedule.
- Work fewer hours. Consider working part time while you’re in treatment.
- Share your workload. There may be some parts of your work that can be shared among co-workers.

Taking time off work

You may need to take time off work while in treatment and afterward. 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 you're ready or when to go back to work. Going back soon after treatment ends can be helpful if you're eager to get back to your normal routine or if you need the income. But it can take a long time to recover fully from treatment. It may be many months before you're ready to return to work.

“ *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 try to 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 chrc-ccdp.ca.



After treatment



Follow-up care

When your treatment is done, you'll have regular checkups to keep track of how you're doing and to make sure any health issues or other problems are found and dealt with early. Follow-up care helps you and your healthcare team follow your progress and your recovery from treatment.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first year after treatment and less often after that. Your doctor will examine you and ask how you've been feeling. The only test that is done as a regular part of follow-up care is a mammogram. It is done on both breasts (if you had breast-conserving surgery) or on your remaining breast (if you had a mastectomy). You may also need to have blood tests, x-rays, scans or other medical tests sometimes.

Tell your doctor how you feel emotionally as well as physically. Talk about any side effects you still have. They may be able to help you cope with them.

When to call the doctor

Tell your doctor right away (don't wait until your next appointment) if you notice any of the following symptoms:

- new or worse pain, especially in your legs, hip or back
- a cough that won't go away
- unexplained weight loss
- fatigue that gets worse over time
- swelling in your hand or arm on the same side of the body as the tumour
- headaches that won't go away
- numbness or tingling in your hands or feet
- vaginal spotting or bleeding in women whose periods have stopped
- a new lump in your breast, neck or underarm area

Your checkups help you be in control of your health. Tell your doctor about:

- new medicines you're taking (including over-the-counter medicines such as painkillers and laxatives)
- vitamins and herbal or nutritional supplements you're using or thinking of trying
- complementary therapies, such as acupuncture or massage, that you're using or thinking of trying
- lifestyle changes you've made or would like help with, such as quitting smoking, exercising or eating well
- names of new doctors or specialists you're seeing

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

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you're worried about your treatment ending, talk to your healthcare team. They can help you through this transition period.

“ *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

Our booklet *Life after Cancer Treatment* provides more detail on follow-up care and coping with the end of treatment.

Moving forward

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

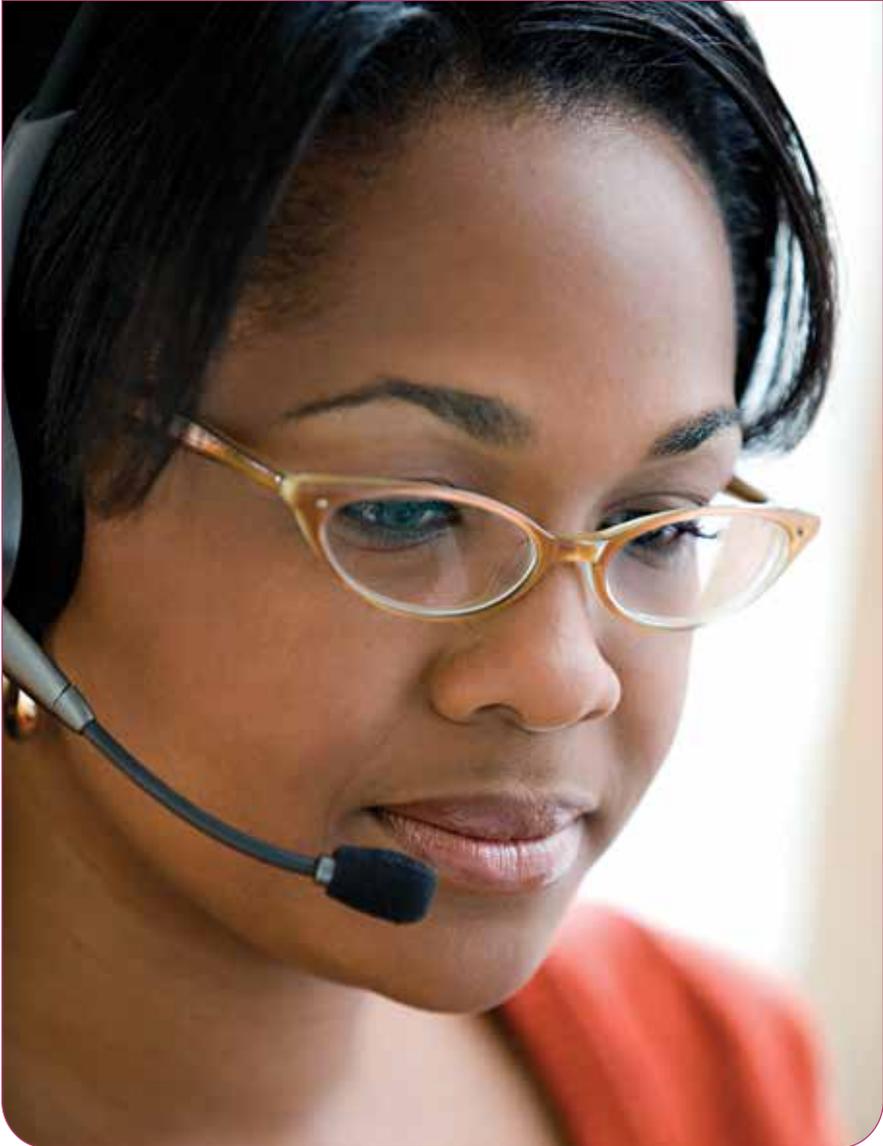
There’s no right or wrong way to live with breast cancer and no right or wrong way to feel about the disease and how it’s affected your life. For many people, having breast cancer and going through treatment is a life-changing event. For others, when breast cancer and its treatment are in the past, they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

We're here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333.



Ask a trained cancer information specialist your questions about cancer.

Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others.

Visit CancerConnection.ca.



Browse Canada's most trusted online source of information on all types of cancer.

Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.



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 and our services or to make a donation.



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