



University Hospital  
Southampton  
NHS Foundation Trust

# Follow up after breast cancer

Information for patients



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## Breast care team/breast unit

Telephone: **023 8120 3753** (Monday to Friday, 9am to 4pm)

### Important notice

If there is any change of your address or general practitioner (GP), please inform University Hospital Southampton NHS Foundation Trust on: **023 8120 8466** (Monday to Friday, 8am to 6pm, Saturday, 8am to 4.30pm, Sunday and bank holidays: closed).

## Your personal details

Name: \_\_\_\_\_

Hospital number: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Pathological diagnosis: \_\_\_\_\_

Surgical treatment and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical treatment and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiotherapy treatment and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgical consultant: \_\_\_\_\_

Oncology consultant: \_\_\_\_\_

Named breast care clinical nurse specialists: \_\_\_\_\_

\_\_\_\_\_

## Your treatment plan

Hormonal therapy prescription: \_\_\_\_\_

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Breast imaging prescription: \_\_\_\_\_

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Bone health prescription: \_\_\_\_\_

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## Introducing self-supported management

In the past, people who had completed their treatment for early breast cancer were seen at regular intervals by their oncologist or surgeon for follow-up care. Although some people found these pre-arranged appointments useful and reassuring, many found them a source of great anxiety and not particularly helpful, unless they had a particular concern that they wished to discuss. There is now very good evidence to show that following-up people in this way does not prevent cancer returning and does not increase a person's life expectancy.

Like many other breast units in other parts of the UK, Southampton breast unit allows you to arrange follow-up appointments as and when you need them, for five years after the end of your treatment.

This booklet aims to explain what self-supported management is and how it works. It contains all the information you need to contact the breast unit and arrange follow-up appointments for yourself. It also contains details about your personal type of breast cancer, the treatments you have received so far and any medication and investigations that you will need in the future – your treatment plan. This booklet also contains information that we think you may find useful as you recover from your treatment for early breast cancer.

## What is self-supported management?

Self-supported management puts you in control of your hospital follow-up. Once you have received this booklet, you will no longer be given routine follow-up clinic appointments at regular pre-set intervals. Instead, you will simply be able to contact the breast unit directly to arrange a follow-up appointment with the breast team as and when you feel concerned that you might need to be seen in clinic.

After five years, you will still continue to have your regular screening mammograms but you will need to go back to see your GP if you have any concerns or notice new symptoms.

## When should I be seen by the breast unit?

You should arrange a review by a member of the breast unit if you have concerns about any of the following issues:

- your ongoing hormonal treatment
- possible side effects from your chemotherapy or radiotherapy treatment
- problems related to your original breast surgery or questions about breast reconstruction
- new changes in your breasts, chest wall region, neck or under your arm
- new symptoms that you are worried could represent a spread of your breast cancer (see also page 22)

## Who do I call to arrange a review?

You can contact the breast care team/breast unit on: **023 8120 3753** (Monday to Friday, 9am to 4pm).

Please leave a brief message, your hospital number and a contact number on our answer phone. One of our breast care clinical nurse specialists will contact you within two working days. We will briefly discuss the nature of your concern with you and if necessary arrange a clinic appointment with either your surgeon or your oncologist. We will aim to see you within two weeks of your telephone call.

Your GP can also use this number to contact us if they feel that you need to be seen by the breast unit.

## Recovering from your surgery

### Is it normal to still get aches and pains in my breast or chest several months after my surgery?

Many people continue to get aches and pains in their breast or underarm area for many months after their surgery. These can be made worse by radiotherapy and can continue for a year or more. However, if you develop a new pain that gets worse over two to three weeks, contact us to arrange a review.

## Why do I have a strange sensation on the inside of my arm?

This is usually due to surgery interfering with the nerves in the under arm area, resulting in a changed sensation (often numbness) affecting the underside of the upper arm. This altered sensation can be either temporary or permanent.

## My scar feels hard and lumpy. Is this normal?

After an operation, this may be due to the healing process and formation of scar tissue. Gently massaging the scar with a moisturising cream can help to break down the hardened area and even out the scar line (using whichever moisturising cream you usually use). Any new lump in or around the scar should be checked by your surgeon.

## What is this tight 'pulling' sensation stretching down my arm?

This is known as 'cording' and it is a common problem after an operation. It is thought to be caused when the lymph vessels harden and tighten due to the surgical procedure (particularly axillary surgery). This side effect can either settle by itself or be encouraged to 'ease' by massaging and stretching the affected area.

## Can I wear deodorant?

Yes, there are no proven studies to suggest otherwise.

## My arm is swollen. Is this normal?

Some people who have had surgery to remove lymph nodes from their armpit (axillary node clearance) develop swelling of this arm in the weeks or months following their surgery. This is known as lymphoedema and is due to disruption of the normal channels that the lymph fluid flows through away from the arm. If your arm is swollen, please contact the breast care clinical nurse specialists who will be able to refer you on for a clinical review.

If your arm swells up many months or even years after your original surgery, you should contact the breast care unit to arrange a review by your consultant.

## What about breast reconstruction?

There are various options for breast reconstruction. Your breast care clinical nurse specialist will be happy to discuss these and provide further information. Regular clinics are also held jointly with the breast and plastic surgeons in Southampton and any member of your clinical team can refer you to these clinics.

## Staying breast aware

### What is my chance of developing a cancer in my other breast?

We will arrange for you to have mammograms more regularly (either every year or every other year) because your risk of developing cancer in your other breast is slightly higher than it would be if you hadn't had breast cancer. Unless you have an inherited genetic predisposition (such as BRCA1 or BRCA2 alteration) or strong family history, your risk will not be much higher than most people your age. There is no evidence that removing your other breast (contralateral mastectomy) will enable you to live longer, unless you have an inherited genetic disposition or your risk has been assessed as very high by the genetics team.

### Should I still examine my breasts and what should I do if I find a lump or notice a new change in my breast?

We recommend that you examine your breasts once a month, so that you are familiar with the way that they look and feel. If you find a new lump or notice any other abnormality within your breast, or near your mastectomy scar, contact the breast care clinical nurse specialists on **023 8120 3753** (Monday to Friday, 9am to 4pm).

We will arrange for you to be reviewed by your medical team and then to have any further investigations that are needed.

### Will I have regular mammograms?

Everyone that has had breast cancer will have regular follow-up mammograms.

Since January 2023, the protocol is as follows:

- If you were aged 50 or over at your diagnosis and had a mastectomy, you will have a mammogram of the other breast every year for five years.
- If you were aged 50 or over at your diagnosis and had a lumpectomy, you will have a mammogram of both breasts every year for five years.
- If you were under 50 years old at diagnosis, you will have annual mammograms until you are 50 and then further follow-up as above.

Once your surveillance has ended, you will be returned to the National Breast Screening Service where you will be invited to have a mammogram every three years until the age of 70.

If you wish to continue having mammograms after the age of 70, you can request to have this, but you will not automatically receive an invitation. You will need to call your local breast screening service to ask for an appointment.

If you were diagnosed before January 2023, speak to your clinical nurse specialist as your protocol may be slightly different. Please note that these arrangements may change in the future with developments in national policies.

### My breast cancer wasn't seen on a mammogram. What should I do?

We can arrange for you to have extra investigations, such as a breast MRI or an ultrasound examination of the breast, as well as your regular mammogram if the radiologist recommends them.

### How will I get my results?

We will write to you with your mammogram results within one month.

## Recovering from your chemotherapy

### How long will I feel tired for?

Almost everyone feels very tired by the end of their chemotherapy. This can get worse if they are receiving radiotherapy. Your tiredness should start to improve one to two months after your last cycle of chemotherapy and then steadily improve. However, it can take at least six months before your energy levels return to normal, and some people still feel tired 12 to 18 months after the end of their treatment.

### When will my hair grow back and when can I dye it?

Most people find that their hair starts to grow back three to four weeks after their last chemotherapy session. The hair grows slowly to begin with and can be quite thin and 'fluffy', but over time the hair thickens up. After six months, most people will have a good head of hair again.

As your new hair will be rather delicate, we recommend that you wait for six months before using chemical, permanent or semi-permanent dyes on your hair. However, it is safe for you to use herbal or non-permanent dyes while you are waiting.

### Why have I put on weight?

It is quite common for people who have had chemotherapy for breast cancer to gain some weight during their treatment. The chemotherapy drugs themselves do not cause weight gain but the steroid tablets that we use as anti-sickness tablets can increase appetite. Many people also find that their diet changes while they are on chemotherapy and that they do less exercise than usual because of the tiredness that it can cause.

### When will I recover feeling in my fingers or toes?

If you have developed pins and needles or numbness of your fingers or toes during your chemotherapy treatment, this should gradually improve in the weeks and months after the end of your treatment. However, you may find that it initially gets worse after your last treatment before it starts to get better. A small number of people may find that sensation in their fingers or toes remains altered permanently.

### Are there any long-term side effects of chemotherapy?

There is a very low risk that one of the chemotherapy drugs that we commonly use can affect the heart muscle. Please discuss this with your oncology consultant if you have any concerns. There is also a very low risk that people treated with chemotherapy for early breast cancer can develop different, unrelated cancer years later.

### Can chemotherapy treatment affect my fertility?

Chemotherapy for breast cancer can bring on the menopause earlier than it would have naturally occurred. This is more common if you are close to menopausal age when you start your treatment. Some women find that their periods stop while they are having chemotherapy and never come back. If you do have a premature menopause as a result of chemotherapy, this will affect your ability to have children (fertility).

#### Helpful resources

Visit the following Macmillan Cancer Support webpage and search for 'Understanding chemotherapy': [www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets](http://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets)

## Recovering from your radiotherapy

### How long will radiotherapy side effects last for?

Radiotherapy causes acute side effects which occur during treatment, and tend to peak at the end or up to two weeks after finishing treatment. Most skin reactions resolve and completely heal by four to six weeks after radiotherapy.

Up to half of people treated may experience rib tenderness or shooting pains in the breast. These generally settle within a few months of radiotherapy treatment but they can persist intermittently in the long term.

Many people feel tired both during and after radiotherapy. This is usually worse if you also had chemotherapy. Tiredness tends to improve about six weeks after completing radiotherapy but it can often take several months to recover.

### **When can I go out in the sun?**

Take sensible precautions in the sun and avoid getting sunburnt. The treated area may be more sensitive and should be covered. High factor sun cream should be used (at least factor 20).

### **Will I get any long-term side effects from my radiotherapy?**

Long-term effects are rare but can occur in a small percentage of people. There may be a change in the appearance of the skin, with the skin within the treatment area being darker and firmer to the touch, and the breast may be smaller in size.

After a mastectomy, the chest wall can feel tight and there may be permanent skin changes if there was a severe skin reaction.

People who have had breast reconstruction with implants may experience contraction of the capsule around the implant. Occasionally it is necessary to remove or exchange the implant.

There is a slightly increased risk of rib fracture in the treated area and a small risk of heart damage after treatment to the left side. Occasionally, radiotherapy can cause inflammation of a small area of lung tissue. There is a very small risk of a second cancer developing in the treated area as a result of radiotherapy.

### **Lymphoedema**

Lymphoedema often presents as swelling of the arm, breast or chest wall on the treated side. This can sometimes be made worse by radiotherapy treatment. If you notice any swelling, contact the breast unit for further advice and possible assessment in our lymphoedema clinic.

### **Helpful resources**

Visit the following Macmillan Cancer Support webpage and search for 'Understanding radiotherapy': [www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets](http://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets)

## **Hormonal therapy**

### **Why do I have to take hormone tablets?**

If your breast cancer was sensitive to the hormones oestrogen and/or progesterone, we will generally recommend that you have a course of anti-hormone therapy for your breast cancer. Taking anti-hormone therapy, usually for five to ten years, will significantly reduce the risk of your cancer recurring, in addition to the other treatments you have already had.

### **Are there different types of hormonal therapy?**

There are two main types of hormone therapy:

1. Tamoxifen is an anti-oestrogen and it acts by blocking oestrogen receptors on tumour cells. Tamoxifen is prescribed for premenopausal women and some postmenopausal women.
2. Arimidex (anastrozole), Femara (letrozole) and Aromasin (exemestane) are all aromatase inhibitor drugs and work by switching off the enzyme that makes oestrogen in the body. These drugs are only suitable for postmenopausal women.

### **What side effects may I experience?**

All of these tablets can cause menopausal type symptoms such as hot flushes and night sweats. Tamoxifen is associated with a small risk of blood clots and can also rarely cause abnormal thickening of the lining of the womb, which can show itself as postmenopausal vaginal bleeding. You must inform your doctor if you experience any postmenopausal vaginal bleeding while on tamoxifen.

Arimidex, Femara and Aromasin can cause aching and stiffness of the joints and are also associated with thinning of the bones (osteoporosis). Your bones will be monitored for signs of this with regular bone density scans.

If you are getting troublesome side effects from your hormone tablets, contact the breast care clinical nurse specialists to discuss these with your consultant.

### **Why am I on goserelin?**

Goserelin is a type of hormone (endocrine) therapy used in the treatment of breast cancer in premenopausal women (women who have not been through the menopause). It is given as a small injection under the skin in the tummy and it switches off the ovaries, stopping production of hormones such as oestrogen. This is known as ovarian suppression or ovarian ablation.

You may be prescribed goserelin on its own or with another hormone therapy such as tamoxifen or aromatase inhibitors (anastrozole, letrozole, exemestane). Your medical team will inform you of the duration of this treatment.

### **Managing menopausal symptoms**

Many women who receive treatment for breast cancer develop menopausal symptoms. These can be due to the effect of chemotherapy or hormone therapies on your own hormone levels, or simply due to stopping your usual hormone replacement therapy. Hot flushes and night sweats are the most common menopausal symptoms, but many women also notice weight changes, vaginal dryness, changes in libido and mood swings.

### **Can I use hormone replacement therapy?**

Hormone replacement therapy (HRT) is not recommended for women who have been treated for breast cancer as it may increase your risk of disease recurrence (particularly if your breast tumour was sensitive to oestrogen), or increase your risk of developing a second breast cancer.

However, very occasionally, women who are at very low risk of cancer recurring and are experiencing severe menopausal symptoms that are affecting their quality of life may decide that the benefits of HRT outweigh the risks. This is a decision that should always be made after a discussion with your oncologist or surgeon.

If you are suffering from vaginal dryness, vaginal lubricants such as Replens MD or KY Jelly can be helpful. If these do not solve the problem, a topical oestrogen cream may help. However, this should be discussed with your consultant, GP or breast care clinical nurse specialist.

### **Can I take herbal therapies to help?**

Some 'natural' remedies, such as Black Cohosh and Red Clover, are often advertised for the relief of menopausal type symptoms. However, these contain plant oestrogens (phyto-oestrogens) and are **not** recommended for use by women who have had breast cancer. Evening primrose oil is safe to use and some women do report that it is helpful for menopausal symptoms. However, there is no scientific evidence to prove this. There is no good evidence for the use of vitamin E for hot flushes and vitamin E supplements may even be harmful, especially for people with heart disease.

### **What else can I do?**

Do tell your breast care clinical nurse specialist if your menopausal symptoms are troubling you. Several prescription drugs can be effective in reducing hot flushes and your doctor will be able to discuss the potential benefits and side effects of these medications with you.

Alternatively, some women find relaxation-based complementary therapies such as acupuncture, hypnotherapy, massage or aromatherapy helpful for their symptoms.

### **Why am I on targeted (biological) therapies?**

Targeted therapies are a group of drugs that can block the growth of some breast cancers. The most widely used targeted therapies are for people with HER2 positive breast cancer. Only people whose cancer is HER2 positive will benefit from this type of treatment. Targeted therapies for HER2 positive breast cancer include trastuzumab and pertuzumab. Your treatment team will inform you of the duration of your treatment.

### **Why have I been prescribed bisphosphonates?**

Bisphosphonates are often given to slow down or prevent bone loss in people who have, or are at risk of, osteoporosis (when bones lose their strength and become more likely to break). Osteoporosis can occur as part of the natural ageing process, but some treatments for breast cancer can increase your risk of getting it.

In the treatment of primary breast cancer in postmenopausal women, bisphosphonates can reduce the risk of breast cancer recurring in the bones. Where appropriate, they are currently prescribed for between two and five years.

The benefits of using bisphosphonates before the menopause to reduce breast cancer spread are less clear, so they are not prescribed for this reason in younger premenopausal women.

Your treatment team can tell you if bisphosphonates would be suitable for you and the duration of the treatment.

### **Helpful resources**

#### **Breast Cancer Now**

- Fertility issues and breast cancer treatment
- Menopausal symptoms and breast cancer
- Osteoporosis and breast cancer treatment
- Tamoxifen
- Anastrozole (Arimidex)
- Goserelin (Zoladex)

All available online at:

[www.breastcancer.org/download-and-order-publications](http://www.breastcancer.org/download-and-order-publications)

#### **Macmillan Cancer Support**

Ovarian ablation and breast cancer

[www.macmillan.org.uk/cancer-information-and-support/treatments-and-drugs/hormonal-therapy-for-breast-cancer](http://www.macmillan.org.uk/cancer-information-and-support/treatments-and-drugs/hormonal-therapy-for-breast-cancer)

### **Getting back to normal**

Reaching the end of your treatment can be a difficult time for many people. Although you will feel relieved that your treatment is finally over, you may also find that you miss the security of being seen at the hospital on a regular basis. Most people will also find that it takes rather longer than they expect to recover fully from their treatment (see pages 6 to 14).

### **Where can I find support?**

You may already have found that people find different ways of living with breast cancer after having treatment. There is no right or wrong way, just what works for you. Some people prefer not to talk, while others like to get support from talking about their experience. Ask the breast care clinical nurse specialist about details of local support groups if you think they might be helpful.

## Helpful resources

### Macmillan Cancer Support

- Life after cancer treatment
- How are you feeling? The emotional effects of cancer

Available online at: [www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets](http://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets)

Talking about cancer

[www.macmillan.org.uk/cancer-information-and-support/diagnosis/talking-about-cancer](http://www.macmillan.org.uk/cancer-information-and-support/diagnosis/talking-about-cancer)

## When can I return to work?

You can return to work whenever you feel ready to do so. Whenever you return, remember that it will be a big shock to the system to begin with. It can be very useful to return in a 'phased' manner, increasing your working hours over a few weeks.

## Helpful resources

### Macmillan Cancer Support

Work and cancer

[www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/work-and-cancer](http://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/work-and-cancer)

## Can I travel abroad?

Once you have completed your treatment, there is no reason for you not to travel abroad. Sometimes people can have difficulties getting travel insurance if they have been treated for cancer. The Macmillan Cancer Support website has a list of insurers who specialise in the cover of people who have had cancer and will be able to offer advice.

## Helpful resources

### Macmillan Cancer Support

Cancer and buying travel insurance

[www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/travel/buying-travel-insurance](http://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/travel/buying-travel-insurance)

## Should I exercise?

Most people feel tired for a number of weeks or months after they have had treatment for breast cancer. We recommend that once you have completed your treatment, you try to gradually increase your daily activity with the aim of trying to build up to three or more twenty minute sessions of moderate activity each week.

## What diet should I follow?

Enjoying a healthy diet, avoiding excessive weight gain and maintaining a moderate level of physical activity is important if you have had breast cancer. There are conflicting theories about diet and cancer, which can be confusing. Most experts would agree that healthy eating means eating a balanced, varied diet that provides all the nutrients you need.

Evidence suggests that maintaining a healthy weight and avoiding excessive weight gain can improve breast cancer survival and overall survival. There is also evidence that keeping up a moderate level of physical activity, such as taking a daily half hour walk, is beneficial too.

For a healthy diet:

- eat the right amount to maintain a healthy weight
- eat plenty of fresh fruit and vegetables
- eat plenty of foods rich in fibre and starch
- avoid eating too much fatty food
- avoid sugary food and drinks
- avoid alcohol or drink in moderation

These guidelines are also suitable for people who don't have cancer and can be followed by members of your family. They may reduce the chances of getting heart disease and diabetes as well as certain types of cancer (including breast cancer). A summary of the evidence regarding diet, lifestyle and cancer prevention was produced in February 2009 by the World Cancer Research Fund. There is a lot of information available on healthy eating from organisations such as the Food Standards Agency and NHS website: [www.nhs.uk/live-well](http://www.nhs.uk/live-well)

### Helpful resources

#### Breast Cancer Now

Diet and breast cancer

[www.breastcancernow.org/download-and-order-publications/diet-and-breast-cancer-bcc98](http://www.breastcancernow.org/download-and-order-publications/diet-and-breast-cancer-bcc98)

Visit the following Macmillan Cancer Support webpage and search for 'Healthy eating and cancer': [www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets](http://www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets)

### Can I drink alcohol?

There is no need to avoid alcohol entirely. However, a number of research studies have indicated that increased alcohol intake may be associated with a slight increase in risk of breast cancer. We would always advise that you should not drink in excess of the Department of Health's recommendations (no more than two to three units of alcohol per day, where a unit of alcohol equals a small glass of wine).

### What about sex?

Cancer has many effects and your treatment may have affected your physical ability to give and receive sexual pleasure. It may have changed how you feel about your body, and you might find it difficult to talk to your partner about this. Your partner may also have concerns but talking to each other may help with this.

Having sex or being intimate might not be the same as it was before your diagnosis and you may have to find ways of adapting to the changes. It can help to take things slowly at first. Some practical ways to help include trying different positions, and using vaginal lubricants if dryness is a problem. Your breast care clinical nurse specialist will be happy to discuss any of these issues with you.

### Support with sex and relationships

#### Breast Cancer Now

Sex and the effects of breast cancer treatment

[www.breastcancernow.org/about-breast-cancer/life-after-treatment/sex-and-the-effects-of-breast-cancer-treatment](http://www.breastcancernow.org/about-breast-cancer/life-after-treatment/sex-and-the-effects-of-breast-cancer-treatment)

#### College of Sexual and Relationship Therapists

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

#### Relate

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

### What should I do about contraception?

We recommend that you should avoid pregnancy for at least two years after chemotherapy and for the duration of treatment with hormonal therapies. Women who have been treated for breast cancer should not use oral contraceptive pills (the combined pill or mini pill) or hormonal implants. Your GP will be able to advise you about suitable contraceptive methods which include barrier contraceptives (such as condoms and the cap) and intrauterine devices (the coil).

### Dealing with worries about breast cancer returning

#### Am I cured?

You will find that most doctors do not use the term cured, as this implies that they can give you a 100% guarantee that your breast cancer will never return. Unfortunately, we can never make this promise to any person.

### **What is the chance of my breast cancer returning?**

The risk of breast cancer returning is different for everyone. However, by having the treatment recommended by your surgeon and oncologist, you have minimised your personal risk of having any further problems from breast cancer as much as possible.

### **Will I have any tests to check that the cancer hasn't returned?**

You will continue to have regular follow-up mammograms. Research studies have shown us that doing regular blood tests, x-rays or CT scans on women who have no symptoms are not helpful in diagnosing recurrent breast cancer and cause unnecessary anxiety. However, if you develop any new symptoms, the appropriate test or scan will be organised for you once you have been reviewed in the clinic.

### **I am constantly anxious that my breast cancer will return. What can I do?**

It is entirely natural to feel anxious that your breast cancer will return and we recognise that this can make you feel very uncertain about the future and lead to difficulties in getting on with life. Some people find it useful to have some additional support in dealing with these feelings and benefit from counselling. This may be available from your GP, or alternatively let us know and we can refer you to the Wessex Cancer Trust for individual or family counselling.

### **What sort of symptoms will I get if my cancer returns?**

Breast cancer can return almost anywhere in the body. If you experience any of the following symptoms for more than one to two weeks, contact us to arrange a medical review:

- new lump in or near breast, mastectomy scar, armpit or neck
- new swelling of the arm
- unexpected weight loss or loss of appetite
- shortness of breath or a persistent cough
- nausea or abdominal pain
- headaches or visual disturbances
- loss of balance
- unexplained bone pain in one or more places

However, it is important to remember that all of these symptoms can also be caused by other conditions that are completely unrelated to breast cancer, so please do not become unduly anxious while you are waiting for your review.

## **Further information and useful contacts**

### **Breast Cancer Now**

UK charity that's steered by world class research and powered by life-changing care. There for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

Telephone: **0808 800 6000**

Website: [www.breastcancernow.org](http://www.breastcancernow.org)

### **Cancer Research UK**

Information, research and details of clinical trials.

Helpline: **0808 800 4040**

Website: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

### **Hereditary Breast Cancer Helpline**

Support and information for anyone concerned about hereditary breast cancer.

Helpline: **01629 813000**

Website: [www.breastcancergenetics.co.uk](http://www.breastcancergenetics.co.uk)

### **Look Good Feel Better**

Make up workshops with the aim of enhancing self-esteem and confidence during or after breast cancer treatment.

Telephone: **01372 747 500**

Website: [www.lookgoodfeelbetter.co.uk](http://www.lookgoodfeelbetter.co.uk)

### **Macmillan Cancer Support**

Emotional and practical support for people with cancer and information about cancer types and treatments.

Helpline: **0808 808 0000**

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



# Join our family of Southampton Hospitals Charity supporters with a monthly donation!

Making a monthly donation is a wonderful way to show your ongoing support to patients and staff at University Hospital Southampton. Even a small amount can make a BIG difference!

- £5** could pay for a toy in the children's hospital waiting area
- £10** could pay for a sensory kit to help patients with dementia
- £25** could help pay for complimentary therapies for patients with cancer



The Direct Debit Guarantee. This guarantee should be retained by the payer.



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit Southampton Hospitals Charity will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request Southampton Hospitals Charity to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Southampton Hospitals Charity or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Southampton Hospitals Charity asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

**\*Gift Aid Statement** – I am a UK Income or Capital Gains taxpayer. I have read this statement and want Southampton Hospitals Charity to reclaim tax on my donations. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

## Yes, I would like to support the hospital with a monthly donation to Southampton Hospitals Charity

### 1. My details

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Please write your email address above if you'd like to receive updates on how your gift is helping as well as other ways you can help.

### 2. Regular giving

I would like to make a regular monthly gift of: £5  £10  £25  OR my choice of £

monthly by Direct Debit. Please debit my account on the following day of the month: 1st  15th

### 3. Make my gift worth an extra 25%

If you have not already done so, **please make every pound you give worth an extra 25% to the Charity at no extra cost to you by ticking this Gift Aid declaration.**

*giftaid it*

- Yes, I am a UK taxpayer and want to Gift Aid this donation and any donation I make in the future or have made in the past four years to Southampton Hospitals Charity
- No, I am not a UK taxpayer

I understand that, if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please notify Southampton Hospitals Charity if you wish to cancel this donation, change your name or home address, or no longer pay sufficient income and/or Capital Gains Tax.

### 4. Instructions to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s):

Originator's Identification Number:

Charities Aid Foundation, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA

Account Number:           Sort Code:

Banks and Building Societies may not accept Direct Debit instructions from some types of account.

**Instruction to your Bank or Building Society.** Please pay Charities Aid Foundation re Southampton Hospitals Charity Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Charities Aid Foundation re Southampton Hospitals Charity and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

Date:

You can also set-up your monthly donation online via our website – [southamptonhospitalscharity.org/donate](https://southamptonhospitalscharity.org/donate) or by scanning the QR code.



### 5. What to do now

Please return this form to our Freepost address: Freepost RRUU-CSKX-JUBZ, Southampton Hospitals Charity, Mailpoint 135, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

REG001

Charity Number: 1051543

If you would like to make a donation to support our work please contact:

### **Southampton Hospital Charity Breast Fund**

Mailpoint 135

Southampton General Hospital

Tremona Road

Southampton

SO16 6YD

Telephone: **023 8120 8881**

Charity registration number: **1051543**

Some of the sections in this leaflet have been adapted with permission from information by Macmillan Cancer Support.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalsupport](http://www.uhs.nhs.uk/additionalsupport)**

**[www.uhs.nhs.uk](http://www.uhs.nhs.uk)**