Reach for Recovery:
the seed that grew a forest

Soon we welcome in the spring
A time of renewal for everything
In winter our seeds lie patiently waiting
to germinate into participating
in growing our forest of love and care
a place where we can safely share

These seeds grow within the fertile soils
Cultivated through online training days
That offer breast health education
like rain and sunshine's welcome rays!

We feed each freshly growing seed
and spread our message, ethos and creed
to help breast cancer patients flower and flourish
Beyond diagnosis, we are here to nourish

To listen, to hold space, a reminder to hope
That together we have a better chance to cope

We form a forest of caring trees
creating shelter from the storm of fear
of no longer fitting with the norm
Together, we are a garden,
a powerful community
Brought together to fight for life,
for empowerment and for unity!

So, for old and new trees, give three cheers
This forest of fabulous Reach volunteers!
We grow stronger with the flow of passing years
Truly a family of the most supportive peers.





reach for recovery
breast cancer support

PRACTICAL SUPPORT BOOKLET

reach for recovery
breast cancer support

PRACTICAL SUPPORT BOOKLET

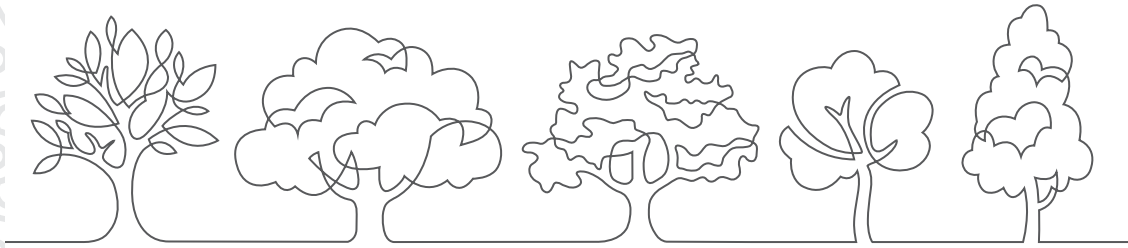


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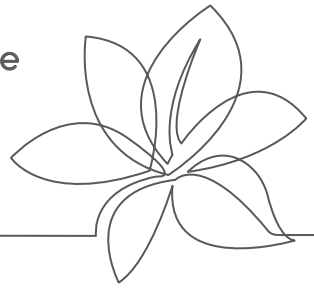
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This booklet is a guide to support your breast cancer journey – it is by no means meant to replace medical or other advice from your doctor or oncologist, nor does it claim to be complete. It is intended as practical and emotional support for you.

Please contact a Reach for Recovery volunteer should you need further advice/guidance or explanations. Please also view our glossary of terms on page 46 to assist you in understanding complex medical terms.

WE JOURNEY WITH YOU...

To know the road ahead, ask those coming back - *Chinese proverb*



Dear Patient,

What you are holding is a short guidebook, created to give you practical and emotional support on your breast cancer journey. As you move from the initial shock of a breast cancer diagnosis toward recovery, we hope the contents will bring you comfort and reassurance.

The person who has given you this booklet has been where you are now. They have lived with cancer. They have not only survived it but also chosen to become a volunteer, supporting new patients like you.

Feeling listened to, heard, seen, and understood by someone who has been there too can be a powerful source of healing. They will guide you and answer your questions as well as they can.

Our wish is that you will open your heart and mind to both the booklet and its bearer, and accept them as gifts of hope and inspiration. They are a kind reminder that you are not alone on this journey.

May you rediscover your capacity for joy as you move forward into the future and may you emerge more courageous, beautiful, and stronger than ever before.

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THE EMOTIONAL IMPACT OF A BREAST CANCER DIAGNOSIS:

Your cancer journey started with a diagnosis... something that you probably did not expect. Now your whole life has been turned upside down and a whole new unknown world lies ahead.

Before we begin with your medical journey, let's explore the emotions you are experiencing. The fear, anger, confusion and sadness you may feel are ALL A NORMAL PART OF THE PROCESS.

A breast cancer diagnosis can affect the way you feel inside and out. You may find yourself on a path of ups and downs as you deal with these changes.

This is why having breast cancer is often described as being on a "journey".

Discover your own story, and tell it in your own words. Give yourself time to explore, understand and accept your unique thoughts and feelings, which can be helpful in moving forward.

HOW TO STAY MOTIVATED:

We all have good days and bad, and it's hard to stay motivated on the bad ones. It's even harder when you have a condition that is so overwhelming and that can make you feel very alone.

Part of the reason it's so hard to stay motivated with cancer is that it's chronic – you can't just "take a break" when you've had enough.

This makes motivation so much more important. It also makes it much harder.

TIPS FOR STAYING MOTIVATED ON THE GOOD DAYS, AND THE BAD:

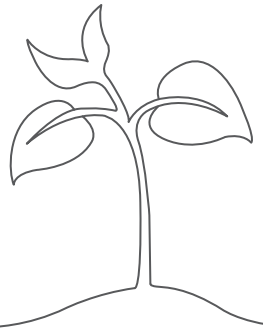
- **Reward yourself** - Whether it looks like going for a walk or taking a long bath, make time to treat yourself. It can be especially hard to feel motivated when you're doing something that you don't enjoy – and wouldn't choose. Small gifts of self-love and self-care help to centre us.

- **Set smaller goals** - Having cancer and surviving your treatment is a marathon, not a sprint. If you find yourself feeling intimidated break your journey into smaller bits and tackle them one by one.

- **Take one day at a time** - You're doing the best you can. Tomorrow is another day and you can try a little harder then, if today is a tough day.

- **Record your successes** - Use this journal to track your treatment and record your successes. On days when you're experiencing a dip, you can refer back to this journal and will hopefully feel more motivated by the things you've already accomplished.

- **Reach out and ask for help**
  Lastly, surround yourself with supportive family and friends that respect and understand your condition. It's a challenge to be kind to yourself when you're not feeling your best, but this is often the time you need it the most. Don't let cancer be a barrier to self-love.



Life is **10%** of what happens to you and **90%** of how you react to it.

- C.R. Swindoll

MY CANCER JOURNEY PART 1:

Please write down where you are on your journey today – your experiences, fears and emotions – the good and bad. At the end of this booklet is another journal entry that you can complete after your medical treatment.

It is useful to compare how far you have come and what you have learned. Write from the heart and for yourself alone. Get it out of your system and onto the page.

Women who have had treatment for breast cancer resume full, normal, active lives. They are no different from other women. They work. They have loving relationships. They care for their homes and families. They enjoy the same pastimes and activities. SO CAN YOU!

WAYS TO CALM YOUR EMOTIONS:

Is there anything more frustrating than being told to "calm down" when you're feeling upset? A few suggestions to help keep your cool:

Emotional Health and Well-being

- Identify your emotional concerns. Be as honest as you can. This can be a difficult process.
- Seek advice and professional assistance (from a psychologist or psychiatrist).
- Have spiritual time daily. Going through inspiring or spiritual readings, praying, and listening to music promotes peace and calmness within you. You can also try meditation and mindfulness practice.
- Indulge in the hobbies that you never had time for previously.
- Think of your treatment as ME-TIME. Think of what you need now; you can worry about other people later.
- Try keeping a journal, recording all those fleeting ideas – as in the section above. (Over time, you can include photos to remind you how far you have come!)
- Practice muscle-relaxation and deep breathing techniques.
- Get seven to eight hours of sleep per night.

MEDICAL STEPS AFTER DIAGNOSIS:

You have been told you have breast cancer. What happens next?

Let's explore the medical and oncological (cancer treatment) path together.

This will help equip you with the knowledge to understand your breast cancer journey better. Accurate information can help us feel less afraid.

FINDING A LUMP

You may have found the lump or other breast abnormality yourself (through self-examination) or by chance, or by MAMMOGRAM or ULTRASOUND.

The next step might have been a BIOPSY (removal of a small piece of breast tissue) or a NEEDLE ASPIRATION (removal of cells).

This then is sent to the laboratory for HISTOLOGY. The specimen is examined under a microscope to determine if it is cancer or not, and what kind.

After the tumour is removed it gets examined and the following information is gathered:

- Size (How big it is)
- What type of breast cancer is it
- Where it is located
- If lymph nodes have been removed and if cancer has spread to them
- Hormonal status: There are two hormones that are tested – ESTROGEN, PROGESTERONE, and also a protein HER2. They play a role in the growth of cancer.

STAGING A TUMOUR

After testing, your tumour is staged. This means that all the information gathered by the laboratory is put together and your treatment plan is decided.

Each treatment is tailor-made for the specific patient according to the staging. That means your treatment plan all depends on the kind of information that the medical team has gathered about your breast cancer. They want the best for you!

THERE ARE MANY DIFFERENT TYPES OF BREAST CANCER:

THE HORMONAL STATUS

The role that hormones play and the names used can be confusing. Basically, the two hormones described above, ESTROGEN, PROGESTERONE, and the HER PROTEIN all have an effect on your system that can make cancer cells grow.

If cancer is RECEPTOR POSITIVE it means that it will accept the hormones and grow more. The treatment given will then block these hormones from having any influence, to prevent this from happening.

TRIPLE-NEGATIVE BREAST CANCER

This is a breast cancer that tests negative for ESTROGEN receptors, PROGESTERONE receptors and HER2 protein excess.
10 to 20% of breast cancers are triple negative.
This has an effect on the planning of your treatment.

HER2-POSITIVE BREAST CANCER

About 25% of breast cancers are HER2-positive.
This is cancer that tests positive for the substance HER2.
This substance promotes cancer growth.
The treatment is HERCEPTIN, a word that you may have come across.

UNDERSTANDING MEDICAL TERMS & TREATMENTS:

SURGICAL TREATMENT

Your surgeon or oncologist (cancer specialist) will discuss the different surgical options with you.

Surgery (CUTTING AND REMOVING) is done to contain the local spread of the tumour by removing it.

Lymph glands are removed and tested for any cancer to see if it has spread. This helps determine your treatment.

Remember that each surgery is different depending on the type of cancer and how it spreads.

SENTINAL NODE MAPPING

You may have had this procedure done and not understood what was being said.

Sentinal node mapping is when a safe, non-toxic dye is injected into the tumour area in your body. Lymph carries the dye to the first node into which cancer drains.

This single node is then removed and tested to see if it contains cancer cells. If there is no cancer found, it is not necessary to remove any other glands.

This test also has an effect on the type of treatment you will receive.

SPECIAL INVESTIGATIONS DONE IN HOSPITAL

While in hospital blood tests may be done.
CHEST X-RAY to look for cancer spread in lungs.
ABDOMINAL ULTRASOUND to look for spread to organs e.g. liver.
BONE SCAN to look for skeletal spread.

With all this information your oncologist will devise a treatment plan based on the findings of all investigations that lead to the staging of your cancer.

This may be CHEMOTHERAPY, RADIATION THERAPY, HORMONE THERAPY or SURGERY.

It may be all three or a combination, depending on your cancer type *(see page 8)*.

REMEMBER TO MAKE NOTES OF ALL THE QUESTIONS YOU THINK OF ASKING YOUR DOCTOR OR THE NURSING STAFF.

It can be so overwhelming to hear all the new terms and plans. You have a lot to deal with at the moment, and family and friends also want to know what is happening.

Take a friend/family member along to help remember the answers.

QUESTIONS YOU WANT TO ASK

- .....
- .....
- .....
- .....
- .....
- .....
- .....

AFTER TUMOUR/LYMPH GLAND REMOVAL:

You may be discharged with your surgical (port-au-vac) drain still in place. Your surgeon will explain how to empty the drain, how to measure the fluid, and when to return to have the drain removed. This is not a painful process, only uncomfortable.

The RFR care bag that our volunteer gives you is there to carry your drain, conceal it, and have your hands free to get by. The gift of using both hands for daily tasks helps you a lot!

The small cushion you received from us goes under the arm of the side you were operated on. This relieves pressure and makes a huge difference. It can also be used under the safety belt when driving.

RECUPERATION:

Leaving hospital can be a great relief, but it may also mean leaving the relative security of the hospital routine. Recovering from any major surgery is a gradual process and requires rest. Well-meaning friends and family who visit or phone may tire you.

Restrict visiting times and ask someone to give news about you. If you live alone, arrange for someone to sleep over the first couple of nights. You don't need to start running a household or return to work before you are ready.

You will probably find that friends and family are eager to run errands or help in other ways. Allow them to, and use your energy to get well. Explore the things you can do to enhance the quality of your life and speed up your recovery.

POST-OPERATIVE COMPLICATIONS THAT MIGHT OCCUR:

A HEMATOMA: is a collection of blood at the operation site. It may be necessary to have it drained.

A SEROMA: this is a collection of clear tissue fluid under the arm. Depending on how large it is, it may be necessary to drain it.

NUMBNESS UNDER THE ARM: this may last for a very long time. The skin nerves have to be cut during surgery resulting in this numb feeling. This is not a problem and isn't dangerous to your health.

LYMPH OEDEMA: this is a complication that can occur early or much later in your cancer journey. It means a build-up of fluid (lymph) in your arm on the side of the mastectomy or surgery. The arm becomes swollen and uncomfortable.

PLEASE CONTACT YOUR DOCTOR IF THIS SHOULD HAPPEN.

HOW TO PREVENT IT FROM HAPPENING

- Do exercises *(see page 16)*.
- No lifting of heavy objects... groceries, children etc.
- Travel with a compression garment (specially-made).
- Prevent infection of the arm, wear gloves when washing dishes or gardening.
- Report to your doctor or clinic if you have an infected lesion, it may become much worse.
- Moisturise your arm and breast area every day to keep the skin soft.

NEVER HAVE BLOOD DRAWN OR A BLOOD PRESSURE TAKEN ON YOUR AFFECTED ARM!

FREQUENTLY ASKED QUESTIONS:

Q When may I drive after surgery?
A 2 – 8 weeks after the procedure.

Q When can I wear a bra and prosthesis?
A You can start to wear a soft sports bra after 3 weeks, and add your prosthesis after a month.

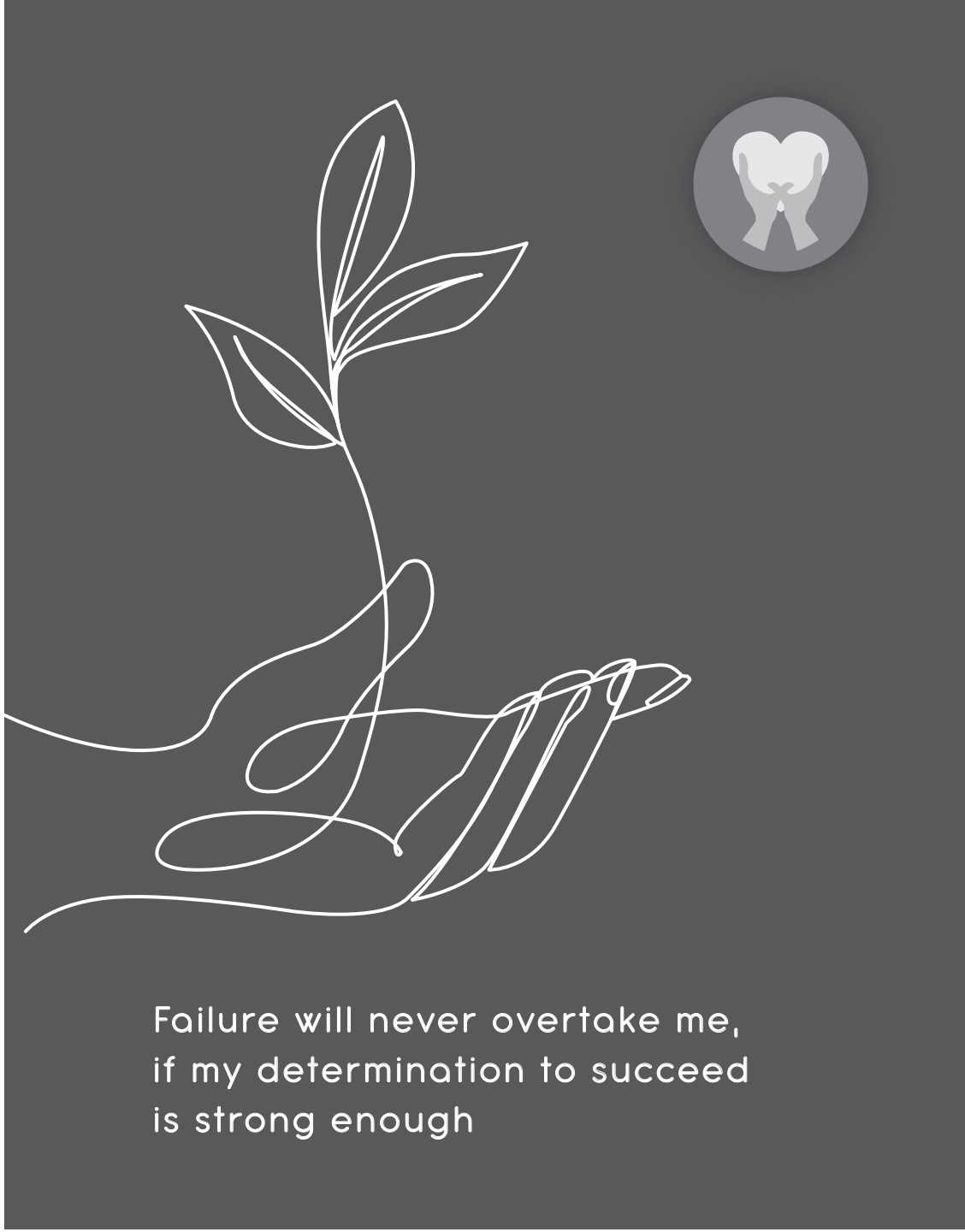
Q When do the stitches and drain come out?
A 10 – 14 days after the procedure.

Q May I shower or bath after surgery?
A Only after 7 days.

Q When can you lie on your operated side?
A After 6 weeks.

Q When can you go back to gym / start exercising?
A Between 8 – 12 weeks.
Remember that you may start to do your arm exercises in hospital.





Failure will never overtake me,
if my determination to succeed
is strong enough

POST-OP EXERCISES:

It is important to do activities that involve your operated-on shoulder. This will help you regain full arm mobility (be able to move that arm easily).

Use your arms and hands as much as possible to do normal everyday activities.

This helps you to regain arm and shoulder movement and strength.
It also prevents stiffness and weakness of the arm and shoulder.

It also prevents the build-up of fluid (lymph oedema) – SEE P.12.

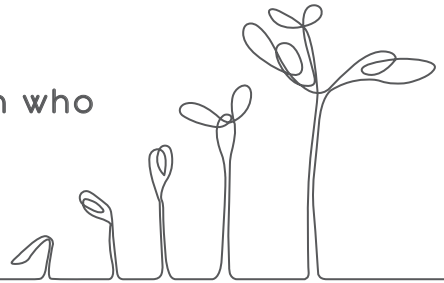
You can also ask your doctor or physiotherapist about exercises.
(We added a few in the next pages that can also help you.)

TIPS FOR DOING EXERCISES

Ideally you should start the day after surgery, but do them very gently.
As you gain strength, you can slowly increase the intensity.

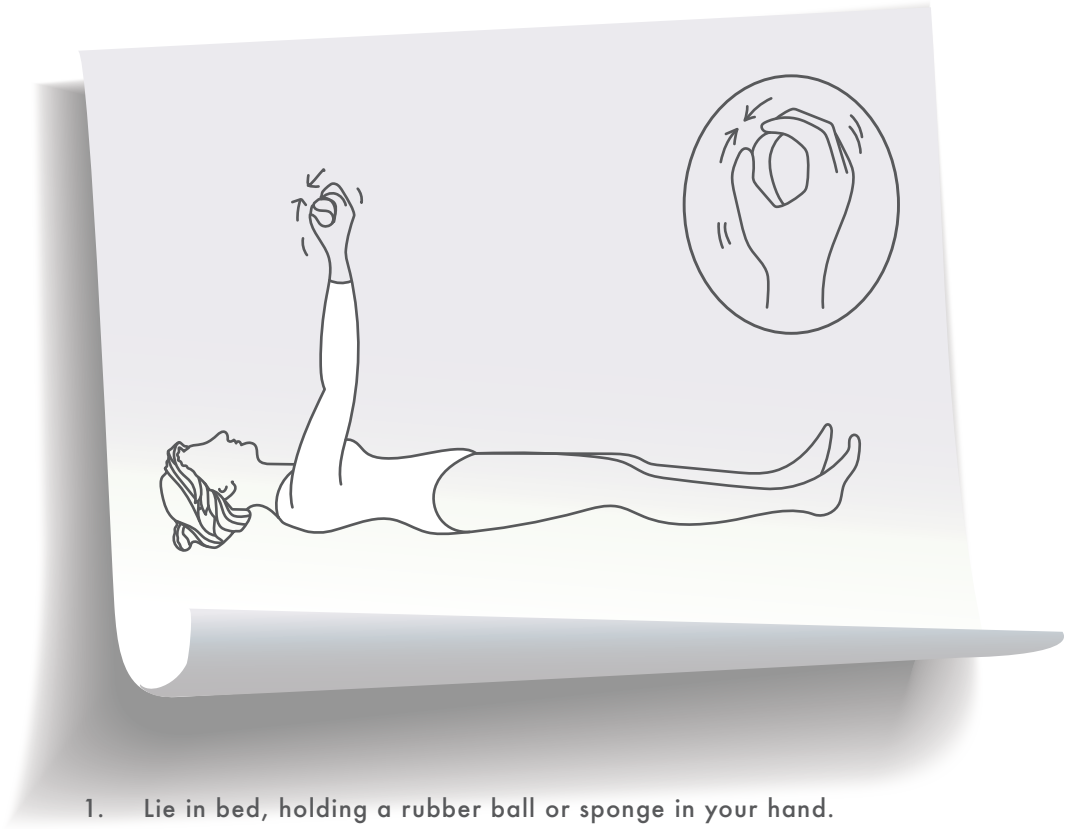
- The more you do, the easier it becomes.
- Try to do exercises 3 times per day.
- Do each exercise at least 5 times.
- Don't worry if you cannot do all the exercises every time!
- Do as many as you are comfortable with.

You just can`t beat the person who NEVER gives up! - *Babe Ruth*



BALL / SPONGE SQUEEZING

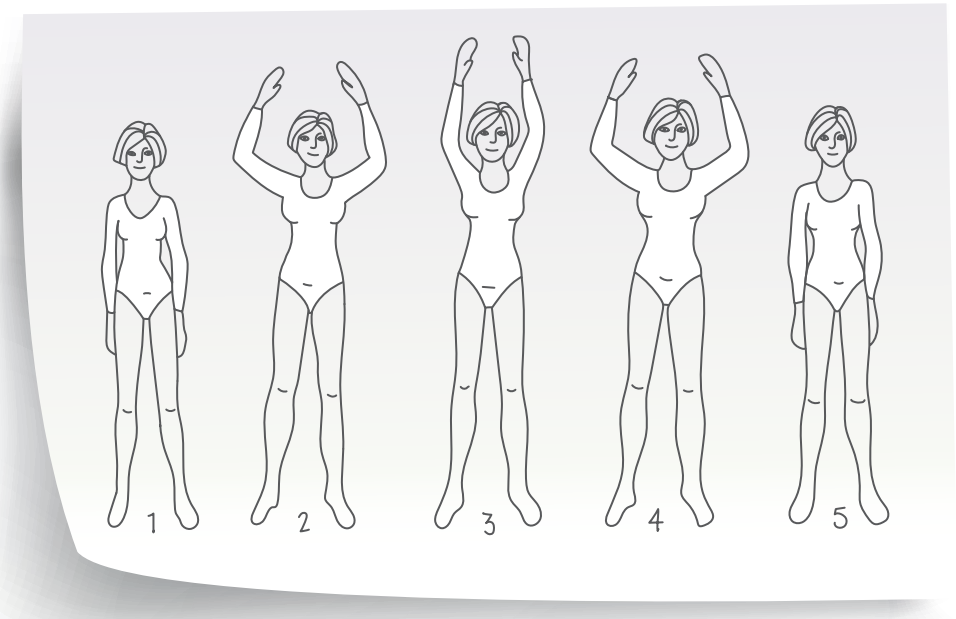
Prevents or reduces temporary swelling that may occur in the affected arm.



1. Lie in bed, holding a rubber ball or sponge in your hand.
2. Lift your arm straight up and alternately squeeze the ball / sponge and relax.
3. If you can't hold your arm straight up, support it with several pillows.

HAND WALL CLIMBING

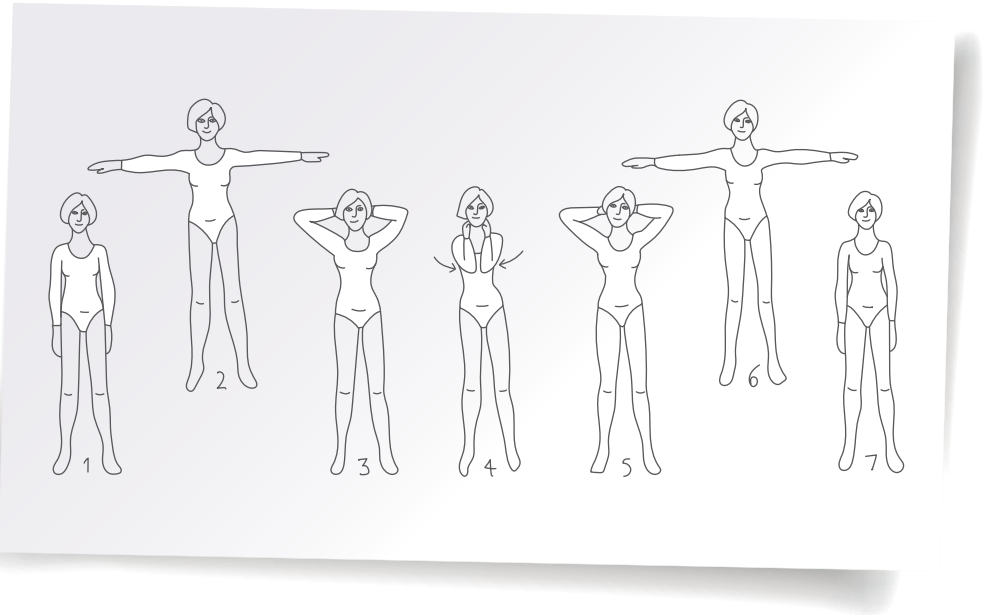
Increases the forward movement of your shoulder



1. Face a wall. Start in the standard position with your toes 13cm to 30cm from the wall.
2. Walk both hands up the wall, parallel to each other, until pulling or pain occurs on the side of your surgery.
3. Work your hands down to shoulder level. Move your feet and body closer to the wall as comfort allows and reach requires.
4. Return to the standard positions. Relax with your forehead against the wall before repeating the exercise.
5. Mark the spot you have reached with a pencil, so that you can check your progress.

ELBOW PULL-IN

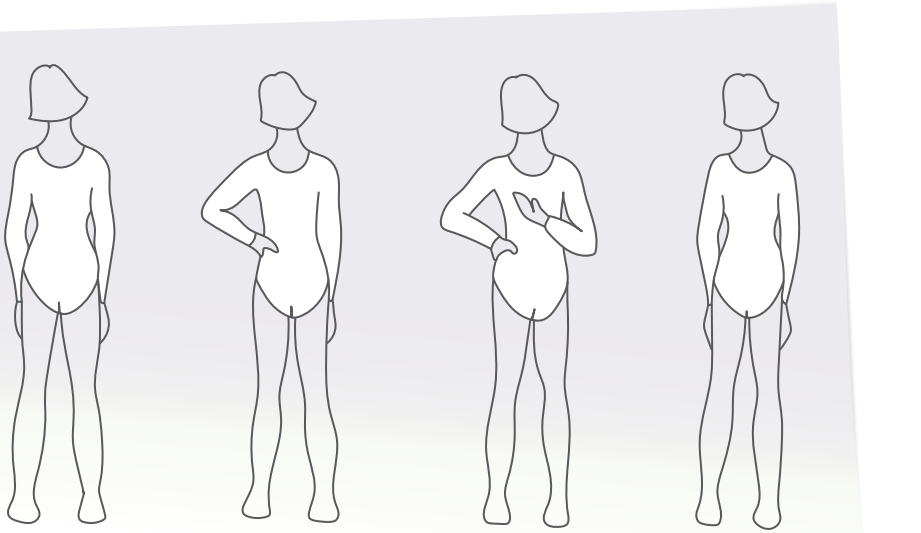
Increases the rotation of the shoulder in both directions



1. Start in the standard position.
2. Extend your arms sideways and lift them to shoulder level.
3. Bend your arms, clasping your finger at the back of your neck.
4. Pull your elbows in towards each other until they touch.
5. Return to position 3.
6. Unclasp your fingers and extend your arms sideways at shoulder level.
7. Return to the standard position, rest and repeat.

BACK SCRATCHER

Allows you to reach the middle of your back with your hand.



1. Start in the standard position.
2. Place the hand of your un-operated side on your hip for balance.
3. Bend the other arm at the elbow, placing the back of the hand on your lower back.
4. Gradually work your hand up your back until your finger reaches the opposite shoulder blade.
5. Slowly lower your arm and return to the standard position.
6. Rest and repeat.

POST-OPERATIVE CANCER TREATMENTS:

CHEMOTHERAPY

TREATMENT

You may already have heard a lot about chemotherapy, such as that it has unwanted side effects. Here is some information that explains it more clearly:

Cancer cells are fast-growing cells. They grow faster than normal cells but can be eliminated (removed) by chemo. Chemotherapy can slow the growth of a cancer tumour and may be given before an operation to shrink a tumour.

Chemotherapy is given either through your veins or by mouth (orally). It is given to you to help destroy cancer cells that might have spread through your body.

Chemotherapy is given in cycles followed by a rest period. Before your next chemo session, your blood will be tested to see if your blood count is high enough. If it is not, your session may be postponed by a few days.

Your treatment regime will depend on the stage of your breast cancer, your age and your general health, as well if it is hormone-sensitive or not.

Sometimes a PORT, a special delivery system can be put in so that you don't need a drip for every chemotherapy.

SIDE EFFECTS

This is probably the thing that everyone dreads. Remember that each person reacts differently to chemo, and each chemo session might have a different reaction. The good thing is that these side effects are not permanent.

Side effects are unpleasant, but measure them against the treatment's ability to destroy the cancer cells. You can do this!

Remember not everyone gets every side effect.

- Severity may vary from patient to patient and chemo session.
- Discuss side effects with your doctor, there is treatment to combat this.

NAUSEA

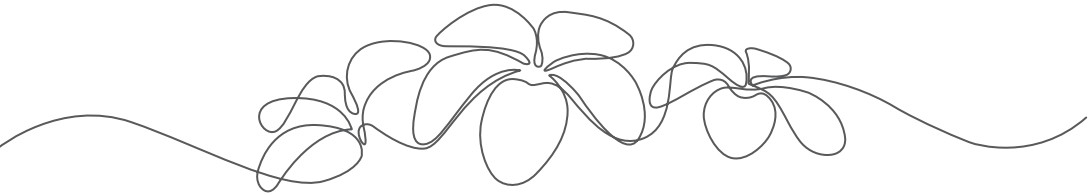
- Take in extra fluids (drink water) the day before your chemo, but not
- with meals. Drink between meals, either before or after.
- Eat small amounts of light, non-greasy food. Cold foods and salads
- may help.
- Ginger biscuits also make a difference to help with nausea.
- Suck ice cubes/mints.
- In the chemo room they will give you effective medication as well as meds to take home. Please talk to the sister if you are worried.

SORE MOUTH AND GUMS

- Eat soft foods like mash, soft eggs and custard.
- Avoid irritating foods: citrus, spicy and salty.
- Use a very soft toothbrush.

LOSS OF APPETITE

- Eat small amounts of food frequently.
- Vary the texture and colour of foods.



CHANGES IN TASTE

- You can develop a bitter aftertaste or a metallic taste in your mouth.
- To help manage it, you can try flavours like vanilla, lemon.
- Chew sugar-free sweets or jellies.

HAIR LOSS

This is the most visible sign of your treatment, it has a huge effect on your appearance and self-image. Remember that all body hair might fall out: facial hair, lashes, eyebrows and pubic hair. This is temporary. Your hair may start growing back about 8 to 12 weeks after falling out.

Please be aware that it may have a different texture when it grows back. You can decide how you want to handle hair loss. Either by wearing wig, or lots of scarves, beanies, and wraps on your head during the months you experience hair loss.

WIGS

- Wigs are good should you want to look close to your old self in terms of appearance.
- If possible, select a wig before your treatment to make sure it matches your hair type and colour.
- Rather choose a shade lighter than your pre-chemo colour as darker is more noticeable.
- Most wigs are adjustable so that you can have a snug fit.
- Synthetic wigs come pre-styled and are easier to take care of and are less expensive.
- Avoid wigs with high gloss shine, too noticeable. Synthetic wigs are easily washed and retain their style.

HOW TO WASH A WIG

- Brush with a METAL BRUSH.
- Use COLD WATER and wash with baby shampoo or special wig shampoo.
- Rinse in cold water and PAT DRY.
- NEVER COMB WHEN WET!

STYLING A WIG

- You can have it trimmed at a hair salon.
- ELNETTE NATURAL HOLD is acceptable to use on a wig.
- Keep the wig away from heat: hot ovens/hair dryers will cause a wig to frizz.
- Never use dye or colourants on a wig.

CHEMO BRAIN

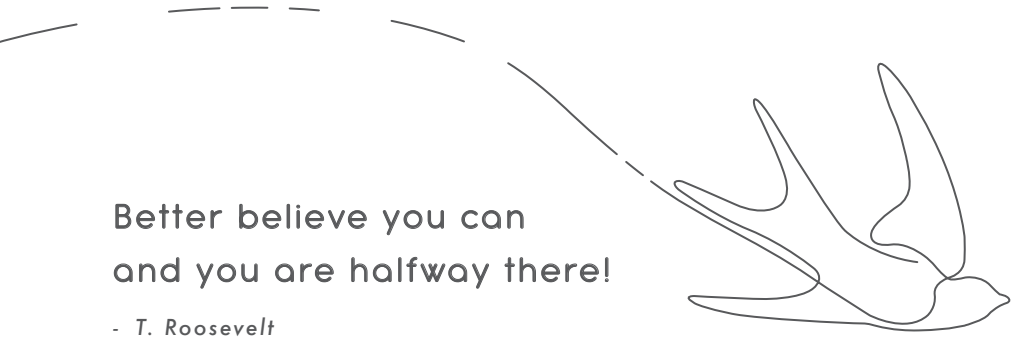
Many patients experience slight loss of memory, but that too goes away. Try stimulating your brain with activities such as word puzzles, Sudoku and crossword puzzles if you feel foggy. (See page 27 for a colouring in activity.)

FATIGUE

Chemo can make you very tired, and then please REST. Be kind to yourself and accept the help offered by friends and family. Now is not the time to be strong and independent.

CHANGE IN URINE

Some chemotherapies can change the colour of your urine. This goes away after about 2 days. This does not have an effect on your kidneys. Your urine may also have a strange chemical smell. This also goes away.



Better believe you can
and you are halfway there!

- T. Roosevelt

CHANGES IN NAILS

Dark lines or ridges may be seen in fingernails. These lines will also go away over time. They are a direct result of chemotherapy.

MOUTH INFECTIONS

Small sores on your tongue and/or lips may form. It can start 5 to 14 days after chemo and can last for 7-10 days.

- Rinse your mouth with a gentle mouthwash, not containing any alcohol, this may cause more burning and irritation.
- 1 teaspoon of bicarbonate of soda in lukewarm water works well.
- Try sucking ice cubes.
- Use a straw to drink your fluids.
- Avoid too hot/spicy or too cold foods.
- Try yogurt/buttermilk/Amasi to help soothe your mouth.

CONSTIPATION

Chemotherapy and pain medication can cause constipation.

- Eat more fruit with peel.
- Bran with porridge and fruit.
- Increase your fluid intake.
- Probiotics may also help.

DIARRHOEA

This can also be an unwanted side effect.

- Try to eat less fibre - Avoid raw vegetables, nuts and fruit juices.
- Eat smaller portions at meal times.
- Avoid gas-forming foods like cabbage, broccoli, onions and cauliflower.
- Avoid alcohol, nicotine and spicy foods.
- Try and eat more cottage cheese, yoghurt, buttermilk or Amasi.
- Eggs, sage, bananas, peeled apples, potatoes and dry crackers help.
- Increase your fluid intake with weak tea, apple juice and grape juice.

A LAST WORD ON TREATMENT SIDE EFFECTS

Remember that not everyone gets all the side effects and the severity may vary from patient to patient and from chemo session to chemo session.

Discuss the side effects with your doctor, there are many treatments available to help.

Side effects are unpleasant, but measure it against the effectiveness in its ability to kill cancer cells.

CHECKLIST FOR THE CHEMO ROOM

- ○ Sweater and comfortable clothes
- ○ Music and headphones
- ○ Reading materials
- ○ Crossword puzzles or Sudoku
- ○ Lip balm
- ○ Water
- ○ Snacks
- ○ Make sure you have enough airtime and data.

It does not matter how slowly you go – as long as you do not stop



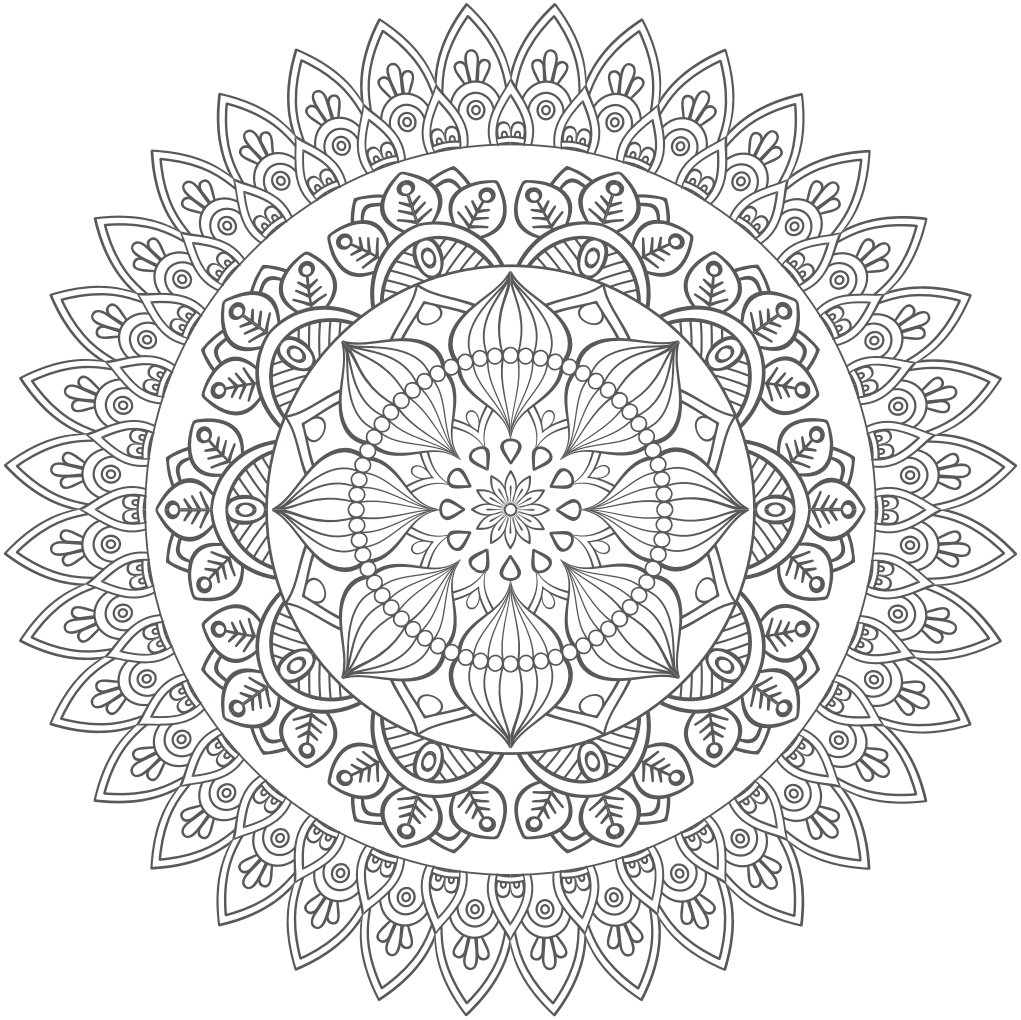
SOMETHING TO KEEP YOU BUSY IN THE CHEMO ROOM:

Word Search: Find the words at the bottom in the puzzle.

I U V M V O Z M D U G P M H M G K R F L P M U L
R H O P E F M D A R M F U B I G W B W H G Y G W
C K C T K D W V K X C Y S T Z O M K C W A D B H
L H B E T S I B L A E Z E O D K I R F U Y H V S
H P L G A P S C N S R L E X V H A B Q H P R D Y
E H O E R V P C A U H T A M N E O Z L I S N A T
C E Y Q N Y E B D L E M L C S S P B Z N E Q J W
J B Z Z O R R I K E H P S E I G U O E I T H B P
F N T E B G Z Y Y Y M I R N E N W P R J X O O P
M A M M O G R A M I F L S U N H I F P U U B F I
G B O M Z Q M V N T Y R D T S T K L Q O J Z W H
S E L F B R E A S T E X A M O U R Y C H R S O T
X T H A L Y A X C P A W G F F R A U K U O T M I
K T F E P T L A D T M H P T C B Y O S K E L A A
B U S Q Y Y S L Q T Z D D G M M S V B D Z N N F
S B E J E L K T A D Q C Z K V I U F X C F B V J
Q E Y H I P H X I U Q T C E K P N Q K B M F E B
X W L P A C V T C E N E S I Y B E O F L Q N F S
D W B R D Q H O N N H N D A D V C Z R R B X I C
K O I F R T O E G O T V A L Q Y A J Q I R Y L E
V A R L J C L U B J M R O V I V R U S T T Z G E
C P C A B I M B R E A S T M I D G Q W C J I Q L
T U Y A O I E O P I N K R I B B O N C O O Z E A
P H Y Y G W R G Q D J C V Z C I C Z X O I I H S

WOMAN
RESEARCH
MEDICAL HISTORY
CLINICAL EXAM
LIFE
SURVIVOR
PINK RIBBON
ANNUALLY
FAITH
LUMP
SUPPORT
MONTHLY
BREAST
FRIENDS
MAMMOGRAM
SELF BREAST EXAM
MINORITIES
CANCER
HOPE

TRY YOUR HAND AT COLOURING IN. IT WILL KEEP YOU OCCUPIED.

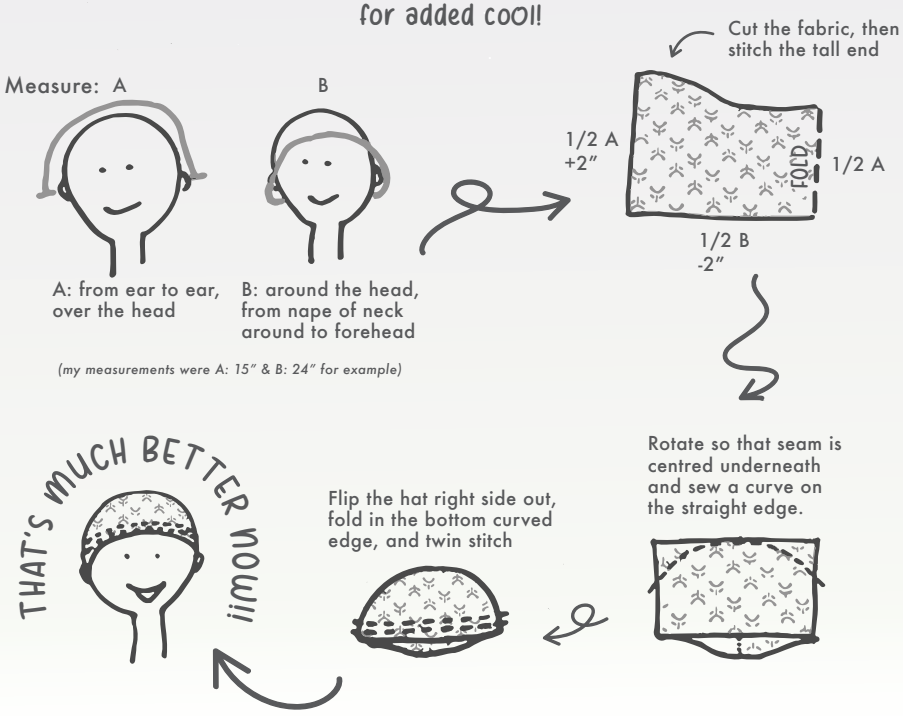


SOMETHING FOR YOUR BARE HEAD:

easy knit chemo cap!

(for stretchy knit fabrics only!)

☆ cut up old teeshirts for added cool!



Originally devised by Melissa Feht of www.fehrtrade.com May 2009

RADIATION

Remember that the staging of your cancer determines your treatment. No two breast cancer patients will necessarily have the same treatment plan. Not all breast cancer patients receive radiation treatment. It is used to destroy any remaining cancer cells in the mastectomy area and lymph glands.

Radiotherapy can start once operation wounds are healed.

Before the treatment starts, there is a planning session, where the area of radiation is marked with tattoo ink so that the radiation is given at the same area every time. These markings can be permanent but will fade over time. Wear it as a proud emblem of your recovery!

The treatment is given over a period of about 5 weeks, 5 days per week – Monday to Friday.

The radiation lasts about 15 minutes. You are not radioactive or a danger to your family when receiving radiation.

SIDE EFFECTS OF RADIATION

You may get skin tightness or sensitivity because of the radiation.

Speak to your oncologist or the radiographer about what you may apply and when you may bath or wash the affected area.

Wear a button-up blouse when going for your radiation. This makes it easier to get undressed. Should your bra become uncomfortable, use a scarf to conceal the mastectomy side.

- Do not wash the radiated area until given permission.
- Do not use deodorant, soap or plasters on the radiated skin. You can use Maizena (corn starch powder) or baby powder or bicarbonate of soda as a deodorant.

HOW TO MANAGE SKIN SIDE EFFECTS OF RADIATION THERAPY

There are a number of things you can do to help make your skin less sensitive during radiation treatment and also help your skin heal after radiation treatment is completed. Here are some steps you can take to help prevent and treat irritation before and after daily radiation treatments:

- **Dress comfortably**
  Avoid wearing underwire bras or any bra that digs into your skin. Don't wear a bra if there are raw areas.
- **Avoid skin-on-skin contact**
  To help prevent redness and skin irritation, avoid skin-on-skin contact that can cause friction, moisture build up, pressure and heat.
- **Lift your arms often**
  Try to keep your arm away from your body whenever possible. Wear a supportive bra without an underwire to keep your breasts separated and lifted.
- **Large breasts**
  If you have large breasts, place a soft washcloth or piece of flannel or soft cotton under your breasts when not wearing a bra.
- **Use corn starch**
  Regularly dust the breast area and skin folds with corn starch to absorb moisture, reduce friction, and keep you smelling fresh. Use baby powder made from corn starch (don't use talc) or sifted kitchen corn starch.
- **Don't rub, scrub, or pick at blisters or peeling skin**
  If your skin forms a blister or peels in a wet way, leave it alone. The old skin protects the new skin while it grows back underneath. If you develop a blister and it opens, the exposed raw area can be painful and weepy. Tell your doctor if this occurs so you can help keep it from becoming infected.

HORMONAL TREATMENT

This is used if your tumour is ESTROGEN POSITIVE. That means that the ESTROGEN hormone in your body can activate any cancer cells that might still be in your body. Hormone treatment blocks your body's own ESTROGEN.

- Your oncologist will determine what you should use.
- The medication is usually taken for up to 5 years.
- Note that this can put you in early menopause.

SIDE EFFECTS THAT MAY OCCUR

- Hot flushes
- Thinning of hair
- Vaginal dryness
- Dizziness
- Tiredness

Please discuss with your doctor if you find the treatment difficult.

APPEARANCE-RELATED SIDE EFFECTS OF TREATMENT

Appearance-related side effects of treatment can be very distressing and influence your self-esteem and confidence.

The most distressing and visible effect is hair loss. Besides the wig or scarves or beanies, there are a few things you can do with makeup, if you are someone that uses cosmetics.

- With eyelashes gone, you can put eyeliner on the top and bottom lid on the eye edge.
- Eyebrows you can fill in with brown or black eye pencils, (small strokes not harsh lines).
- Eye shadow on the upper lid makes your eyes look bigger.
- Blusher on the apples of your cheeks.

POWERFUL WORDS FOR THE DAY:

1. **BELIEVE IN YOURSELF**
   BELIEVE YOU CAN AND YOU WILL
2. **STAY STRONG**
   DREAM, BELIEVE, ACHIEVE
3. **NEVER GIVE UP**
   A LITTLE PROGRESS EACH DAY ADDS UP TO BIG RESULTS
4. **BE GRATEFUL**
   A GRATEFUL HEART IS A MAGNET FOR MIRACLES
5. **WORK HARD**
   GOOD THINGS COME TO THOSE WHO HUSTLE
6. **STAY HUMBLE**
   WORK HARD IN SILENCE, LET SUCCESS MAKE THE NOISE
7. **BE KIND**
   KINDNESS MAKES YOU THE MOST BEAUTIFUL
8. **KEEP SMILING**
   BECAUSE OF YOUR SMILE, YOU MAKE LIFE MORE BEAUTIFUL

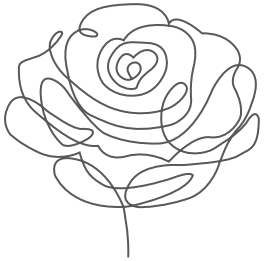


BREAST CANCER AND GENETICS

- 5-10% of breast cancer is caused by a family gene.
- If you have a mother/sister or daughter with breast cancer, it doubles your risk of getting breast cancer. You need to be aware of this and screen yourself regularly.
- Genetic testing is offered to patients over 50 years old.
- Triple-negative breast cancers are also tested.
- Gene testing is done by a blood test. The gene is called BRACA 1 or BRACA 2.
- If this is positive, you have hereditary breast cancer, but even if your test is positive, it does not mean that you will get breast cancer.

MALE BREAST CANCER:

- 1% of all breast cancers develop in male patients.
- Mostly aged 60 to 70 years old.
- Presently mostly with nipple symptoms, eg. discharge, change in shape, colour or with a small lump.
- Treatment is the same as for female breast cancer.



You`re braver than you believe, and stronger than you seem and smarter than you think

- A. A. Milne



SOME INFORMATION ABOUT A BREAST PROSTHESIS:

A breast prosthesis is an artificial breast made of soft silicone (a type of plastic). A prosthesis restores your natural outward appearance and helps to maintain your body's balance.

CARE INSTRUCTIONS

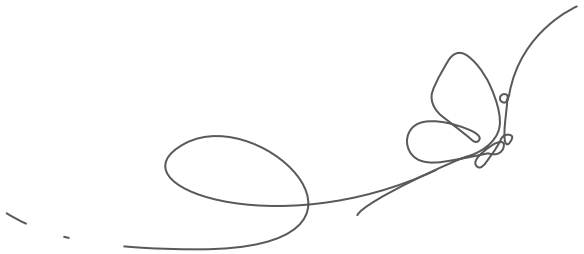
- To prolong the life of your prosthesis, do not let it come in contact with body lotions or oils.
- Be careful of sharp objects that could make a hole and damage the prosthesis.
- Wash with warm soapy water or a baby shampoo.
- Always store the prosthesis in the box it came in.
- Ensure to wear the correct sized bra. Your bra must have a full cup and strong straps.
- Avoid underwire bras, as these can damage the prosthesis.
- When looked after well, a good prosthesis can last up to 3 years.

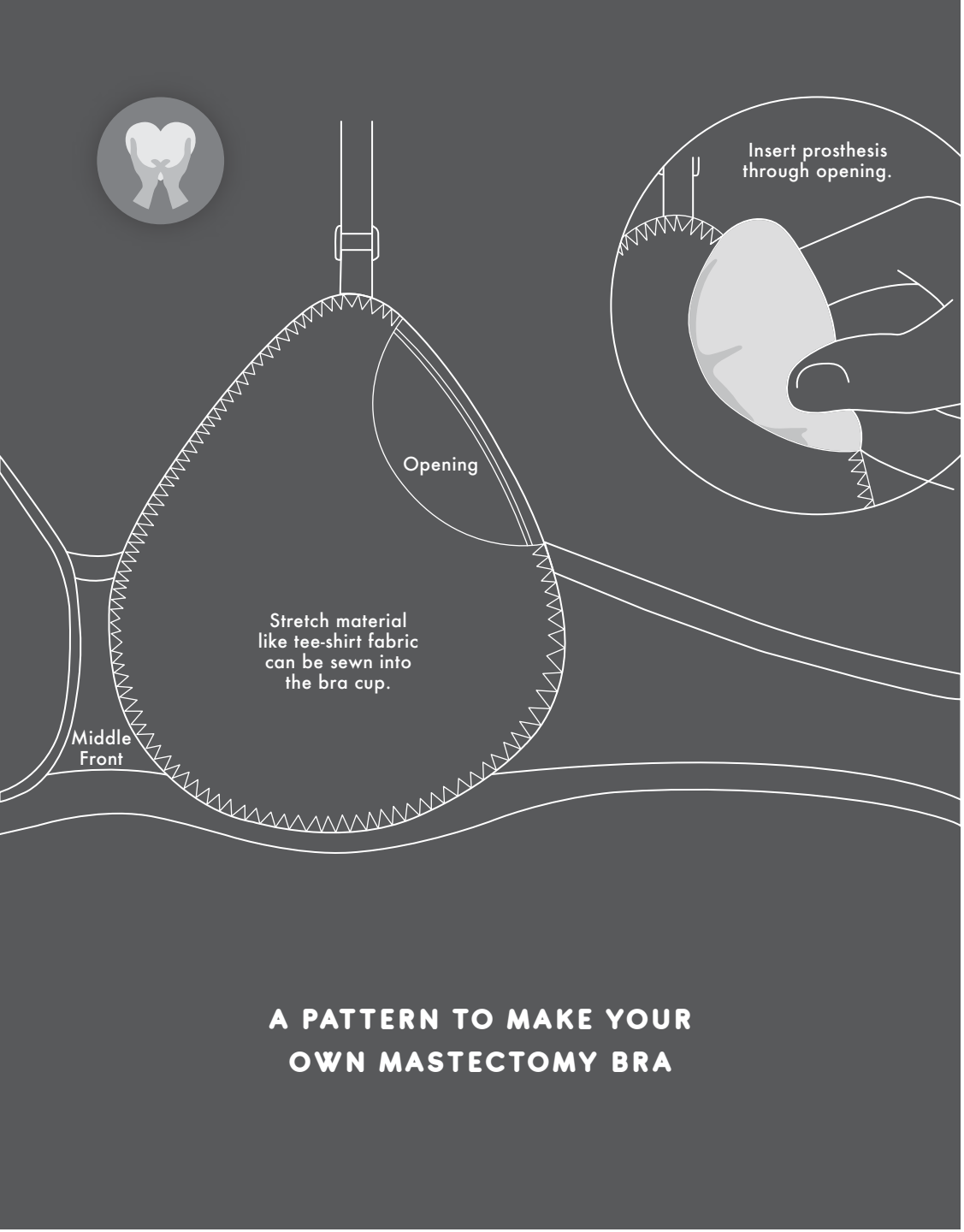
MASTECTOMY BRAS

Special mastectomy bras are available or you can try to make your own. A mastectomy bra is designed for the comfort and confidence of women who have had a mastectomy.

See the pattern on the next page. You can use a full-cup bra (with strong hold straps) and T-shirt material to make a sleeve to put the prosthesis in. It will keep it in place and also protect it against moisture.

Ask your doctor when you will be ready to wear your prosthesis. In the meantime, wear the softie that your RFR volunteer provides.





A PATTERN TO MAKE YOUR OWN MASTECTOMY BRA

REACH FOR RECOVERY'S DITTO PROJECT:

Reach for Recovery's Ditto Project helps breast cancer survivors with no medical aid feel confident again. It does so by providing them with a free silicone breast prosthesis. This is an artificial breast that can be worn in the bra to simulate the natural breast and body shape.

They are all specifically fitted to each individual to suit their skin colour, size and body shape. This is in order to copy the natural breast shape and feel, to match the firmness of the remaining breast.

A well-fitted prosthesis helps a lady to feel confident and good about herself so that she can enjoy life again. Speak to your Reach for Recovery volunteer for more information or visit:
https://www.reach4recovery.org.za/the-ditto-project/

ditto project

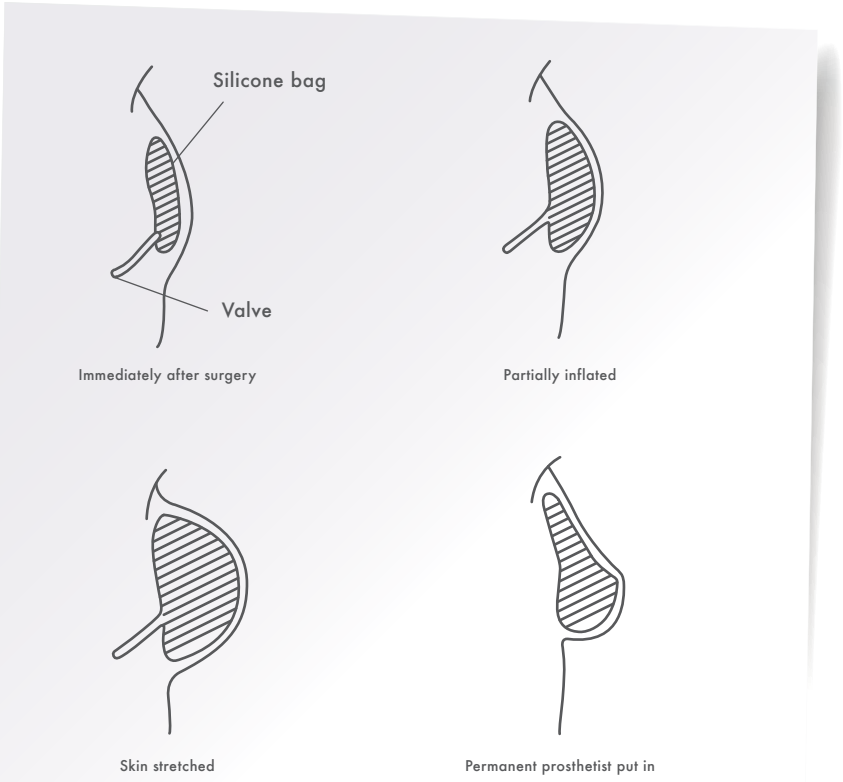
WHAT IS A BREAST RECONSTRUCTION?

This is surgery to form a new breast. The purpose is to get your appearance and symmetry as close to natural as possible. The operation is done by a plastic surgeon.

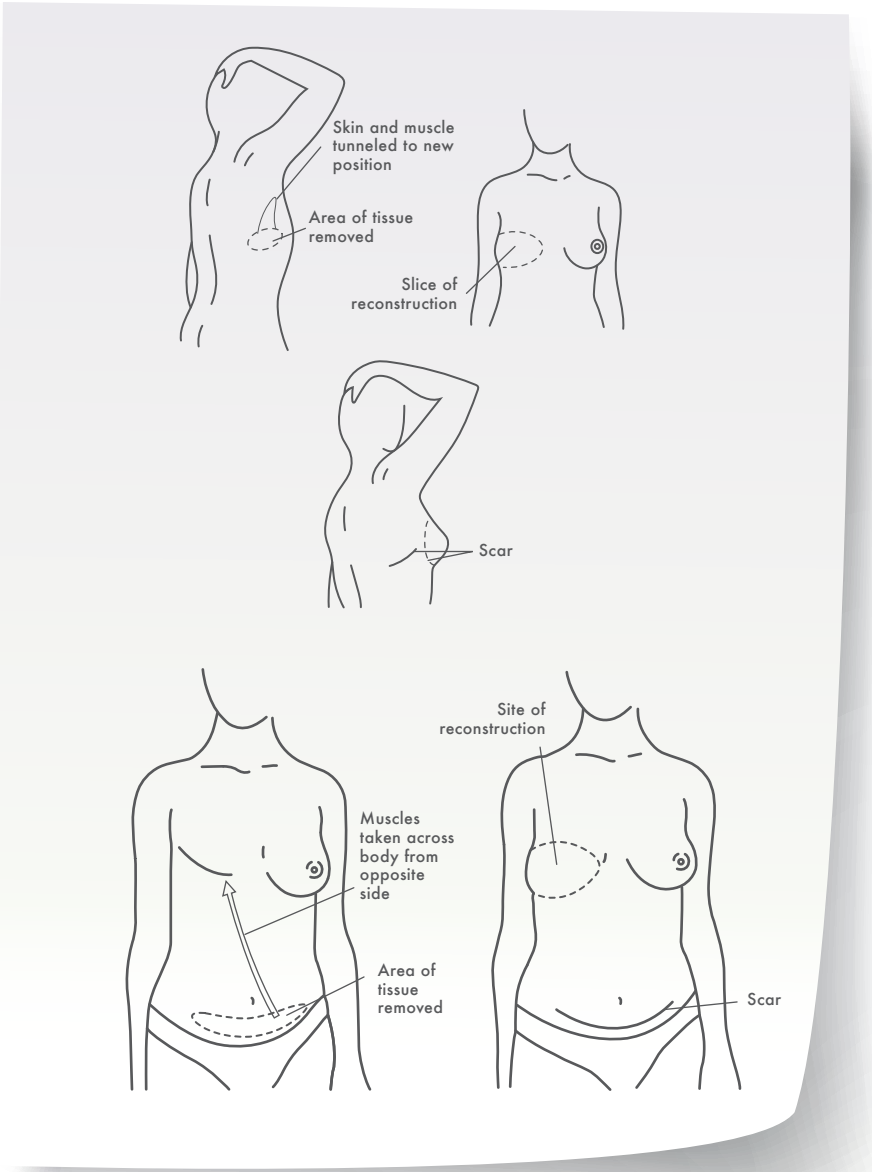
It can be done immediately after your mastectomy or once radiation is completed (delayed reconstruction – this can be months or years after mastectomy).

THERE ARE TWO TYPES OF RECONSTRUCTION

1. **A tissue expander** is put under the skin and regularly filled with saline (a saltwater solution) to stretch the skin. When there is enough space, a permanent prosthesis is placed under the skin.



2. **Flap procedure**
   This is extensive surgery. Muscle and tissue from either your stomach or back are taken to make a new breast.
   This is usually done after a total mastectomy and only when treatment is completed.



TREATMENT PROGRAMME:

CHEMOTHERAPY

DATE	TIME
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

RADIATION

DATE	TIME	DATE	TIME
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

HORMONAL THERAPY:

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FOLLOW UP APPOINTMENT DATES:

SURGEON

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ONCOLOGIST

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It is during our darkest moments that we must focus on the light - *A. Onassis*



MY CANCER JOURNEY PART 2:

After medical treatment and intervention, please take a little time to write down thoughts on this stage of your journey – your experiences, emotions – the good and bad. Has anything changed since you first started writing? Share your thoughts here. They may help you and others.

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RESUMING NORMAL LIFE:

Life will look and feel different after having experienced breast cancer. As you heal and process, be aware of the areas of your life that have been affected and treat yourself gently. Do not rush any of it. Each one of us is unique and responses and recovery times vary from one person to the next.

Different types of surgery and treatment combinations affect each of us differently. Don't compare your treatment with that of others. Rather discuss medical aspects with your doctor.

SELF-IMAGE

We all have our own idea of who we are. How we see ourselves can depend on how we think others see us. You may be concerned about your body image or losing your hair because of chemotherapy.

Recognising these feelings is a step towards healing both physically and emotionally. It may take some time, but looking at yourself in the mirror and touching your chest and the incision will help you to accept the new you.

But physical appearance is only one aspect of who you are. Your talents, accomplishments, spirituality, sexuality and intimate relationships are also essential part of who you are. Feeling good about all these aspects leads to a positive self-image, which is important to your complete recovery.

Recovery is NOT a race...
You don`t have to feel guilty if it takes you longer than you thought it would...



DIET AND LIFESTYLE

You can speed up your recovery by making healthy lifestyle choices.

- Eat a nutritious and balanced diet, consisting mainly of fruit, vegetables and whole grain foods.
- If you smoke, try to stop. Your overall health will improve and your sense of smell will return, which may help you enjoy a nutritious diet.
- Alcohol has been linked to the occurrence of breast cancer, so if you do drink, do so in moderation.
- When and if you are having radiation or chemotherapy, this will add to the tiredness you may feel. That means getting enough rest is essential.
- Exercise when you feel like it, but discuss any heavy exercise programme with your doctor.

SELF CARE TIPS

- **Exercise in moderation**
- **Rest or relax often**
- **Cry – it's okay to**
- **Have a good meal**
- **Laugh with friends**
- **Focus on yourself**
- **Drink enough water**
- **Put away your phone**

EMOTIONAL AND SEXUAL ASPECTS

The diagnosis of breast cancer will leave your life and the lives of those close to you changed. You, your family and even friends may have to cope with many different and sometimes confusing emotions, such as anger, fear and depression. These are normal reactions when facing a serious health problem.

Sharing your feelings with those who care for you can help everyone feel more at ease and may open the way for others to show their concern and offer support.

However, when and with whom you choose to share your experience is a personal decision. You must feel comfortable about what you choose to discuss with your family, friends and acquaintances.

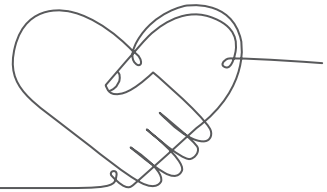
INTIMATE RELATIONSHIPS

Whether you are single or married, both you and your partner may feel uncomfortable while adjusting to the changes following your surgery or treatment. Your partner may be waiting to see how you react and how you want to be treated, or be afraid to hurt you, so you may have to take the initiative.

Here are some suggestions:

- Share your fears and feelings with each other.
- Allow your partner to massage the axilla (armpit) to prevent tightness.
- Encourage your partner to touch the incision.

Remember that your partner fell in love with more than your body. You may find that this very distressing time can actually strengthen your relationship.



IF YOU ARE UNATTACHED

Surgery and treatment for breast cancer does not mean that you will never get married or have a loving relationship. You may find it difficult to talk about your surgery and be uncertain when to broach the topic.

You don't have to say anything until you feel close enough to the other person to share personal information. If someone is attracted to you and want to spend time with you, the fact that you have had breast surgery should not matter.

IF YOU HAVE CHILDREN

- Deciding what to tell your children about your cancer and treatment is difficult. How much you decide to tell them will depend on their age and how mature they are.
- All children need reassurance. The younger they are, the more likely they will have been upset by your absence. Very young children are concerned with immediate events. They don't understand illness and need only simple explanations. You call tell them you have had surgery and will need some rest until you are quite well again.
- Slightly older children may understand a story explanation in terms of good and bad cells. Most children of ten and older understand fairly complicated explanations.
- Adolescent children may find it particularly difficult to cope with the situation because they feel they are being forced back into the family just as they are beginning to break free and gain their independence.
- Daughters often fear that they too may be diagnosed with breast cancer.
- All children need to be repeatedly reassured that your illness is not their fault. Whether they show it or not, children often feel that they may somehow be to blame and may feel guilty for a long time.

GLOSSARY:

TERMS YOUR DOCTOR MAY USE

A

- **adjuvant therapy:** secondary form of treatment usually following surgery, such as chemotherapy or hormone therapy.
- **axilla:** armpit.
- **axillary dissection:** removal of lymph nodes under the arm.

B

- **benign tumour:** non-cancerous growth.
- **bilateral mastectomy:** surgical removal of both breasts.
- **biopsy:** surgical removal of a piece of tissue for microscopic examination often used to determine if cancer cells are present.
- **breast conserving surgery:** surgery to remove cancer but spare the breast.
- **breast conserving therapy:** combination of lumpectomy or segmental mastectomy and radiotherapy.
- **breast self-examination:** simple procedure for women to examine their breasts thoroughly. Recommended once a month for all women.

C

- **cancer:** disease in which the normal control mechanism of cell growth breaks down and cells multiply in an uncontrolled manner. If untreated, can spread to other parts of the body.
- **chemotherapy:** treatment of cancer with chemicals. cyst: accumulations of fluid in a sac in the body, most often benign.

D

- **diagnosis:** identifying a disease by its signs, symptoms, cause and laboratory findings.

F

- **fibrocystic change:** benign breast condition consisting of an overgrowth of fibrous tissue, often combined with the formation of small cysts.

I

- **intravenous:** medication given by way of the veins.
- **irradiation:** treatment by radiation.

L

- **lumpectomy (wide angle excision):** surgical removal of a cancerous tumour and a portion of normal surrounding tissue.
- **lymph nodes:** small masses of tissue situated along the lymphatic vessels that filter impurities from the lymphatic system.

M

- **malignant tumour:** cancerous growth.
- **mammogram:** low dose X-ray examination of the breast to identify or exclude tumours.
- **mastectomy:** surgical removal of the breast.
- **metastasis:** spread of cancer from one part of the body to another.
- **modified radical mastectomy:** surgical removal of the whole breast and some underarm lymph nodes.

N

- **needle aspiration:** removal of fluid from a cyst, or cells from a solid tumour using a fine needle.

O

- **oedema:** accumulation of abnormal amounts of fluid in any body part.
- **oestrogen (estrogen):** female sex hormone produced by the ovaries and other glands.

P

- **prognosis:** forecast of the probable outcome of the disease.
- **prosthesis:** artificial substitute for a missing part of the body.

R

- **radiotherapy (radiation therapy):** use of high-energy rays directed at a specific place on the body to treat cancer.
- **radical mastectomy:** surgical removal of the breast and surrounding tissue.
- **reconstructive surgery (reconstruction):** procedure to create the shape and appearance of a breast after mastectomy.
- **recurrence:** return of cancer.
- **risk-reducing surgery:** (risk reducing mastectomy): surgical removal of a breast in the absence of known breast cancer. This procedure is sometimes advised for women at very high risk of developing breast cancer.

S

- **saline solution:** salt water solution.
- **segmental (partial) mastectomy:** partial removal of the breast.
- **sentinel node:** the first lymph node into which a tumour drains.
- **sentinel node mapping:** procedure to find the location of the sentinel node by injecting a radioactive substance and/or a blue dye into the area of the tumour and following their path to the node.
- **sentinel node biopsy:** removal of the first node into which a tumour drains to find out whether or not the cancer has spread to the lymph glands.
- **silicone:** synthetic substance used in implants.
- **silicone gel:** silicone produced in a semi-solid, semi-liquid state.

T

- **tumour:** swelling or enlargement, an abnormal mass or growth, either benign or malignant.

W

- **wide angle excision:** same as lumpectomy

We hope that this booklet has helped to make your cancer journey easier.

You are welcome to join a REACH FOR RECOVERY group immediately after your discharge from hospital or at any time in the future when you feel the need for support or information, or if you would like to train as a volunteer.

REACH FOR RECOVERY is there to help. The women involved really care and can relate to your experience. They, too have gone through all the fears and doubts you are subject to and know that they can be overcome. Meetings are held throughout the country. Your REACH FOR RECOVERY visitor will give you information on meetings in your area.

Our best wishes

reach for recovery
breast cancer support

