

Your guide to completion of treatment

This leaflet is for people who have finished their breast cancer treatments but who are still coming back to the hospital for regular check ups. It aims to try to answer some of the questions that you might have over the next few months and to explain how you might be feeling.

Most people expect to feel relieved and happy that their treatment is over and look forward to getting back to normal. It is not unusual, however, to feel physically and mentally drained and emotionally low at this time. This can be particularly hard if your family and friends expect you to be getting on with your life.

Everyone is different and will get better at a different rate. It will take some time to get over your treatment, regain your confidence and to get “back to normal”. It is important to take one step at a time and not to expect too much of yourself.

Q1. How am I likely to feel?

A1. Some people think that having a strong, positive attitude helps you cope better with your illness and treatment. No one can be positive all the time and it is normal to have low times when you may feel angry, frightened, anxious or depressed.

Sometimes you have put all your time and energy into coping with the disease and its treatment. As the treatment ends and hospital appointments become less frequent it is not unusual to feel lost and on your own. You may find it helpful to talk to your Nurse Specialist or to others who have been through similar treatments. Your Nurse Specialist can give you information about local support groups.

If you have problems after your treatment, or are worried that your symptoms may have come back it is important that you do not wait for your next hospital appointment but that you contact your GP, Nurse Specialist or one of the Consultants involved in your care.

Q2. What about family and friends?

A2. Friends and family may feel that, now your treatment is finished, you no longer need as much care and support as you did during your treatment.

Partners and children may seem to be treating you differently or you may feel that you are not as close as you were. Those close to you may have found it difficult to cope with everything that you have been through and they may also need time to recover.

Q3. What about sexual activity and fertility?

A3. Although chemotherapy can make some people infertile, either temporarily or permanently, this is not always the case and you should continue to use non-hormonal contraceptives unless you or your partner are hoping to become pregnant.

Some of the drugs used to treat breast cancer can harm the unborn child so if you are hoping to become pregnant please tell your consultant. You may be advised to wait at least six months from the end of your treatment before trying to become pregnant to reduce these risks. Women whose periods are late and who think that they may be pregnant should tell their doctor straight away.

If you are tired or worried after your treatment sex may be the last thing on your mind but you can continue your sex life as you wish during your breast cancer treatment. It is not unusual, however, for some people to have difficulties making love during or after their treatment.

Sometimes people can worry that they are no longer attractive, particularly if surgery or chemotherapy has changed their physical appearance. They may worry because their partner hesitates to touch them, but your partner may be afraid of hurting you. Your partner may not be sure how they should behave towards you now, or know what to say. You or your partner may worry that cancer can be passed on or made worse by making love. This is not true.

Some women who have chemotherapy find that the drugs can cause vaginal dryness. This can make lovemaking difficult or uncomfortable for both partners. Simple gels and creams to ease this discomfort can be bought over the counter from chemists and supermarkets, or your GP can prescribe special creams that should help.

Remember these problems are not unusual and most will get better as time passes. You will find it helps to talk through your worries and fears openly and honestly if you feel things are awkward between you. Even if you do not feel like having sex, stroking, touching, kissing and cuddling can show how much you care for each other.

Q4. What about returning to work?

A4. Depending on their job some people may feel able to work throughout their treatment or expect to return to work fairly quickly once their treatment has finished. Many people, however, find that they need time to adjust to what has happened to them before thinking about this.

It is important to return to work when the time is right for you. Keeping in touch with your employer and work friends throughout your treatment may make returning to work less worrying for you.

If you have serious financial problems as a result of your cancer you may need help in claiming benefits or postponing bill or mortgage payments. Your GP or Nurse Specialist may be able to help with this and you local Citizen's Advice Bureau can advise you about any benefits that you may be entitled to.

Q5. What about hospital appointments?

A5. Even though your surgery and any chemotherapy or radiotherapy may be finished you may or may not be taking tablets and will still need to come to regular outpatient clinics. This is so that the medical team involved in your care can check how you are getting on and make sure that you are recovering from any treatments that you have had.

Women are also likely to be asked to attend for mammograms every year for the first five years after their diagnosis, or until they are aged 50, if this is later. After this they will be returned to the National Breast Cancer Screening programme and invited to attend for mammograms every three years.

Your clinic appointments will be tailored to your needs depending on the treatment that you have had, becoming less frequent as time goes by. At first you may have follow up appointments with both the Surgeon and the Oncologist (the doctor who gave your chemotherapy or radiotherapy). These will be staggered so that you do not have to attend the hospital any more than is necessary.

Your Surgeon will discharge you from regular follow up when the time is right for you but the Oncologist may well continue to see you on a regular basis.

If you have any worries or concerns in between your appointments please do not hesitate to contact your GP or Nurse Specialist who will do their best to help you.

If a nurse is not available to take your call there is an answerphone service for you to leave a message and someone will always try to get back to you as soon as possible.

Contact Details

Your Nurse Specialist:

Tel: 0191 2820207 / 8.

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Further information is available on the hospital website:
www.newcastle-hospitals.org.uk

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