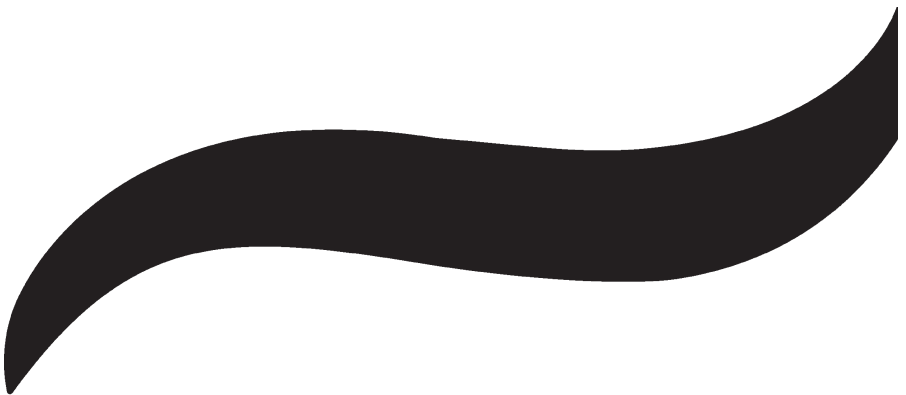




Patient Led Follow Up after treatment

Information for patients
Lanarkshire Breast Unit



WHAT IS THE PATIENT LED FOLLOW-UP PROGRAMME?

The patient led follow up programme puts you in control once you have completed your treatment for breast cancer. Current evidence shows that there are no advantages to regular, fixed time follow-up for well women after treatment for breast cancer.

This approach means that you can gain access to the breast care team and hospital when needed.

HOW DOES IT WORK?

Routine follow-up appointments are no longer arranged. You can contact us at any time if you have concerns about your breasts, any new symptoms you would like to discuss, or if you have questions about your treatment or other related issues.

You may be given an additional appointment at the hospital or we may contact you if your treatment plan includes hormone blocking drugs which may stop or change after five years.

FOLLOW-UP MAMMOGRAMS

People who have had breast cancer have a slightly increased risk of developing a further cancer in the same breast (recurrence), or a new cancer in the other breast. Mammograms (breast x-rays) can often detect breast cancer before it can be felt by either you or a health care professional. For the majority of women mammograms are the recommended way of checking for breast cancer.

Our current recommendations are that you should have mammograms once a year for five years following your diagnosis. Your annual mammograms will be arranged for you by the hospital. Your appointments will usually be held in the same month every year, so you may want to make a note of this.

This may not be appropriate for all women. We will discuss the other options available to you should this be the case.

After five years of annual mammograms

Under 50 years of age: we will continue to send you annual appointments until you are eligible to join the NHS Breast Screening Programme.

Aged between 50 and 70: you should attend the appointments sent to you by your local NHS breast screening service every three years.

Aged 70 or over: you may also have a mammogram every three years with your local NHS breast screening service but you will need to contact them directly for an appointment. Your GP will be able to help with this.

MAMMOGRAM RESULTS

You and your GP will receive the results of your mammogram by post within 3 weeks of having the test. If you do not receive your results within one month, please contact the Breast Team.

If your results are uncertain or abnormal, your letter will explain this and will include an appointment at the Breast Unit for further tests. After breast surgery, mammograms can sometimes be difficult to read and other diagnostic tests, such as ultrasound scans, may be needed to confirm the results. If you are sent an appointment, please try not to worry. You can contact the helpline if you are concerned and would like to talk to a nurse.

HORMONE THERAPY

Patients with hormone sensitive cancers are prescribed anti-hormone tablets, also known as endocrine therapy. Anti-hormone therapy will include Tamoxifen, Letrozole and other medications such as Anastrozole (Arimidex) and Exemestane.

You will be on these tablets for five to ten years. Once you have completed the first five years we may organise a review in the outpatient clinic to discuss whether this should stop, continue or be switched to an alternative.

Treatments change and develop all the time. If there are major changes in the way we prescribe hormone medication during the time you are on it, we will write and tell you about this and what it might mean for you. We may invite you to return to clinic to discuss this further.

If you haven't heard from us near the end of your five years of hormone treatment, please contact your local Breast Surgery Secretary (see contact details on the last page).

DEXA SCANS AND BONE HEALTH

As oestrogen levels fall after the menopause, women's bones often become weaker. When you are taking an aromatase inhibitor such as Letrozole, Anastrozole or Exemestane this process may be accelerated. You may need one or more bone density scans (DEXA scans). These scans can tell us if you are developing bone thinning which could lead to a condition called osteoporosis. If you are on bisphosphonates you may not require follow-up DEXA scans.

Regular exercise such as walking, as well as a diet high in calcium will help to maintain bone health. You will have received written information about how to look after your bones during your end of treatment review. Please contact your Breast Care Nurse if you require further information.

You might also need a bone density scan if you have gone through early menopause as a result of chemotherapy, even if you are not on these tablets. If you think you may have experienced early menopause, please contact us to discuss this.

Because bone density scans are routine, it can sometimes mean you wait longer for your appointment. If you have waited longer than 12/18 months please contact us.

BREAST CANCER RECURRENCE

Survival rates for breast cancer are improving all the time and modern breast cancer treatment is usually very successful. However, breast cancer can sometimes return. There is no maximum time span as to when breast cancer can return, but for most people the risk reduces over time. It is important that you know what to look out for and what to do if you become concerned about anything.

Breast cancer can return:

- ❖ in the treated breast (local recurrence)
- ❖ in the nearby area under your arm, above your collarbone or neck area (regional recurrence)
- ❖ elsewhere in the body (distant recurrence also known as metastatic breast cancer or secondary breast cancer)

or

- ❖ rarely in the other breast

BREAST AWARENESS

Being breast aware is an important part of caring for your body. It means getting to know how your breasts look and feel so you know what is normal for you. You will then feel more confident about noticing any changes.

We know that it can take up to two years to become familiar with your treated breast following treatment. However, the better we know our bodies, the quicker we notice what is normal or not normal for us. If something doesn't feel normal for you please contact the Breast Care Nurse.

There is no right or wrong way to get to know your breasts. Try to get used to the way your breasts look and feel. You can do this around once a month, in the bath or shower, when using soap or body lotion. There is no need to change your everyday routine. You know better than anyone how your breasts look and feel normally, so if you notice a change contact your Breast Care Nurse.

SUMMARY OF SYMPTOMS YOU MAY WANT TO REPORT

Everyone has aches and pains, but when you have had breast cancer you may be more aware of them and may be concerned that any pain is related to cancer. Included below is a summary of symptoms that you may want to report to either your Breast Care Nurse or your GP should they develop. If you experience any of these symptoms it does not necessarily mean that your cancer has returned as they can be caused by many other common conditions. However, you should get them checked out by the breast team or your GP. Getting a recurrence or a new cancer can be frightening, but it is important to remember that if breast cancer returns it can usually be treated.

Please contact us if you experience:

- ❖ a lump or a swelling in your breast, in the skin after a mastectomy, above your collarbone or in the neck area, or under your arm
- ❖ any skin changes including dimpling, puckering, redness or raised spots on your breast or mastectomy scar
- ❖ nipple discharge
- ❖ if you develop lymphoedema (swelling of the arm on the side affected)

Or if you experience:

- ❖ any new, on-going pain in any part of your body, especially in your back or hips, that does not improve with pain killers and which is often worse at night
- ❖ new pins and needles and/or a loss of sensation or weakness in your arms or legs
- ❖ unexplained weight loss and loss of appetite
- ❖ a constant feeling of nausea
- ❖ discomfort or swelling under your ribs or across your upper abdomen
- ❖ a dry cough or a feeling of breathlessness
- ❖ severe headaches which are usually worse in the morning

BREAST RECONSTRUCTION AND PROSTHESIS

If you have had a mastectomy and decided against reconstruction but change your mind at a later date, please contact us to discuss delayed reconstruction. If you had radiotherapy, we will advise you to wait at least a year after completion of radiotherapy.

If you need advice about your prosthesis or getting a bra to fit, please contact us.

Nipple/Areola Tattooing

If you have had surgery removing one or both of your nipples, you may wish to consider nipple/areola tattooing. This can be carried out by one of our trained nurses. If you would like to arrange an appointment or discuss this, please contact us.

USEFUL CONTACT TELEPHONE NUMBERS

Lanarkshire Breast Unit

Breast Secretaries

University Hospital Hairmyres:	01355 584685
University Hospital Monklands:	01698 752145
University Hospital Wishaw:	01698 366173 and 01698 366162

Breast Care Nurses

University Hospital Hairmyres:	01355 585381
University Hospital Monklands:	01698 752487
University Hospital Wishaw:	01698 366181

Mammogram appointments (to change dates)

University Hospital Hairmyres:	01355 585756
University Hospital Monklands:	01698 752122
University Hospital Wishaw:	01698 366545

Breast prosthesis

University Hospital Hairmyres:	01355 584666
University Hospital Monklands:	01698 752033
University Hospital Wishaw:	01698 366499

Support Services

The Haven

Wishaw: 01698 366948

Forth: 01555 811846

Blantyre: 01698 727884

Lymphoedema Service

01698 285707

Macmillan Cancer Support

Free Helpline: 0808 808 0000

Website: www.macmillan.org.uk

Breast Cancer Care

Free Helpline: 0808 800 6000

Website: www.breastcancercare.org.uk

Maggies Centre

Website: www.maggiescentres.org

West of Scotland Breast Screening

0141 800 8800

Moving Forward

0808 808 0000

Fear of Recurrence

0141 301 7263

You can find leaflets and websites which may be helpful and your Breast Care Nurse can recommend you to some if you wish.

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk
NHS Lanarkshire General
Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation.
Services@lanarkshire.scot.nhs.uk



www.careopinion.org.uk

Pub. date:	Oct 2022
Review date:	Oct 2024
Issue No:	03
Department:	Breast Unit
Clinical Lead:	

PIL.PLFUBT.18_24654.L
22_21371