



## The Association of Minimally Invasive Gynecologic Surgeons

...dedicated to safe, state-of-the-art surgery and health life-styles for women of all ages

# Moving on After Treatment

## Follow-up

After the first course of treatment is finished, it is very important to keep all follow-up visits to your doctor. Be sure and tell the doctor about any symptoms or side effects that concern you.

At first, these visits are scheduled every 4 to 6 months. The longer you are free of cancer, the less often you will need visits. After 5 years, visits are usually once a year. You should have a mammogram of the remaining breast and the breast treated with lumpectomy.

If you are taking tamoxifen, you should have a pelvic exam every year. Be sure to tell your doctor right away if you have abnormal vaginal bleeding because the drug can increase the risk of uterine cancer. If you are taking an aromatase inhibitor, you might want to have your bone density checked.

If anything suggests that the cancer might have come back, the doctor will want to do more tests. If cancer recurs, treatment could involve surgery, radiation, hormone therapy, or chemotherapy.

*Lymphedema* is a swelling of the arm caused by fluid build up that may occur after treatment for breast cancer. It's hard to tell which women will develop lymphedema. It can happen right after surgery, or months or even years later.

With care, lymphedema can often be avoided or kept under control. Injury or infection of the arm on the affected side can cause lymphedema or make it worse. Tell your doctor right away about any swelling, tightness, or injury to the hand or arm. There are ways to help prevent problems. More information about lymphedema is available through our toll-free number or on our Web site.

Your feelings are just as important as all the tests and treatments. For example, your choice of treatment may be influenced by your age and your body image. You might choose a lumpectomy to maintain your appearance. Or a mastectomy might offer you more reassurance that the affected area had been removed.

Other issues that women worry about include losing their hair, skin changes from radiation treatment, and the outcome of treatment itself. Sexuality can be another area of concern.

Remember that your body is unique, and so are your emotional needs and your personal circumstances. In some ways, your cancer is like no one else's. No one can predict how your cancer will respond to treatment. Statistics can paint an overall picture, but you may have special strengths such as a healthy immune system, a strong family support system, or a deep spiritual faith. All of these have an impact on how you cope with cancer. If you feel it's too much to handle, talk with your doctor, nurse, or social worker about your concerns. They may be able to help you find a group of other patients with the same situation. In some cases, a therapist or mental health professional may be able to help with your stress.

Some treatments for breast cancer, such as chemotherapy, can change a woman's hormone levels and may reduce her sexual interest or response. It can be especially hard if a woman in her 20s or 30s finds she has breast cancer. Choosing a partner and having children are often very important during this period.

A woman's partner can also find the diagnosis distressing. Partners are often worried about how to express their love physically and emotionally after treatment, especially surgery.

Treatment for breast cancer can affect the pleasure from touching the breast. In a reconstructed breast, the feeling of pleasure from touching the nipple is largely lost because a preserved or rebuilt nipple has much less feeling than

a natural one. The skin of the breast itself may be less sensitive, too. Some feeling can return after time, though.

Some women still enjoy being touched around the area of the surgery; others dislike being touched there and may no longer even enjoy having the remaining breast touched. A few women have chronic pain in their chests after radical mastectomy. Supporting these areas with pillows during sex may help.

Breast surgery or radiation to the breasts does not physically decrease a woman's sexual desire. Nor does it decrease her ability to have normal intercourse or to reach orgasm. Some good news from recent research is that most women with early stage breast cancer have adjusted well within a year. They report a quality of life similar to that of women who never had cancer.

Please remember that every woman reacts in her own way. Your feelings are not right or wrong, they are simply yours. For more information, see "[Sexuality for Women and Their Partners](#)."

## **About Breast Forms and Bras**

Some women who have had a mastectomy might choose breast forms instead of reconstruction. Your doctor will tell you when you are ready to be fitted for a permanent form. Prices of forms vary quite a bit. Take time to shop for one that looks good and fits well.

The right bra for you may very well be the one you have always worn. You can often have your usual bra adapted for a breast form. Be sure to check your insurance to see what is covered and how to file a claim. Also, ask your doctor to write prescriptions for your form and any special bras. When buying the forms or bras, have the bills marked "surgical."

Be aware that if you submit an insurance claim for a form or a bra, the company might not also cover reconstruction if you decide you want this procedure in the future. Get all the facts before turning in any claims.

You can talk to your Reach to Recovery volunteer about any questions you have. She can give you ideas and advice. Remember that she's been there and will probably understand.

## **Pregnancy**

In the past, many doctors advised breast cancer survivors not to become pregnant for at least 2 years after treatment. Although only a few studies have been done, nearly all have found that pregnancy does not increase the risk of the cancer coming back after successful treatment. If you are thinking about getting pregnant, be sure to discuss the issue with your doctor. Sometimes counseling can help you sort out the complex issues about motherhood and breast cancer survivorship.

## **Hormone Replacement Therapy (HRT)**

In the past doctors have offered HRT to women after breast cancer treatment to help with severe symptoms of menopause. But a recent study has shown that women taking HRT after treatment for breast cancer are much more likely to have the cancer come back or to develop a new breast cancer. For this reason, most doctors now think it's not a good idea for breast cancer survivors to take HRT. Women should talk with their doctors about other ways to handle symptoms of menopause.