

All Abroad!

Have fun in the sun with our guide to travelling after surgery

If the thought of holidays always used to cheer you up, but now leaves you wondering whether you can still look good in a swimsuit or if you will be able to get travel insurance, don't worry – our report will soon have you walking on sunshine again. All it takes is a little forward planning and some expert advice.

Experiencing breast cancer often makes women want to live life to the full, and one of the first things that many do to celebrate the end of their treatment is book a holiday. This might mean a once-in-a-lifetime trip to distant places, mountain trekking in Nepal, swimming with dolphins or visiting far-flung relatives. Some women may already be seasoned travellers who are determined not to let breast cancer stop them or even slow them down.

Once you get down to planning your dream holiday, you may find yourself worrying about issues you didn't have to confront before your surgery. Take heart - it can be daunting, but it is possible to fulfil your dreams of escaping everyday life. We've talked to lots of readers who have done just that, and here is some of the advice they have for you.

Getting away from it all

One dedicated traveller is Amoena Life reader June Tilsley. June found a lump in her breast two days before her 70th birthday, and two weeks later she was due to go on holiday with partner Keith to Hong Kong. She decided to go ahead with the holiday: "We had a lovely week in Hong Kong and when I got back I visited the specialist. Ten days later I had a mastectomy together with removal of the lymph glands."

June is someone with lots of energy and zest for life. She feels that a positive attitude is a great help in the process of recovery. "You have to believe that it will be OK," she says. "You have to think that they have got rid of the cancer and you have gained a new lease of life." Since her operation, she and Keith have been to Canada, Singapore, Penang, Australia and Hong Kong.

A practical approach

On the challenges of travelling post-mastectomy, June is very practical. "Sit down and think what you are going to take," she says. "The box that the prosthesis comes in is very big. And if, like me, you have two breast forms, then two boxes measuring 10" x 8.5" x 4.25" are going to take up a lot of room in a suitcase." June's solution was to use a plastic freezer box, lined with bubble wrap, and to wrap her lightweight breast form in her underclothes. "If you do take two boxes you only need one lid, because it is only at night you need both boxes."

Another major consideration is bras and swimwear. "You have to accept that it is going to take you five minutes longer than anyone else to get ready for swimming – which can be a nuisance when your partner has shed his trousers and donned his trunks in seconds, and is already out there on the lounge!" But at least with the right breast form and swimwear you can rest assured that you will look great and feel confident – which is worth the extra few minutes' changing time.

June wears a Contact self-adhesive breast form, but uses a lightweight for swimming. She also finds it useful to put the lightweight form in her pocketed bra after swimming, and leave it for the rest of the day. June swears by her Contact breast form: "Heat and sweat do not affect its adhesive qualities, despite temperatures of up to 97 degrees. And the great thing about it is it looks totally natural. It is quite fun telling people at the end of the holiday that you are wearing a prosthesis and seeing the surprise on their faces!"

With so many overseas holidays under her belt, June is becoming a bit of an expert on travel insurance. "It seems easier to get insurance if you have heart problems than after a mastectomy. It's the 'c' word that puts them off," she says. But her advice is to persevere: "Unfortunately, every time you book a holiday after you've had a mastectomy, you have to resign yourself to half an hour on the phone. But you have got to keep trying. You'll find the right cover at the right price in the end."

Take cover

So where should you look for the best travel insurance deals? Breast Cancer Care provides a list of recommended brokers and underwriters. We telephoned the companies on this list, together with those that you've told us about, and asked them four basic questions:

- Would they insure a woman who was still undergoing treatment for breast cancer?
- If not, how long would she have to wait after treatment had finished before they would insure her?
- Would they add anything to a premium for a breast operated woman?
- Are there any additional terms and conditions (e.g. exclusions for claims relating to cancer treatment, etc.)?

We hope that this survey gives you some useful pointers, but please remember it's vital to do your own research and that the level of cover offered and the price quoted will vary according to your own particular circumstances.

Free Spirit (0845 230 5000) do insure people who have breast cancer, although not while they are undergoing treatment. Once treatment is over, there is no waiting period although there may be a restriction on destinations. No extra is added to premiums and there are no additional exclusions: "Our policies are designed for people with pre-existing medical conditions and are fully comprehensive. If we can't cover anything we don't sell the policy."

Asda for Travel (0800 064 6688) do not cover pre-existing medical conditions. The policy issued would therefore not cover the traveller for any conditions related to the cancer. Full medical cover would be offered otherwise, and nothing would be added to the premium.

Leisurecare (01793 750150) were extremely helpful. "We can insure people if they are awaiting treatment, having treatment or have just finished. We try to take a personal approach and we ask people to ring us for a chat to find out where they are going, whereabouts they are with their treatment, etc. We quote them a price and then send them a medical questionnaire to be completed by their GP or oncologist. Based on the information we receive we can then confirm cover or not." There are no additions to their premiums for breast operated women. Their policies are for people

aged 64 and under and travelling to an EU country: “We do insist people take an E111 form and use reciprocal health arrangements in European countries.”

Perry Gamble & Co Ltd (020 8542 1122) were another very helpful company. Subject to the answers given during their medical screening process, they would insure someone who has breast cancer. “It is not so much that the premium is increased but that the terms of the policy may be altered depending on a person’s particular circumstances. Usually some level of cover can be offered.”

All Clear Travel (0870 7779339) subject to medical screening, will insure someone who has cancer and even if they have a terminal illness – as long as the prognosis is longer than six months from the return date of their holiday. Premiums are not usually loaded, and there are no exclusions if cover is offered.

Age Concern Travel Services (0800 387092) again, subject to medical screening, will insure someone who has breast cancer. Premiums are sometimes increased according to answers to the medical screening questions and there are sometimes exclusions. No upper age limit is applied.

MARRS (020 8366 2222) will not insure someone who is actually awaiting treatment. There is no need to wait once treatment is finished. All applicants are subject to medical screening and the premium may be increased depending on their individual circumstances; this also applies to exclusions.

Post Office Counters Insurance (0800 387858) have a medical screening process which takes into account the condition, the prognosis, the age of the traveller, destination and length of stay. They do not provide cover for any pre-existing medical condition, although “it is very rare that we turn anybody down”.

Venturesure (previously Travelcare Ltd) (0800 181532) require travellers to wait three months after being given the all-clear before applying. Each case is individually assessed and premiums may be increased or exclusions added.

Hill House Hammond (01604 639544) said travellers must wait twelve months following the end of treatment. There are usually no additions to premiums and no exclusions if cover is offered, but this depends on each individual case.

Direct Line (0845 246 8704) cannot offer cover if you are still receiving treatment. The cost of the policy will depend on answers to medical screening; if cover is offered there will be no excesses or exclusions.

AXA PPP Healthcare (0800 783 3883) will not offer cover if you are awaiting treatment or still undergoing treatment. No medical screening line, but the patient and her doctor or oncologist are asked to complete a brief questionnaire confirming she is fit to travel. There is no need to wait once treatment is finished, and nothing would be added to the premium or excluded from the policy. This insurance is open to PPP members and non-members alike.

Shop around

It’s vital to shop around for travel insurance, as premiums and types of cover do vary

greatly and are very much dependent on individual circumstances. As a rule, the insurance offered by tour operators and travel agents can be a lot more expensive than that sold by specialist travel insurance firms.

It's also wise to remember that most travel insurance policies available on the high street are written on a fairly standard basis and do not allow for unusual or potentially risky circumstances. Call the British Insurance Brokers' Association on 020 7623 9043 for a list of specialist companies with experience of assessing your particular risk and providing cover for people in similar circumstances.

If you go abroad once or even twice a year, a single-trip policy should suffice each time. However, if you travel more often, an annual policy might offer a better deal.

What is form E111? Some insurance companies insist on their customers carrying a valid E111 form when travelling to Europe. This form, which is available from the Post Office, entitles the traveller, their spouse and any dependent children to free or reduced cost emergency treatment in European Union countries. It does not cover ambulance or repatriation costs. It is helpful for travellers to carry a full medical summary, preferably translated into the appropriate languages.

Your questions answered

We answer the top five questions asked on our helpline regarding holidays and travel

Is it safe to travel with my breast form?

This may seem like a strange question, but years ago reports of breast forms liquefying in flight were not uncommon and many women are still concerned that their breast forms may be damaged during air travel.

Loretta Pitt, sales director at Amoena UK, explains: "A prosthesis is designed to be able to withstand temperatures of well over 200° F, so those planning on travelling to exotic destinations need not worry about heat affecting their form.

"However, altitude changes can have some bearing on your breast form, particularly if you are travelling to a country whose altitude is higher than the UK. Most aircraft are pressurised to a height of 5,000 feet (although they travel much higher) and at that height any gasses that may be dissolved within the silicone will expand. This can also happen if you pack your spare breast form in your luggage, as the luggage hold on an aircraft is not pressurised at all. In these circumstances you may notice tiny air bubbles within the silicone; however these will not damage your breast form or alter its shape or texture. Upon returning home you will find that any small air bubbles will disappear.

"And don't worry, as Amoena breast forms are made only from silicone you won't set off the alarm as you go through customs!"

Will I need to take a spare breast form on holiday in case mine gets damaged?

Breast forms are incredibly resilient and can stand up to the normal everyday demands placed on them. However, the surrounding outer film can be easily damaged if punctured by a sharp object and then repair is not possible.

Try to avoid your breast form coming into contact with pins, brooches, sharp finger nails, pet claws and scissors. Should an accident happen whilst you are away, the split can be mended on a temporary basis with some sticking plaster or tape.

Alternatively a lightweight silicone breast form or fabric form can be used as a “spare”. These are also ideal for swimming and are more comfortable to wear during hot temperatures.

Will I still be able to go swimming?

Following a mastectomy, many women worry that they will no longer be able to swim and are concerned that swimwear will no longer be suitable. Nothing could be further from the truth. Carol Childs, senior fitter at Amoena explains:

“Modern mastectomy swimwear not only looks good, but is also designed with discreet pockets to ensure you can move about with complete confidence. Women who find their usual breast form too heavy may prefer to try a lightweight silicone form or a silicone swimform. Alternatively, a fabric form can be sewn or pinned into the bathing suit. These are light, do not hold water (which can be a problem with foam models) and can be left inside the swimsuit to dry.

“Amoena’s range of swimwear is available in a selection of styles to suit as many different requirements as possible. Some have a high neckline for women with high scarring; others are lower cut, and the bandeau style is a very popular neckline for those wanting to reveal a little more flesh without worrying about exposing any cleavage. The square cut neckline and back of the bandeau style can also help hide scarring from breast reconstruction surgery.”

Can I wear my self supporting breast form on holiday?

In a hot climate, the adhesion of your self supporting breast form may not be as good as you are used to. However, adhesion varies and many women report no adverse effects at all.

It is not recommended that the Contact breast form is worn for swimming; however, here again experiences vary.

My breast form box is too big for travelling

A breast form should usually be kept in its cradle overnight to ensure it keeps its shape and is not damaged. However, for short periods, such as a holiday, a breast form can be easily stored in an underwear drawer and does not require a box or cradle. For longer holidays, the cradle can be removed from the box and stored amongst your undies.

Things to pack

Lost luggage is common these days – make sure you keep these vital items in your hand luggage.

First aid items: Particularly important for women suffering from lymphoedema as cuts, grazes or insect bites can easily cause infection. Remember to pack an antiseptic cream, insect repellent and sticking plasters.

Medication: Make sure you have enough of any medication you need. It's also a good idea to carry either a repeat prescription or a note of your current medication.

Bikini or swimsuit: If your luggage gets lost it may not be easy to find replacement mastectomy swimwear. Therefore it is a good idea to pack a spare swimsuit in your hand luggage.

Skin care products: If you wear a Contact self supporting breast form make sure you have enough skin care products for your holiday. Amoena sells a travel pack which is ideal to take on holiday and contains enough product for a standard two-week break.

Tamoxifen and DVT: the facts

Remember your DVT socks (often known simply as 'flight socks') if you are flying long-haul. Medical opinion states that the increased risk of DVT (deep-vein thrombosis) for women taking tamoxifen is about the same as that for women taking birth control pills or hormone replacement therapy. Flight socks can be obtained from most branches of Boots.

My Childhood Secret

In 1948, at just 14 years of age, Mary Ashworth was diagnosed with breast cancer.

I was a 14 year-old schoolgirl when my mother discovered the lump in my breast. It was under the nipple and about the size of a walnut. I had known for some months that it was there, but said nothing – it didn't hurt, so I supposed it didn't matter. My body was changing in a lot of ways, so this didn't seem too important. I had never heard of cancer. I was kept in bed the next morning and the doctor came. I wasn't very pleased as I should have been going to Guide camp the next day.

I went into hospital two days later. I was only slightly nervous about having an operation; the thing that really mattered to me was getting home in time for the school dance the following Saturday. I didn't manage it! I had a total mastectomy. When I saw the operation scar for the first time, I fainted; they hadn't told me what they were going to do. I soon got over the shock and was home in a week.

I left the hospital with a crepe bandage on, stuffed with cotton wool. My mother did ask the nurses if there was any sort of replacement figure available, but they said not so far as they knew and why didn't we go to Woolworths and get some of those "cuties". These were fashionably pointed spongy figures, which of course did not have any bounce. I stayed with the cotton wool.

I had four weeks of radium therapy. This must have been trouble free, as I went on the bus alone each day. It was by now the summer holiday, so I recuperated in the garden. Only occasionally did I feel depressed. Sometimes I used to cry in the bath, but I just had to tell myself to pull myself together – if it were an arm or a leg everyone would know. And I always kept a secret hope that my figure would grow again.

I never told anyone about the operation I'd had and I don't remember anyone ever asking what I was in hospital for. My school friends didn't know and I don't think the head mistress or games mistress knew either – they never mentioned it. I had lots of awkward moments at school – like changing for games, when I got in the corner and kept my back to everyone. Swimming lessons I had to avoid, making up excuses week after week. Tennis or anything that involved running made me conscious of the fact that one side of my chest was rigid and the other moved. I had to run with my arms folded across my chest!

I had to be careful when buying dresses and usually chose high necked styles. If I had anything lower, I had to attach elastic to the corners, inside, to tie behind my back to keep the neckline flat against me.

As I got older I had to worry about boyfriends and dance partners. I dared not let them hold me too close. It was difficult getting a dance dress that wasn't low and I had to add an insert of lace. I also had to remember to keep upright and never lean forward, in case I would reveal the secret. I had one near miss – when dancing the Gay Gordons at a Christmas ball, my strapless boned bra slipped, beneath my dress and I ran from the floor, calling out "just going to get my hanky"!

Thankfully I got through this stage and when I was about 20 I met my husband who said he loved what I had got and never noticed what I hadn't got.

Things were easier now, as it wasn't a secret anymore. However, I still told no-one else for many years. I had five children - three boys and two girls - all of them big and healthy babies. I was turned 30 when I discovered there was such a thing as a prosthesis; that was a great day. It made quite a difference to my figure and my life. I could wear a T shirt and run and bounce! I decided to be bold and look for a swimsuit. I wrote to "She" magazine for information and found that swimsuits were available for people like me - I was just discovering that I wasn't alone. At about the same time, the doctor actually mentioned the word "cancer" – so that's what I'd had. I wasn't worried; it was 20 years ago.

A few years later I found a new friend, Rhonda. She turned up at the Yoga class I went to. We were all asked to make her feel at ease, as she had had a mastectomy and this had shaken her confidence. I decided this was the time to let the secret go – the friends who had known me for years were quite amazed. I think I helped Rhonda a lot; anyway her confidence returned and we have been "bosom friends" ever since.

By 1988, I had long since given up regular check ups but sometimes thought I really ought to have a mammogram, since they were now available. I was 53 when I finally got round to it. And blow me - there was "something suspicious" on the x-ray.

This involved first a lumpectomy then, as that wasn't enough, a mastectomy. I am flat. But not, I hope, un-feminine. The operation was done quickly and easily and four weeks of radium therapy followed, as before. I didn't ever feel ill and, just as last time I was eager to get home in time for the school dance, this time it was the keep fit class that was my goal. This I achieved after about 7 weeks.

This time I told people and I had a lot of support from everyone – my husband, children, children-in-law and dozens of friends. They all turned up to help, they visited me, baked for me, gave me lifts to the hospital and prayed for me.

That was 15 years ago and, like Pollyanna, I've got a lot to feel glad about. I'm glad I didn't know what cancer was when I was young; glad I went for that mammogram at the right time; glad that I went to yoga and learnt to think positively and glad to have the support of family, friends and God.

My Courageous Nanny

When 14-year-old Kylie Ritchie had to write a real-life story for her exam, she decided to write about how she felt when her grandmother was diagnosed with breast cancer.

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Every Thursday after school when we were little, nanny and pappy would collect my two cousins, my younger sister and myself. We would go to nanny's house and change into our casual clothes, then pappy would make us tea in our special cups while nanny would set out the French fancies – our favourite.

We would all pile into the car and set off somewhere exciting. We sometimes visited the safari park or Bangor for a boat ride in the big swans. We took pleasure in the car journey; we and pappy would sing silly songs the entire way and give nanny a headache. Nanny would look up with her glistening blue eyes and joke that we shouldn't give up our day jobs. On the way home we would stop off at a restaurant for something to eat – it was the same routine every Thursday and we loved it.

As I got older I no longer went to nanny's after school but I still saw them regularly every week. Nanny and pappy lived a very golden life-style. Days when they weren't looking after the grandchildren, they would go out for a drive and stop off somewhere for their dinner. But everything that was normality to them changed very suddenly. The children weren't told straight away; not once did I sense anything was amiss.

One night my mum and aunt arrived home. They came into the living room and their eyes were puffy and tear-stained. They said they had something important to tell us. I automatically knew it was devastating news. She told us nanny was going into hospital to have a lump removed from under her arm. Soon after they found another one which had spread to her breast so she had to endure a mastectomy. I couldn't stop crying that night.

We didn't see nanny until after the arm operation; she went back into hospital to have her breast removed. She was in hospital for over a week but we were very relieved when this part of the ordeal was over. We didn't know the worst was yet to come.

She stoically recovered from the operation very quickly. She had around six weeks to recover and then the chemotherapy started. This was the most debilitating part of the treatment. The chemo affects each patient differently. Unfortunately for nanny, she suffered maximum sickness. So enfeebled was she, she couldn't get out of bed at all. Ten days after the treatment she was most at risk of contracting an infection; we couldn't visit.

We were all upset when we had to leave nanny for our annual holiday. We were only away for two weeks, but when we came back her hair had fallen out; she was wearing a wig. The first time I saw nanny without her hair was when she and pappy came over for Sunday lunch. Nanny was feeling tired so she went upstairs for a sleep. After a while I went up to check she was comfortable. She had her wig off because it irritates her scalp. I was very upset at first because this image that confronted me was of a pale, frail woman, not the "glamorous granny" she had been only a few months before.

The next stage involved radiotherapy. This treatment was relatively painless, compared to the chemo.

Outgoing nanny was a very stunning woman. She took pride in her appearance and always looked radiant in her elegant outfits with her perfect figure. Her hair is beginning to grow back gradually and it shouldn't be long before she gains some

confidence.

Nanny has inspired me with her resilience. She is already looking to the future and has planned a holiday abroad before Christmas. These are things for her to anticipate and indulge in and they will help bring her back to normality. I'm so proud of how well she has pulled through all her operations and treatments. I hope she keeps up her good spirit and enjoys life in her usual ebullient and effervescent way.

In Contact

Do you have a story you'd like to share or some words of encouragement for other readers? Send your letters and photographs for inclusion in Amoena Life to: Rhoda White, Editor, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail agrhow@amoena.com

What a roller-coaster

I have just read my first copy of your magazine and found myself relating to so many things experienced by your readers.

In October 1995, I found a lump in my left breast and within weeks I was admitted into hospital to undergo surgery for breast cancer. Having had a wedge of my breast removed, two weeks later I was told that the surrounding tissue was made up of pre-cancerous cells and that my best option would be to have a full mastectomy. Being told I would also need six months' chemotherapy and one month's radiotherapy terrified me. How does anyone cope with this, I wondered.

Since October 1995 I have gone through a roller coaster of emotions. I wept silent tears as I lay waiting to go to theatre for the mastectomy and still remember the look of compassion on the face of nurse Gill Morrow as she leant over me offering words of comfort. I remember going to a dinner dance after my first chemotherapy and thinking what a coincidence that a party of radiotherapists from the George Eliot Hospital was also there that evening. Somehow that gave me reassurance.

At my worst I would wrap myself in a blanket and stay there until I had rested and felt able to cope again. And at best take myself off for a good walk. Many times I have eaten a Mars bar when I have felt very sick; strangely enough after struggling to eat one, I felt much better.

My husband always cooked a meal on the evening after my treatment. It would sometimes take me three-quarters of an hour to finish it, but I did....eventually! I used to tell myself it would keep my platelets up if I could finish it. If it did or not I really do not know, all I can say is that I was able to have all my treatments without any delays.

On my way to recovery I started to play "Crown Green Bowls". This I found to be a gentle form of good exercise. Visiting the various clubs takes me through some beautiful countryside and has introduced me to many new friends. It has been necessary to learn to play with my right hand now as I have tennis elbow in my left, due I expect to the lymph node involvement at the time of my operations.

Thank you again for a very interesting read. I feel sure the features covered will bring relief and support to all sufferers. I have already put into practice Dorothy Bell's remedy for brittle and splitting nails, a problem I have had for a very long time.

Jennifer L

My faith was a comfort too

I wanted to write to say how much I agreed with Heather Baker's letter (issue 14) regarding the power of prayer. I too am a committed Christian and can testify that God really does comfort us and help us through our times of difficulty. As I had

already lost my mum and two aunties to breast cancer I should have been in quite a state at my own diagnosis. I really did have peace in my heart, however, and I am convinced it was because of the prayer support I received. I hope this letter may help other ladies in the same situation to seek God and his peace for themselves.

Linda P

Try a trainee!

I was diagnosed in October 2000. I had a lump and indentation in my breast for about 4 months. I ignored it. Then we went on holiday and when I returned there was a letter from the Breast Clinic inviting me for a mammogram. It was then that I felt someone was trying to tell me something. I went for the mammogram, but although they could see the lump, the results came back negative. I was then invited for a scan which again was negative. In fact I was told that I only had a blocked milk duct and nothing to worry about. By this time I was worried because my mother died from breast cancer, so I decided to pursue it further.

After months of delay I finally got to see another consultant. He did a needle biopsy which came back positive and my breast was removed 9 days later. I have come through it with the help of tamoxifen and my lovely husband, who even gave up work to care for me.

I did develop a frozen shoulder through not doing the exercises. Holistic therapies cost a lot of money which I could not afford. So with a couple of friends, I went to the local college and booked up some treatments. I had a minimum of 2 treatments a week – aromatherapy, full back massage, Indian head massage, reflexology – and I can assure you the treatments worked for me. The girls paid special attention to my shoulder and it improved almost straight away.

So for a maximum of £5 for an hour's treatment, I can really recommend a training college because the girls are supervised and the tutors really do keep an eye on proceedings. Although I have no further problems with my shoulder, my friends and I will be going back to the college for more of the feel good factor.

I hope some of your readers will benefit from my recommendations.

Annie P

Contact has made such a difference

After my mastectomy in January 2001, I have now been fitted with my Contact breast form and have only been wearing it for two weeks, but I felt I had to write and tell you what a difference it has made to me. It feels so natural and secure and gives me more freedom in my movements, making me feel so much more confident. I also suffer from lymphoedema and now the weight from my bra strap is not so heavy on my shoulder.

A big thank you!

Lorraine M

Your readers encouraged me to take the next step forward

I'd like to say thank you for your useful and eagerly awaited magazine. I really enjoy reading the letters from other readers and find them helpful and informative. As someone who has undergone a mastectomy myself 7 years ago, I've wrestled with the idea of breast reconstruction many times and only by hearing of others who have

undergone the surgery have I come to a decision to see the plastic surgeon with a view to surgery myself.

I'm still not 100% sure whether to finally take the step, but at least I am going forward. Thank you for giving me confidence to approach this and I would like to hear more from women who have stories to tell.

Meryl D

Look out for our series of reports on breast reconstruction, which will be featured soon in Amoena Life.

It's a wonderful life!

In January 2001 I was diagnosed with DCIS and the cancer would have been very invasive if it had gone undetected. I had my operation in July 2001 with a reconstruction at the same time and returned to work full-time in September 2001, although I found this hard going at the time as I felt so tired. I have always been a "life and soul of the party" sort of person and decided right at the onset that I would try and not let this get me down. I had my family to think about, I was dealing with this in my own way, they had to live with it every day. My family and friends have all been very supportive, some even saying "you are so brave, I couldn't deal with it like you". To this I say I am not brave, I am scared like everyone else, you just find an inner strength.

I love my life and I want to enjoy what I hope is many years ahead of me, even cleaning my car on frosty mornings or getting soaking wet when it is raining you won't hear me moan, I am here to enjoy every day no matter what. I feel very privileged to have had the care, attention and support given to me.

I have a friend who had the same as me 18 months earlier and she was so supportive saying "look at me, you'll be alright too". On a Saturday night we are first on the dance floor and the last to get off, we live for the day and enjoy every minute.

If I had any advice to give to a fellow sufferer, it would be try to not think of the dark days, look to the future. We are all scared in one way or another but life has to go on, enjoy what hopefully will be many, many years.

Wendy W

Think positive!

I found it quite a relief to read your magazine. It was great to read similar circumstances to mine in print, in a magazine just for us "special" ladies. I have been provided with the Amoena Classic Contact and although it is different to the way I used to be, it is a good substitute. My family and friends have been amazed at my new shape and how lifelike it looks and feels.

I think we all have to think positively after cancer. I don't say that light-heartedly, as my husband died in the March and I found the lump in July. I had a lumpectomy and lymph nodes removed in December and was told the cancer had been removed and I was given the all clear. Two days later I received a phone call from my breast care nurse to tell me I still had cancer; the pathology report had somehow been "incomplete". I had a second operation in January, followed by op number three on January 31.

At times I felt I was in a never-ending nightmare, but now 7 weeks after my mastectomy, I am getting on with my life, going swimming, aqua aerobics, walking, shopping and making the most of each day. Nobody knows what the future holds but we owe it to ourselves to be positive, eat healthily and, most of all, to live each day as happily as we can.

My family and friends have been a great comfort to me and have helped to pull me through the bad times. Amoena has helped me put my body back together again and reading about other ladies like myself has helped me gain my confidence. So I'd like to say enjoy life like me, you'll be the one to benefit the most from being positive.

Jean S

Comment

Do you have a comment to make about any of the items featured in our magazine? Send your letters to Rhoda White, Editor, AMOENA (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail: agrhw@amoena.com

Together ads show little compassion

I have recently written to Cancer Research complaining about the distressing nature of their current “together” advert. This ad features a young boy looking in a mirror and his mum disappears. There is also a girl on a bed with her mum looking in the dressing table mirror. These ads are horrendously upsetting for cancer sufferers and their children. If Cancer Research considers that it is OK to steam roller over the feelings of cancer sufferers, so be it, but I am furious that the feelings of young children are not being considered.

My 12 year old daughter cried when she saw this ad and asked me if I was going to die. The children of cancer sufferers have enough to contend with, with the fear of the loss of a loved one, without having to watch this on TV every night.

I understand that they have to raise money, but I do not believe that frightening children is a good way to go about it. Statistics prove that positive imagery in advertising raises just as much funds. Hence African charities moved away from showing starving, crying children and instead used positive images of crop growing. I have urged them to consider running a campaign which shows successful long term survivors of cancer living happy lives, as that would give us all hope.

Please consider writing to Cancer Research UK, PO Box 123, London WC2A 3PX.
We can initiate change!

Teri H

We asked Cancer Research UK for their response, and this reply is from their Director of Communications and Information, Susan Osborne:

Firstly, I would very much like to apologise for any distress caused by our advertisement. We do appreciate that our advertisements can sometimes be upsetting, but we are also aware of the desperate need to draw new supporters to help Cancer Research UK find cures for cancer.

The advertisement referred to, “Mirrors”, has been an incredibly successful fundraising exercise for Cancer Research UK. Since its creation, it has attracted 36,000 new supporters for our vital research programme, with an estimated lifetime value of £11 million.

Despite the undoubted success of ‘Mirrors’, it is, of course, very difficult to create an advertisement dealing with such sensitive issues.

The focus of our current advertising is to inform people that the work of Cancer Research UK will help more people stay together longer. And, as in all our advertising, we are very keen to give a reason to feel optimistic about the future - the

final scene is intended to convey a very clear message of hope for all families affected by cancer.

Possible causes provide no reassurance

Does it annoy anyone else with breast cancer reading of the “possible causes” of this disease in newspapers and magazines?

According to all these articles that I have read I should have been in the lowest risk category – but in March of this year I was diagnosed with breast cancer and at the moment am going through chemotherapy after my operation and am shortly to begin a course of radiotherapy.

I am 52 – there is no family history of the disease. I do not and have never smoked, have an occasional glass of wine, eat a reasonably healthy diet (my favourite vegetable is broccoli!), have been on the “pill” for 3 months only, have never taken HRT. Now it seems that the latest “risk factor” is having too few children, too late and not breast feeding. My four children were born when I was 25, 27, 28 and 32. All four were breastfed – two for 4 months each, one for 8 months and one for 10 months.

Every time these articles come out I feel that people are thinking, “well, she must have brought it on herself – lives on junk food, bottle fed her babies, must live a very unhealthy lifestyle.”

For some reason I developed breast cancer, I don’t know why and no-one can tell me. But these articles from these so-called experts don’t give me any reassurance that they know any answers either. All they are is an additional worry. Until there is some definite proof that “something” triggers off this disease, please refrain from jumping to these conclusions.

Elizabeth D

Fighting talk makes me feel a failure

As a woman who has been living with secondary cancer for the last 3 years, I find breast awareness month incredibly depressing. Every magazine I pick up contains page after page of women who have “fought and conquered” breast cancer. Headlines that say “I didn’t let cancer beat me” may be extremely encouraging for the newly diagnosed, but they just leave me feeling like a complete failure. I didn’t do anything to deserve breast cancer and am certainly doing all I can to prolong my life, but these type of stories still imply that I am responsible for my present situation. Don’t get me wrong, it’s good to hear positive stories and I am pleased that these women have been lucky enough to have treatment that has worked for them. But please spare a thought for those of us who haven’t been so fortunate.

Name and address supplied.

Beauty and the breast

Learning to love your body again

A diagnosis of breast cancer can really knock your self confidence. In the first of three articles that look at how breast surgery affects people emotionally, Christina Relf explores the complex issue of body image with the help of Amoena Life readers.

It's tough being a woman. Images of women's faces and bodies are used to sell everything from cars to holidays. The 'personal care' industry, with its make-up, firming lotions and slimming products, seems hell-bent on making us dissatisfied with what nature gave us. With physical beauty – judged by ridiculously artificial standards of perfection – prized in the media above all other personal attributes, it is no wonder we often feel we are falling short of the ideal.

When a woman experiences a sudden transformation in appearance, such as breast surgery, these feelings are accentuated, and it can be a real struggle to regain confidence. After all, the choice of body-altering surgery has in most cases been forced upon her to save her own life. Dealing with the issue of self image is a key stage in the process of recovery.

Less a woman?

In her book, *No Less a Woman – Femininity, Sexuality and Breast Cancer*, Deborah Hobler Kahane has this to say about the hurdles that women face following breast surgery. "Confronted with the possibility of losing her life, the removal of her breast and resulting disfigurement, a breast cancer patient faces a devastating experience. Perhaps one of the most painful parts of the experience is the belief that a woman with breast cancer is 'less a woman' and will somehow be rejected by loved ones or future suitors. This stereotype evolved from our culture linking a woman's identity to her attractiveness, her femininity to her breasts and body."

Like so many women with breast cancer, when Deborah herself was diagnosed she was terrified about having a life-threatening illness, but thanks to her work with breast cancer patients she knew she would get through it. "I knew from my own experience that the majority of women carried on with their lives as normal. Living with their partners, raising their children, some dating and most still sexually active. Breast cancer had not ended their capacity for sexual intimacy, nor did they feel their femininity had diminished."

Many Amoena Life readers felt that their confidence took a knock immediately after surgery. Says Rosemary Croft: "I've never felt particularly glamorous, but my hair and my breasts were always my best features and I made the most of them. Before my operation I thought I would be able to handle the loss of a breast. I was surprised how difficult it was. My husband has been absolutely brilliant but the difficult times are summer holidays, parties and dressing up. When I get undressed at night and take my bra off and the prosthesis comes too, my stomach lurches."

Nan King agrees. "During each stage of the surgery, chemo and radiotherapy I have tried to keep up with my 'appearance' but, somehow, after a mastectomy it is entirely

different dealing with what to wear and a great deal of your self confidence goes. This, I know, compared to survival is really irrelevant, but a bit of self esteem goes a long way.”

So how can you help yourself to a better body image?

Take a look

Some women find the first look at their surgery scars extremely traumatic. “I was absolutely horrified when I first looked in the mirror, as it looked so abnormal,” says Theresa Bolton. “I still find it difficult to look – although when I have my prosthesis in I don’t always know which one is the ‘falsie’.”

Yet confronting their scars is one of the first steps women can take to re-establish their body image, says Deborah Hobler Kahane. “The first look is never easy, but for most women who have a mastectomy the worst scar scenarios they imagine do not materialise. Many women I have spoken to had not seen a mastectomy scar prior to surgery and were expecting to find ‘a big hole in their chest’. Fortunately, instead of a huge scar, most women are pleasantly surprised to see only a thin pencil line of stitches. Show the scar to those close to you – husband, family, friends etc. With the support of others you will quickly learn that you still look OK.”

This advice worked well for nearly all the readers we talked to. “Everyone was wonderful, especially my husband and 18-year-old daughter who said ‘You haven’t lost a breast, mum, you’ve lost a cancer’,” says Rosemary Croft.

Sandra Rutter remembers thinking her scar looked very neat: “Just as though the surgeon had drawn a line across my chest. I was pleased that the cancer had gone and I remember saying to my daughter when she asked if I minded having my breast removed, ‘if you had a bad tooth which was causing you pain, you’d have it removed – this is very much the same’”.

Letting go

Accepting the loss of your breast and letting go of your old body image is also an important part of the move towards accepting your changed body and developing a healthy body image. “The loss is more traumatic for some women than others, and depends on how you felt about your breasts prior to surgery and the role they play in your body image and sexual life,” says Deborah Hobler Kahane.

During this phase it can be helpful to meet other women who have been through a similar experience, and who can show you that you can feel good about yourself and the way you look again – it just takes time.

Deborah quotes Susie, whose ‘breast buddy’ was an inspiration to her. “She was an attractive forty-year-old woman who was very comfortable with her one breast and her sexuality. I didn’t look at her as a one-breasted lady. I looked at her as a pleasant, warm witty woman whose style was feminine.”

Reality check

Finally, you need to decide for yourself what femininity, or being a woman, really means to you – it’s a fundamental part of you, not something that can be surgically removed. If you continually tell yourself you’ll never feel good about your body again, you are preventing yourself from ever recovering a positive body image. Femininity

does not reside solely in a woman's breasts.

Carol Earle says that the loss of a breast doesn't bother her, or make her feel less feminine: "I was swimming within weeks, wearing a special swimsuit with a swim form. My breast form was carefully matched to my right breast – I look normal. No one looking at me would think I only had one breast."

And femininity is an intrinsic part of being female; it is not something that can be diminished by a mastectomy. Deborah Hobler Kahane quotes Francois Giraud, the Swiss French journalist and politician who felt it was absurd to suggest that a woman could simply lose her femininity: "As though femininity is something you lose the way you lose a pocketbook. Hmmm, where in the world did I put my femininity?" "The question of breast cancer and lost femininity is based on an outdated social attitude that equates a woman's femininity almost exclusively with her breasts," says Deborah.

As one of the women quoted in Deborah's book sagely commented: "Many women are acting out of the culture's commercial notion of what it means to be feminine. With nothing better to do than shave our legs, put on make-up and do our hair, women with breast cancer feel that they are damaged goods and that nobody will ever pay attention to them."

Amoena Life reader Helen Bonsall feels strongly about this topic: "Our society seems to have forgotten what the real function of breasts is and sees them merely as a fashion accessory!" Pauline Nevison agrees: "This society thinks of breasts as sex objects and not for the real purpose that nature intended – breast feeding! Therefore, technically, if you're not breast feeding, they're not necessary."

Almost everyone we spoke to believes that society places too much emphasis on the importance of breasts. "There is no escape in the media," said reader Pauline Polley. "Every day you open a newspaper and see models topless, or stars in stunning low cut dresses, and adverts for plastic surgery." Diane Alvey agrees: "The pressure to have a perfect body, hair and skin is enormous. Fashion dictates how we all look instead of allowing self-expression."

Beauty in itself is not only a highly subjective concept, it is also a double-edged sword. Usually equated with youth, physical beauty is ephemeral and by no means an automatic ticket to love, success and happiness. If a woman invests all her self-worth in her physical attractiveness, she is undermining her personality and building a very unreliable foundation for her existence. After all, we are most often remembered and valued for our actions – not our looks.

Your own personal reality check, then, will aim to discover what you feel about your femininity and how you value yourself – and are valued by others, enabling you to reach into a deeper level of confidence in yourself as a woman.

Swimming against the tide

Many of the women whose stories we have drawn on for this article made their own journey back to self-esteem by going against the dictates of the media and popular concepts of what it means to be a woman, rather than accepting the so-called ideal.

In defiance of media hype and sexual stereotypes, many readers were adamant that surgery was not going to change the way they felt about themselves. Sandra Rutter says: "I can still look good. Nobody would ever know that I have had a mastectomy and I won't let breast cancer stop me from doing anything I want to do. My friends and family still feel the same about me, so why should I feel any different about myself? I have had an illness which I wish I hadn't had, but these things happen to all sorts of people and I am pleased to have got through it. I am a strong person and can be comfortable with a less than perfect body. Advertising promotes perfection, but in reality few people are perfect – we should look at the whole person."

Julie Brennan thinks that men drive society's obsession with breasts and physical perfection. "Only men look at women's boobs and therefore notice when I am not wearing a breast form. I have to look down and check sometimes as I can't tell if I'm wearing it or not." Julie's surgery has not changed the way she feels about her body: "When I wear a prosthesis I look as I always did. When I don't wear it I am proud to show people how normal it can all become to only have one breast."

And Debbie Hough is determined to brave the beach as she always did. "I feel that I am still an attractive, desirable woman and although my confidence has taken a considerable knock, I am gradually regaining it. I even felt brave enough to sun-bathe topless on the beach this year. Although I received a few double-takes, I wasn't stared at as much as I expected. If an outfit looks right worn one-breasted, I will wear it that way, but I do sometimes feel a pang of regret when I see an attractive, two breasted body on the beach."

It is up to you to decide who you are, and to a great extent this will influence how other people perceive you

Make the most of yourself

However hard we try to reject the media's concept of perfection, personal presentation is important for both men and women and for people of all ages. And learning how to make the best of your looks is an excellent way to boost your self-image.

We asked personal development and image consultant, Judy Fearn, for her advice. Judy found a lump in her breast in April 2000 and had a lumpectomy, removal of her lymph nodes, chemotherapy and radiotherapy, and is currently taking tamoxifen. Aged 50, she is married and has two children in their twenties.

"What is happening on the outside when you have been operated on affects how you feel inside," she says. "I remember after my surgery the first time I needed to dress up for a meeting. I put on one of my little suits and looked at myself in the mirror. I looked all lopsided and felt 'I can't go out in this', and I cried.

"If you're feeling ugly or unsightly, my advice is to ask yourself what you can do about it in practical terms. If you have had a mastectomy, think about trying to get the right angles into your body shape again. Start with the foundations. If you haven't opted for a reconstruction it is vital to get a good breast form and find the right bra. This really is worth pursuing. Keep trying them on until you find one that works for you. You'll be amazed at the difference it can make to your outline and the way you feel about yourself.

“You may also need to consider taking some of your clothes to a dressmaker who can adapt them to flatter your new shape. And if you prefer to wear casual clothes then try not to hide beneath voluminous shapes and several layers. In fact if you are small you could try a cotton t-shirt much smaller than you would normally wear – this can be much more comfortable than wearing a bra, particularly at first. Alternatively sports bras or even maternity bras can work well. Experimenting with weights of material can also help define your outline.”

“Colour is another amazing confidence booster and it really affects the way people perceive you,” says Judy. “I usually wear a lot of black, but I didn’t wear it at all when I was ill. I wore soft pinks and blues which flattered my skin but also made people react differently towards me.”

Hair plays an important part in people’s appearance. “It is vital to remember that, although you may lose your hair if you have chemotherapy, it will always grow back. It is worthwhile exploring wigs, and I would suggest synthetic hair because real hair is heavy and can be hot and uncomfortable. Think of your face shape, too – if you have straight facial lines you should go for a more angular hairstyle, whereas rounded faces need a softer shape.

“There are lots of places to look for wigs – you can find them in large department stores, over the Internet, or ask your hairdresser. And consider having your hair shorter during treatment. Short hair can look thicker, and if you do lose some it will be less noticeable. If a wig makes your head itchy and uncomfortable there are lots of things you can do with scarves and turbans.”

Light at the end of the tunnel

In the early days after a mastectomy, it’s difficult for many women to believe that there is light at the end of the tunnel. Sharon Hare is very frank about her crisis of confidence and how she is coping: “I had my operation about the same time as Koo Stark. I saw the picture that appeared in the press of her in a see-through blouse with her mastectomy scar showing. I looked at that and wished I were as brave.

“Unless you have been through the trauma of breast cancer, it is very difficult to explain to people how you feel about yourself. Personally I found losing my hair far more traumatic than the operation itself. Whereas I would often go out without make-up on, I now find myself making an effort even to go to the supermarket! It is important to me that I look as well as I can, all the time. Whilst my family and very close friends have seen me without my wig, I do find it difficult, as least for the first time, letting others see me with no hair. Their reaction is what worries me more than how I look – after all, this is me now, at least for the next few months.”

Many women said there were significant milestones in their journey back to a positive self-image. “After surgery I felt very unsexy, losing some hair, eyelashes and eyebrows,” says Pauline Polley. “I felt ugly. But I decided to treat myself to a new bra and when it arrived I couldn’t wait to try it on. Wow! It looked perfect. It immediately made me feel 100 per cent sexy again and my husband loved it.

“I have recently met so many ladies who are either undergoing surgery or having chemo, and who can’t see a light at the end of the tunnel – just like I used to feel. I

want to say to them ‘hey, look at me, you can do this too!’”

Amanda Aherne says that since her operation she’s been more determined to make the most of her appearance. “I’ve managed to find fabulous, even sexy underwear and super swimwear. I’ve wanted to prove to myself that I could look good following mastectomy. I now joke with people I know, ‘if you haven’t got it, flaunt it!’” And Denise H’s wobbly confidence was boosted in an unexpected way: “For a short time after surgery I felt apprehensive about going out, thinking that people would notice that I was ‘different’. However, this was short-lived, because following a ‘wolf whistle’ I smiled to myself, knowing that what I’d believed for years was indeed true, that it’s a person’s overall appearance that is more important than any specific feature.”

You are who you want to be

Feeling confident in the way you look to others has a lot to do with the way you perceive yourself as a person. And this has as much to do with the ‘inner’ as the ‘outer’ you.

Cath Bellerby had a mastectomy and reconstruction using her stomach muscle: “I’ve realised it is still possible to like your body, even with significant scarring – in fact I’m probably happier with my body now because I love my flat tummy (I even had my belly button pierced to celebrate). Also the surgery changed my priorities and I’m more concerned now with how I feel than how I look. I’ve discovered that in order to be happy you need to like yourself, and once you are comfortable with yourself and can be happy, it has a knock-on effect on others.”

Leslie Russell shares these sentiments: “Although always breast aware, I feel my femininity isn’t and wasn’t defined by my breasts – they are part of the whole package. Anyway, I’d rather be here without a breast, than not here but with two!”

Perhaps the last word should go to someone who has helped another person through breast cancer. “Mum has always been beautiful, tall and shapely – and that can be a burden as well as a bonus, particularly as one ages or has to undergo surgery as she did,” says Elizabeth Warner. “But the loss of a breast didn’t in any way change her. Not her loving, generous personality; nor her wise and warm spirit; or the irrepressible sparkle in her eyes. My father and I love her even more than before, because we recognise that had it not been for her surgery, we might have lost her forever.”

Don’t miss the next article in this series, where we’ll be treating some of our readers to a make-over and Judy Fearn will be giving more practical advice on looking good following breast surgery.

No Less a Woman 1990,1995 by Deborah Hobler Kahane, published by Hunter House. To order, call (001 800) 266-5592, fax (001 510) 865 4295, or write to Hunter House Publishers, P O Box 2914, Alameda, CA 94501, California, USA.

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Made for you

Amoena's made-to-measure breast forms are only needed in a tiny minority of cases. But this little-known service can really change women's lives.

When Pauline's* breast suddenly started changing shape four years after her original surgery, she was horrified. She had opted for a lumpectomy in order to retain as much of her breast as possible, but now she had a scar that was severely indented on each side. To make matters worse, the scar tissue was hardening and turning an angry shade of purple.

When Pauline consulted her oncologist, he diagnosed a delayed reaction to radiotherapy. Not only did she have this shock to contend with, but her breast continued to change shape over the ensuing years and has only just stabilised. Pauline had survived two lumpectomies and follow-up treatment, and was well on the road to recovery. She was naturally upset by this unexpected development and her confidence suffered. "My changing breast meant that I could no longer wear my prosthesis. I became convinced that everyone was looking at my lopsided shape and I hated going out. I really didn't know what I was going to do. My breast care nurse tried everything she could – we had every prosthesis off the shelf. Finally she said she would get in touch with Amoena and see if we could have a breast form made specially for me."

Although less than one per cent of the thousands of women who undergo mastectomy every year find themselves in this predicament, there are some whose scarring is very uneven, or who have had to undergo particularly radical surgery, with the result that a proprietary breast form will not lie flat against their chest wall. As this is essential for a perfect fit, these women find that they cannot wear an off-the-shelf breast form with confidence. And confidence is a key issue in the process of recovery after surgery.

Don't look at me!

The way women feel about themselves is deeply affected by their outward appearance. Following mastectomy, it is vital to find the best prosthesis and bras to give you a natural outline and a shape that looks good in the clothes you always used to wear. But, as Pauline will confirm, if the breast form doesn't do its job properly the wearer simply wants to disappear. "I took to wearing lots of baggy clothes and plenty of layers, and I slouched so that my uneven bustline wouldn't be evident" – not an easy task when you're a 40C.

Pauline's original lumpectomy was in 1992, followed by additional surgery to remove further lumps from her neck and breast in 1995, but her breast did not start to change until 1996. "I noticed that it was changing shape – thickening and pulling in at the sides. Then from my neck just down to the breast bone it went rock hard and purple."

Pauline had been fitted with a standard breast form following her second operation. "This was all right for a few months but all this time my breast was changing so rapidly, you wouldn't believe it. The sides were sucked right in but because there was a point in the middle nothing would sit against my chest wall." Pauline's breast care nurse, contacted Amoena, which is the only breast form manufacturer to offer a

made-to-measure service.

A dedicated service

Amoena leads the world in the research and development of silicone breast forms. From its laboratories in Germany the company can design a bespoke breast form based on a woman's personal measurements in order to give her the confidence and freedom she needs after breast surgery. However, such a service comes at a price. The actual cost to Amoena can be up to £5,000 for each made-to-measure breast form, although the company only passes a small proportion of this cost on to NHS hospitals. Loretta Pitt, Amoena's UK sales director, explains: "We are the only company in the world that can do this because of our extensive research and development team in Germany, and because we make all of our own moulds. We literally design a bespoke breast form from scratch, and build it by hand."

Made-to-measure breast forms are only available through NHS hospitals, on the recommendation of a fitter or breast care nurse. However, although it will only be recommended to a few women, Amoena's made-to-measure service has benefited all of its breast form wearers by driving the company's product development activity. "All of our new designs and the new concepts we have pioneered have resulted from our need to stretch our expertise to help a made-to-measure patient," says Loretta. "For example, the two-layer breast form was the result of a design for someone with a pigeon-shaped chest. By using a solid silicone at the front and a liquid one at the back we were able to make a breast form that would sit against her chest wall.

"The Tria shape was created because we had so many women who needed a different shape of breast form that we decided to make it as standard. Also the concept of adhesion came about because we had many requests from women who wanted a breast form that would adhere to their skin, and our colour matching service was also developed as part of the made-to-measure concept."

There are not many people working in the breast form industry with more experience and knowledge than Loretta. Originally she wanted to be a doctor, but she left medical school to get married and subsequently took a degree in biological sciences. Her interest in breast forms was kindled more than 20 years ago when she joined the sales team of a surgical prosthetics company. "In those days breast forms were mainly fitted by male orthotists and there were only about five breast care nurses in the country," she says. "Nobody knew much about breast forms, so I took time out to research them. I sat in on clinics and some surgeons very kindly let me observe operations, and I learnt why different types of breast form are fitted for various types of surgery." Loretta became sales director for Amoena in the UK in 1989 and her experience has led to her personal involvement in every made-to-measure case.

Different – not abnormal

Loretta emphasises the fact that most women will find an off-the-shelf prosthesis that is right for them following surgery. "Every mastectomy scar is different, but that doesn't make it abnormal." However, in those cases where breast care nurses do consult Loretta, she spends up to half a day with the patient, viewing her scar, taking measurements and photographs, and making drawings of the type of breast form she believes will answer the particular need. She sends these to Germany and they build the shape by hand, then they make a mould and finally they arrive at the made-to-measure breast form.

“It is very skilled and painstaking work,” says Loretta, “taking about three months from start to finish.” However, it is worth the wait. “When a patient is finally fitted with her made-to-measure her first reaction is normally to smile. In fact she will often grin from ear to ear. These women have usually been through so much and have given up hope of ever being able to look good again. We can’t perform miracles, but this service can give them the opportunity to look just as good as the thousands of other women who wear our breast forms. It gives them their lives back.”

Look at me now!

For Pauline the change was dramatic. At one point she had looked into the possibility of a radical mastectomy and reconstruction, although her oncologist told her that with a severely restricted blood-flow from the shoulder to the chest and arm there was a strong risk that the new surgery site might not heal. But Pauline felt desperate: “For a week I was adamant that I was going to have it done,” she says. “But my husband said don’t do it. When you have cancer you don’t have a choice but to undergo surgery; however, with cosmetic procedures you do have a choice. I decided it wasn’t worth the risk.”

Rejecting reconstruction meant that Pauline was relying completely on the made-to-measure breast form to restore her confidence and lift the cloud of depression that had settled over her since her breast started to change. And she wasn’t disappointed. “My new breast form was great – I was really thrilled and I felt so much more positive about the way I looked,” she says. However, after about a year her breast started to change once more, and the made-to-measure breast form no longer fitted correctly.

Loretta visited Pauline again to take some more measurements and she is now delighted with the second made-to-measure form. “It is now perfect, and I hope that my breast has stopped changing so I won’t need another one. I honestly don’t know what I would have done without this service. I kept thinking people were looking at me, and I would try to hide. Now, thanks to Bridget and Loretta, I feel confident to wear whatever I want. It has made a huge difference to the way I feel about myself.”

The quest for a perfect fit

Diane Strange is surgical appliance officer at The Royal Marsden Hospital in Chelsea, London. Founded by Dr William Marsden in 1851, and formerly known as the Royal Cancer Free, it was the first hospital in the world to be dedicated wholly to the study and treatment of cancer. Now a world leader in cancer treatment, research and education, the Royal Marsden is Europe’s largest comprehensive cancer centre, with more than 30,000 patients from across the UK and abroad being treated every year.

Diane sees around 20 mastectomy patients a week, and her aim is to help them find a breast form that fits them perfectly. In the few cases where she cannot achieve a perfect fit, Diane contacts Loretta at Amoena. “In the last six months I have only made four made-to-measure recommendations – partly because surgery is getting better and better,” she says. “I have found that some older patients who had their surgery a long time ago need a made-to-measure because their breast form will not sit snugly against the chest wall. In some cases women have been struggling for ten years with products that don’t fit them properly, then suddenly they have something

that gives them freedom to wear any kind of clothes and different styles of bras.”

Diane is very aware of the psychological effects of a poorly fitting breast form. “Because they are so conscious of the uneven fit, women do get very depressed. They won’t go out shopping for new clothes, and they feel they can’t make the best of themselves. They are all hunched up when they come in, but the difference when they go out with their new made-to-measure breast form is amazing! They are standing up straight and looking people in the eye.

“These women have gone through the trauma of diagnosis and surgery, and it is not their fault. It is our job to make them feel the best we can, and thanks to this excellent service we can do that for almost everyone.”

And it doesn’t stop there. Diane and Loretta have even worked together to produce made-to-measure silicone shoulders for cancer patients at the Royal Marsden who have had to have an arm and shoulder amputated. “This works well for people who simply want their clothes to hang properly but do not want a full prosthetic arm,” explains Diane. “I worked out that the outline is just right if you layer two breast forms on top of one another – you achieve the perfect shoulder shape. I suggested this to Loretta and she had a self-adhesive prosthesis made for the shoulder area that did just the trick.”

Labour of love

So why offer a made-to-measure service, given the huge cost to Amoena in man-hours and materials? “We are in the business of helping women who have undergone breast surgery to regain their physical appearance and thereby their freedom and self-confidence,” says Loretta, “so our made-to-measure service is primarily motivated by our commitment to customer care. Our one stipulation is that breast forms are only made to measure for women who have a real medical need – in most cases we find a standard breast form is suitable. In fact we have recently introduced a new breast form that should make it even easier to achieve the perfect fit.”

Custom-made – straight off the shelf!

Amoena wanted to put its expertise at the disposal of more women who might benefit from a made-to-measure breast form and the result is its latest product, ‘Flow’

“Our new Flow breast form offers the comfort and luxury of a made-to-measure breast form in an off-the-shelf product. Its superb fit is unique to each wearer, because its innovative inner layer moulds itself to the chest wall, compensating for uneven scarring without adding extra bulk,” continues Loretta.

Flow is a two-layer breast form with a difference. The highly sophisticated thixotropic material in the back layer gives Flow its remarkable self-forming properties. The soft Flow layer literally ‘flows’ around the chest wall, giving a perfect fit – yet Flow is 5% lighter than a standard two-layer form. And while the back layer moves in harmony with the body, the front layer of silicone stays in place for a look and feel that is totally natural.

“Flow is ideal for wearing during sport and exercise. Its supersoft film covering feels smooth, doesn’t rub during wear, and responds immediately to body temperature. It

even spreads and flattens slightly when the wearer is lying down – just like a natural breast,” continues Loretta.

“I know that this exciting new product will help many thousands of women whose scarring is either sensitive or irregular, and innovations like this have been made possible because of the research fuelled by our made-to-measure service.”

*Name changed by the editor