

Chemical Assault

Coping with chemotherapy

Following mastectomy, women often require chemotherapy as part of their treatment for breast cancer. For many, the thought of the side-effects of these cell-killing chemicals is even more frightening than the idea of losing a breast. In this feature, Christina Relf looks at what you can expect, and talks to readers about how they coped.

Chemotherapy involves the use of cell-killing chemicals to destroy cancer cells that may remain after your surgery. The word simply means drug treatment, and it is taken from two words – ‘chemical’ and ‘therapy’. Chemotherapy can be just one drug or several, taken from a choice of about 40 different drugs available. Cancer is a disease of the body’s cells. Normally, all cells divide and reproduce themselves in an orderly and controlled manner. In cancer, however, the process gets out of control and the cells multiply randomly, forming a lump (which is called a tumour). Chemotherapy drugs work by interfering with the ability of a cancer cell to divide and reproduce itself. The affected cells become damaged and eventually die. As the drugs are carried in the blood, they can reach cancer cells all over the body.

The drugs damage cancer cells in different ways. If a combination of drugs is used, each is chosen because of its different capabilities. Unfortunately, chemotherapy drugs can also have an impact on normal cells in your body, sometimes causing unpleasant side effects. Unlike cancer cells, however, normal cells quickly regrow, so any damage to them is usually temporary and therefore most side effects will disappear once treatment is over.

For those who would like to find out more about chemotherapy, [Cancer BACUP](#) produces a booklet called *Understanding Chemotherapy*. See contacts for further details.

Tales from the trenches

But so much for the official line. What is chemotherapy really like? The women we spoke to have experienced all of the side effects to various degrees, and they were eager to pass on their survival tips to you.

To begin with, it’s a good idea to be well-prepared before your treatment. When you visit your consultant, you could take a list of questions to remind yourself about the issues you want to cover. And don’t worry what he or she is going to think – it’s your treatment and your concerns are important. “By doing this I felt as if I was active in the planning of my treatment, not just a passive recipient,” said Alison Prior. “It helped me feel in control.”

It’s quite understandable to feel frightened about chemotherapy as you don’t know what to expect. Everybody has heard stories about other people’s experiences, and they are usually more negative than positive. But it’s important to remember that everyone’s experience is unique. Even if you give two people the same treatment, they will have different side effects.

Find out all about the possible side effects of your particular treatment and then if you

experience one of them you will know it is due to the treatment, and this may make you feel less fearful. This worked for Elaine Leather. “I experienced very few of the side effects that were listed for the drugs I was given. But being aware of what to look for meant that I could find ways to try and avoid them.” And remember that, like Elaine, you may experience few side effects – many women say that they were able to carry on their lives very much as normal throughout their treatment.

Use all the resources that are available to you, from the nurses and consultants at your hospital, to books, websites, information leaflets from cancer charities, and support groups. If you want to try an alternative remedy or supplement to help combat any side effects, talk to your consultant, as these are often perfectly acceptable as long as they don't interfere with the drug treatment. Gina Redshaw took Echinacea throughout her chemo treatment, and managed to get through the whole six month programme without suffering from a single cold. Janet Livingston, who is currently undergoing her treatment, takes selenium and vitamins A and C to boost her immune system. And Jean Langley found that some mineral supplements and antioxidants recommended by a friend made her chemotherapy experience much more positive.

Crowning glory

For many women, the greatest fear is losing their hair. Corrie Spencer said that when the consultant told her this would happen to her she inadvertently swore before asking for a box of tissues to mop up her tears. “At least he became a bit more ‘human’ after that!”

Losing her hair was worse for Corrie than losing her breast, and she had already bought herself a wig before her treatment started. But even though she was prepared, she was still surprised when her hair began to fall out in clumps just ten days after her first treatment. “I remember talking to some friends and thinking my fringe was a bit long. I pulled it and it came out in my hand.” Corrie wasted no time – she asked her husband to shave her head, then she started wearing her wig at all times. Like most of the women we spoke to about hair loss, Corrie enjoyed wearing several different wigs, in varying styles and colours, according to her mood. “One lady I met who was already a year into her treatment lent me several wigs from the US which were great. They really boosted my confidence.”

Now her hair is growing back, although it is still extremely short, and Corrie is getting lots of compliments both from colleagues and from people she doesn't even know. “I get comments on my eyes and my lovely earrings. I do have good cheekbones and eyes, and short hair emphasises these. I use plenty of eye makeup to make the most of my features.” Corrie is now looking forward to having a curly bob when her hair is long enough. “My hair used to be straight, and my wigs are straight, but it is growing back curly, which will make a nice change,” she says.

Jane Dukes lost all her hair during chemo, eventually having her head shaved – alongside her husband – for charity. “Losing my hair was the worst thing about chemo, although initially I didn't consider wearing a wig.” Jane went back to work when her treatment was halfway through, and she was still completely bald. “It was quite important to me to try and work through the emotions and the experience,” she said. She and her partner got married during her treatment. “I did wear a wig on my wedding day, and then for two months following that when my hair was growing back

and looked really straggly,” she says.

It's not just the hair on your head that you could lose during chemotherapy. Many women lose their eyelashes and eyebrows, and some lose their pubic hair. Claudia Downing said that losing all her hair, everywhere, was quite disturbing. “But there are good points about wearing a wig. I now have a different perspective on my hair. A bad hair day is not such a problem anymore. It is much easier to just get up and go because a wig is easier to care for than your own hair.” And wigs have yet another advantage, particularly for arachnophobes: “One day I was chatting to a friend in my kitchen when she told me there was a big spider in my hair. I am terrified of spiders, and I startled her by grabbing the wig and flinging it, spider and all, across the room. That's something I couldn't have done with my real hair!” says Claudia.

Janet Livingston feels that, for her, the anticipation of losing her hair was worse than the event. “I used the time to prepare myself and, by doing so, I felt I gained some control. I had my hair cut into a short style and it helped me mentally. I bought my wigs from Selfridges in Manchester. They have a great wig department and a really trendy consultant. I decided to go for a different colour and style from my own fine blonde hair, and I bought a chocolate brown wig and a short red one. People's reaction has been brilliant. I have had comments such as ‘I have never seen you look so good’. I think it is a matter of having a go and experimenting and deciding what suits you. I always take the advice of a couple of really good friends who would certainly tell me if I looked frightful!”

Hair loss is not always a side effect of chemotherapy. With some drugs it is almost a certainty, but even then some women, like Elaine Leather, report that they only experienced thinning rather than total loss. “I used a very mild shampoo and avoided hairdryers or heated products. I never brushed or pulled my hair when wet and allowed it to dry naturally. My hair is very long and although I was advised to cut it I decided against this, but I did have a few inches taken off to relieve some of the weight,” says Elaine. “I also tried to cover my hair to protect it from the drying effects of direct sunlight.”

Several women we spoke to also said that they enjoyed wearing different kinds of hats and scarves. Companies like Headline Hats (020 8874 1099) and That's Hats (01243 783342) specialise in headwear for women with hair loss. We will be looking at this topic in more detail in a future issue of Amoena Life

If the cap fits...

Hair loss is still one of the most distressing side effects of chemotherapy and scalp cooling is currently the only proven method of reducing it.

Scalp cooling has been used with varying degrees of success since the late 1970s to help reduce hair loss caused by chemotherapy. It works by causing the blood vessels that supply the scalp to constrict. This in turn reduces the amount of drug that reaches the hair follicles and causes damage. Scalp cooling doesn't work with all types of chemotherapy; it only works effectively with those drugs that are excreted rapidly from the body. Results have shown that it is beneficial with certain drugs, including doxorubicin, epirubicin and docetaxel.

For patients being treated with epirubicin, according to Lisa Dougherty, Clinical Nurse

Specialist, Intravenous Services at the Royal Marsden Hospital in London, 70 to 80 per cent will keep most of their hair with scalp cooling. The success rate goes down if the drugs mentioned above are given in combination with other drugs that also cause thinning of the hair, such as cyclophosphamide.

Scalp cooling can be a long and uncomfortable process. It is essential that you ascertain how successful it will be for your particular circumstances and treatment, and that you understand what is involved. For example, for scalp cooling to continue to work, it must be used with every course of chemotherapy. If you choose to stop part-way through your treatment you will lose your hair.

The most common side effect of the treatment is headache; however, most people feel that in spite of the discomfort and the time it takes, scalp cooling is worthwhile.

We spoke to Gina Redshaw, who insisted on using a scalp cooler as soon as she learnt she would be taking epirubicin as part of her treatment. “I was petrified about losing my hair,” she says. “The nurses told me not to bother with scalp cooling, as it wouldn’t work, but I had to give it a try. I did lose some hair, but I think that was only because during one of the treatments the setting was wrong and it wasn’t cold enough.”

Obvious as it may sound, the worst thing about the scalp cooler is that it is so cold! “I hate the cold anyway, which made it even worse for me,” says Gina. But she is glad she persevered. For the second half of her treatment she was given CMF – another combination that can lead to hair loss. Again, she was not encouraged to use the scalp cooler but she insisted on it. She is pleased that she managed to keep most of her hair, although she did invest in some wigs and found that she enjoyed experimenting with different looks. “One wig was a long blonde one, and I loved that,” she says. Her hair is now growing back to its previous length although, says Gina, it is thicker than before her treatment, and is a different shade of brown. She has no regrets about using the cold cap, “I did it for myself, not for other people. I had to put myself through it and it was worth it for me”. She advises anyone who wants to try scalp cooling to be firm, as it is not available at all hospitals and patients may have to travel to a different centre for their treatment.

I’m sick of this!

Probably the second greatest fear is that the potent cocktail of drugs used in chemotherapy will make women both feel nauseous and actually vomit. In recent years great improvements have been made in the range and efficacy of anti-sickness drugs (anti-emetics). You will be given these drugs as part of your chemotherapy treatment, but if you still feel sick, advises Elaine, “Make sure your chemotherapy nurses realise you are having a challenge with nausea and they will get the pharmacist to give you something to take home.”

Keeping your blood sugar up is a good way of warding off sickness between treatments. Try to eat several small meals a day, with healthy snacks in between, and steer clear of foods that are high in sugar. Sucking a sweet or an ice lolly during your treatment can help with nausea as well as combating the metallic taste that some people experience. Any foods or snacks containing ginger are also recommended. Try to have a good meal in the evening after your treatment, and drink plenty of water every day to help flush the drugs through your system.

I'm spinning around...

Because the chemotherapy is killing off some 'good' as well as 'bad' cells, your body is having to work extremely hard to repair itself, as well as warding off infections. Your blood count is likely to be affected by the treatment, and this can deplete your energy levels. For Janet Livingston, tiredness was by far the worst side effect of her treatment. "The lack of energy is devastating at times," she says. "It gets progressively better between the chemo sessions, and my husband and I try to plan our activities accordingly. But it's important to be kind to yourself. If you don't have the energy to do something or go somewhere, don't beat yourself up."

Gina Redshaw found that even going shopping was an effort – not an activity that many women would be easily deterred from! "We used to call it my five day dip. About five days after each session, it was like a bungee jump – I would go right down. I'd be really tired and extremely emotional. This usually lasted for a couple of days."

Being aware of what's coming is half the battle, because you can allow for it. Take plenty of rest, be kind to yourself, and try to remember that this is only a phase in your treatment and it will soon be over. "If you have a bad day today, tomorrow will be better," says Janet.

Taking control

Many women are extremely resourceful when it comes to finding ways to cope with chemo, and their experiences are proof that – although what works for one person may not work for you – it really is worth seeking as much information and advice as you can. And if something feels right, and provided it is not interfering with your medical treatment, then go for it.

Jean Langley's first session of chemo was a few days before Christmas. "I can remember crawling to the loo to be sick, and I had no control over my bladder or bowels. It was terrible," she says. With different anti-sickness tablets, her second experience was not so dire, but she did lose all her hair almost immediately and her blood count went down to 10.8. Her consultant told her that if it went below 10 she would need a blood transfusion in order to continue treatment. This is a fairly routine occurrence, but Jean is terrified of needles and it was all she could do to cope with the chemotherapy itself. "I asked if it might go up before my next treatment, but I was told it would continue to go down." With three weeks to go, Jean was desperate. Then a friend suggested she should try a combination of minerals and anti-oxidants*. The effect was remarkable.

"I went for a check-up when I was about half-way through the chemo and the doctor asked me how many blood transfusions I had had. I said none, but he insisted that this was impossible since my blood count had gone up. I showed him the leaflet for my supplements and he recommended that I tell the nurses on the chemo ward. I had checked with my consultant before starting the supplements and he said that if it was simply antioxidants and minerals it would be fine."

Jean's hair started growing back, and subsequent chemo sessions did not affect it. And, given her initial experiences, it is amazing she even managed to continue her work as a domestic cleaner throughout her entire treatment programme: "I arranged

my chemo sessions for a Friday afternoon and then rested over the weekend.”

Claudia Downing swears by the homeopathy she received during her treatment. “I wanted to be treated holistically – as a whole person,” she says, “and that is what homeopathy does.” When she felt really dreadful, her homeopath prescribed arsenic, and that seemed to do the trick. “It didn’t interfere with my chemo. And in fact the oncologist was quite interested because people used to try and treat breast cancer with that type of thing 200 years ago.”

Claudia also organised some independent counselling and had some dream therapy. “It was something I had to do,” she says. A friend who is a Reiki practitioner gave her a treatment immediately after her mastectomy, which Claudia felt was beneficial, and she used lavender oils for relaxation, as well as surrounding herself with flowers. “I believe these things are important. It makes you feel more in control.”

The word ‘control’ crops up repeatedly in our discussions with women who have had chemotherapy. The message seems to be don’t give yourself over entirely to your medical team – be active in your recovery and take positive steps to help yourself. And if one thing doesn’t work then be prepared to try something else until you hit on the right formula for you. Chemotherapy is not a very nice experience, but remember – it’s only temporary and the benefits will far outstrip any short-term negative side effects. As Alison Prior commented: “I got through my chemotherapy by looking ahead to a long and happy future with my friends and family. Fighting and overcoming the cancer was the most important goal for me.”

Look out for our follow-up report on chemotherapy, when we will be looking at hair loss in more detail. We’ll include advice on choosing the correct wigs, hats and scarves to suit individual face shapes and colouring, creative ways of tying a scarf, and selecting headwear for special occasions.

A little pampering goes a long way

Don’t forget to take extra care of yourself during your treatment, especially if you are feeling low. Take a look at these tips from Judy Fearn, an image consultant who has recently had a lumpectomy herself, and has worked with many women who have undergone chemotherapy.

Keep it simple

If you lose your hair during chemotherapy you often lose your eyebrows and lashes, too, so you can look very pale. Don’t be tempted to use heavy make-up to compensate; go for a tinted moisturiser rather than a heavy base, close to your natural skin tone. You can use a very light powder eye shadow in a tone close to your natural hair colour for brow definition, and a soft eye pencil around the eyes. A little blusher and lip pencil and a soft lipstick close to your natural lip colour will also help brighten the face and make sure people see you and not your make-up.

Hair colour help

Women who are undergoing chemotherapy are advised not to use hair colourants or other strong hair products. One way round this is to use a ‘leave-in’ colour mousse. It’s easy to use, temporarily covers grey hair and it can be used on the hair without touching the scalp.

Contacts

For further information regarding chemotherapy, contact the organisations listed below:

CancerBACUP: 3 Bath Place, Rivington Street, London, EC2A 3JR Tel: 0808 800 1234 www.cancerbacup.org.uk

Produce a booklet called *Understanding Chemotherapy* and can provide help and support via their helpline

Breast Cancer Care: Kiln House, 210 New Kings Road, London, SW6 4NZ Tel: 0808 800 6000 www.breastcancercare.org.uk

Provide a wide range of information including factsheets on chemotherapy

Cancerlink – Macmillan Cancer Relief, 89 Albert Embankment, London, SE1 7UQ
Tel: 0808 808 0000 www.cancerlink.org

Provide emotional support and guidance to people affected by cancer and their families and friends. Produce a range of publications on the emotional and practical aspects of living with cancer.

Further reading:

The Chemotherapy and Radiation Therapy Survival Guide: Information, Suggestions and Support to Help You Get Through Treatment

Judith McKay, Nancee Hirano, Myles E Lampenfeld

New Harbinger Publications

ISBN 1572240709 £9.99 (paperback)

Video

Chemotherapy and Radiotherapy £13.25

Explains the details of chemotherapy and radiotherapy and shows patients actually having treatment. It describes possible side effects and ways to overcome them.

Available from CancerBACUP Tel: 020 7920 7240

Tower to Tower

Raising money for charity has never been so much fun!

In May, Ann Nicholson and her husband drove their Mini from Blackpool Tower to the Eiffel Tower in Paris, along with 24 other Minis, in a sponsored rally that raised £30,000 for Breast Cancer Care. Here's her story, as told to Christina Relf.

We own a much-loved Mini Cooper and I happened to be flicking through our copy of Mini Magazine last November when I came across some publicity for the Tower to Tower sponsored rally in aid of Breast Cancer Care. When I had my mastectomy two years ago, I received so much support from various sources that my husband and I thought this would be a great way to give something to one of the charities that will help so many women in the future. We immediately e-mailed the organiser – a Brit who lives in France – to say we wanted to be involved.

The idea was to get as many Minis as possible to leave from Blackpool Tower on a Saturday morning, drive to Portsmouth and catch the overnight ferry to France, then drive from Le Havre to Paris and congregate at the Eiffel Tower. Each team had to raise a minimum of £150 to enter. As well as being a good publicity stunt – seeing a convoy of Minis would strike a chord with anyone who has seen the film *The Italian Job* - it's a great way for Mini nuts to show off their cars, and an imaginative way to raise money. But to be honest, the best thing about it was how much fun it was!

There were all sorts of characters. Some people had resprayed their Minis pink for the occasion, and one chap even dyed his beard pink! We had banners, stickers and rally plates all proclaiming our support for Breast Cancer Care. Of the 25 teams involved, 24 were driving classic Minis and one man had come all the way from the States and hired a BMW Mini just to take part! We descended on Blackpool on the Friday night and drove up and down the promenade, tooting our horns and bringing the traffic to a standstill. It was great. Then, after a fairly boozy evening, we were up early the next day to face the local press and TV at the start of our long drive to Paris.

On the first leg, which took us to Portsmouth, we tried to stay in convoy, but several of the Minis broke down, so we did get a bit split up. Ours was fine until we drove onto the ferry, but when it trundled over the ship's high metal grid we were suddenly engulfed in a big puff of smoke! I spent the night wondering whether we'd be able to continue when we got to France, but miraculously our Mini was OK the next morning.

A 6am start in Le Havre saw us being turned away by an agitated French café owner who unfortunately couldn't cope with 50 people descending on him for breakfast! However, we made up for it on our drive to Paris with plenty of detours for *pain au chocolat* and *croissants* along the way. Every time we came to a tunnel – and there were plenty – we tooted like mad, and the French people simply couldn't believe their ears and eyes.

When we finally got to Paris, at about 2pm, and hit the frenetic Arc de Triomphe roundabout, we decided to really go for it, driving round and round, tooting and waving, and even trying a bit of weaving like they did in the film. I'm sure all the Parisians shrugged their shoulders as we confirmed all their convictions about crazy British people! Then it was straight to the Eiffel Tower, where we had permission to

park for a fantastic photo opportunity with the French press.

We finally got back home on Monday, after spending the night at Le Havre and catching an early ferry. And even now we are still on a high. It was such a memorable adventure and, more importantly, it was all for such a good cause. Breast cancer is such a traumatic experience, it is a great comfort to many women to know that there are organisations that exist to give vital support when it's desperately needed. I'm proud to have taken part in an event that raised an amazing £30,000 for Breast Cancer Care, and of course we're going to do it again next year – probably between two more of the world's famous towers. See you in Pisa?

If you would like to be part of next year's Tower to Tower rally, e-mail Alex on alex@tower-to-tower.com

For other ideas on ways in which you can raise money, contact Breast Cancer Care on 020 7384 2984

Have you got a story to tell? If you've done anything interesting to raise money for charity and would like to be featured in a future issue of Amoena Life, write to us at the usual address.

Evelyn Lauder

Committed to raising breast cancer awareness

In October 2003 it will be ten years since Estee Lauder initiated the Pink Ribbon and Breast Cancer Awareness Month in the UK and eight years since Evelyn Lauder launched the campaign in Ireland. Some saw it as an unusual step for a cosmetic company to focus on such a serious health issue. However, Estee Lauder saw it as a worthwhile way in which they could contribute their strength and resources to help combat a disease that affects more women than any other.

The initiative to raise awareness for breast cancer came from Evelyn Lauder, wife of Estee Lauder's eldest son and Senior Corporate Vice President of the Estée Lauder Companies based in New York. It began when Evelyn, an energetic businesswoman, joined the board of New York's celebrated cancer hospital, The Memorial Sloan Kettering. As a member of the board, Evelyn chose to take breast cancer as her focus. In a short time she learned from the experts that it was lack of awareness of the disease that was the major stumbling block. Increased awareness would encourage women to examine themselves regularly, go for help early and increase their chances of survival.

Determined to address these crucial issues, Evelyn began campaigning among business associates and friends. She teamed up with Alexandra Penny a good friend who was, at that time, editor of a US health magazine for women called 'Self'. Between them they dreamed up the concept of the Pink Ribbon and edited a supplement on breast cancer for the following October. The supplement was consequently reprinted by the American Cancer Society and distributed across the USA. In October 1992, beauty consultants on the Estee Lauder counters in the US distributed hundreds of thousands of pink ribbons, publicly demonstrating for the first time their solidarity with breast cancer sufferers. In association with 'Self' magazine, Evelyn collected 200,000 signatures for a petition to President Clinton demanding more money for breast cancer research.

Evelyn's initial fundraising effort realised some \$17 million for the cause, and she used the money to build the Evelyn H Lauder Breast Centre, a comprehensive breast cancer clinic at Memorial Sloan Kettering in New York. Now in its ninth year, it is considered a world-leading model for similar establishments, and offers the best possible care in comfortable and sympathetic surroundings.

Evelyn then set about introducing Breast Cancer Awareness Month to other countries. On an official visit to the UK during October 1992, Evelyn proudly wore her pink ribbon at each business meeting she attended with retailers and the press. When asked what the ribbon was for, she would explain the purpose of Breast Cancer Awareness Month. She would finish by asking the retailer or editor about breast cancer statistics in the UK. No one knew the answers but thanks to her they soon would.

The following October the Pink Ribbon Campaign was launched by Estée Lauder in the UK. With Evelyn's support, encouragement and guidance Breast Cancer Awareness Month is now one of the most successful health awareness campaigns

the UK has ever seen. This success has also been due to the huge support received from the media, retailers and men and women. It's thanks to department store retailers who ten years ago allowed Estée Lauder to take the unusual step of giving away pink ribbons and literature from their counters during October. It's thanks to popular television soaps like Brookside and EastEnders who volunteered to include the subject in their story lines and to the support of breast cancer charities who Estée Lauder consulted at the very beginning and has worked with ever since. Many have even contributed to the powerful synergy of the pink ribbon by adding the symbol to their logos.

However the battle is not won and the need for awareness is as important as ever. Estee Lauder's commitment to raising awareness carries on and it is as vital today as it was 10 years ago to wear a pink ribbon during October. Says Evelyn Lauder, "Women are by nature the nurturers and are so used to caring for everyone else in the family. This usually means putting themselves last, but when it comes to her health and to breast cancer awareness, women must learn to put themselves first."

This year, to celebrate Pink Ribbon's 10th anniversary in the UK, £1 from the sale of every Estee Lauder skincare product sold in over 100 Boots stores in the UK will be donated to breast cancer charities: 50p to Breast Cancer Care and 50p to the Breast Cancer Research Foundation's study at the Royal Marsden Institute of Cancer Research.

Evelyn's commitment to fundraising has also encompassed her favourite hobby as a well-known amateur photographer. Her latest book, "An Eye For Beauty" is published by Harry N Abrams - £24.95 ISBN: 0-8109-3284-9. Accompanied by Elizabeth Hurley, Evelyn will be signing copies of her book at the Estee Lauder counter in Selfridges in Oxford Street, London on Monday 27 October between 5-6pm.

In Contact

Paradise postponed?

In December 2002 I was diagnosed with breast cancer and had a mastectomy and axillary clearance. I have made a good recovery, thanks to my wonderful family and doctors. I read Amoena Life magazine over and over and get much comfort not only from the features but the letters written by women like myself who have had their lives turned inside out. Underneath my healthy looking exterior, which I have worked very hard to achieve, lives a woman very afraid of the beast which is now my lifelong shadow. When I came out of hospital I felt that my secret thoughts, fears and physical difficulties were just hysterical imagination, after all the tumour had gone and it was only in one lymph node. I had a good prognosis for the future and avoided chemotherapy and radiotherapy for which I am truly grateful. Imagine my relief to know that all those thoughts, fears and physical difficulties were shared by an army of women. The first Amoena magazine I received I cried over for a week. Now I am just beginning to take charge of my life again and find that I still read that same magazine and am full of admiration for the strength of so many women who cope with such a devastating affliction.

For me the best road towards coping with my illness is just simply to go forward in life. Last summer my husband and I bought a house in France with the view to retiring there in the future. Many people thought the big C would throw a spanner in the works. Far from it. Now we are more determined than ever and plan to do it sooner than the retirement goal. In June Hubby, Tess the dog and I went on holiday for 5 weeks, together with a scaffolding tower, cement mixer, a trailer full of tools and 2 Amoena bikinis. I have not worn a bikini for over 10 years but recently have shrunk from a size 16 to 12 and am making the most of it.

I can't say that being confronted with breast cancer has had no impact on our plans and life because it has presented us with monstrous hurdles to jump. The first hurdle has been successfully negotiated and I now can believe that I am going to see my beautiful maison de campagne again.

Josie W

Still a woman

In January 1999, at the age of 43 I was diagnosed with breast cancer and eighteen days later had a mastectomy and a lumpectomy in my other breast.

I felt as if I had been smacked in the face with a frying pan and I swear that as I heard the word "cancer" it bounced off the four walls in the doctor's office. I could not stop crying. I had three children and could not bear the thought of leaving them. I had 30 weeks of chemo and 20 days of radiotherapy and have put four stone on because of tamoxifen.

I really feel like I've been through an emotional mangle and yet it has been a learning experience. You really appreciate every day now, you don't worry about housework, you have a great excuse to buy yourself little treats, and one day I sat and wrote this poem as it was just the way I felt.

I'm still a woman

*I feel so blessed just to be here
 And I thank God every day, even though I still fear
 I have at home three gorgeous boys
 Who have shared my terror, fears and joys
 Life is so precious even with ups and downs
 Smiles and laughter, tears and frowns
 It's strange that chemotherapy has the word mother in it,
 because I am one and this battle, I'll win it*

*It was awful when my hair fell out
 I looked like a skinhead or some kind of lout
 In my wig I looked like Doris Day
 So I would not wear it, no how, no way!
 My eyebrows fell off, my eyelashes too
 So just be thankful if this hasn't happened to you
 The hairs on my legs continued to grow
 And to this day, why I'll never know*

*I'm still a woman as you can see
 And I'll live my life and try to be free
 Of anguish and strife and worry and woe
 For I will not die, I will not go!
 I'd rather be here, than in a cemetery plot
 For this is my life, my being, my lot
 I'm waiting for life to continue along
 It is surely God's presence that makes me grow strong*

*No I will not die, I will not go
 I'll stay and fight for this I know
 Life is not breasts, it's not even good health
 It's caring and sharing that is our wealth.
 So now all you women out there
 Smile as if you haven't a care
 Life is for living and this I know
 So hitch up your bra and go woman go!*

By Ann S

Thank goodness for suspicious minds!

My story may interest many of your readers and I offer it as an act of gratitude for a doctor who was "a very suspicious man" and a surgeon who acted upon a question I asked of him.

In early January I heard of a couple who paid privately for an all-over body scan. The wife was found to have breast cancer too deep (apparently) to have been discovered by normal mammogram. I immediately thought that what the couple did was a good idea and kept it at the back of my mind.

In February I was called for my 3-yearly mammogram and received a subsequent re-call. Expecting this, due to a very small cyst discovered last time, I happily went along only to be told that this time the other breast was under review.

The ultrasound threw up a white patch (rather than black) which the doctor thought would be fatty tissue. It was – and the biopsy taken was clear. But as I mentioned, he was a very suspicious man and felt that something may be hiding underneath. Five more small pieces of tissue were taken for biopsy and the small cancer found.

My operation for a lumpectomy was scheduled for Thursday 14 March and on the previous Monday I visited the surgeon. It was then that I asked him of the merit of having an all-over body scan. He replied that there was danger in all things, including taking aspirin, but bless him, he wrote a chitty for me to have an abdominal ultrasound scan on the Wednesday. The radiographer found a “small swelling” but she was off her chair and phoning my surgeon immediately.

It turned out that I had cancer in both ovaries and I was passed on to the Gynaecologist on Friday 15th. A grade 3 stage 2 cancer had been diagnosed, which meant that the cancer had stuck my right ovary to the pelvic wall. Happily I underwent a very successful hysterectomy on May 15 and have now almost finished the chemotherapy treatment. Five weeks of radiotherapy has also been completed.

I asked why an abdominal scan was not automatically performed when a breast cancer diagnosis was being investigated. The answer to this “good question” was, basically, the time factor in clinic. Mass screening would throw up too many false negatives and the number of ladies with a problem (like myself) would be very small. So, not financially viable.

How glad I am that I asked the question. My prognosis is good and I sailed through both operations without any undue discomfort. I maintained a cool head and kept the cancers – mentally – “in a box”.

I sincerely hope that this letter helps other ladies in similar circumstances to ask questions. My question certainly saved me a lot of future distress, not to mention the money saved for prolonged treatment on the NHS.

Mrs E M PI

Never stop learning about yourself

I have just read your magazine and felt I would like to write to you to show other readers there is life after breast cancer.

I was diagnosed with breast cancer in December 2001, at the age of 44. Within a week I had a lumpectomy and one central node taken out from under my arm. It took me about a month to come to terms with what had happened. Before my diagnosis I was working as a holistic therapist and my initial question was “why me?” I had received physio surgery before my operation which shrank my tumour and the results were good, the cancer had not spread to any other part of my body.

I then began to realise that this had happened for a reason and that I had to learn from this experience and to keep a positive attitude. I had a group of very good friends around me. My thirteen year old son was my main carer. I discovered through my breast care nurse a wonderful centre in West London called “The Haven”. It certainly became that for me, they supported women such as myself at all stages of illness. The complementary therapies they offered are outstanding.

My lifestyle has changed immensely, I was very aware of what I ate before, but I am now on a completely dairy free diet and juice most fruit and vegetables which help the digestive system take away all the toxins in the body. I feel much fitter than I did before and my energy levels have risen. I still have bad days but I acknowledge this and just take it easy. I now realise that I had to develop my own regime and to find the real me. I now take time out for myself and look at life with a different perspective.

A year on I feel confident for the future, and I now have the strength and conviction to continue learning about myself and discovering new ways of keeping my mind, body and spirit free from cancer.

Hazel H

It's not as bad as you think!

In June 2002 I was diagnosed with breast cancer, just a few days after my 50th birthday party. I had 3 operations, the last one being a mastectomy. I was exhausted. It was very difficult and painful for the first few weeks but nothing I felt I couldn't handle. I told all my family and friends as I felt I needed their support to get me through the whole ordeal. They were all fantastic!

I really was scared of chemotherapy, I begged my oncologist to let me go on holiday for a week beforehand. He agreed, so 3 weeks after my mastectomy I went to Almeria. The holiday did me so much good, I relaxed rather than sat at home waiting for chemo. I had to go straight to the hospital from my holiday that night and had my first session of FEC. I couldn't believe how painless and quick it was. I even stopped at the supermarket to do a bit of shopping on the way home. I have had 7 sessions of my 8 and have never really been sick or ill with any of them. A bit wobbly and I don't drive for approx 4 days. I have been fortunate to have the coldcap, so I haven't lost any hair, so I don't look ill at all.

I had my prosthesis fitted and I wear a bra with a pocket from Amoena and I feel secure. I have not stopped wearing any of my clothes. I feel proud and confident of myself for handling everything so well. My husband thinks I'm the bravest person in the world!

I was told to take 12 months off work as I work in the school kitchen. I decided to enrol in a full time floristry class with an NVQ qualification. I also work Saturdays in a local florist doing work experience, which is great. I am starting to feel very breathless with the chemo build up and I cannot walk far at all and all my veins have collapsed, but I try not to let any of these symptoms bother me. I have a car and I just get on with it.

I have turned a negative situation into a positive one. If any ladies have been newly diagnosed - DON'T PANIC! You will get loads of support, think positive and let everybody help you through it – you will get there.

I hope my letter and photos help – it isn't as bad as you think and you can get through it like me – I promise!

Val D

Look at me now!

Change your image and discover the new you

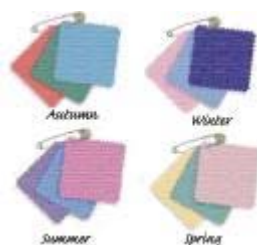
When you look in the mirror, are you happy with what you see? Breast cancer can really knock your self-confidence – but don't despair. In the second article in our series on the emotional effects of breast surgery, image consultants Judy Fearn and Helen Frank share their advice on boosting your image, and we transform four Amoena Life readers, who become cover-girls for a day. We hope their experiences will leave you feeling inspired and revitalised!

"I hate my thighs!", "I wish I had a flat stomach!", "I'd like a more glamorous daytime look" – the list of 'body issues' from women of all shapes, sizes and ages is endless. Few of us are entirely happy with our appearance, but after breast surgery many women feel their femininity has been compromised. Instead of dwelling on your imperfections, though, try accentuating the positive – this is a great time for an image re-think.

Few of us have time or lots of money to spend on clothes, hair and make-up, and not many of us could claim to have considered what our 'total image' is, or the effect it has on others. Image consultancy looks at all these things, and is designed to help ordinary people to make the most of their appearance. We have spoken to two image experts, both of whom have had a brush with cancer, about how you can focus on your best features and accentuate them, while dealing with the fashion and beauty issues arising from your surgery and treatment.

Colour matters

You've probably never considered colour analysis, or perhaps you don't think colour is very important. But the colours you wear really do have an effect on the way you look and feel, as well as on the way others respond to you. The colour tones that will suit you best are those that correspond with the undertones of your skin. They will help you look younger and healthier, your eyes will appear brighter, and your complexion clearer. Everyone's skin has a mixture of blue undertones and yellow undertones, and according to which type predominates, you will be best suited to either cool (blue) tones or warm (yellow) tones. With the 'seasonal' method of colour analysis, people's ideal colour range will fall into one of four categories:



- Winter – cool (blue) undertones with clear, bright and dark, dramatic shades
- Spring – warm (yellow) undertones with light, vibrant colours
- Summer – cool (blue) undertones with softer, more hazy colours
- Autumn – warm (yellow) undertones with deep, muted shades

If you have bright, clear skin and you wear a soft colour, it can make your skin look dull, whereas a bright tone will add a sparkle to the eyes and even out any imperfections. If your skin is softer in tone and more muted, a bright colour will overpower it and will be seen before the face, whereas a soft shade will enhance all

your facial features.

The good news is that everyone can wear every colour – it's just the shade of colour you need to concentrate on. The best way to find your ideal colour palette is to have a professional colour consultation. However, you can try this yourself by holding up fabric swatches in the colours shown to your make-up free face, hair held back or covered with a white scarf. Look for the effect on your eyes and complexion as you hold each swatch against your face. The tones that make your skin look clear and your eyes look bright, while minimising any lines or shadows, are probably the nearest to your recommended colouring.

Neutral colours are the building blocks of any wardrobe, and all skin tones have neutrals that are ideal for them. Cool skin tones can wear black and grey, white, navy, taupe, burgundy, pine green and cherry red, while warmer skin tones should stick to brown, rust, cream, camel, teal, olive and tomato red. You can then add lighter, brighter colours from your ideal range to add interest and excitement to your outfits.

Establish your body shape

While knowing your ideal colours provides a great basis for your image re-think, to make the most of your appearance you will also want to know how to dress to complement your body shape. Few women have perfect bodies and most of us are sensitive about our shortcomings, real or imagined, says Helen Frank. "Looking stylish is not about following the latest fashions, it's about dressing to show off what you love and hide what you loathe about your body."

By facing up to your body challenges you can learn which styles will make you look your best, says Helen. "We all need to come to terms with the fact that some parts of our bodies are not great, and understand that certain clothing can exaggerate these problem areas. Once you really know what suits your body shape, looking and feeling great becomes a piece of cake."

There are four basic body shapes, although you may be a combination of two. Here's Judy Fearn's advice on ascertaining yours, with tips on dressing to achieve a balanced appearance. Take a good look at your body outline in a full-length mirror, dressed only in your underwear.

- **The pear shape** has curvy hips, with narrow shoulders and bust. If you have this body type, balance your hips with detail on the top half of your body. For example, a patterned blouse or structured jacket with plain trousers.
- **The hourglass shape** has curvy bust and hips and a defined waist. A slim hourglass figure can show off her curves by wearing a belt or anything that accentuates the waist, while those with a larger hourglass figure should enhance their shape by wearing longer line shirts or tops and jackets that are darted at the back.
- **The straight body shape** is thin and angular, and if this is you then avoid anything too loose, which will swamp you, or too tight, which will accentuate your lack of curves. Instead, wear styles that create contours. Try a draped or frilly neckline on a blouse, or a shawl or pashmina to soften a jacket and trousers,

- **Finally the soft straight body shape** is slightly curvy. This, says Judy, is the ideal shape. “Most styles suit you, especially if you are medium height (5’4” to 5-6”).”

You should then consider **dressing for your height**. Small women (under 5’ 3”) should wear one colour from top to toe, avoid drawing attention to their feet, and opt for simple jackets, neat lines and vertical stripes, all of which add the illusion of height. If you are tall (over 5’7”) you should consider longer than average jackets, shirts, and tops, and longer-length sleeves and trousers. You can combine two colours successfully or consider horizontal stripes.

Going undercover

What you wear underneath is just as important as your outer garments. It’s vital to choose a well-fitting bra and the correct breast form, because they will influence the fit and drape of your clothes. If you’ve had reconstruction, you should still regularly check the fit of your bra, and everyone needs a range of bras for different looks – smooth for t-shirts and clingy blouses, lacy for special occasions, and black is always sexy and sophisticated. It’s fun to experiment with colours, too, as well as making sure you’ve got a flesh-toned bra for when you don’t want your underwear to show under a sheer top.

Get the foundations right

If you wear a breast form, you will probably have been fitted by the breast care nurse at your local hospital. She will have been trained in the latest fitting techniques and products, and will therefore have helped you to choose the best items for your own particular circumstances.

However, products are continually changing and if it has been a while since your last fitting (you are generally entitled to a free replacement on the NHS every 2-3 years, but you should check the policy of your local hospital as it can vary) it is probably worth looking at any new styles on the market.

Most problems experienced with breast forms are actually caused by an ill-fitting bra. For example, a bra which is too big may cause your breast form to move around within the cup or to ride up when you raise your arms. A bra which is too small will squash your prosthesis, causing it to protrude and possibly even pop out of your bra.

Which bra

The most important aspect of selecting a bra is the fit, and you should regularly check that your bra is the correct size. Many women continue to wear the same size bra year after year, forgetting to take into account even slight variations caused by weight loss or gain. Most large department stores will offer a bra fitting service, or your breast care nurse will be able to help you. To check whether your bra fits your natural breast correctly, stand in front of the mirror wearing your bra and take a good look from all angles.

Your bra is too big if:

- it rides up at the back
- excess fabric is seen in the cup area
- side panels under the arms seem loose and pull away from the body

Your bra is too small if:

- the shoulder straps cut into your shoulders
- breast tissue is not contained fully in the cup and appears under the band, side panels or upper cup
- the bra band is too tight and binding

Once you know your correct bra size, there are certain features you should look for when you choose your next bra. It's also worth remembering that sizing may vary from one manufacturer to another, so you will need to take this into consideration.

When selecting a bra it is important to choose a style that has:

- good separation between the cups
- adjustable straps that are wide enough to support the breast form fully and comfortably
- a cup which encases the breast form securely. For example, a lacy edge to the upper cup, unless stretchy, may not hold the breast form firmly enough

Underwiring: there is lots of confusion about the suitability of underwired bras. If you wore this style of bra prior to your surgery, you may be able to continue to do so, as long as you feel comfortable; however, it is always best to check with your breast care nurse or fitter. Underwiring will help support the breast form, but it is important to make sure that the breast form sits on top of the wiring. If the cup is too small, the wire will press on the breast form and will eventually damage it.

Which breast form?

Once you have a correctly-fitting bra, finding a breast form should be easy.

Start by taking the t-shirt test – stand in front of a mirror wearing a tight-fitting t-shirt in a light, plain fabric. Look at yourself from all angles. Pull the fabric tight and check that your breast form and breast are equally aligned both at their fullest point and at the bra-band line. Pull the t-shirt tight under your arm to check whether the breast form needs to extend to this area to compensate for any tissue removed during surgery.

This test will help you to establish whether or not your breast form is still a good match or whether you need to consider having a re-fit. The following guidelines are no substitute for a professional fitting, but will help you to establish the type of form that will be most suitable for you.

The shapes: The shape of breast form you choose will depend on the type of surgery you have had, together with the size, shape and drape of your remaining breast. The main shapes from Amoena are as follows:

Tria is a triangular shape, best suited to simple surgery (not involving any tissue removal from the armpit), or if you have been left with any excess tissue or swelling under the arm. This is the ideal shape to wear in an underwired bra.

Classic is an asymmetrical shape and is suitable to wear following most types of

surgery. As it is shaped for either a left or right side, it gives a perfect fit and has a small extension if fullness is required under the arm.

Oval is rounded at the top with no upper wing. This is a good shape to wear with strapless bras and bandeau style bikinis or swimsuits.

Tresia is a unique shape and is again suitable following simple surgery. The soft silicone gives a natural “droop” that looks especially good in seamless or moulded cup bras.

Classic Standard is designed specifically for women following a radical mastectomy.

Although the most important aspect is obviously to find a breast form that matches the size and shape of your remaining breast, the breast form should also be suitable for your lifestyle and your own individual requirements.

Self supporting breast forms adhere to the chest wall, giving extra freedom of movement and more choice in the types of clothes you can wear. Because the weight is held against the body, self supporting breast forms feel most like a natural breast and do not fall away from the body as you bend forward.

As the names suggests, **Lightweight breast forms** are in fact 25% lighter than a standard breast form. This can be very beneficial for women who lead active lifestyles, or who have a large bust or lymphoedema.

The **Flow breast form** is most suited to women who have very uneven scarring, as the back layer moulds to the body to correct any irregularities. To ensure maximum benefit, this breast form must fit snugly against the chest wall.

Our newest breast form, the **Tresia Personally**, is our softest breast form yet, giving a natural drape, and is also suitable for larger busted women or to match more mature breast tissue.

Looking your best after surgery

When you meet someone for the first time, up to 80 per cent of their initial impression of you is formed before you even open your mouth! So clearly, your appearance does have a major influence on how others perceive you. And when you know that, it's easy to see how looking good and feeling good can be so closely linked.

But don't let this force you to focus on your so-called problem areas. Instead, make the most of your assets. “Don't forget that minor figure challenges are usually only noticed by you and often are imagined to be major problems. Possibly the only time someone else notices them is when you tell them, and even then the person will probably say she'd never noticed it before!” says Helen. “If you learn to do a good job of disguising a figure challenge, no-one else will ever see it unless you verbally call attention to it.”

We asked Helen and Judy for their advice on some of the figure and fashion challenges faced by women who have had breast surgery. From hundreds of readers' letters and emails, we know that these fall into five key categories.

Necklines: many tops seem to be too low-cut for women who wear a breast form – it's difficult to get a good fit and there is often the fear that they may gape. Judy advises wearing a light, sleeveless vest type t-shirt over your bra and beneath your shirt, jumper or cardigan, to provide a higher neckline and give a neat contour to the body. A camisole bra (like the Pamela style from Amoena) is ideal to wear with lower cut necklines. The lace insert holds the breast form firmly against the body so that the neckline does not gape and makes a pretty feature if it shows under your clothing.

Strappy tops: women often lament the fact that they can no longer wear strappy tops in the summer or for formal occasions, either because of high scarring or because their mastectomy bra straps will show. Both Judy and Helen agree that whether or not to choose a strappy top should be influenced by your age and bust size. "It's not about wearing a specific item of clothing, it's about looking great. So for a special occasion you should think about dressing to look your best, rather than being adamant about wearing, say, spaghetti straps or showing your cleavage," says Judy.

"Sometimes looking fantastic is about accepting your limitations, although this need not mean hiding under voluminous layers," Judy emphasises. "A woman who has varicose veins following pregnancy may still want to show off long, slim legs. She can do this by choosing dark, opaque tights rather than sheers, or by wearing beautifully cut trousers." And women who have had breast surgery can still look gorgeous *and* feel self-assured. "If you are worried all the time about how an outfit is going to look, it's no good. What you really want is to look lovely, and you can do that by wearing what is right for you. For evening, try a little glitter on the dress; pick a feature you love and accentuate it. Take a different approach and you will be amazed at how it can boost your confidence." Helen agrees that putting the emphasis on a different part of your anatomy is the best idea, "perhaps with cut-out detail at the back of an evening dress, detail at the waist, or taking the eye down the body by having a sweeping fishtail skirt. And if you really want to wear a strappy top then consider an overblouse in a sheer or lacy material," she says.

For those who are keen to continue wearing strappy styles, self supporting breast forms may be a solution. Best suited to smaller-busted women, these forms are adhered to the chest wall, either directly with a tacky gel or with special skin supports, and therefore do not require the same amount of support as a traditional breast form. Wearers can then select lingerie with thinner or clear straps and some styles of strapless bras may be suitable too.

High scarring: this can be a problem, particularly with summer tops, as Judy herself knows. "My lumpectomy scar goes right up into my armpit," she says, "but I still wear sleeveless tops. It's a matter of finding a style with armholes that are not cut too low. Ideally you want the armhole to cover the break in the armpit. And don't wear anything that gapes or sags – it must fit you properly. You need to be prepared to shop around until you get the right fit, even if it's just a t-shirt or vest." Helen also suggests tops with sheer draped sleeves as these can be both cool and flattering, without revealing too much of the upper arm area.

Lymphoedema and hot flushes: women who have to wear a lymphoedema sleeve face a double dilemma: they want to be elegant and stylish, which often means disguising the sleeve, but it can also make them very hot, which rules out heavy

fabrics and most long sleeves. “A light, long-sleeved cotton or linen shirt is a good idea here,” says Judy. “You can roll the sleeve up if you get hot. You could also consider having a lymphoedema sleeve in a colour similar to your shirt, to help disguise it.” Both Helen and Judy stress the need to go for natural fibres that breathe, and this is also good advice for women on tamoxifen, or who are going through the menopause. “Stick to light layers in natural fabrics,” says Judy. “Knitted cotton is great because it’s also crease resistant. Avoid wool and polyester.” And Helen advises trying handkerchief or angel sleeves, which are in fashion at the moment: “They are cut at an angle so they flow, but they are loose and feminine. Also try a wrap in a lightweight fabric like silk chiffon for evening.”

Bloating and weight gain: women often experience weight gain following surgery, either due to enforced inactivity while they are recuperating, the bloating effects of tamoxifen, or the gradual increase in body fat as the metabolism changes as a result of the menopause. Making sure you buy clothes that fit you properly, rather than thinking of yourself in terms of a particular dress size, is important here. To help disguise a bloated tummy, says Helen, you should dress to create the illusion of a waist. “Try wearing a sleeveless shirt over a top, and wear a loose-fitting belt over that, with a nice buckle that can form a focal point.” Helen herself has recently gone up a dress size due to medication. “Trousers can be really difficult – particularly the current tight-fitting hipster styles, and you need to shop around for a really good fit.” And although hipsters can be unforgiving, a very high waistline can also exaggerate the tummy area. One tip is to consider trousers that come just below the natural waistline, and go for flat-fronted trousers rather than pleated fronts. For a casual look, you could tie a cardigan round your waist, over a crisp shirt and smart jeans or trousers, which helps create the illusion of shape while disguising a spare tyre.

Time for a wardrobe rethink?

You may be raring to go and put these ideas into practice, but before you rush upstairs and clear out all your clothes, or dash to the nearest department store, have a look at Judy’s tips for a wardrobe overhaul.

“Before you start, you need to be thinking about your lifestyle. It’s no good buying lots of suits if you are a person who is mainly based at home. I usually advise people to draw a circle and divide it up according to the percentage of time they spend in any week doing a particular activity. This could be going to the gym, doing the school run, socialising, working at the office, travelling, studying, etc. This information then translates into styles – from very casual for the gym to smart-casual for lunching with friends, to suits for the office. Once you have worked out your lifestyle, and armed with the necessary information about the styles and colours that suit your body shape and skin tone, you need to re-build your wardrobe.”

“Take everything out, including shoes, bags and accessories, and put it on the bed. Anything that you haven’t worn for the last two years I would advise you to ditch (unless it is vintage designer, in which case you should keep it!). You may think your old clothes will come back into fashion, but you will find that when a style does come back it is never quite the same as it was first time around.

“Next, weed out the styles and colours that you know don’t suit you because they don’t complement your colouring or work with your body shape. You may be left with very few things in your wardrobe! Now is the time to think about what you really need.

Look at your pie chart. You may spend most of your time in casual clothes, so you probably need more of these, or if you spend a lot of time at the office your suits might need updating.

“My advice is to buy as many things co-ordinating with a new investment outfit as possible, in one hit. If you are buying trousers, you should consider buying the matching jacket. According to your colour spectrum, you should be sticking to dark neutrals and light neutrals for the more expensive items. Colours are for the more seasonal items, and you can be more adventurous with these and accessories.

“The number of items of clothing anyone needs differs from person to person. In terms of wardrobe basics, almost everyone needs at least one pair of black trousers (or a dark neutral from your recommended colours) – a very good quality pair. Also, a pair of jeans or casual trousers, plus one white and one dark neutral t-shirt, and one shirt and a t-shirt in your best colours. You will also need a dark all-purpose jacket, possibly leather or suede, that can work with nearly all your clothes. In terms of accessories, you will need a pair of shoes and a bag in good quality leather – usually black, but dark brown, navy, charcoal grey or dark green could also work. Then you have a basis. If you are working, a two-piece trouser suit and a matching skirt, if you can get it, are wardrobe essentials. Don’t buy anything too high fashion for the basics – you can always dress your outfits up with fashionable items in season.

“When considering knitwear, go for cotton in the right shape and style for your body type. Wool can be too hot and heavy. If you like wearing skirts, then a good calf-length skirt is another great wardrobe basic.

“The general idea is to work out which of these basic items is missing from your wardrobe, and then you can get them. Many of them can double up in terms of the work they do. A comfortable tracksuit is great for relaxing in at any time, and particularly when you don’t feel that great or are recovering from surgery. We are not talking about high fashion here, but practicality!”

Once you’ve done your wardrobe weeding, you may be left with far fewer items, but at least they will be items that you constantly use. Never again will you have an excuse to cry “I’ve got nothing to wear!”

The finishing touches

We all know that making an effort with our hair and make-up gives us more confidence, and updating your approach to these can give you an instant lift. If you’re unsure of the best techniques, contact the Estee Lauder counter in any John Lewis store and they will give you a free makeover with advice on make-up application techniques.

Changing your hair style or colour can also have a dramatic effect on your appearance. Ask your hair dresser for advice, based on the colours that work best for you. If your colouring is cool, you should stick to cool, ash-based tones, whereas women with warm colouring can go for warmer shades.

Jewellery is a very personal matter, but as a rough guide choose silver metal if your colouring is cool, and yellow-gold metal if your colouring is warm. You can always add sparkle with some inexpensive costume jewellery that suits your skin tone. When

it comes to accessories, remember that they should complement your body shape and general proportions – so a huge watch would swamp a tiny wrist, while a weeny clutch bag will look lost on a woman with a tall, statuesque figure.

Enjoy!

Being confident in who you are is a very personal and individual thing. It's something that comes from within, and we all know that it's not only about what you look like. Yet learning to make the most of your appearance can help your self esteem by providing the foundation from which you can confidently face the world and project your true personality.

By taking a little time to understand the basics about self-presentation, you can give yourself a much-needed boost at a time when your confidence has probably taken a severe knock. Sometimes it only takes a few minor adjustments, or the addition of something that seems very obvious once you know about it, to put the finishing touches to a more positive and self-assured new you!

If this has whetted your appetite for more, why not consider booking an appointment with a body image consultant? Both Judy and Helen are offering discounts to Amoena Life readers until May 2004. Alternatively, John Lewis have a fantastic free fashion advisory service – just contact your local store to make an appointment.



Jenny Moore, who turned 60 on the day of our photo shoot, had her mastectomy in 1998. Since her operation, Jenny has gained two and a half stone, and finds that she gets very depressed about her shape. She describes herself as short (5'3") with a pear-shaped figure, and said that she would love to find skirts and dresses that suit her shape rather than living in grey or black trousers all the time. Jenny was extremely excited about being a model for the day: "I couldn't believe I'd been chosen - I feel like a teenager all over again!" she said. "If just one person feels, on seeing these photographs in Amoena Life, that they can make something of themselves following a terrible experience of breast cancer, then I shall be so pleased that I've helped."

Trevor Mitchell did a great job on Jenny's hair, which she had allowed to grow in anticipation of the make-over. Her new modern cut and fantastic ash-

blonde highlights made her look years younger.

Judy assessed Jenny's colouring as cool, light and bright. "The shades that flatter her

are light or bright colours in pinks, corals, lilac, yellow, aqua green and mid-blues. With her hourglass, curvy figure, she looks best in soft fabrics and collarless jackets that are darted at the waist to accentuate her shape.” Judy certainly helped Jenny to get away from black trousers! She found her a gorgeous pink jacket and skirt that complemented her colouring and her curves. “I’m thrilled with this,” said Jenny. “It will change the way I shop.”

Maja bra, Amoena. Country Casuals Pink blouse, Jacket and Skirt, Carvela Pink Sandals, all available from John Lewis.



Pauline Nevison is 43 and had her mastectomy in 2002. She now wears a lymphoedema sleeve which she finds awkward under tight, long-sleeved tops. She says her biggest problem is getting trousers or skirts to fit without alterations to the waistband. She is also frustrated that many of the tops she likes have low necklines or lacing to show maximum cleavage.

Helen began by analysing Pauline’s colours, and her assessment was dramatically illustrated when she draped Pauline’s suggested colours close to her face. With the deep, bright colours of the Winter spectrum, Pauline’s skin and eyes lit up. She looked fabulous in black, deep red, purple and bright fuchsia, as well as the more icy tones like pale pink, icy blue and white. Pauline’s body type is an hourglass, with a small waist that benefits from plenty of emphasis. Because she has

sloping shoulders, Helen recommended that she wear shoulder pads beneath blouses and tops to help balance out her figure.

Helen brought out the drama in Pauline’s colouring with bold black and white, but complemented her curvy shape with softly draping fabrics. She chose a skirt with an elasticated waistband for great fit, and provided extra emphasis with a belt.

Because comfort is important to Pauline, she was fitted with an Amoena Lightweight breast form, which she told us, was “so comfortable that by the end of the two-day shoot I had entirely forgotten I was wearing it!”

Pamela bra, Classic Light Breast Form, both from Amoena. Wallis Blouse and Skirt, Faith Shoes, all available from Debenhams. Cachet Necklace and Earrings, both available from John Lewis.



Margaret Brazier, who is 69, told us she “just yearned for the chance of a make-over”. Margaret has had three experiences of breast cancer during the past 20 years, and in 2002 underwent a radical mastectomy of the right breast. Extensive damage to her chest tissue, caused by radiotherapy, has ruled out reconstruction, and left Margaret feeling somewhat mutilated. Margaret is 5’10” tall and slim, and she often finds it difficult to buy clothes of the right length at the hem and sleeves.

Judy assessed Margaret’s colouring as cool, light and bright. “She needs depth in her colours – strong blues, blue reds, pinky lilac, pink, raspberry and turquoise. Margaret’s grey hair was covered with a brown tint which Judy felt created a dull effect, so Judy recommended she brighten up the colour with a soft blonde or let it go a clear grey. She also recommended that a straighter hairstyle would be

better for Margaret than her current perm, and Trevor Mitchell did a great job in blow-drying her hair straight for the shoot.

“Margaret has a tall, narrow, straight frame, which means that clothes with sharper angles and defined collars suit her,” said Judy. “She needs to think about her height when shopping and consider the proportions of the clothes, to avoid appearing even taller and narrower. She should avoid small accessories, very long plunging necklines, muted colours, and narrow vertical stripes.” Judy’s choice for Margaret was a sharp trouser suit, worn with a raspberry top.

Asked for her reactions, Margaret said: “I have learnt a lot about colours that suit me, and I agree with Judy that I should wear my hair straighter. To look good is to feel good, after all.

“I feel totally pampered, and it’s been very interesting to see how the other ladies are coping with breast cancer. I wanted to do this because I feel I have something to contribute. I can say to other people who are going through this ‘Would you think I have been through it? Well I have – three times. And look at me now!’”

Jasmin bra, Amoena. JFW Jumper, Planet Trouser Suit, JFW shoes, Pewter Twist Necklace, all available from John Lewis.



“**Tracy Copson’s** clothing personality, is Romantic”, says Helen. “She is feminine, sexy, a bit racy, outlandish and fun.” Tracy had her mastectomy in 1998, aged just 32, and underwent reconstruction two years later. She is delighted with her new shape and wanted to show the world that it is possible to be beautiful and sexy following breast cancer. “I used to think I was a freak. Now I know I’m not – in fact I sometimes feel more of a woman than someone with two boobs,” she says.

Helen assessed Tracy’s colouring as warm, and recommended that she would be best suited to the deep, warm, muted tones of the Autumn palette. She advised Tracy that she should revert to her natural auburn hair colour rather than the bleached blonde she had been since she was “about 16!”. Tracy should also tone down her thick black eyeliner and lashings of black mascara, said Helen, as this was

making her eyes seem smaller.

Tracy’s body shape is an hourglass with a neat waist. Her shoulders are broad, and Helen advised her to try soft, feminine clothes to emphasise her curves, with longer lines to create the illusion of height. Tracy, who is a keen biker, tends to favour jeans and leathers spiced up with sexy tops and boots, and she was reluctant to be put into dresses and strappy shoes. However, she had to admit that she looked fantastic in the soft aqua dress that Helen chose for her, complemented by some delicate jewellery and an ‘up do’ which included red extensions to give warmth to Tracy’s hair.

Tracy’s fiancé, Steve, was delighted with the transformation. “She has certainly lost confidence since her operation, and I’m all for anything that can make her feel good,” he said. “To me, she always looks great, but I really love the softer make-up and more feminine clothes.” Since the shoot, Steve has been true to his word, buying Tracy lots of new makeup to go with her new image!

Gossard Strapless Bra, Coast Dress, JFW White Lace Jacket, Turquoise necklace and earrings, all available from John Lewis.

Contacts:

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Contact Judy for further details on her one day workshop designed for women to overcome the effects of breast cancer. **Reader offer: Amoena Life readers can**

take advantage of these reduced rates until May 2004 - £99 per person (in London) £110 per person (M25 area).

Helen Frank, Image Consultant: 27 Phylton Road, Parkstone, Poole, Dorset, BH12 3DQ Tel: 01202 380847 E-mail: hlcconsultancy@aol.com

Runs one-day courses for small groups of women or personal one-to-one consultations. Helen is also happy to give talks on colour and style at support group meetings or coffee mornings. **Reader offer: Helen is offering a 15% discount to Amoena Life readers until May 2004.**

John Lewis Partnership: www.johnlewis.com Contact your nearest store for details on their free fashion advisory service.

Debenhams: www.debenhams.com Contact your nearest store for details on their free personal shopping service.

Trevor Mitchell Hairdressing: Visit www.trevormitchell.co.uk or tel: 023 80333251 for an appointment.

Estee Lauder: Contact the Estee Lauder counter at your nearest John Lewis store if you are interested in having a free makeover.