

## Post-surgery blues

### When ongoing problems won't let you forget you've had breast surgery

**Once you've had your surgery it would be natural to think that chapter is closed and you can look forward to your recovery. But sometimes a whole range of problems can arise that you just hadn't anticipated. Here, we look at some of the most common post-surgery concerns and find out how you can make it easier to live with them.**

From cording to lymphoedema, and from painful scars to dog-ear flaps, post-surgery problems affect many women following breast cancer treatment. "I recovered quite quickly from my mastectomy, and I coped pretty well with the loss of a breast," says reader Jennie D. "What has really affected my quality of life is the constant and chronic pain. It has totally foxed my doctors, who seem to wish I'd simply go away!"

Jennie's feelings are not uncommon. But many women who feel that their medical team have given up on them have taken matters into their own hands – often with encouraging results.

#### Shaggy dog story

It might have a funny-sounding name, but for those who have a 'dog-ear' flap of skin left at the edge of their mastectomy scar, it's no joke. There are varying explanations about why surgeons sometimes leave a flap of spare skin when removing a breast, and the flap itself can vary in size, but often they can be large enough to make wearing a prosthesis – and sometimes even a bra – impossible.

Unfortunately, ignorance is women's worst enemy when they have a mastectomy: it's not something they ever expected, and they are entirely in the hands of their medical team. Understandably, a surgeon's first concern is removing the cancer and thereby saving the woman's life – but with survival rates improving so dramatically, women's quality of life after surgery is also vitally important. A lot of women who are left with ugly or uncomfortable scars don't realise they can ask for scar revision surgery and often, even when they are told about the option, they are reluctant to undergo a further procedure.

Amoena Life reader Cath Sorsby was left with a scar "the size of half a grapefruit" after her mastectomy, and she decided to do something about it. "I had no problem with the appearance of my mastectomy scar, but nothing prepared me for the size of the 'dog ear', and the fact that it never shrank away," says Cath. "It stuck out like a shelf under my arm and was like a third breast, positioned at the side of my shoulder blade."

Despite looking good in her Amoena bra and breast form, Cath found she couldn't tolerate the pressure on the dog ear, so she went for two years without wearing either. "As a result, my remaining breast (I was previously a 44D) drooped almost down to my waist and I hated how I looked. Eventually I noticed that one shoulder was much higher than the other, my spine was curving, and I had frequent pain in my back, shoulder, chest and arm." The nurse in Cath's local hospice encouraged her to go back to the surgeon. "I was immediately offered another short operation to remove it, and felt so much better afterwards that I wondered why I had put up with it for so long."

Usually carried out as a day case under local anaesthetic, the procedure to remove a dog-ear flap is quick and painless, and the wound heals quickly.

However, it wasn't until Cath had to undergo a further mastectomy that she found out why surgeons often leave a flap of skin in the first place. It seems that one reason is the need to avoid turning a woman onto her side during the operation, which presumably makes it more difficult to 'tidy up' the scar, and another is the attempt to make the smallest possible incision– which can often result in that 'dog ear' flap.

Cath was determined that this time it wouldn't happen to her again – and luckily she had a surgeon who was willing to accommodate her wishes. "It was a different surgeon this time, and feeling much more assertive I questioned her for a long time before the day of the operation. I insisted that I didn't mind how long the scar was, or where it was, as long as I didn't have a 'dog ear' left behind afterwards. She took everything in that I was saying, and for the first time explained why surgeons find it easier to leave a dog ear."

Surgeons assume that women will realise they can come in again about a year after their mastectomy to have the dog ear removed. “This can be done very easily, as the patient will be positioned on her side at the start of the operation, and will need minimal anaesthetic,” continues Cath.

“My new surgeon spent a long time researching, considering and discussing techniques with professional colleagues that would avoid a dog ear afterwards. Apparently she found my demand to be left absolutely flat after the operation quite a challenge. However, she solved the problem and I was absolutely delighted with the result. The scar is perfectly flat and neat. I won’t need another scar revision operation this time.”

So it seems that, in many cases, dog ear flaps are not necessary – and nor is corrective surgery. “We need surgeons to take note of innovative ideas and share good practice,” says Cath. “Most of all, we need to be more assertive. Maybe we need to warn medical professionals that we aren’t going to accept ugly dog ears and zipper-like scars any more!” Clearly, though, there is a communication issue here. “I don’t think many patients know about this,” Cath points out. “Women feel they have to cope with the new shape of their body after mastectomy, probably struggling to do so, and never thinking that it can be changed.”

### **Feeling ropey**

In contrast with dog-ear flaps, cording is something that women are likely to be warned about before they have their surgery. “I had been told there was a possibility of it,” says Cheryl Axleby, “but you hope it’s not going to happen to you – and you never know what to expect until you experience it. All I can say is I’m glad it doesn’t last!”

Thought to be due to hardened lymph vessels, cording generally takes the form of a tightness that runs from the armpit down the upper arm through to the back of the hand. Sometimes the hardened vessels can take on a taut, rope-like appearance – hence the term ‘cording’. Cording varies a lot in intensity, and most women who do experience it find that it goes with time – particularly if they religiously do the stretching exercises recommended immediately post-surgery, which can be painful.

Annie Button had cording following her mastectomy in 2005. “It started one and a half weeks post-op and lasted for approximately six weeks,” she says. “It affected everything I did. My breast care nurse told me to do the exercises regularly – I did, and ever so slowly the cording disappeared. I had to do them at least six times a day – stretching my arm up against a wall and holding the stretch, also sitting down and reaching up above my head. It was horribly painful at first, but I just had to do it.”

Meanwhile, Anne Slough developed the condition four weeks after her operation. “They were visible in the crook of my elbow as two raised ‘cords’ and you could trace them right up to my armpit, which looked like it had a couple of ropes in it!” They were tender to the touch and whenever Anne stretched her arm fully, but she found that gentle massage helped. “The lymphatic fluid has nowhere to go after the nodes have been taken out, so the vessels become blocked,” she explains, “but my body gradually absorbed the fluid. Six months on, I can occasionally feel a tenderness in my arm if I have done a lot with it, and I stretch it out. The range of movement is good, though, and I still do the exercises if I remember.”

### **Going with the flow**

Lymphoedema is another problem that is caused by removal of, or damage to, the lymph glands during surgery or radiotherapy. The symptoms include swelling, usually in the arm, caused by a build-up of a fluid called lymph in the body tissues that would usually be drained away via the lymphatic system. It is estimated that at least 100,000 people in the UK are affected by the condition, and around one in every five women develop it following mastectomy.

While specialists are now much more careful about performing surgery and radiotherapy to the armpit, many women struggle with the condition, and its symptoms can vary from mild to severe. It is nearly always chronic – in other words, once you have lymphoedema, it never completely goes away.

We talked to Carol-Ann Cahill, clinical nurse specialist at Basingstoke and North Hampshire Foundation Trust, about how you can help yourself if you’ve got lymphoedema.

Carol-Ann always emphasises to women that their quality of life should not deteriorate because of the condition. “Don’t let it monopolise you,” she says. “I always tell people that I want them to be able to live their life as they always have done, doing everything they currently do, despite the fact that they’ve got

lymphoedema. Everything you do to manage it needs to become a habit, so that you don't actually think about it. If you think too much about it, lymphoedema can be a reminder that you've had breast cancer.

"It's vital to be assessed by a qualified practitioner from the outset. You need to find the best way of treating your particular case. For example, many women these days do not need a compression garment. And if you simply look on the web for an MLD [a form of massage called manual lymphatic drainage] practitioner you will no doubt find one, but please don't think that MLD is the only thing that will work for you – self-massage [SLD, or simple lymphatic drainage] is usually sufficient."

Carol-Ann sometimes uses a new method from Japan called Kinesio-Tex taping which for some patients can replace compression garments or may be used in conjunction with them. Not a substitute for multi-layer bandaging across a whole limb, Kinesio-Tex taping will however aid lymphatic drainage. "It's particularly good for hand lymphoedema, breast oedema and sometimes with problems following reconstruction. Once it has been applied by the practitioner the first time, the patient can come back and be told how to do it themselves. Another bonus is that it comes in some great colours!"

Monitoring the condition is also important, says Carol-Ann, "so you can keep an eye on it. We measure people's arm before they have surgery and then again at one year after, because you can then pick up lymphoedema at a very early stage."

Carol-Ann is positive about the future, both for people who currently have lymphoedema and for those about to have breast surgery. "At the BLS (British Lymphology Society) conference last October the emphasis was on ensuring best practice and consistency of care throughout the UK. Now patients should be able to expect a level standard of treatment wherever they go. If you haven't got a lymphoedema specialist in your local area, don't assume that you can't see anyone. Demand to be seen by an expert – and don't settle for 'no'."

Carol-Ann also believes that the new sentinel node biopsy procedure, which defines which lymph nodes are most likely to contain cancer cells before removing any of them, will make a big difference to the number of women suffering from lymphoedema following surgery. "Everyone used to have axillary clearance regardless of the type of cancer and how much it had spread," she said. "Sentinel node biopsy is going to be the forerunner to a reduction in lymphoedema."

Exercise is also very important for anyone who suffers from lymphoedema. Not only does it help increase your sense of well-being and aid weight control, it can also activate the muscle-pump and help with drainage. Many types of exercise are good for lymphoedema, from swimming to Tai chi, yoga and pilates. With the latter, ask your class teacher to modify any exercises or movements where your body weight is being carried by the affected arm (usually floor exercises). All good teachers will be able to offer a suitable alternative.

[outbox on lymphodema prevention tips]

Any woman who has been treated for breast cancer can be at risk of lymphoedema at any time after her surgery, so it's important to take precautions to protect yourself even if you don't suffer from it now. Anything that increases fluid collection in your arm can increase your risk of lymphoedema, such as an infection from a cut or graze, an insect bite, severe sunburn, or putting too much strain on your arm too soon. See our Top Tips for how to help yourself.

### **Top tips to help prevent lymphoedema**

- Don't use your arm to lift anything heavy until you are told you can
- Don't let anyone take blood, give injections, or take your blood pressure from the arm on the side where you have been treated, unless it is unavoidable
- Wear gloves when gardening or doing housework
- Use insect repellent and a high factor sunscreen
- Use nail clippers rather than scissors, and don't push back your nail cuticles on the side where you've been treated
- Use an electric razor rather than a manual one if you shave under your arms
- Avoid anything that will increase the temperature of your skin, like very hot baths or showers, sitting too close to a heater, saunas, steam rooms and sun beds
- Use a non-scented moisturiser or oil on your skin each day to help it stay supple

- Continue to do the arm and shoulder exercises you were taught after your surgery
- Because an impaired lymphatic system lowers your ability to deal with infection, it's important to protect yourself against cuts and scratches. If you do get one, however small, wash it well and cover it until it is healed. If you see any redness or swelling around the cut, see your GP straight away because you may need antibiotics.

### Living with lymphoedema

What is it really like to live with lymphoedema? Pauline Nevison, who had a mastectomy in 2002, has had the condition in her right arm since 2003. Her experiences and feelings sum up those of many women we've spoken to for this article. "I have extensive swelling of the hand, middle finger, forearm, elbow and upper arm, sometimes with pain and numbness in my fingers or thumb," she says. "There is often pain in the wrist, and sometimes I have difficulty writing, due to wearing a compression glove. When preparing meals I have to wear a latex glove to cover the glove and keep it clean. I do drop things because I am unable to get a good grip on them (I have begun to use my left hand for some things)." Pauline was frustrated by the lack of support from her medical team - "They don't know or understand what it is like to have this condition" - so she became a member of the Lymphoedema Support Network (LSN). "I now receive regular newsletters with helpful information. There are also personal accounts of how others cope with this condition. It helps you realise that you are not alone in your suffering. LSN also has leaflets that give you advice on various aspects of lymphoedema."

Pauline tries to keep active. "The booklets say to keep moving the affected limb and this should help reduce the condition. I am an active person, always on the go, placing things I use often on high shelves to encourage me to reach for them and stretch my arm. But this didn't stop me getting the condition and hasn't made it any better. I did read somewhere that I may have a genetic disposition to it because two close family members - brother and mother - have lymphoedema or a related condition in their legs or feet.

"Clothing can be a problem, because I have had cellulitis (an infection) twice, and my right arm is now twice the size of my left arm. I find it difficult to get long-sleeved clothing to fit comfortably. It is very depressing because some clothes don't look right and some blouses don't fit at all. I usually end up wearing short-sleeved or sleeveless clothing, but then you are faced with questions about your affected arm!"

Pauline feels lymphoedema means she can't forget about breast cancer: "It's a constant outward reminder to the world that you had breast cancer."

Although lymphoedema following mastectomy is usually found in an arm, more rarely swelling of the breast or chest area may occur after breast-conserving surgery. Following her lumpectomy in December 2002, Doreen Richards' breast became very swollen, increasing in size from her usual C cup to a DD. Her breast care nurse told her it was breast oedema. "I was given all the usual advice for lymphoedema - aqueous cream, exercises, the correct bra, SLD, etc. I was also told that MLD can be beneficial but it is rarely available through the NHS."

After more than 18 months persevering with self-massage, Doreen found an MLD therapist just five miles from her home, who practises the Dr Vodder method. "You begin with a daily visit on 10 consecutive days and once this was over I continued to go along every month," she says. "I am fortunate that I can afford to do this - sadly many people would find it too expensive. I know there are people lobbying for it to be on the NHS," says Doreen. "I now do a few exercises and SLD every morning. Disappointingly the breast is no smaller yet, but the condition of the breast, and the skin all around it, has greatly improved." Doreen also finds wearing a sleep bra at night helps prevent her breast feeling painful when she wakes up in the morning. "A small cushion or pillow (about 10 or 12 inches square) can also be pushed in below the tender breast, on the lower rib cage, which helps to stop any pressure at night."

Doreen is frustrated by the lack of information available about breast oedema. "I rang the various people who send out literature but they know little or nothing about it. Without the MLD therapist I would have remained frustrated and ignorant of the finer details," she says. You can find an MLD therapist through MLD UK - see Contacts below.

There are specialist lymphoedema centres throughout the country where you can go for advice and treatment. The Lymphoedema Support Network or British Lymphology Society (BLS) can give you details. Also, see Cancerbackup's website for a list of other organisations that can help.

### **Breathe in!**

According to Cancer Research UK, doctors are looking at a new way of treating lymphoedema after radiotherapy. This is called hyperbaric oxygen therapy (HBO). They think that high pressure oxygen treatment can help improve the flow of lymph and so reduce swelling. HBO treatment takes place in a special chamber that contains compressed air. A qualified attendant sits in the chamber with you, along with up to six other patients. Whilst in the chamber you breathe in 100% oxygen through a special hood. An early trial of HBO is taking place in the UK. While it is still recruiting, it will be listed on the clinical trials database at Cancer Research UK's website.

### **Sore subject**

While there is little outward sign of their suffering, chronic pain is one of the most unpleasant and least understood conditions that affect women after breast surgery. "I simply have back ache all the time," says one reader. "Whatever I do, whether I'm sitting, standing or lying down, it's always there. My medical team simply tell me to take painkillers. I think as far as they're concerned, I don't have cancer any more so that's it."

Of course, it isn't that healthcare professionals don't want to help. It has more to do with the myriad different causes and types of pain and discomfort following surgery – the effects on nerves, the changes in skin sensation around a scar, weakness or muscle damage caused by changed posture and, in some cases, damage inadvertently caused during surgery.

If you have pain, though, don't just grin and bear it. "Once pain becomes chronic it is too late," says Brenda Simpson, who had her surgery in 2001 and is still suffering. "It should be common practice to have a pain specialist available [at the time of surgery] and the problem picked up in the very early stages, when it is treatable. In my case it was twelve months too late. I currently take 3200mg of Gabapentin (an anti-convulsant) a day together with 10mg Nortriptyline (an antidepressant), and sleeping tablets at night. I walk around in a permanent daze."

Brenda's surgery involved lymph node removal, and she later had further surgery to remove a neuroma under her arm. She complained of pain for nearly two years following her mastectomy – her chest wall feeling as though it was being "tightened in a vice", together with pulling, stabbing and stinging pains that she found almost unbearable. She was told to take painkillers, and that the pain would improve over time.

The problem did not improve, and finally Brenda saw a pain specialist, who explained that she had nerve damage as a result of the breast surgery. He offered an appointment with a pain psychologist. It was at this point that Brenda started investigating pain on the internet, and found a site called [www.cancerlynx.com/mastectomypain.html](http://www.cancerlynx.com/mastectomypain.html). Here, she found out that the main reason for the pain seems to be injury to the nerves that run between the ribs and skin of the underarm, which are often intentionally sacrificed during surgery to the armpit area.

Becoming more and more desperate about the agony she was suffering, Brenda submitted to a radio-frequency injection in March 2003, but this made the pain even worse. She rejected the suggestion of a spinal cord stimulator, as this would involve further surgery, and was unable to find relief using the creams her pain specialist prescribed, so the dose of Gabapentin was increased. She was finally referred to Walton Hospital in Liverpool and offered a place on their pain management course. While on the waiting list for this, she visited her sister in Australia, who arranged for her to see a doctor who specialised in circulation. "I had intense massage treatment for three days a week for five weeks," Brenda says. "Her idea was to get the blood circulating to repair the damage. I felt rush of blood to the area on occasions, and I think she helped, but overall the problem had become too chronic, the treatment was exhausting, and I returned to England in November."

The pain management clinic was unfortunately of little more help. "It consisted of physiotherapy, relaxation, Tai-Chi, swimming, psychology group workshops where we learned about targeting, pacing, managing pain, and everything associated with it, including depression, anxiety, managing anger, insomnia.

“During the course I was seen by a psychologist who said I was also suffering from post-traumatic stress disorder. I was also prescribed an antidepressant, Nortriptyline.” During her pain journey, Brenda has travelled along many roads, a lot of which turned out to be dead ends. “Losing a breast is not easy,” she says, “but living with chronic pain is a nightmare.”

Brenda's experiences underline how important it is to seek help for pain quickly, before the condition becomes chronic. It is in the early days that some of the pain management techniques discussed here can be most beneficial.

Damage to the delicate lymphatic system also seems to be at the route of the pain suffered by Erika Chess, who had a mastectomy and reconstruction with sentinel node biopsy, chemotherapy and axillary and chest wall radiotherapy. About six weeks after treatment ceased, she noticed a tingling in her neck, arm and fingers, plus a tight pain in her arm. Erika is a doctor, and she said she received little sympathy from colleagues – “Nobody seemed to believe me much!” – but she did get help from a masseuse who works in a lymphoedema unit. “She suggested I see a specialist physio, and I found one who does “myofascial release work”, following the teachings of a South African physiotherapist called Willie Fourie. This chap comes to the UK and trains physios. I met him a few weeks back and had a session. It has been hugely helpful and reduced my symptoms by about 75%.”

Erika thinks women don't complain enough when they get these symptoms and, when they do, doctors don't know what to do about it, so often prescribe painkillers or refer them to a pain clinic. She recommends doing all your exercises, but also finding someone who understands this technique. “It is very easy to do. It's really a very gentle massage and manipulation technique – a friend could learn it and do it for you at home! There is some literature on Willie Fourie's teachings on the internet – look it up and ask your physio or breast care nurse to make some enquiries. My medical colleagues were cynical but it has definitely helped me enormously and the logic behind it, to a doctor, is reasonable.”

Fortunately, many women do find something that works to relieve or even cure their pain. Ros Shelton tried acupuncture for the pain in her arm and side after surgery. Her acupuncturist was an ex-Macmillan nurse with experience of treating women in Ros's situation. “She suggested that I go back to my GP and ask to be referred to a consultant in pain and anaesthetics whom she had worked with previously.” Ros's specialist suggested using a TENS (Transcutaneous Electrical Nerve Stimulator) machine. Often recommended as pain relief for women in the early stages of childbirth, TENS machines deliver small electrical pulses to the body via electrodes placed on the skin, and this is thought to help ease pain. “I struggled with it initially, but found it to be very beneficial once I identified a suitable setting,” says Ros. “I was also given exercises to do by the physio to stretch and soften the affected tissue.” Now Ros is back to her beloved fell walking, and this summer went swimming with dolphins in Cuba. “My experience has shown that it is important not to abandon hope and to explore all possibilities,” she says.

### **Don't give up**

Many hundreds of women undergo mastectomy every year, and most of them experience no lingering post-surgery problems – although of course this is little consolation if you are in pain or discomfort.

If you are suffering, do remember that you're not alone. It's easy to think you're making too much of a fuss – your cancer has been treated, so shouldn't you simply be glad to be alive? But don't be put off, keep seeking the help you need until you find something that works for you. If your medical team at the hospital are unable to help, speak to your GP and ask to be referred to special clinics. But whatever you do, don't suffer in silence. Even for those who find that little can be done for them, sometimes just talking to someone who understands can be a great help. Be open-minded and prepared to try a different approach – you might be surprised. And never give up.

### **Contacts**

**Cancerbackup**, 3 Bath Place, Rivington Street, London, EC2A 3JR Tel: 0808 800 1234 Web: [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

**Breast Cancer Care**, Kiln House, 210 New Kings Road, London, SW6 4NZ Tel: 0808 800 6000 Web: [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

**The British Lymphology Society**, PO BOX 196, Shoreham, Sevenoaks, Kent, TN13 9BF Tel: 01959 525 5245 Web: [www.lymphoedema.org/bls](http://www.lymphoedema.org/bls)

**MLD UK**, PO Box 14491, Glenrothes, KY6 3YE Tel: 01592 748008 Web: [www.mlduk.org.uk](http://www.mlduk.org.uk)

**The Lymphoedema Support Network**, St Lukes Crypt, Sydney Street, London, SW3 6NH Tel: 020 7351 4480 Web: [www.lymphoedema.org/lsn](http://www.lymphoedema.org/lsn)

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**Prevention is better than cure**

New DVD will help those at risk of lymphoedema

A new DVD produced by Breast Cancer Haven will provide viewers with the experience of a lymphoedema awareness class, giving them information on lifestyle adjustments and precautions that can help reduce their risk of lymphoedema following mastectomy.

The video, called *Lymphoedema Awareness – Reducing the Risk*, was produced by lymphoedema nurse specialist Eunice Jeffs and Professor of Dermatological Medicine at St George's Healthcare Trust, Peter Mortimer. Aimed at women who do not have lymphoedema, it describes the condition, which affects one in four following mastectomy. It makes the case that prevention is better than cure, and talks about the likely chances of developing lymphoedema, reducing one's risk, and seeking the necessary help if symptoms should arise. It also includes a section on preventative exercises, and interviews with Haven patients talking about their experiences.

The film is endorsed by Haven ambassador Dr Miriam Stoppard and Anita Wallace, chair of the Lymphoedema Support Network, who said: "This film is an excellent resource for patients at risk. I applaud the work Breast Cancer Haven has undertaken."

While it is aimed at women who do not yet have the condition, the film might also be of interest to those with lymphoedema, who may find the exercises and much of the information helpful. It is already being used by patients, nurses, lymphoedema specialists, surgeons and cancer support groups around the country.

Available in DVD or VHS format, copies are free of charge to patients and healthcare professionals – one per organisation. Above this, a donation of £5 per copy is requested to help cover the Haven's costs. Call 020 7384 0099 or email [websales@breastcancerhaven.org.uk](mailto:websales@breastcancerhaven.org.uk)

To watch a free clip of the film and for further information, go to [www.breastcancerhaven.org.uk/films](http://www.breastcancerhaven.org.uk/films)

Breast Cancer Haven runs day centres which offer a free programme of support, information and complementary therapies to anyone affected by breast cancer and its associated treatments.

## Real life – Would like to meet

**It's still possible to find friendship, love and happiness after breast cancer. Lisa Booth, 45, didn't know what to expect when she placed an advert in her local paper's 'lonely hearts' section. But, as she explained to Christina Relf, it has led to her meeting the man of her dreams.**

I'll never forget the day that changed my life. I had just had my final chemo session and was still wearing my wig. My marriage broke up around the time of my diagnosis, and my ex-husband was already living with someone new. I guess I was in quite a bad place at the time. I hated the way I looked – I had one boob and no hair. On top of that my future was uncertain – would I ever really be free of cancer? Feeling very sorry for myself, I thought "Right, that's it, I'm going to meet someone," so I put an ad in the local newspaper.

I have to confess I didn't really think I'd get a great response to the ad, but amazingly enough I got over 40 replies! I really liked the sound of Steve on the phone and so we arranged to meet up. I decided not to tell Steve about the cancer unless I really liked him, as I had told others before and they'd run a mile.

First dates – particularly blind dates – are always awkward, but I think it's worse when you've had breast cancer because you feel more self-conscious. My worst fear was my hair. I didn't want it to look like I was wearing a wig but there's always a danger, even with a really good one, that it will look crooked or unnatural. I remember going up to the bar to buy us some drinks and feeling Steve's eyes looking at the back of my head. I can laugh now, but I was so worried he would notice my wig.

We got on so well that we decided to go on and have something to eat. I felt really comfortable with him – like I'd known him forever. It could have been romantic, but on the other hand at this point it could all have gone horribly wrong - so I decided to take the plunge. I said "I've got something to tell you." Steve took a deep breath. I found out later that he thought I was going to say something like I had murdered my husband! So when I said "This isn't really my hair," it was actually a huge relief to him. "That's nothing!" he said. That's Steve all over – I always say that he's so laid back if you blew too hard he'd fall over!

We started seeing each other regularly from that point, and although we were crazy about each other, it was quite hard at the beginning. Obviously the first time we slept together I was very conscious of my body. We made a bit of a joke about my 'no hair look'. He said it was like going to bed with one woman and waking up with another, as in the night I would get hot and throw my wig on the floor! It's not easy being in a new romance when your hormones are all over the place and your sex drive has all but disappeared. I had to find out about things like the oestrogen ring on my own – the doctors are just happy if they can cure you; they're not worried about whether you have a sex life or not.

Steve was fantastic. He isn't fazed by my scars or the side-effects of all the drugs I have to take. At the time of my mastectomy, in 1998, I had a chest wall skin flap reconstruction, with an expander implant. However I put on so much weight when taking tamoxifen that my skin expander wouldn't stretch sufficiently, so I then had a tram flap reconstruction. It left me in quite a mess and I still wear a partial breast form on my reconstructed side, even though I had my remaining breast reduced. But none of this bothers Steve – he is my rock, and whatever has happened, he has always been there for me.

It's just as well our relationship grew to be so solid, because neither of us realised at first how complicated things would become. We both had a nasty shock when in 2003, I was diagnosed with secondary bone cancer in my left femur and then in July 2005 an inoperable tumour was found on the outside of my lung, in the lymph gland.

Although Steve and I had been together by this time for six years, I had never really considered remarriage - after all, we were happy as we were. Steve had asked me to marry him many times at the beginning of the relationship and I had always said no, worried that I would make him a widower after a short time. But when my cancer came back it put a different perspective on things.

I felt it would be easier to be married if the worst happened. I think it's inevitable that the cancer will come back again at some point and I am not going to go on until I'm 60. It's all about putting your life in order. But the biggest thing I wanted was to be Mrs Stephen Booth.

We were married in July 2006 - the hottest day of the year. Having thought I could never find love again, I can honestly say that our wedding day was one of the happiest of my entire life. I wanted to look lovely for Steve, and my friend, Lesley, made me a specially-designed one-shouldered dress to hide my scarring. Looking at the photographs you'd never know I'd had all that surgery. I felt fantastic. I wanted to wear something that was grown-up glamorous – not something that screamed 'mastectomy!'. My two lovely daughters were my bridesmaids, and my matron of honour was my best friend, Marion.

I first got to know Marion through a pen friends feature in Amoena Life back in April 2000. I can clearly remember how utterly isolated I felt as a younger woman with breast cancer. Everything seemed to be aimed at older women. I was beginning to despair that there was no-one else out there who could understand what I was going through. I can't tell you how relieved I was to find Marion. Your friends and family can be caring and supportive, but it's so important to talk to someone who has actually 'been there'. Marion had had inflammatory breast cancer in 1996 and on diagnosis was only given a short time to live – but she's still here! We became great friends, doing lots of writing to start with and then finally meeting up, which was really good. For a time Marion was a counsellor with Breast Cancer Care. She helped me so much, in practical as well as emotional ways. If I had any problems I could ask her and she would find the information I needed. When Marion got married I was there, and it was wonderful to have her with me when I married Steve. We've really kept each other going over the years.

The worst thing about living with cancer is that we all look well and we're not in pain, so people can't always see or understand how much we're suffering. Over the years I have lost friends to cancer and we know it can be so quick. It is fighting with your mind as much as anything that is the struggle, but I'm determined to live every day to the full. My relationship with Steve has certainly helped me to do that.

You have to learn to take the knocks and come up fighting. My employer has now pensioned me off and given me a lump sum in lieu of my pension. Their letter said that it was "due to the terminal nature" of my illness, which did take me aback. It was a shock to see it there in black and white. But as one of my friends who also has breast cancer said, at least we know what we're going to die of!

A lot of people say they don't know how I cope with everything I've been through, but I always say that no experience can be all bad. For example, if I hadn't had cancer I would never have met my soul mate Steve or my best friend Marion. I told Steve when I met him back in 1999 that I didn't know what I had to offer him, and he said "I'll take whatever you've got." We've had lots of ups and downs along the way but it's been great. We've just come back from our second honeymoon – a fabulous cruise to the Caribbean. I'd never been on a cruise before, but I loved it so much that we've already booked again for next year. I just hope I get there.

Despite everything, we do have a good time. Steve took early redundancy to be with me, and we're exploring the world together. Life's still an adventure, and I'm very lucky to have Steve to share it with me.

## Bouncing Back – Is breast cancer the ultimate wake-up call?

**Although devastating, a diagnosis of breast cancer can also be a catalyst, and for some women it provides the 'wake-up call' that leads them to make amazing changes to their lives. In this article, Christina Relf talks to women about their experiences and asks why it often takes a major crisis before we really take stock.**

No-one would ever wish for a diagnosis of breast cancer. Yet thousands of women say that the experience has actually changed their lives for the better. It's not the pain, the impact on their health or the disfiguring surgery that they're celebrating, though – it's their changed perspective on life. Amoena Life reader Janice Parkinson sums this up perfectly: "Strange as it may seem to many, having breast cancer has been a positive experience for me. For the first time ever I can see which way my life is going. I don't earn a penny now but I am so much richer. I've gained an inner peace and calm which I never found in my frantic pre-illness days. Nothing can change the fact that I've had breast cancer, but I've used that as a way to turn my life around completely."

As adults, so many of us get stuck in a rut, feeling that life is more about responsibility than self-fulfilment. We often have our dreams of escape, whether it's exotic holidays, a change of career, or moving to the country, but the daily grind generally keeps us from doing anything more than dreaming. And so our lives go on, no matter how much we might like to change them, until – for some of us – our bodies say "Stop!" and we are forced to take stock. Meriyn Rees describes it very well: "When I was diagnosed it was as though the brakes had been slammed on. I knew that it was time to change my lifestyle." Yet knowing and doing are sometimes two very different things. Most of us feel we *can't* change our life because too many things depend on it staying the way it is. But life has a way of challenging the rules we impose upon ourselves.

### Finding another way

Sheryl is a calm, caring woman who never seems rushed or stressed. She is a Reiki master and her treatments are deeply healing – she seems to impart some of her wisdom and inner peace with each session. Yet when her cancer was diagnosed, Sheryl's life was full of turmoil. She and her husband had been struggling for many years to help their adolescent son through alcohol and drug addiction – a process that drained their energy and compassion to their very depths. She had also been nursing her sick mother, while running a large house and training for her new career. "I know with absolute certainty that my cancer was a warning," she says. "I had been taking my own life for granted, believing that I could help everyone else but utterly neglecting myself."

When she recovered from her treatment, Sheryl made some enormous changes to her life. Following her mother's death, she suggested to her husband that they sell their large house and buy two properties: Sheryl wanted to live on her own for a while, to focus on her own healing and learn to be independent. It was a very brave step. "We didn't know whether our marriage could survive it," she says, "but I felt it was simply what I had to do." Several years down the line, her marriage is stronger than ever and she and her husband now live together in the delightful little cottage that was Sheryl's home during her period of self-discovery. She also learnt a different way of dealing with her son's problems, one in which she became more accepting and was able to hand over more responsibility to him while still being loving and supportive. After years of believing she alone could be his saviour, this was very difficult. Now, however, when you meet her it is impossible to believe that this wise and balanced woman was ever so emotionally traumatised. "I refuse to be pulled in all directions now," she says. "I accept the good and the bad in the world, and I know I can find that place of calm in the eye of any storm." And in finding her own peace, as a therapist Sheryl is also able to give the gift of healing and serenity to others – something on which it is impossible to put a price.

American psychotherapist and author Ronnie Kaye, who is also a breast cancer survivor, says: "It is not unusual for women to put themselves last. They have been groomed—by family, by society, and, to some extent, by inclination—to step into the role of caregiver and nurturer. They come to regard giving to others, putting others first, as an integral part of their identity, one of the qualities that makes them acceptable and valuable as human beings. They present themselves as strong and responsible, and the people around them happily accept that. Therein, of course, lies the problem. People don't tend to ask what a 'strong' woman needs, and women who present such a strong and responsible image often find it difficult, if not impossible, to admit that they have needs. In fact, many women do not allow themselves to acknowledge their needs—even to themselves. As they continue to give without being replenished, fatigue and depression, anger and resentment can set in.

“The truth is, people cannot give what they don’t have. Without enough positive supplies coming in, these women will eventually burn out. A breast cancer diagnosis is a crisis of such major proportions that it literally forces a woman to experience her own vulnerabilities and her own needs. That, actually, can be good news because awareness is the first step toward change.”

### What’s your take on life?

It is ironic that most of us can’t accept, until we’re forced to, that we’re unable to control everything in our lives. And it’s no accident that such occurrences are called life-changing experiences. But sometimes it’s not so much a change of behaviour that’s brought about by these bombshells, it’s a change of attitude. As Shakespeare wrote: “There’s nothing good or bad but *thinking makes it so*.” In other words, it’s not so much what happens, but how we deal with it that shapes our lives. Modern-day life coach and happiness expert Fiona Harrold – the woman named by the Daily Mail as “the country’s top life coach – one of the most dynamic and positive people you will ever meet,” – has a lot to say about the power of positive thought. In her book *Reinvent yourself – 7 steps to a fresh new you*, she develops Shakespeare’s theory: “Choose your response. It’s never ever what happens to you that has power over you – it’s always how you allow it to affect you.”

But what happens if we stop doing what we’ve always done? Won’t our world crumble round our ears? And do we really want to embark on a life change when we’re struggling to cope with breast cancer treatment? Quite understandably, it is often the fear of change that stops us changing. But the feeling of liberation when you let go of your perceived sense of control over your life is amazingly empowering. Since receiving her diagnosis, Christine Lockwood has worked tirelessly at her local hospital and for various cancer charities, helping hundreds of women. She says her experience has changed her from a shy, quiet person to one who now reaches out to others, happily gives talks and demonstrations and setting up a local support group: “I feel I can do anything now. What is there left to fear?” she says. “My worst fear is now behind me. I’ve been freed, let loose from my own inhibitions.”

People do have a tendency to cling to situations that distress them: for example, feeling put-upon by family and friends because you always take control, always organise things or always pay, or hating your job but staying there because you won’t allow yourself to believe you could be a success at anything else. Letting go is hard, though – even letting go of things you don’t much like anyway. One psychologist called it “your favourite bad feeling” — the one you resort to even though you hate it, because at least you know it well and you understand it. Says Ronnie Kaye: “If change were an easy matter, no one would spend more than five minutes locked into unproductive patterns, situations, relationships, or attitudes. People resist change because the prospect of letting go of what is familiar can be very frightening. Oddly enough, a breast cancer experience can be the antidote to that fear. It can supply you with the courage you need to change your life. Fundamentally, a diagnosis of breast cancer forces you to confront your own mortality. Although in theory we know that everyone must die some day, we humans have an amazing capacity to deny that the theory applies to us personally... until something like breast cancer comes along.

“Then mortality takes on a terrible immediacy. At that point, there are only two choices. The first option is to sink into a state of depression, despair, and futility because there is no way to avoid mortality. The better, healthier choice is that we can resolve to use the limited amount of time we have on this planet in a way that brings us joy and satisfaction, which usually means we have to make some changes in our lives. While it is true that we die either way, we only really live if we embrace change. Once you have decided that change is in order, keep a few things in mind: (1) Change is a process that often takes longer than you might wish. Don’t compare your process with that of anyone else. Change at the pace that is right for you. (2) Don’t judge your changes. What may seem small to someone else may be crucial for you. (3) Sharing your determination to change with other breast cancer survivors who are doing the same thing brings strength and encouragement to all. (4) If you want to change but feel too stuck or too afraid, consider a consultation with a psychotherapist or counsellor. These professionals are in the business of change. (5) You are limited only if you think you are. Dare to want! Dare to dream!”

For a lot of women we spoke to, it’s the concept of a second lease of life that gives them the courage to break out. A feeling of being given a second chance that makes you appreciate what you have so much more. Beverley Oldham was left in a lot of pain and discomfort after her mastectomy and tram flap reconstruction. “I did not like feeling ‘different’ every time I turned over in bed or tried to swim. I have always practised yoga and I decided that I would use it to get my life back to how I wanted it to be.” Two years after her operation she still could not raise her arm above her head, and her reconstruction had left her unable to stand up straight because of a tugging feeling in her stomach. Yet through dogged

determination and inspiration she is now training to be a yoga teacher. “Yoga gave me my life back!” she says. “I practise meditation, which gives me a sense of perspective. I can walk tall now without feeling discomfort. I enjoy being a role model for other women who are undergoing their journey through cancer.” Beverley feels her cancer experience made her see not just how bad things were, but how good they could still be. “When I feel as though I do not want to do something I remember my friend who did not make it, and I go for it. Every day is a gift. Yesterday is history – tomorrow a challenge.”

### **Small change – big difference**

It's not always big changes that can make a difference to your life. True, the women we've spoken to here have taken on some major challenges or branched out in ways that are often daring and new. But it all starts with a change in the way you think about yourself and your abilities. As Fiona Harrold says: “Your vision of yourself and your life is your greatest asset. Learn to stand alone, secure in your own integrity and self-worth.” All growth involves some kind of pain or discomfort, and embracing change means stepping outside your comfort zone, which is true whether you've had breast cancer or not.

What these women have in common is that they found that the impetus, often referred to as the ‘wake-up call’, came to them as the result of their diagnosis. Breast cancer was the catalyst for a change they might not otherwise have made. A change for the better. And it's interesting that in nearly every case that change involved giving help to others. Whatever your spiritual beliefs, it's easy to relate to the concept of treating other people as we would wish to be treated ourselves. We'd all like to be loved, helped and supported – and it really isn't psycho-hocus-pocus that whatever we give we will receive back in one way or another. When terrible things happen to us it's a natural reaction to feel angry and bitter, but once the initial shock has passed it's heartening how many people actually become kinder and more thoughtful as a result.

Jean tells of how, following her diagnosis, she was so wrapped up in her own pain and unhappiness that she felt like a huge magnet, attracting bad things to herself all the time. “When I fell out with one of my best friends because of a stupid misunderstanding I knew it was time to stop being that angry, resentful person and start looking outwards.” The result was not earth-shattering – indeed, there was no visible change, but, says Jean: “I feel so much happier, so positive. I'm taking small risks and thinking carefully before I react to certain situations, and I'm getting braver every day. Reluctant though I am to admit it, I have to say that good things are queuing up at my door these days – new friends, help from neighbours, solutions to problems I previously thought could not be solved.” She might not be about to go sky-diving, but Jean has found that changing her outlook has paid dividends.

Fiona Harrold doesn't mince words on this subject: “Your perspective creates your thoughts and your thoughts create everything. It is your strongest thoughts that have constructed who you are now. Who you are in the future is up to you.” And while it would be easy to feel resentful about the fact of breast cancer (“If I could truly construct who I am now, I wouldn't be someone who had been diagnosed with breast cancer”), the message is that while nothing can change your diagnosis, you do have the power to shape the way you live the rest of your life. As Jean knows only too well, when she saw and felt only negativity, that's who she was and that's how she was seen. Now she's determined to shrug off that old self, and already life has taken on a different meaning for her.

### **Sailing towards a new horizon?**

There is a frequently quoted saying that “the only constant is change” and there's a lot of truth in it. We can either choose to be passive recipients of the changes that life forces upon us, reacting to circumstances rather than seeking out new opportunities, or we can dare to realise our dreams or to embrace the new opportunities that present themselves to us. Life coach Fiona Harrold quotes Mark Twain: “Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbour. Catch the trade winds in your sails. Explore. Dream. Discover.”

### **Case studies**

#### **A spiritual perspective**

Elvina Lee is a young woman who loves life and approaches it with a very positive attitude. Diagnosed with breast cancer at 26, she found the support she needed from her Christian faith. “The shock of diagnosis made me really stop and think about my life,” she says. “I used to take everything for granted – I was a bit of a free spirit – but having breast cancer made me realise that my life could end very quickly. It was a case of making a conscious decision to take life more seriously, and look at what changes I

needed to make for myself.” Elvina had always been a churchgoer, but now she found her dedication increasing. “I think it’s about who you turn to in times of crisis. Your medical team can’t offer you any real reassurance. I needed something concrete in my life – to know that my life and my future were safe in someone else’s hands – and for me that was God.”

Elvina found that reading the Bible, thinking and praying were the things that helped her most, and she wanted to share that with others who might be in a similar position. “I looked on the web and found that there was nothing specifically for Christians with breast cancer. One day I was just praying – I was feeling fed up and I thought I needed to do something positive. I caught sight of a poster I have on my wall that says ‘Trust in the Lord and do good’, and I thought ‘Right – I will!’ So I went onto Google and found the Two Minute Website guide – and things just went from there.”

Elvina created her website – [www.sunflowerministries.org](http://www.sunflowerministries.org), Christian support for those affected by breast cancer – single-handedly, and launched it in December 2005. Since then, the site has had more than 13,000 visitors. Elvina believes that the most successful area of the website is the Scripture page – “Some people don’t have Bibles, and some just don’t know where to look,” – but in addition to this, it’s a mine of information, resources and support. As well as wise words and homilies from Christian writers, there are links to other useful sites, prayer requests and guidance, a chat forum, recent breast cancer news and even a section on the minimum standards of care you should expect to receive during your treatment. Elvina is delighted with the positive feedback she’s had from both women and men.

Elvina feels upbeat about her breast cancer experience: “Breast cancer is not a depressing thing for me,” she says. “I have met some really lovely people through my support group and of course through the website. And I have renewed my faith.”

**NOTE: Elvina would like to see text before it goes to print**

### Chasing dragons

Many of us who are *not* going through cancer treatment would balk at the idea of getting into a boat with 20 or so other women, and launching ourselves into the deep and uninviting waters of our British rivers in all weathers. But that’s just what the Pool of Life ladies’ dragon boat team, all of whom have had breast cancer, do two or three times a week during the season. And they’ve become so good at it that in September last year they took part in the world’s first breast cancer world championship dragon boat race in Singapore.

Gail Tyrer joined the team, which she calls her ‘floating support group’ when she was looking for something a bit more active than the usual support group. She was given a poster by a breast cancer survivor to display in the medical centre where she works. “I rang the telephone number on the poster and subsequently went down to the docks in Liverpool to watch a dragon boat race and meet up with the team of incredible ladies who were all breast cancer survivors, aged between 35 and 65,” says Gail. “They were all so positive and had so much determination and comradeship that I wanted to join there and then. I got on the boat and paddled with them – and I’ve been doing it ever since!”

The Pool of Life is the only UK team made up solely of breast cancer survivors. They race in the national dragon boat league. “We race all over the UK, spreading the word that there is life after breast cancer, and wearing the pink ribbon with pride.”

The Singapore championships drew over 400 women from all over the world, all of whom were breast cancer survivors. Gail’s team won a silver and three bronze medals – a great achievement, since they are a smaller team and have been together for a shorter time than most of the competition. “What a fantastic experience!” says Gail. “We were in about 18 races over two days. It was exhausting but really inspiring. The positive feeling coming from everyone was wonderful.”

The team’s success raised a lot of interest when they got back home, with articles in the Liverpool Echo and a slot on Radio 4’s Woman’s Hour. “All this is fantastic for us, because we want to raise awareness of breast cancer – that’s our mission – particularly among younger women.”

“I can’t explain how I feel when I tell people that I race dragon boats,” says Gail. “The look on most people’s faces is one of disbelief – how can you do that, haven’t you had a double mastectomy, didn’t you

have cancer? Yes, look at me, I think. I have survived, and I am out there spreading the word. It is the most wonderful feeling that you are alive and living each day as it comes.”

**Gail wants to see text before it goes to print.**

**On the catwalk**

When she was having her breast cancer treatment, Pat Tasker found the Aurora Centre a haven of solace. Set up by two breast cancer survivors, it is based at the Doncaster Royal Infirmary, and offers beauty and pampering treatments for anyone who has cancer. “It is so nice to be able to go to hospital for a good reason, rather than just chemo,” says Pat. “I adored being pampered – it made me feel really special.”

Once a year the Aurora Centre, which is a charity, holds its main fund-raising event – a fashion show. “I went to it with my sister, who is a cancer care specialist nurse, in 2004. As we were watching the models gliding up and down the catwalk, my sister said to me ‘I’d like to see you up there one day.’ She has done so much for me that I wanted to do something for her, so when at the end of the show they asked for volunteer models for next year, I put my hand up.

“It was exhilarating, eye-opening, and a wonderful experience. We all had cancer in common, but we were spitting in the face of it and saying ‘We’re doing OK.’” The fashion show took place on two nights at the Doncaster Dome – a huge indoor arena. The audience exceeded 2,000 on both nights – numbers that would be enough to scare the most confident professional, but Pat wasn’t fazed. “I wasn’t particularly nervous because we had done so much practising. We were trained by a professional choreographer and spent many months rehearsing. On each evening the show went so fast, and I loved every minute. My sister was thrilled, and was crying through most of it! We raised around £14,000, which will help the centre to continue its excellent work.”

Pat has also reviewed her life priorities since having cancer. “Before breast cancer I looked at life through a slightly out-of-focus lens. My cancer experience adjusted the focus and now I see my life with absolute crystal clearness. I refuse stress. If I find myself getting wound up about anything I walk away from it. I feel calmer, more content. What more could I want than I’ve already got? A new kitchen would be nice, a new bathroom even, but it will wait. I don’t *need* it. I’ve got all I need – I’ve got my life.”

**Pat would like to see the text before it goes to print**

[Outbox]

**Are you ready to bounce back?**

**If you’re ready to take the plunge, we’ve got some pointers that will help you on your way.**

- Be open to change. Consider embracing a different way of being in the world.
- Set better limits. Give yourself permission to say no.
- Put yourself first, at least some of the time.
- Ask for help when you need it. When you get it, practise accepting it without embarrassment.
- Take up a new hobby, activity or sport. The mind-body connection works both ways. Use it! For the mind, consider meditation or imagery. For the body, get active. Walk, cycle, swim, try yoga, tai chi, or even dragon boat racing!
- Confront your fears. Scared of flying? Go on a fear-of-flying course! Shy? Join a club, drama group or choir!
- Help others. There are so many deserving charities and causes, there’s bound to be one that appeals to you and that would just love a little extra help.
- Stop saying “that’s just not me” – surprise yourself!
- Find role models—women who have come through the experience and are living with enthusiasm and grace.
- Make a list of enjoyable things you have put off... and start doing them.

## In Contact: Readers share their experiences

***Do you have a story you'd like to share, some words of encouragement for other readers or a comment to make about any of the items featured in our magazine? 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: [agrhwh@amoena.com](mailto:agrhwh@amoena.com)***

### ***Makeover magic***

I just wanted you to know how much I enjoyed my make-over with Amoena. It was such a tremendous experience and has made such a difference to how I feel about myself now. I just can't thank you enough. My daughter and I went shopping at West Quay and had a lovely girlie day out the other day. She helped me choose two great skirts, a top and a pair of boots to complete my new look!

**Judith Cochrane**

[You can see Judith's make-over in issue 23 of Amoena Life]

### ***The true value of life***

**I found a lump in my left breast after deciding to examine myself, only when Kylie Minogue was diagnosed. I was concerned but not unduly worried and went to my GP a week later. My doctor said he would refer me to the hospital, but has since admitted that it was due to what he had written in his letter – he did not think the lump was cancerous – that my referral took five weeks. Some people are seen in a day or two, others, sadly, wait months. There should be some kind of ruling on this.**

My diagnosis was in July 2005. Initially, upon diagnosis, I felt doomed. My first thoughts were that I needed to be here for my children, then only 13 and 15 years old. I was 45. I was hell bent on a dairy-free diet to begin with, but have relaxed a little now – perhaps because I feel, and hope, that I may be 'getting back to normal'.

However, no matter how many positive stories I hear I am always searching for someone in a similar situation to my own. I was diagnosed with grade 3 breast cancer, with the involvement of lymph nodes. I had a mastectomy, FEC and radiotherapy, which were all very daunting, harrowing and upsetting to say the least. My cancer is both oestrogen and HER2 negative – and so I'm not sure where that leaves me – is that good or bad? The worst thing of all – as for everyone in this situation – is has the cancer been overcome? I still await the result of recent scans – that my oncologist was reluctant to give me, but I insisted I should have.

My joints and muscles also ache terribly, but my oncologist and GP just seem to shrug when this is mentioned. Someone suggested that it might be the early and unnatural start of the menopause – brought on by the FEC.

Anyway – today is a lovely June day. I am having lunch with an old school friend. I'm back at work teaching – part time (after only completing my degree at 40). I feel much closer to all my friends and I know who my friends are! I feel like the luckiest person alive sometimes – because I have a wonderful husband, two beautiful children and a family I love dearly. We have recently been to Florida after putting it off for two or three years because we couldn't afford it, and I went to New York with five girl-friends at Christmas – whilst on FEC! What more could anyone possibly want except more of the same? It's true that there's nothing like illness to make one realise the true value of life, but I always did appreciate what I have. I intend to live whatever time I have to the full.

**Janet Leek**

***I've found new freedom***

Congratulations on the Amoena Life Autumn/Winter edition that I have just received. It made good reading again, covering so many issues affecting those of us who have had the misfortune to have had mastectomies.

You published a letter from me in the Spring/Summer 2006 edition when I recalled my experiences of having had a mastectomy nearly 30 years ago. Things have moved on a lot since then in both treatment and aftercare - thank goodness. At the end of my letter I told you how pleased I was with my Amoena light prosthesis. Well, since writing things have moved on for me too. In the spring I met up with a retired colleague who had a mastectomy 2 years ago. She was so impressed with her Amoena Contact prosthesis that I thought I'd investigate further. As I was due for a replacement soon, I contacted my breast clinic nurse to discuss the feasibility of me having one too. She was optimistic that I would be suitable, so we went ahead - especially as you so generously give everyone a 3 month trial period.

I was duly fitted with my Contact prosthesis in August and WOW, what a difference it has made to my life and wardrobe. I FEEL FREE!

As good as the bras with pockets are, the breast form still tends to drop forward when one bends, as I do so often in my yoga classes, and bob up and down in aqua-fit classes. With my prosthesis firmly attached to me there is no extra strain on my shoulder. I am now much freer in my choice of neckline and I have been able to buy my first strapless bra for 30 years. I wore it with a gorgeous evening dress while on holiday. I felt so liberated again - it is such a wonderful feeling.

Thank you for all the research that went into discovering this unusual 'adhesive' backing to these prostheses. It is so easy to maintain and I do hope that it will give me good service for many years.

**Pamela Chapman**

***Colouring up***

Preparing to go swimming with my four-year-old granddaughter, she took great interest in my prosthesis. "Why hasn't it got a red bit on the end?", she enquired. "I know, I'll get a red felt tip and then granddad can colour it in for you."

I don't know what amused me most, the fact it needed colouring in, or that maybe I wasn't capable! Either way, she's still cute.

**Maureen Gabbitas**

***Feeling cared for***

What a difference a decade makes. Nearly 10 years ago I had a lump removed from my breast and had 3 weeks of radiotherapy. The only follow up was the annual check up.

In June last year I had a mastectomy and lymph nodes removed and I am surrounded by help and advice: yoga, keep fit, aqua-fit and, to top it all, a full day workshop of reflexology, reiki, aromatherapy and lunch at the George Hotel in Huddersfield, all free.

I am glad I made the decision before going into hospital to ask my friends and family not to bring me flowers, chocolates, etc, but to put the money in a box at my bedside. We raised a total of £100 for Breast Cancer Care. A small sum in comparison to what I have received. I thank everyone for their support and you for your excellent magazine.

**Joyce Young**

***I did it!***

My husband and I have just returned from a wonderful holiday in Canada.

I knew we planned to go to the Hot Springs in Jasper and although I have a fear of water and do not swim, I was determined to bathe. Amoena came to my aid again. I ordered your Shape swimsuit and with support from my husband and son, spent about 45 minutes in the water at 40 degrees C! Another challenge accomplished....and I wanted you to see the evidence!

Many thanks for just being there.

**Mrs Muriel Wade**

***A blessing in disguise?***

I have just read the Autumn/Winter issue of your magazine, and yet again been reduced to tears reading of the difficulties met by others with such courage, as my experience has been so different.

I was 55 when I found the lump in my breast. I saw my GP on the Tuesday, had a letter on the Wednesday offering an appointment for the following Friday. Within two hours, not only had cancer been confirmed, but a date for surgery booked for three weeks later and I had met the surgeon concerned.

The following months were very positive, although various hitches meant three lots of surgery and 25 sessions of radiotherapy following a mastectomy. I was overwhelmed by the warmth and support of family and friends, and cannot praise the nurses and doctors enough. I felt really privileged that so much attention was being lavished on me, and I must admit, a little guilty as I never once felt ill. My personal follow-up nurse was concerned that I had not dissolved in a heap, but I told her not to worry – I knew that one day, reality would catch up with me, but in the meantime, I would rejoice in a life-span which had increased from 2 years to 15 years in the space of a few weeks. Five year later, I am still rejoicing! It hasn't been plain sailing. I developed all the undesirable side-effects of tamoxifen over the next two years – hot flushes, thrush, weight gain, muscle pains and, surprise-surprise, more blue days than pink. A switch to Arimidex sorted that lot, though I creak down stairs and am very stiff every morning. This, of course, could just be old age! There comes a point each day when my body says 'Right – that's it – no more today' and I become a couch potato. I also have the occasional weep, mourning the loss of how I was, usually when shopping for clothes. Fortunately, living in the country, our everyday dress code is comfortable casuals, and as a dressmaker I can make up 'posh stuff' to conceal fairly extensive scarring.

I am very fortunate in having a strong faith. I have always been an optimist and, with three sons and a husband, a sense of humour goes without saying. On balance, my whole experience has been a blessing in that I now appreciate every single day. I know I have changed at a very deep level, although most people swear I am 'back to normal'. Living in a small community, there is always something to do – there is no time to be ill, or mope, or do the ironing!

**Sue Rescorla**

***A good read***

Thank you for your magazine, which I enjoy reading. As a follow-on from your article 'Coping Alone' I would like to recommend to other readers a book of fiction I have just read entitled 'Is there anything you want?' by Margaret Forster. When I selected it at the library I did not know it was based on a breast cancer clinic. It is not sad or depressing, it is about what it means to live in the shadow of disease, whether mental or physical, and makes you think, 'How do I deal with how cancer affected my life?'.

**Zena Terry**

***A touch of glamour***

I was diagnosed with stage III breast cancer (also in 7 lymph nodes ) in June 2004. Since then I have had 4 operations, including a radical mastectomy, 6 months of chemotherapy, radiotherapy and a year of Herceptin. I am trying to keep a positive outlook and enjoy reading your magazine, I always read it cover to cover the day it arrives. I have kept all issues and re-read them from time to time.

I wanted to tell you about a product I found at the clothes show this year, which I think is wonderful for ladies who have had a mastectomy and, like me, struggle to wear strapless bras. The company is called - Glamorous Bra Straps ([www.glamorousbrastraps.co.uk](http://www.glamorousbrastraps.co.uk)). They do a fantastic range of really beautiful straps, that have hooks and can be used with the bras normally supplied with the clear plastic straps. I bought an off the shoulder dress to wear at Christmas and wore the straps, everyone said how lovely they were.

**Claire Driver**