

Breast cancer surgery

Your operation and recovery in Leeds

Information for patients



Leeds Breast
Unit

To enable you to keep a record of who will be looking after you and who will be involved in your care at Leeds, there is space below for you to write their names.

Breast Surgeon (doctor who does your operation)

.....

Oncologist (doctors that give chemotherapy and radiotherapy)

.....

The Oncology doctors work as a team, you will not see the same Oncologist at each visit.

Keyworker also known as your Breast Care Nurse (BCN)

.....

The BCN's work as a team, you will not see or talk with the same nurse each time. If you need to talk to or see the same person let us know and where possible we can do this.

Information regarding your care in Leeds is kept on a central database called PPM+ (patient pathway management or electronic health record). Your GP and other members of your healthcare team may be able to see your records.

You will be sent a copy of your clinic letters which will outline your diagnosis and treatment (care plan), your GP will also be sent copies. If you do not want a copy tell the person you are seeing, if you do not get a copy let us know and we can get you one.

This booklet aims to provide written support of information told to you in clinic and by your BCN and to help guide you through your treatment pathway.

Bring this booklet with you on your admission to hospital as it includes your discharge information - the ward staff will go through this with you to plan and prepare for a safe and informed discharge.

How your care is planned in Leeds

Multi-disciplinary Team or MDT

Your treatment is planned by a group of health professionals who are specialists within the field of breast cancer. This group is known as the Multi-Disciplinary Team or MDT and their role is to provide safe and high quality care specific to you. MDT meetings take place twice a week and decisions and recommendations will be discussed with you at your appointments.

We want you to ask questions and raise concerns you may have about your diagnosis, treatment and care with any member of the breast MDT. There are contact numbers throughout and at the back of this booklet.

The MDT is made up of the following staff:

- Consultant Oncologists (doctors who discuss and plan treatments after surgery)
- Consultant surgeons
- Advanced Practitioners

- Consultant Histopathologists
- Consultant Radiologists
- Specialist Radiographers
- Breast Care Nurse Specialist
- Chemotherapy Nurse Specialist
- Breast Research Nurses
- MDT co-ordinators
- Secretaries and Cancer Care Co-ordinator

Keyworker or Breast Care Nurse

The role of your Keyworker who is also your Breast Care Nurse (BCN) is to provide support and information based on your individual needs.

Your BCN is part of a team which includes a cancer care co-ordinator and a secretary. If your BCN is not available another member of the team will be there to help.

The Breast Care Nursing team will utilise their knowledge and experience to help you manage concerns or worries you have in the hope of reducing anxiety associated with your diagnosis and treatments.

If you need chemotherapy your Keyworker will change to the chemotherapy nurse specialists for the duration of your treatment. On completion of your chemotherapy your BCN will be your Keyworker again.

You can still talk to your BCN during chemotherapy, ring them if you need to.

Your Keyworker/Breast Care Nurse will also

- Provide advice on external prosthetic breast fitting (partial or full artificial breast).
- Provide advice and support on breast reconstruction, immediate (same time as your mastectomy) or delayed (done at a different time to your mastectomy). You will see your BCN for a one to one discussion if you have an immediate reconstruction and you can attend a breast reconstruction seminar if you are interested in a delayed breast reconstruction (this can be at any time in the future).

The relationship you have with your Keyworker/BCN/Breast Care Nursing Team is important. If you would like to talk to a specific BCN ask for them in person when you leave a message on our helpline 0113 206 8623. If you want a different key worker, let us know.

We aim to be supportive of your individual needs - if we are not achieving this, tell us.

Constructive feedback is welcomed.

Before your Operation

You will need a pre assessment appointment before your operation. The pre assessment team will telephone you or send you a letter. Where possible the pre assessment will be over the telephone, you will then be invited to any of the hospitals in Leeds to have other tests needed to prepare you for your operation.

These might include:

- Blood test
- ECG which is a tracing of the heartbeat
- MRSA swabs
- COVID swabs
- Blood pressure reading
- Respiratory function test
- Heart scan.

Bring information on any medications you are currently taking so these can be documented.

Some people will need to see an anaesthetist before their operation; the Pre assessment team will arrange this for you. The pre-assessment is to ensure it is safe to perform surgery on you.

The anaesthetist sees everyone on the morning of their operation.

Admission Letter

You will receive an admission letter from the hospital. This will tell you the date of your operation, where to come, the time to come and fasting instructions.

Ward Contact - J23

A member of the ward nursing team will ring you 1-3 days prior to your operation to go through admission times and pre surgery information. If you do not get a call by 1pm the day before your surgery, ring the ward on **0113 206 9123**. If you are in hospital for less than 24 hours you must arrange for a responsible adult to collect you from hospital and stay overnight with you.

Pain Control

You will need some pain killers at home for when you are discharged as these may not be provided by the ward. We suggest you take pain relief that you know has worked for you in the past such as Paracetamol and/or an anti-inflammatory such as Ibuprofen (Brufen or Nurofen are the same). Paracetamol and Ibuprofen can be taken together and this may prove to be more helpful in managing your pain.

Avoid Ibuprofen if you have a history of heart burn, gastric ulcers, asthma or renal failure. If in doubt, ask one of the team at the hospital. Check with your GP or hospital if you are on any blood thinning medication.

Read the packet to make sure you take the correct amount and do not take more than the maximum dose stated as this can be very dangerous. Ensure you have enough for the first week after your surgery.

Transport and Travel Expenses

Make sure you have appropriate transport arranged to and from the hospital and someone to help you if needed.

If you are on benefits you may be entitled to claim travel expenses; check the patient information leaflet in your pack or ask your Keyworker/Breast Care Nurse or ward staff where you can get one from.

If you have one or a combination of the following you may be eligible for hospital transport:

- Require a stretcher for the journey due to specific medical and mobility needs.
- Require oxygen during transit
- Need to travel in a wheelchair and do not have a specially adapted vehicle
- Cannot walk short distances without continual physical support
- Have a medical condition that would compromise your dignity or cause concern to the public
- Have severe communication difficulties

Surgery

The Axilla (Armpit)

If you have cancer cells that have moved outside of the milk ducts or lobules of the breast (invasive breast cancer) OR if you have cells that are still in the ducts but you need the breast removing (mastectomy) we will need to check under your arm to see if there are any cancer cells in the lymph nodes. There are two ways this can be done sentinel lymph node biopsy and axilla node clearance. Your Surgeon and your BCN will tell you which one you are having and why.

Sentinel Lymph Node Biopsy (SLNB)

If tests suggest show you do not seem to have cancer in the lymph nodes under your arm we will do a sentinel lymph node biopsy (SLNB) to check further.

What is a Sentinel Node ?

The sentinel node is the first or lowest lymph node(s) in your armpit that receives drainage from the breast. Sometimes there is more than one sentinel node.

We have groups of lymph nodes throughout the body including in the neck, armpits (axilla), groin, chest and tummy area (abdomen). They are connected by a network of fine tubes called lymphatic vessels. Lymph nodes filter disease and germs (bacteria and viruses) from lymph, a liquid that travels through the lymphatic vessels. Lymph nodes often swell when they are fighting infection. You may have noticed this if you've ever had a throat infection and felt swollen 'glands' in your neck just below your jaw. (Macmillan UK)

What is a Sentinel Lymph Node Biopsy (SLNB) and why do we do it ?

SLNB is the removal of the sentinel node(s) under general anaesthetic. By removing the sentinel node(s) we can find out if the breast cancer has spread to the nodes.

It helps the MDT work out which is the best treatment for you.

Finding the Sentinel Lymph Node

Radioisotopes (highlighter) for x-rays.

Before surgery and while you are awake you will be taken to nuclear medicine to have a small amount of radioisotope injected into your breast near the nipple areolar complex, in the same quadrant as your breast cancer. The dose of radiation is so small it is not a risk to you or those around you. While you wait for your operation the radioisotope travels to the sentinel lymph node.

Injection of radioactivity into the breast may sting but it does go away quite quickly.

During surgery the surgeon uses a special radiation detection probe to find the sentinel lymph node(s). If the lymph node(s) cannot be found using the probe the surgeon will inject a blue dye into the breast which stains the node(s) blue as it drains out of the breast.

The blue dye may discolour urine, stools, tears etc. for a few days.

The breast skin may be discoloured for up to a few months and very occasionally longer and rarely it never goes away.

Allergic reaction to the blue dye can occur but is uncommon (less than 1% of patients). This will be treated while you are in theatre if this happens to you. In some patients the allergic reaction is very strong and special medical measures are required for a few days. If you wish to discuss this further contact your Key worker or Breast Care Nurse on **0113 206 8623**

What happens next?

The pathologist will examine the sentinel lymph node(s) under the microscope; this may take 1 to 3 weeks. If the sentinel node(s) contains cancer cells the MDT will discuss the best management plan - you may need further surgery to remove remaining lymph nodes (axilla node clearance), radiotherapy or nothing else will be needed to your armpit .

Axilla Node Clearance - ANC

If tests show you have cancer in the lymph nodes before you have surgery the MDT might recommend you have an axilla node clearance - with the knowledge and experience of armpit anatomy the surgeon will remove the right amount of soft tissue that contains your lymph nodes. The pathologist in the laboratory will find the nodes within the soft tissue and write a report (histopathology) telling us how many nodes there were and how many had cancer in them.

Side-effects of Axillary surgery

For some patients axilla surgery can cause temporary shoulder stiffness, nerve pain, loss of feeling in the armpit (this can be permanent with ANC), and upper inner arm sensitivity (the most common word used is 'weird') - a firm press and hold with the palm of your hand can help with this, or placing a cushion between your body and arm.

Follow the exercises on the Breast Cancer Now Pamphlet in your information pack.

A longer term side effect of axilla surgery is lymphoedema (swelling of the arm/hand), the risk of this is higher following ANC. If you notice any swelling of the arm, hand or fingers at any time in the future ring the BCN helpline, see your GP or tell a member of the breast team.

To help prevent lymphoedema avoid having tests on the arm you had your surgery eg blood pressure or blood test. For more information look on Breast Cancer Now's website or collect a leaflet from one of our information areas found in the Breast Unit, First floor Chancellor Wing and the Macmillan information centre, First floor Bexley Wing.

The Breast

What if the surgeon cannot feel the cancer?

If the surgeon cannot feel the cancer in your breast, you will need, on any day before your operation, a Magseed placing. This acts as a guide for the surgeon to make sure they remove the cancer. Sometimes a guide wire localisation is preferred and your surgeon will tell you if this is the case, these are usually placed on the same day of surgery. This is done in the Breast Unit, Breast Imaging, First floor Chancellor Wing, St James.

Magseed

The placing of a small magnetic clip (Magseed) into your breast to guide the surgeon to the part of the breast that needs to be removed. The Magseed will be placed as close as possible to the cancer.

The Magseed can be placed on the same day as your surgery or any number of days before.

What will it be like?

A mammogram or ultrasound of your breast will be done to locate the exact position of the cancer. Once identified, local anaesthetic will be injected into the skin before a needle is used to place the Magseed into the breast as close as possible to the cancer. The needle is removed leaving the Magseed behind. Two mammograms will be taken to check the position of the Magseed (sideways and top to bottom). If it isn't in the right place another Magseed will be placed; this is not common.

During surgery, a handheld magnetic detector is used to find the Magseed and it is removed along with the cancer.

More information on Magseed can be found on Leeds Trust website <http://flipbooks.leedsth.nhs.uk/LN004611.pdf> or a paper copy is available from the Breast Unit First floor Chancellor Wing, St James.

Guidewire Localisation

What is a Guidewire localisation?

The placing of a wire into your breast to guide the surgeon to the part of the breast that needs to be removed. The wire placed will be as close as possible to the cancer in the breast. The guidewire can be placed on the same day as your surgery or the day before.

What will it be like?

A mammogram or ultrasound of your breast will be done to locate the exact position of the cancer. Once identified, local anaesthetic will be injected into the skin before a needle with a fine wire down the centre of it is passed into the breast. The end of the wire is turned back on itself so when it leaves the end of the needle it springs open and holds onto breast tissue. The needle is removed leaving the wire behind. Two mammograms will be taken to check the position of the wire (sideways and top to bottom). If it isn't in the right place another guidewire will be placed; this is not common.

What happens next?

Once the position of the guidewire has been checked you will be taken back to the ward or sent home if you are

having your operation the next day. A dressing will cover and secure the wire to your breast until the operation when the guidewire will be removed along with the cancer whilst you are asleep.

On the day of your surgery

- Take your prescribed medication as directed by the pre-assessment team, same day co-ordinator or ward nurse.
- Arrive onto the ward at 7am unless you have been told otherwise.
- You need to come onto the ward alone (this may change so please ask) and you will be escorted into a shared waiting area until it is your turn to go to theatre.
- Doctors and nursing staff will complete the relevant admission paperwork. The surgeon will examine you and place a mark on the surgical site with a pen. If you think they are marking the wrong place or side - tell them!
- The anaesthetist will see you and ask a number of questions relating to your health and medical history.
- Checklists and consent forms will be completed or checked.
- If you need a Guidewire placing, Magseed and/or a sentinel node biopsy injection, the ward staff will ensure you get to these departments on time.

The order of the theatre list is dependent on clinical priorities decided by the surgeon and anaesthetist and it can even change on the day. Some patients will not have their surgery till later in the afternoon. Some patients can be called to theatre earlier than expected so it is important you stay on the ward (unless directed otherwise by the ward staff).

After the operation

When you return to the ward you will be in a bed and offered something to eat and drink. Nursing staff will check your blood pressure, temperature, pulse and wound regularly (observations). Once your observations are normal for you, you can get up and move around in a way that is normal for you. When your pain is controlled and there are no obvious problems with your wound(s) you can go home. This is generally 2 to 4 hours after you have returned to the ward following your operation. Make sure you have someone to collect you with appropriate transport. If you need and are eligible for hospital transport to get home, nursing staff will arrange this for you.

Wounds

- Your wound will be closed with dissolvable stitches under the skin which is then covered with steri strips.
- The wound area will feel “lumpy” and hard for a number of weeks; this is normal and part of the healing process
- You can expect some bruising which will disappear with time. If extensive bruising continues this may be a cause for concern and you should contact the ward.
- The feeling of numbness and ‘pins and needles’ sensations in the breast and arm pit are normal. This is due to nerve damage and the healing process caused by and following the trauma of surgery and will improve with time. Numbness can be persistent or permanent in surgical areas.
- A firm press and hold with the palm of the hand can help desensitise sharp or weird sensations.
- If you have had an Axillary Node Clearance there can be permanent numbness in the arm pit.
- If you experience pain or discomfort take pain killers as

directed on the box or from the hospital. See your GP if this does not work.

Dressings

The dressing on your wound(s) is only 'splash proof', we need you to keep it dry. We want it to stay in place until you come back to clinic or for two weeks, unless the ward has told you otherwise. Most people do not need a District Nurse/Practice Nurse. You may be given an appointment to attend the dressing clinic for a wound review or to have your dressings removed.

Keep the dressing dry by taking shallow baths, low/guided showers or a strip wash. Do not use deodorant until your wound is healed (this will be when the dressing has been removed and there is no leaking from the scar). If you are uncertain this can be checked when you come back to clinic which is 2-3 weeks after your operation.

If your dressing gets wet, leaks or becomes loose it will need to be changed to prevent wound infection; Ring Ward J23 **0113 206 9123** or ask to see your Practice Nurse at the GP surgery to have the dressing changed. If you have been given spare dressings you can change it yourself - wash your hands, peel off the old dressing leaving the steristrips in place and put it in the bin, wash your hands again and apply the new dressing.

If your clinic appointment is longer than 14 days and you have not been given a dressing clinic appointment, you can remove your own dressings and steristrips (see instructions above but this time remove the steristrips and no need to put another dressing on unless there is leaking from the scar). Ask the ward or BCN for more information if you are unsure or if you do not want to remove your own dressings. You can ask the practice nurse at your GP if this would be easier for you.

Drains

You may be sent home with a drain in place. Going home with a drain is safe and you will be shown how to manage this (see pictures with instructions). Removal of the drain will be arranged for 3 - 14 days after your operation depending on the type of surgery you have had. Drain removal is usually done at the dressing clinic in The Breast Unit, First floor Chancellor Wing, St James. The ward team will give you an appointment for this before you go home.

How to care for your drain at home

- Empty your drain morning and night-time if you can and only use the equipment provided by the ward.
- Wash your hands.
- Remove the stopper from the container.
- Drain the fluid into the jug by squeezing it a few times.
- Clean the stopper with the alcohol wipe.
- Press the container together placing your thumbs where indicated. It must click together.
- Replace the stopper.
- Pull the bottom paddle towards you, the container will pop and a suction will have been created.

This is the crucial element of the process, DON'T FORGET

- Estimate the amount of fluid in the jug by using the measurements on the side of it. The drain can be removed when the daily total measures the amount the ward or surgeon has advised.
- Dispose of the fluid down the toilet. Wash out the jug with boiling water. Wash your hands when finished.

If you have any difficulty with this process or the skin site of the drain is leaking please phone the ward on **0113 206 9123**.

How to De-Vac, Empty and Re-Vac the J-VAC Reservoir

Step 1

To de-vac the drain:



Relieve the negative pressure by opening the exit plug (the single bung). This will completely expand the reservoir and the contents may be emptied and measured.

Clean around the plug with an alcohol wipe.

Step 2

To re-vac the drain:



With the bung still removed, place thumb/fingers around the centre of the drain (in the marked area indicated on the drain) and squeeze plates together ensuring that the central window clicks firmly into place.

Step 3



Replace the bung.

Step 4



Whilst holding the drain in one hand, pull the bottom paddle towards yourself. The container will pop and partially expand to create a vacuum.

THIS IS THE CRUCIAL ELEMENT OF THE PROCESS!!!

Without completing this important final step, the drain will not provide suction and may cause serious post-operative complications for the patient.

Seroma

A Seroma is a collection of fluid which occurs at the operation site causing swelling. This is normal and nothing to worry about; the fluid will be reabsorbed by the body. This can take weeks and sometimes months: Rarely seroma can be permanent.

We do not routinely drain seroma's as there is a potential risk of introducing infection.

Occasionally a seroma causes extreme skin tightness which limits arm movement, prevents sleep and is painful even with pain killers. At this point we would drain the seroma for you. We do this by inserting a needle into the swollen area and syringe the fluid away; this is not usually painful as the site is often numb. Unfortunately the fluid can return and the seroma may have to be drained more than once.

Rarely, the wound may open slightly and the fluid causing the seroma leaks out. This can feel very scary and not very pleasant but it will not do you any harm, you may even feel better for the fluid coming away. If this happens you need to ring the ward **0113 206 9123** or Breast Care Nurses **0113 206 8623** for advice as it is often a sign of infection.

Causes for Concern

- New bruising and swelling which increases in colour and size in the area of the surgery
- Increased levels of pain.
- Any form of new leakage
- Significantly limited arm movement
- Uncontrollable shivers, temperature or feeling generally unwell
- Redness around the wound site - breast or armpit.

All the above can be signs of infection or bleeding and must be acted upon quickly.

If you experience any of these symptoms ring the Ward for advice **0113 206 9123**.

Returning to normal activities

This will depend on the type of surgery you have, your usual level of activity, how your body responds to the surgery and your personality. We recommend you listen to your body and gradually return to your normal lifestyle at your own pace. If you are struggling with anything (physical or psychological) it is important to take a step back and try again later. There is no right answer to this, it is a case of pushing yourself a little but also resting when you need to, we are all different.

- Follow the Breast Cancer Now exercise leaflet unless told otherwise. This is included in the information pack you were given at diagnosis.
- Most people do not need physiotherapy but if you are struggling and feel you would benefit from physiotherapy ring the Ward on **0113 206 9123** or the Breast Care Nursing Team on **0113 206 8623**.
- Walking is encouraged. You can swim when the wound has healed with no leaking from the scar and most of the scab has gone; approximately 4 - 6 weeks. If in doubt check with your BCN/Keyworker.
- You can resume your normal sex life when you feel ready, listen to your body.
- You are not insured to drive for the first 24 hours after a general anaesthetic. It is important you feel able to control your car and react as fast as you would before your surgery in an emergency. Talk to your insurance company if you have any concerns about your cover.
- The amount of time you take off work will depend on your occupation and how you are feeling.

Talk to your BCN, Breast Doctor or GP if you have any concerns about returning to work.

- Fit (sick) notes can be obtained whilst you are in hospital ask the ward staff or surgeon and once discharged you need to get one from your GP.
- If you are worried about money, read the leaflet on Macmillan benefit advice which is in the information pack you were given at diagnosis or talk to your BCN.

General long term side-effects

- If you have had axillary node clearance the armpit numbness is usually permanent.
- Change in sensation along the scar line(s).
- Indentation, asymmetry and volume loss of the breast tissue.
- Displacement of the nipple
- Swelling of any part of the affected arm/hand or breast called Lymphoedema
- Struggling to come to terms with your experience

Contact your Breast Care Nurse on **0113 206 8623** or your GP if you are struggling with any of the above side effects.

Follow-up appointments

Your surgical clinic appointment will be 2-3 weeks after your surgery.

If you have not got this appointment 10 days after your operation ring J23 on **0113 206 9123** or the Breast Care Nursing Team **0113 206 8623**.

The appointment will come in the post or you will be told over the phone if you have had to ring in for it. This appointment can be over the phone, virtual or face to face - let us know which you prefer. A friend or family member can join you for this appointment.

At this appointment the doctor will ask you about your wound, how you are feeling and what your movements are like. You will be given your histology - what was seen under the microscope and what other treatment you may need.

Often people have more questions after their appointment - ring the Breast Care Nursing Team and they can go through these questions with you.

Oncology appointment

It is common to need some form of other treatment following surgery for breast cancer. The Doctors who give these treatments are called Oncologists.

You may get an appointment for the Oncology team before your surgical appointment. You might not need see the surgeon if this happens, discuss this with your BCN .

Moving Forward

On completion of your treatment for breast cancer (excluding endocrine therapy or targeted therapy that has to continue for a long time) we invite you to attend a Moving Forward programme managed by Robert Ogden Centre, St James Hospital.

The Moving Forward Programme is designed to give you a chance to talk about what matters to you following your diagnosis and treatment for breast cancer. It is common at the end of treatment that patients feel low, alone and even abandoned.

The session gives you a chance to debrief, reflect on your experience and ask any questions you may have about any part of your experience - there is no such thing as a silly question.

You can talk about how you are feeling, managing side effects and to hear how others are coping; a chance to share and know you are not alone; a chance of gaining a better understanding of what just happened to you and what the future might hold.

You might not want to talk - and that is also fine - you can listen. In feedback from the sessions it is often stated how much participants get from listening to each other.

A Breast Care Nurse Specialist and a member of the Robert Ogden Centre is present at each session to facilitate the conversation. We can answer questions and clarify information you already have.

It is our opportunity to remind you of the services that are still available to you and will continue to be available to you at any time in the future as we recognise this is a life changing experience that can raise concerns/questions for you at any time during the rest of your life.

You have open access to the Breast Care Nursing Team for any concerns relating to your diagnosis and treatment for breast cancer. Our aim is to be as supportive as we can be and to sign post you to the service(s) that would be of best help to you when appropriate to do so.

Prosthetic Fitting

If you have had a mastectomy (removal of the breast) or your breast is noticeably smaller than the other side the Ward Nurse will fit you with a "softie" (lightweight temporary breast shape or prosthesis) before you go home. Ask for one this if it is not offered.

You can come for a fitting of your permanent prosthesis when your wound is fully healed and any swelling has gone down. This could be anything from three to eight weeks after surgery or may be longer. If you still have swelling when you come for your fitting another appointment may need to be made, this is to avoid asymmetry when the swelling goes away. If it looks like the swelling is going to stay for a long time or permanently (eight weeks or more) we will fit with the swelling there. Talk to your Breast Care Nurse if you have questions about this.

Prosthetic fitting is in The Breast Unit, First Floor Chancellor Wing, St James on Wednesdays.

Ring the BCN helpline to book an appointment - details under Useful Contact Numbers

Checklist before coming into hospital

Complete the check list before your admission to hospital

- Have you got pain killers that you know work for you to last at least a week?
- Transport to and from the hospital (see patient information sheet)?
- Responsible adult overnight if you are spending less than 24hrs in hospital?
- Help with activities for 3-6 weeks i.e. heavy shopping, vacuuming, and meal preparation?
- Bring your exercise booklet and this booklet with you?
- Organise help for dependants/pets?
- Know what your regular medication is and if needed had a medication review from your GP prior to admission and got a list of your medications from your pharmacy or GP?
- Bring all your medication in original boxes?
- Confirm your expected length of hospital stay with the ward coordinator when she rings before your admission to hospital?

If you are taking the following medication

Blood thinning medication:

Have you been told if you need/or when to stop taking?

- Aspirin
- Clopidogril
- Warfarin
- Apixaban

Have you been told if you need/or when to stop taking?

- Diabetic tablets
- Insulin

If not ring

Pre Assessment on **0113 206 5769**

or

Ward J23 on **0113 206 9123**

Contacts and Useful Numbers

Breast Care Nurses, Chemotherapy Nurses, Prosthetic Fitting

Office Hours Monday-Friday 08.00-16.00 -

Telephone **0113 206 8623** - This is an answer machine service.

Speak slowly and clearly as we have to write down what you say.

Leave your name, date of birth, NHS and telephone number.
If you want to speak to a specific person leave their name also.

We aim to ring back the same day if possible but if you do not hear from us within 24 hours please ring again.

Ward and out patients – Chancellor Wing

Ward J23 and dressing clinic	0113 206 9123
The Breast Unit Reception	0113 206 5127
Prosthetic Clinic St James Hospital (answer machine)	0113 206 8623

Contacts for Help and Support

The Robert Ogden Macmillan Centre

The Centre is on the St James's Hospital site and offers a variety of support services including counselling, support groups and complimentary therapies. These therapies include Reiki, relaxation, visualisation, hand and foot massage and many others. When we open you can drop in for a coffee and a chat anytime.

Open from 10am - 4pm Monday to Friday.

Tel: 0113 206 6499 **email:** cancersupport@leedsth.nhs.uk

Maggie's Yorkshire Centre

Maggie's is at the side of St James' multi-storey car park and offers support to patients and their loved ones affected by cancer. They have a range of experienced professionals to listen to how you're feeling, answer any questions and guide you to the right information.

Such specialists include:

- Experienced Cancer Nurse
- Psychologist

- Benefits Advisor
- Sessional staff

They also have range of activities you can take part in such as

- Yoga
- Pilates
- Look Good Feel Better

You do not need an appointment, just pop in for a cup of tea or coffee.

Tel: 0113 457 8364

email: leeds@maggies.org

Leeds Cancer Support

The Leeds Cancer Support Service at St James's Institute of Oncology in Bexley Wing is here to help you and your family. We aim to offer high quality information, advice and support, to patients, families and friends.

We have a large selection of information leaflets, Macmillan Cancer Support booklets and fact-sheets. We also have visual and audio aids and assisted internet access for patients and visitors. Please come and browse or just drop in for a chat.

The two information lounges are situated on:

Level -2 Radiotherapy Department open 8am - 4.30pm.

Tel: 0113 206 7603 email: cancersupport@leedsth.nhs.uk

Level 1 Westmoreland Outpatients Unit open 10am - 4pm.

Tel: 113 206 8816 email: cancersupport@leedsth.nhs.uk

BCRAG (Breast Cancer Research Action Group)

We meet regularly to plan events towards fundraising. We have raised over £½m from which we have paid the salaries of two research scientists and a post doctoral research fellow working specifically on cancer research. We welcome newcomers to our meetings and to any fundraising activities.

Contact:

Sharon Edwards (Chairwoman) 0113 392 6803

Susan Wright (Fundraising) 0113 229 0516

Breast Cancer Haven

No longer running but you can access their existing online resources that aim to support patients following a breast cancer diagnosis and treatment.

Web: www.breastcancerhaven.org.uk/

Breast Cancer Now

Breast Cancer Now have many services including patient information and the "Someone like me" Programme - this links you with someone who has had a similar experience to yourself. Ring them if you think this will help.

Free helpline: 0808 800 6000 (Text relay 18001)

Web: www.breastcancercare.org.uk

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ

Freephone: 0808 808 2020, open 9am to 6pm Monday to Friday. A textphone service is available for deaf and hard of hearing people on **0808 808 0121**.

Email: cancerline@macmillan.org.uk

Web: www.macmillan.org.uk

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