

Dr. Appointments

1

Medications

Bring all of your medications or a list of your medications to each appointment to ensure that each of your doctors has your current information.

Include vitamins, herbs and over-the-counter medicines even if you may only take occasionally.

2

Bring a friend or family member

Bring someone with you, especially when you meet with each of the doctors on your healthcare team for the first time.

Although you will receive most of the significant information in writing, ask the person accompanying you to write down some of this important information.

3

Your doctors will want to know about your overall health.

Your medical team does share your health information, but each of them will ask you about any previous surgeries, other medical diagnoses and any symptoms you may have, related or non-related, to the breast cancer. You can keep a list of any previous surgeries, other medical diagnoses and symptoms in *The Journey* notebook.

Each of your doctors will do a physical examination; wear a two-piece outfit because the doctors will not ask you to undress your lower half.

4

Take your medications before each of your doctor appointments.

Eat and drink normally. Although you may have some blood drawn, there are not any tests that require fasting. You will be notified if you cannot eat or drink before an appointment or procedure.

If you are taking pain pills, take them before meeting with a doctor; it is very difficult to learn and ask questions if you are in pain.

5

Be prepared to give your family history from both your mother's and your father's families, especially if anyone in your family has had breast or ovarian cancer.

Think about this information prior to your first doctor's appointment and write it out to keep in *The Journey* notebook.

6

Bring a list of questions with you.

Please write your questions down so you can ask them when you see your doctor. If you have additional questions after any of your appointments, call the contact person at the appropriate medical office.



MRI

Magnetic resonance imaging (MRI) produces detailed images of the breasts using magnetic fields and radio waves. The MRI involves no radiation. During the test the patient lies on their stomach on a special table, and a small amount of contrast material is injected into an IV line that highlights any abnormalities in the breast tissue. The piece of machinery looks like a large enclosed cylinder, although an open magnet for patients with severe claustrophobia can be arranged. The open magnet yields the same high quality images as the enclosed cylinder. All contrast agents are FDA approved and are considered safe. A typical breast MRI takes about 30 minutes during which you will have to lie very still.

Most Breast MRIs will be scheduled at one of the following locations:

Greensboro Imaging
315 W. Wendover Ave.
Greensboro, NC 27401
336-433-5000

Wesley Long MRI
509 East Elam Ave.
Greensboro, NC 27403
336-832-1857

You will need to remove the items below before the exam:

- Hearing aids
- Jewelry and watches
- Eyeglasses and contacts
- Clothing with metal zippers, hooks or wires
- Dentures

Please alert medical personnel if you have any of these items or issues that may alter the MRI process:

- Implanted metal
- Severe claustrophobia
- Pregnant or breast-feeding
- Pacemaker
- Need an anxiety-reduction medication

Note: There are many reasons that can determine who will have an MRI. Your doctors will let you know if they plan to order an MRI for you.

Medication

*Tylox[®], Percocet[®] and Vicodin[®] contain Tylenol[®], also called Acetaminophen (APAP).
Please do not take any additional Tylenol[®] with these medications.
You may take Ibuprofen, Naprosyn[®] or Aleve[®] with these prescriptions
unless your doctor has given you other instructions.*

- 1** Food, alcohol, caffeine, prescription and non-prescription drugs, herbals, vitamins and supplements may interfere with your medications.
- 2** Make sure your doctor and pharmacist know about every drug you are taking.
- 3** When you take medicine, be sure to follow your doctor's instructions carefully to obtain the maximum benefit with the least amount of risk.
- 4** If you have problems or experience side effects related to your medications, call your healthcare provider right away.
- 5** Each time you visit your doctor's office bring your medications or a list with you.
- 6** If you receive a new prescription, ask your pharmacist:
 - How does this drug work?
 - Does this interact with my other medications?
 - Does this replace anything I was taking?
- 7** Ask for a drug information sheet or the manufacturer's package insert to learn more about your medication and any potential drug-drug interactions.
- 8** Discuss any over-the-counter (OTC) medications, dietary supplements, vitamins, minerals or herbal supplements that you are currently taking or are planning to take with your doctor. This is very important to report since they may interact with prescription medications.
- 9** When buying an OTC medication, **always read the label carefully** and take the medication as directed.



Note: Herbal manufacturers are **NOT** required to test their products in the same manner that the FDA requires for prescription and OTC drugs; as a result, the concentration, strength, purity and quality of an herbal product can vary and lead to potentially serious drug interactions.

Surgery

Before Surgery

Almost all patients with breast cancer will have surgery at some point during the treatment process. You will meet with your surgeon prior to being scheduled for surgery so that you have the opportunity to understand what type of surgery is being recommended. Your doctor will review your overall health, complete a physical exam and review your medications. They will answer questions and explain the process so you will know what to expect.

If you need forms filled out regarding your surgery, bring them at the time of your appointment. You will be asked to discuss your financial arrangements before surgery. Please note that the surgeon's office has separate finances from the hospital. Ask about payment plans if necessary.

If you are taking plavix, coumadin, aspirin, ibuprofen, fish oil or any blood thinner, please make sure your surgeon is aware. They will discuss how to stop this medication and how to resume.

Plan on wearing a loose shirt with buttons in the front or bring this type of shirt with you to wear going home after surgery. Purchase a stretchy-type bra or sports bra without underwire that closes in the front. There are specifically designed post-surgical bras and camisoles that are made for patients who have had breast surgery. (See page 46 & 47 for two locations in Greensboro where you may find out more about these comfort items.) Some post-surgical garments may be covered by your insurance.

Immediately Following Surgery

Most patients recover from breast surgery quickly, many go home the same day of their surgery. Other patients stay overnight for one to two nights. Your surgeon will let you know what he or she is planning.

Someone must drive you home following surgery. You and the person caring for you should carefully review your discharge information sheet. Have someone stay with you for 24 hours after discharge from the hospital.

You will receive a prescription for pain medication upon discharge; take as prescribed. Take your usually prescribed medications unless otherwise directed.

Eat lightly for the first 24 hours (soup, crackers, pudding) resuming your normal diet 24 hours after surgery.

Most patients will experience some swelling and bruising for several days on the chest and underarms. Apply ice packs for twenty minutes at a time, several times throughout the day. Wear the binder provided or sports bra day and night for 72 hours.

If you experience constipation (may be caused by pain medication) or to prevent:

- Increase your fluid intake
- Take a stool softener
- Use a mild laxative

Some patients have drains placed during surgery to reduce fluid buildup in the surgical area. If you have drains, your doctor or nurse will give you specific information on how to care for them.

Your surgeon will want to see you at the office in one to two weeks if you have drains or two to three weeks if you don't. This information will be on your discharge paperwork from the hospital.

Unless your surgeon gives you different postoperative instructions, you may resume activities of daily living, but no heavy lifting, pulling or pushing. You may gently stretch your arm and shoulder. It is normal for your surgical arm to feel stiff after surgery. Gradually and gently stretch your muscles and shoulder. If you do not stretch, both your arm and shoulder will become more stiff. If you are having difficulties or are not able to stretch, please call the nurse's line at the surgeon's office. You may need to see your surgeon.

If your arm is stiff or sore several weeks after surgery, a physical therapist may be the type of health care professional to help you. There is a free, one-time class offered by Cone Physical Therapy that teaches you how to stretch your arm and shoulder. This class is very helpful in your recovery. The physical therapist is there to answer questions about what is a normal range of motion after breast surgery. Please call 336-271-4940 to register or see page 25 for more information. You will need a release from your surgeon to attend this class. Your surgeon will tell you when it is ok to resume normal exercises.

Based on your type of surgery, you may go home with one of these: dermabond (skin glue), sutures, staples, steri-strips (small skin tapes) and, of course, bandages. You may or may not have drains. Your discharge instructions will explain how to take care of the bandages. All sutures or staples will be

removed at the doctor's office; steri-strips will fall off by themselves in seven to ten days, don't pull them off. You may take a limited sponge bath; unless you have dermabond covering your incision, then you may bathe as usual. The skin glue will flake off on it's own in 2-3 weeks.

You should call the doctor if you are experiencing:

- Fever over 100.5 degrees
- Continued bleeding from incision
- Nausea or vomiting
- Increased pain
- Extreme swelling or bruising
- Inability to urinate
- Redness or drainage from the incision
- Difficulty with drains
- No bowel movement for over 48 hours

The next day

you may resume regular, light activities such as daily self-care, walking, climbing stairs and gradually increase activities as tolerated. You may have sexual intercourse when it is comfortable. Remember, refrain from any heavy lifting or straining until approved by your doctor.

You may drive when

You can start driving when you can comfortably wear a seatbelt, prescription pain medication is no longer being used, and you can safely maneuver your car and apply brakes in an emergency situation.

Please call if you have any questions or problems.

Chemotherapy

There are many types of breast cancer and therefore many different treatments and combinations of treatments. You and your doctor will decide if chemotherapy will be part of your treatment; many patients with breast cancer do not have chemotherapy. If this is part of your treatment plan, your doctor will recommend the type of chemotherapy most appropriate for your situation. With the availability of new medications, feeling ill from chemotherapy happens less, and some patients feel well enough to continue working.

Everyone's experience with chemotherapy is different, it is important that you feel comfortable with your treatment plan. Patients receiving treatment will attend a class taught by a registered nurse prior to treatment, have a tour of the treatment area, receive detailed information about chemotherapy medications, and receive tips to make the treatments easier. We strongly recommend you bring someone with you to this class and encourage you to ask questions.

Chemotherapy Schedule

Your many appointments are to monitor you closely, prevent possible side effects, and address any issues you may have. Your doctor works very closely with the Physician Assistant (PA) or Nurse Practitioner (NP), who is skilled and knowledgeable about guiding you through chemotherapy.

- Before each chemotherapy session, you will have a lab appointment to draw blood.
- Just prior to each chemotherapy treatment, you may see a physician or their PA/NP.
- Chemotherapy treatment is given over a period of two to eight hours.
- The day after chemotherapy some patients may need to come in for an injection that will prevent some of the chemotherapy side effects.

Note: *All of the doctors, nurses, physicians' assistants and nurse practitioners are experts at helping you with your treatments at the Cone Health Cancer Center.*

Before Your First Chemotherapy Treatment

1 Prevent pregnancy while undergoing chemotherapy.

See your gynecologist and begin birth control if you are of childbearing age. This is extremely important because chemotherapy can stop your menstrual cycle. However, you may still ovulate and become pregnant. Tell your doctor, PA/NP or nurse if you think you may be pregnant at any time during your treatments. If you do not have a gynecologist, talk to your doctor or PA/NP.

2 Children under the age of twelve are not permitted in the chemotherapy room.

We realize that this may be an inconvenience for you, but this policy is in the best interest of both the patients and the children.

3 Have a friend or family member come with you during your first appointment.

We do not know how you will react to your first treatment, sometimes medications can make you feel sleepy and unable to drive. **If you do not have a ride home**, please contact the social worker at 336-832-0950 before your first visit.

4 Fill ALL prescriptions before your first chemotherapy appointment.

Some medications your doctor will prescribe may not be regularly stocked by your pharmacy and may have to be ordered.

5 DO NOT take anti-nausea pills before treatment unless instructed to do so by your nurse or doctor.

The chemotherapy nurse may give you anti-nausea medications in your IV before receiving chemotherapy. Ask your nurse when to take anti-nausea medications.

6 Eat before you come.

Most people experience less nausea if they have some food in their system before treatment. Before treatment and for the first few days afterwards, eat small, simple meals. Avoid greasy, fatty or spicy food because this is a time to eat easily digestible foods such as toast, bread, crackers, potatoes, rice, grits, or muffins. It is important to eat small meals throughout the day, even if you do not feel very hungry.

7 Bring something to do during your chemotherapy treatments.

Chemotherapy is given over a period of two to eight hours. Having something to do can help the time to pass. Suggested items include magazines, books, cards, knitting, craft items, paper to write letters or journal entries, crossword puzzles or laptops.

8 Dress comfortably in loose-fitting clothes and bring a sweater/zipper sweatshirt.

Wear a shirt that buttons down the front so that the nurse can easily access your port-catheter (port), if you have one. If you do not have a port, wear a short-sleeved shirt so the nurse can start an IV line in your arm.

9 DRINK, DRINK, DRINK, and drink some more AFTER chemotherapy!

Even if you do not feel thirsty, it is important to stay well hydrated. You may drink water, sports drinks, decaffeinated soft drinks and teas. Avoid alcoholic beverages. Limit your caffeine intake on the day of chemotherapy and the first few days following treatment.

Chemotherapy (cont.)

After Chemotherapy Treatment

If you are vomiting for more than 12 hours after you receive chemotherapy, please call the nurse or if it is after hours, call the on-call physician right away. Have a pharmacy number available. There are many medications that can be given to stop nausea and vomiting. We want you to feel the best that you can throughout treatment.

If you have questions or concerns after your chemotherapy treatment, call the Nurse Triage Line at 336-832-1100. They are always available to answer questions and to help you with any side effects.

Chemotherapy Port-catheter (port)

Depending on the type of chemotherapy your doctor recommends, he or she may suggest a port. A port is an IV line that is placed by either your surgeon or an interventional radiologist to provide easy access to your blood system into which the chemotherapy treatment is given. If your doctor thinks that you need a port, more information will be given to you. An appointment for the placement of the chemotherapy port will be scheduled for you.

Chemotherapy Induced Hair Loss

For some women with breast cancer, hair loss can be a side effect of some treatments. ***Not all women*** have treatments that cause hair loss. Please talk to your medical oncologist or health care team **BEFORE** you purchase anything for hair loss.

Hair we grow again!



Nutrition

When you're healthy, eating enough food is often not a problem. However, when you're dealing with cancer this can be a challenge. Nutritious eating habits are always vital for your body to work at its best which is why it is extremely important when you are going through cancer treatments. People who eat a healthy balanced diet throughout their treatment will tolerate side effects better, have more strength and energy, and feel better. Good nutrition helps prevent tissue breakdown and rebuilds healthy cells that cancer treatments may harm. If you are not eating enough food, or the right types of food, your body uses stored nutrients as a source of energy. This may result in your natural defenses becoming weaker, and your body may not be able to affectively fight infections.

Eat adequate protein from sources such as:

- Fish & Chicken
- Beans
- Milk
- Cheese
- Eggs

Eat a healthy balanced diet of:

- Fruits and vegetables
- Lean proteins
- Complex carbohydrates

Avoid greasy, fatty, spicy foods!

Drink at least 64 oz. of fluid per day!

This is a time to eat easily digestible foods. It is important to eat small meals throughout the day, even if you do not feel very hungry. Your immune system may not be functioning at its best, and you may be more vulnerable to illness from people and from food. Be extra careful, wash all fruits and vegetables well, and cook all meats and eggs thoroughly. Avoid salad bars, buffets, potlucks and any food that has been left out too long. When in doubt, **THROW IT OUT!**



If your cancer is estrogen positive, you can still eat soy foods, but do so in moderation. Make certain you are not consuming any supplements or protein bars with soy protein. Research on the phytoestrogens in soy is still ongoing. These phytoestrogens may prove to be beneficial or may need to be limited due to their possible effects on cancer cells.

Resources on Nutrition and Cancer:

The American Institute for Cancer Research answers questions about diet, nutrition and cancer through its "Nutrition Hotline" phone and e-mail service.

toll-free: 1-800-843-8114 • **online:** www.aicr.org

Radiation

Some people with breast cancer need radiation and some do not. You will most likely meet with a radiation oncologist who will explain whether or not radiation is necessary in your specific situation. In general, if you have had a lumpectomy, you may need radiation. If you have a mastectomy, radiation is not always given but in some circumstances it is very important.

During your first consultation with a radiation oncologist, no radiation is given. This appointment is for you to meet your doctor, and for your doctor to get to know you so he/she can recommend the best treatment plan. They will thoroughly explain the suggested treatment and any possible side effects.

Planning Session

If you and your doctor decide that radiation will be part of your treatment plan, you will then have a simulation or treatment planning session. During this time, you will have a CT scan for planning purposes only. A special mold is made that you will lie in each time you come for treatment. The radiation therapists will make marks on your skin that will be used to line-up the radiation machine; these are small permanent tattoos on your skin about the size of a freckle.

If you have any questions about radiation treatments, you may call the Cone Health Cancer Center at 336-832-1100 and ask to talk to a radiation nurse.



Radiation Treatments

During your first week of treatment the radiation nurse to review possible side effects and give tips on how to prevent and/or minimize them.

Common Side Effects:

- **Skin irritation**—It is hard to predict how red a patient’s skin may become during radiation treatment, some have a slight redness while others can have a more severe reaction. You will be given lotion that has been approved by your doctors but **DO NOT** use within four hours of your radiation treatment. Please ask to see your nurse or doctor if conditions get worse, there are other lotions and treatments that can be used to help reduce discomfort and heal the area.
- **Fatigue** – Many people going through radiation can experience fatigue. Walking or light exercise may help with radiation fatigue. However, strenuous exercise is not recommended. Remember, taking rest breaks when you are able can also be helpful.

Radiation is given daily Monday through Friday. Your doctor will tell you exactly how many treatments are recommended for your specific situation, typically 4—8 weeks. Your appointment will be approximately 30 minutes, the actual radiation treatment only takes a few minutes.

Radiation treatments themselves are very easy. You will not feel the radiation at all, it is very similar to having an x-ray. The therapist can see you on a monitor and hear you on an intercom during the treatment. You are perfectly safe.

There are four treatment machines. The same radiation therapists will usually treat you on the same machine. On occasion, you may be treated on another machine but your treatment information will always be transferred to that machine.

Once a week you will meet with your nurse and your radiation oncologist. This appointment will obviously take longer. At this time, your doctor will assess any possible side effects and evaluate your progress.