



# EMPOWERING WOMEN

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# BREAST CANCER:

## New Zealand Facts:

Breast cancer is the most common cancer in women and you probably know someone affected by it.

- Today 8 Women will be diagnosed with breast cancer
- This year 600+ women will most likely die
- Yet 30% of eligible women aren't enrolled in free screening
- And 60% of young women don't know the sign beyond a lump
- 65% Maori and Pacific women are at greater risk of dying of breast cancer than other NZ women.

The New Zealand Breast Cancer Foundation

**Breast cancer is New Zealand's third most common cancer** (Ministry of Health Website)

- Breast Screen Aotearoa is New Zealand's free national breast screening programme for women aged between 45 and 69 every two years
- Australia – Free breast screening for women aged 50 – 74 years every two years.
- In New Zealand the diagnosis of breast cancer in women is in their 50's, and the highest percentage is in women 70+ in age.
- Although younger women in NZ do get breast cancer below the age of 50

# What is breast screening?

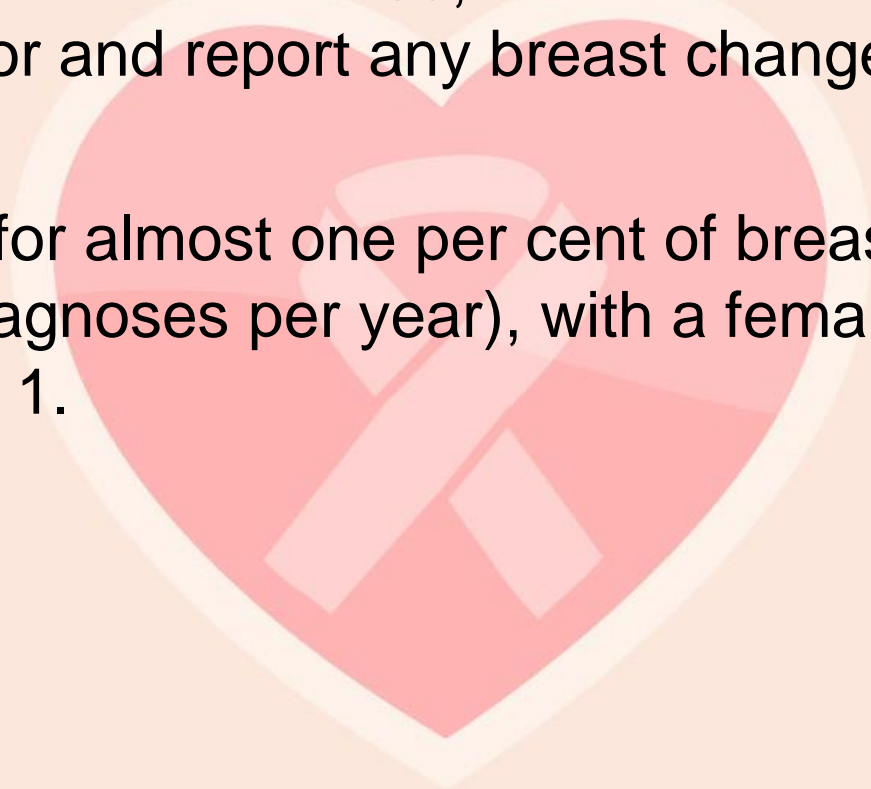
- Breast screening is when a mammogram (breast x-ray) is performed on women with no obvious breast changes
- Breast screening can find cancer early and that means you have a better chance of beating it
- It can pick up tiny cancers that can't be felt
- You need to have breast screening every two years as breast cancers can grow in that time and you want to find them while they are still small
- Screening mammograms cannot prevent development of breast cancer, but do reduce the chance of dying from breast cancer by approximately a third.

## Male Breast Cancer:

- While rare, approximately 25 men in NZ are diagnosed with BC each year, or less than 1% all cases
- Most common in men over 60, but all men need to know what to look for and report any breast changes to their GP.

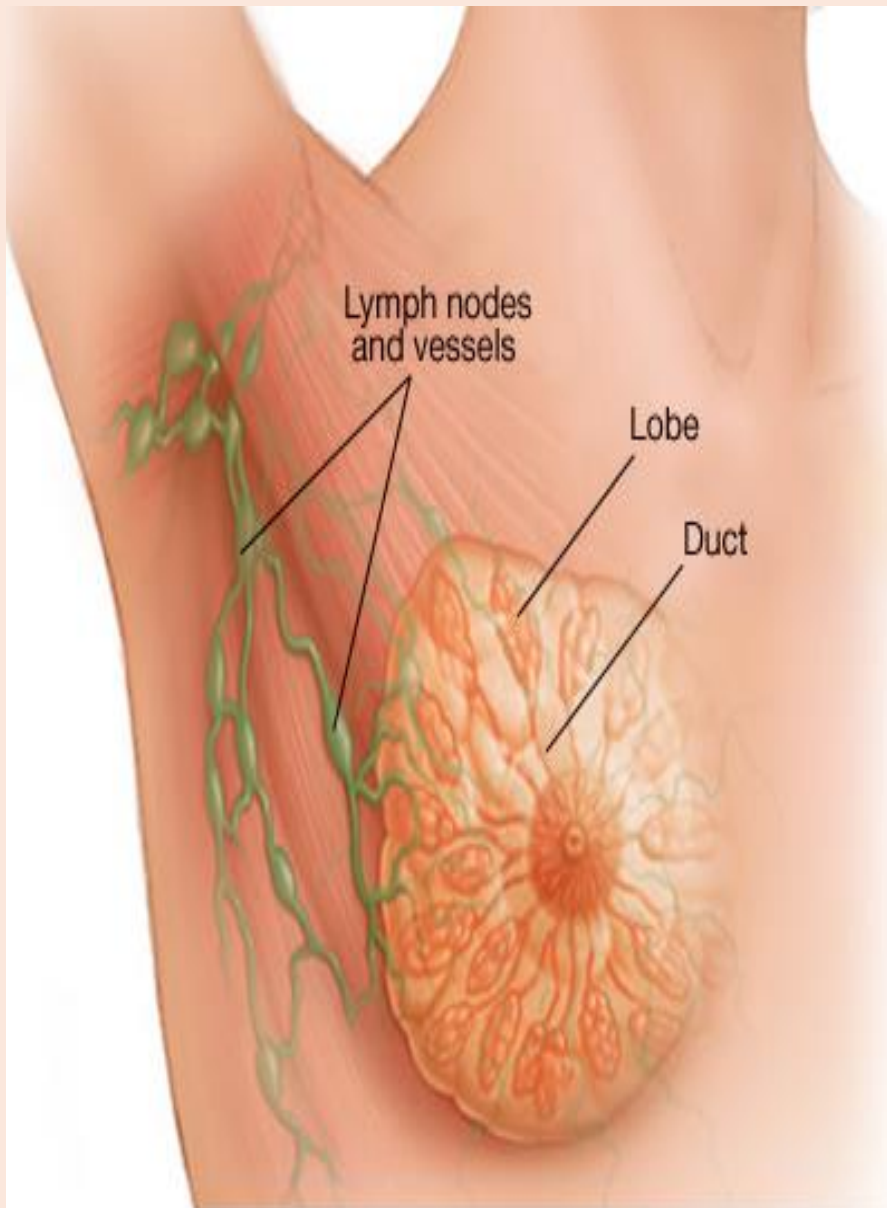
### Australia data:

- Men account for almost one per cent of breast cancer cases (140 diagnoses per year), with a female to male ratio of 120 to 1.



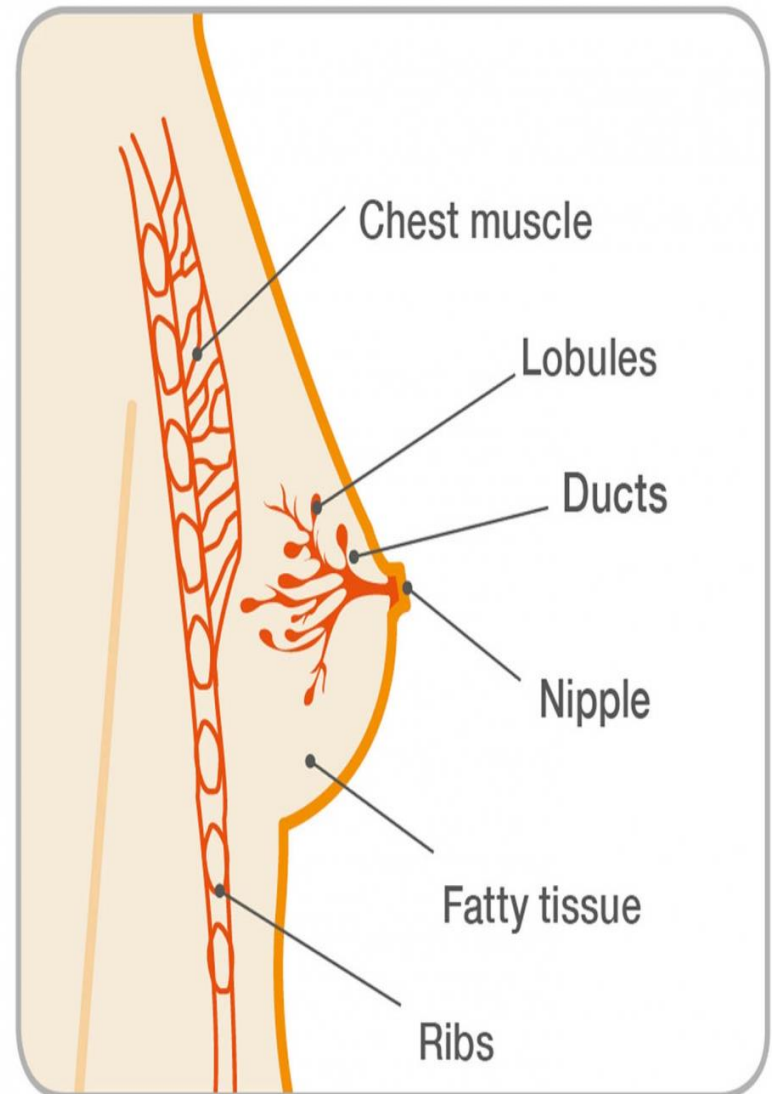
## **Risk Factors:**

1. Being a woman over 50
2. Family history of breast and/or ovarian cancer
3. Previous breast issues (breast cancer in the past, pre-cancerous breast conditions such as ductal carcinoma insitu (DCIS) or lobular carcinoma insitu (LCIS) or benign breast disease such as atypical hyperplasia
4. Dense breast tissue
5. Radiation treatment to the chest when younger
6. Hormonal factors (early menarche (first period), late menopause)



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## The breast





## WHAT BREAST CANCER CAN LOOK & FEEL LIKE



"A cancerous lump is often hard and immovable, like a lemon seed."

If you find new changes like this that stay around, show your doctor.

[knowyourlemons.com](http://knowyourlemons.com)

Designed by [worldwidebreastcancer.com](http://worldwidebreastcancer.com) 501(c)3 charity. Do not alter, crop or add to this image without written permission. Did this campaign educate you? Say hi! #knowyourlemons @mayorgirl @knowyourlemons





## **Ductal Carcinoma In Situ (DCIS)**

Ductal Carcinoma In Situ (or DCIS) refers to cancer cells which still remain inside the breast ducts. It is often referred to as a pre-cancer. If left untreated it may develop into invasive cancer. DCIS is usually diagnosed on a mammogram where specks of calcium can be seen. Usually there are no symptoms although occasionally women may present with a discharge from the nipple, or a lump may be felt.

DCIS is generally treated with surgery. If the area is small then wide excision or partial mastectomy may be performed. This may be followed with breast radiotherapy. If the DCIS is widespread throughout the breast then full mastectomy (removal of the whole breast) may be necessary.

## **CASE STUDY:**

I received a 47 year old female from recovery who had had a Wide lesion Excision & Sentinel Node Biopsy of the Left Breast following surgery for Invasive Ductal Carcinoma (IDC).

### **Previous medical History:**

HTN, Current smoker and had declined support to give up, previous TIA, previous back surgery.

### **Care Pathway Breast Surgery – Guidelines followed on Return to Ward**

- Wound -Medinorm drain in situ left breast. Very minimal output from drain on return to ward.
- Dressing – small ooze in recovery, which I padded with gauze and hypafix on return to ward.
- Pink lymphoedema bracelet on left arm so I and others would be aware not to do blood pressures, take blood etc from.
- For BP, P, RR, pain assessment 1/2hrly x 2 hrs; 2hrly x 2hrs; then 4/24,
- SpO2 on arrival, Temp on arrival, then 4/24hrly.
- IVF's, in progress, IV site healthy (VIP score 0-1)
- Adequate rest and Left arm elevated on pillow for axillary clearance as indicated
- Activity – Encourage mobility to toilet (+/- assist), walks around ward, TEDS.

## During the afternoon duty:

- Observations as per path way – all within normal limits.
- Breast surgeon attended and checked the wound and medinorm drain output. Was pleased that the extra dressing had been applied.
- Visited by the Breast Clinical Nurse Specialist who gave the patient a semi circular pillow to position under arm for comfort. Also can use under seat belt.
- Over the rest of the duty, the IVF's were discontinued. As drinking well with encouragement, mobilised around the ward with partner.
- Only required regular oral analgesia of Panadol.
- Continued monitoring of wound site- no new breakthrough ooze following the extra application of padding.
- By end of my duty the Medinorm drain had only drained 20mls
- Discharged following day following removal of drain and redressing of the surgical site. GP or District Nurse would follow up with wound care /monitoring
- Follow up with breast surgeon in surgical outpatients for results of biopsy and checking of breast.
- Six weeks following surgery, would be referred to Oncology for treatment plan
- Any concerns to seek medical attention immediately

- Education — information and support needs of patient and family (whanau) met.
- Patient goals & expectations discussed & unmet goals documented.
- Discharge Planning
- Pathway – Front graph commenced and completed by night nurse.

#### Support for women post Breast Cancer:

- Following diagnosis you are immediately referred to local cancer society who provide the following:
- Support, counselling services, refer to “Look Good, Feel better”, invite you to attend “Bridge to Health” when you are ready.

# Radiotherapy

Treatment plan consists of a staging CT where lots of measurements of the breast are taken and then consultation with the Consultant who specialises in radiology.

Can be several weeks before you receive appointment times due to the radiologists planning your treatment.

A pot of aqueous cream is given to each patient to apply over your breast daily  
Radiotherapist checks the breast twice per week during radiation and up to two weeks post treatment.

Erythema occurs in 80–90% of women treated for breast cancer with radiation therapy. There is currently no standard treatment for radiation-induced skin reactions but several patient trials, with subsequent research papers published, were held at Dunedin Hospital Oncology in conjunction with the University of Otago.

**Mepilex Lite film** is applied over all of the breast to decrease radiation induced skin reactions.

Radiation Therapists usually suggest that buy non wire bras during the course of radiotherapy.(Crop Bra).

Radiotherapy lasts approximatley 15 minutes.

## My Story:

- Diagnosed with L) sided Invasive Lobular Carcinoma (ILC) May 2016
- Booked for a hook wire guided wide local excision (WLE) and sentinel lymph node biopsy & excision biopsy July 2016 (Lumpectomy)
- Why am I telling my story, because as nurses we like to hear real life experiences
- Also to Empower WomEN (Enrolled Nurses and others here today):
  - B** – Be Breast aware from age 20, know what's normal for you.
  - R** - Reduce your risk
  - A** - Act on unusual breast changes, show your doctor
  - S** - Screening mammograms from age 45

## My Empowering message to you all:

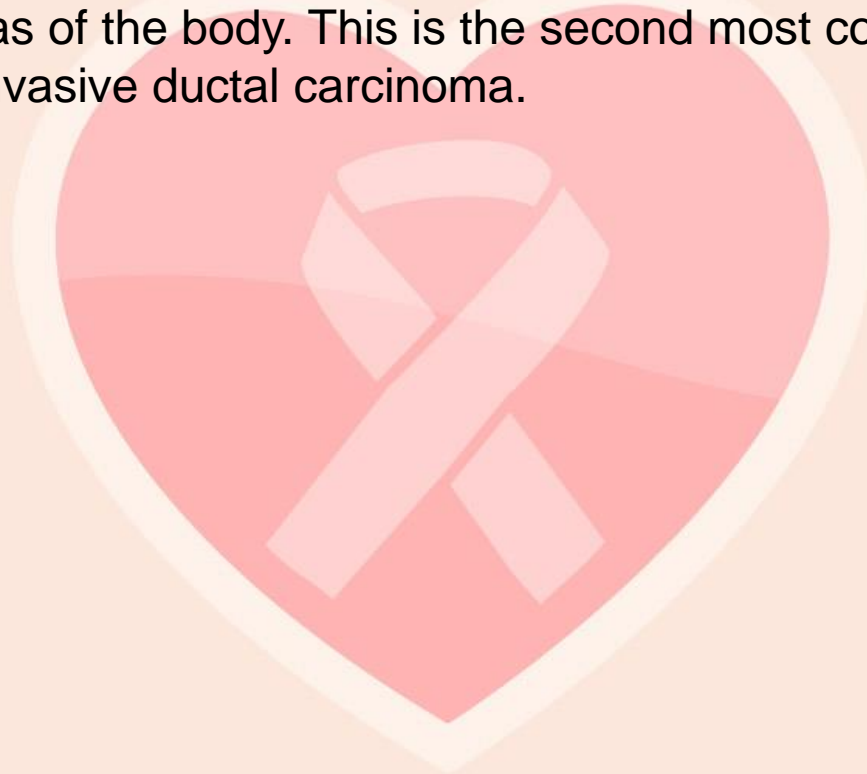
Encourage your friends, mothers, grandmothers, cousins, nieces, work colleagues to attend their appointments with Breast Screening Aotearoa or see their GP.

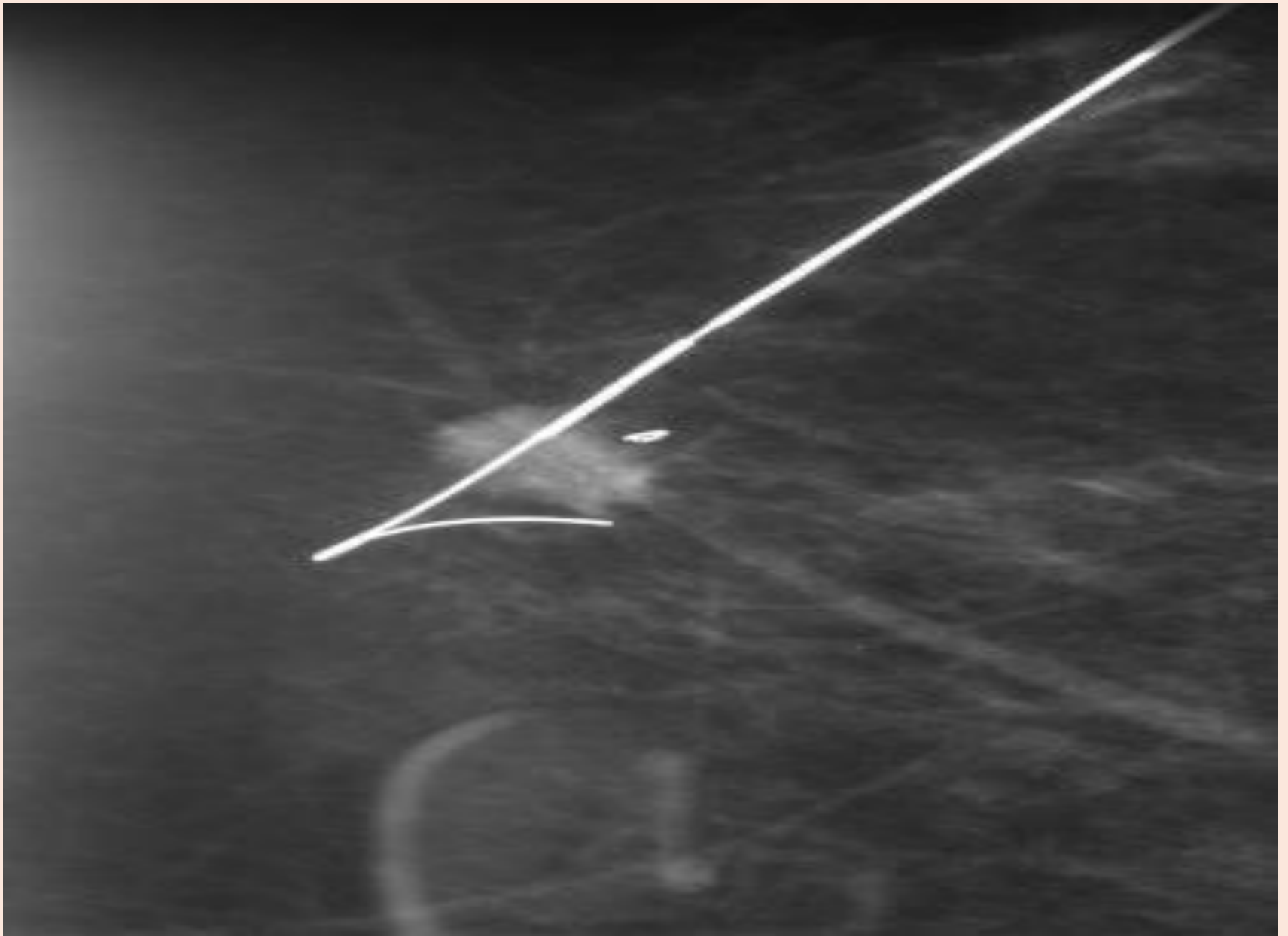


# Invasive Lobular Carcinoma (ILC)

The Cancer has broken through the wall of the lobule which produces milk and begun to invade the tissues of the breast.

Over time, invasive lobular carcinoma can spread to the lymph nodes and possibly to other areas of the body. This is the second most common type of breast cancer after invasive ductal carcinoma.





## Reflection:

Although I had had breast surgery I did not mention it to the patient.

I established a rapport with the patient we chatted away while doing her assessments and found we knew people in common, but I was able to conclude the relationship effectively.

Patient asked if had all the appropriate information prior to surgery which she did and if had any further questions, which she didn't.


Felt that I have more empathy for her as I cared for her over the duty, having experienced the waiting process leading up to surgery, eg. Further diagnostic tests for impending surgery.

Have more empathy for other patients that I care for who have been waiting for elective surgery.

## EXERCISE:

Is important in recovering from Breast Cancer and during treatment as energy levels allow.

PINC AND STEEL is an international programme who provide support to people affected by cancer, helping them take their first steps on the road to recovery.

 PINKT – Exercise training beyond breast cancer is the only programme of its type in Australasia and is run by the University of Otago School of Physical Education, Sport & Exercise Sciences. The exercise programme combines resistance and aerobic exercise and is open to all women diagnosed with breast cancer including those with a metastatic breast cancer diagnosis.

“Recent research demonstrates the effectiveness of progressive resistance training (PRT) to increase exercise capacity, muscle mass and strength, decrease body fat and improve quality of life. Moreover, PRT does not appear to exacerbate lymphedema; on the contrary, PRT can lower the incidence of symptomatic lymphedema and improve upper body strength” (Dr Lynette Jones)







(Invited + Ben).



PEER SORENSEN



## REFERENCES:

- Breast Cancer Support New Zealand [www.breastcancersupport.co.nz](http://www.breastcancersupport.co.nz)
- The New Zealand Breast Cancer Foundation [www.nzbcf.org.nz](http://www.nzbcf.org.nz)  
Pink Ribbon Breakfast (May each year)  
Pink Ribbon Appeal (October each year)
- Ministry of Health New Zealand [www.health.govt.nz/.../diseases-and-illnesses/breast-cancer](http://www.health.govt.nz/.../diseases-and-illnesses/breast-cancer)
- Cancer Society New Zealand
- <https://otago-southland.cancernz.org.nz/>
- Look Good Feel Better- Facing cancer with confidence. [www.lgfb.co.nz](http://www.lgfb.co.nz)
- PINC and STEEL [www.pincandsteel.com](http://www.pincandsteel.com)
- National Breast Cancer Foundation (NBCF) [www.nbcg.org.au](http://www.nbcg.org.au)
- Breast Screening Aotearoa <https://www.nsu.govt.nz/breastscreen-aotearoa>