

# FACE IT

get informed. take action.



survivor's guide

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

“The  
antidote  
to fear is  
action.”

Sally Hogshead

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FREE VIDEO

**Demystifying Your  
Breast Cancer Diagnosis**

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## Discovery & Diagnosis

You're going along your every day life feeling fine, maybe a bit tired, but hey, who isn't? You might be worrying about a multitude of concerns, which may never come true...then out of the blue you crash head-on with a health issue.

This particular health issue may begin with a routine mammography, which detects "something" requiring more testing.

Or, you or your partner feel a lump in your breast – or perhaps you notice a skin change, a dimpling when you raise your arm. You wait. This period feels endless. More tests...then a biopsy. You wait again. Then you receive the diagnosis you feared from the start: breast cancer.

Remember, **"Cancer is a word, not a sentence."**

– Dr. Robert Buckman

In the wake of a breast cancer diagnosis, it's natural to ask, "Will this be the end of me?" "Will I die?"

Likely not. Most women I see do very well, as I know you will, too. Please, don't leap to death. I can help you through this.

Right now, your immune system is fragile. But just think, bacteria and viruses surround you each day and you're not sick all the time. You may even have small cancers you fight off naturally, but sometimes your immune system gets a kick. Most women I see with this diagnosis have previously (in the past one to two years or more) been under a major stressor. It may relate to work, finances, relationships, or a loss...or any combination of the four.

I believe it may be a message from the universe that something needs to change.

**"Fairy tales are more than true; not because they tell us that dragons exist, but because they tell us that dragons can be beaten."** G.K. Chesterton



## Mourning You

Sadly, there is the "you" before your diagnosis of breast cancer, and the "you" after – you are not the same person. It's normal to mourn the loss of the future self you had envisioned. Things are not going as planned.

In many ways, I see you like a soldier. Soldiers can go off to battle and see horrible things. They can come back changed with Post Traumatic Stress Disorder. They are more anxious, more vigilant, don't sleep as well, and worry. You'll feel like that only you did not sign up for active duty.

But through this program, FACE IT, I can help you emerge with Post Traumatic Growth, instead of Post Traumatic Stress Disorder. It is completely up to you.

## FACE IT

I am Dr. Annette Richard. My project, called FACE IT, is a program, which is Focused Anxiety-reducing Coaching Empowering and Inspired Teaching.

Remember, there is no one just like you. No one with your exact results. You are unique in the world.

That is why it is difficult to search the Internet and find satisfaction. You are not like anyone else. Certainly, you have breasts like other women, but there the resemblance ends. You cannot compare your situation with others.

So, try not to look online or in books AT LEAST until you have more information.

**The information you'll receive will come in bits and pieces. Stay focused. Get informed. Take action.**

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### Your Biopsy Report

You have your biopsy report in your hands. Now let's break it down.

Your breasts are made up of tubes (ducts) and milk glands (lobules). As you age, your dense breast tissue is replaced by fatty tissue.

If a cancer begins in the ducts, but has not left the ducts, we call that Ductal Cancer in Situ (DCIS). In the same way, if it begins in the lobules, but has not left the lobules, we call that Lobular Cancer in Situ (LCIS).

The concern with lobular cancer is that it may likely be in the other breast at some point, which is why women with lobular cancer may consider a double mastectomy.

Now, if the tumour has left the ducts, you'll see the phrase, "Invasive Ductal Carcinoma of No Special Type" (NOS). Please do not focus on the word "Invasive." This does not mean it has "invaded" the rest of your body, but merely left the duct.



Dr. Annette Richard

The same is true with the lobules. If it leaves the lobule, it is called, "Invasive Lobular Cancer."

There are other rare kinds of breast cancer but I am referring to the common types. Ductal is much more common than Lobular.

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### Grade vs Stage

Many women I see with a new diagnosis of breast cancer arrive at my office with their biopsy report in hand – looking terrified. When asked what is most terrifying, they tell me because "it is aggressive – I am Stage 3!" When I ask how they know that, they say, "it's right here on my biopsy report."

So, let's break this down. There is a HUGE difference between Grade and Stage. And, if you have thus far only had a biopsy, you will NOT know the Stage. That is only known well after surgery.

Grade is an "eyeball" examination of your biopsy under the microscope by a highly trained pathologist. This individual will look and compare your biopsy with that of a normal breast cell. If it looks a lot like a normal breast cell, it will get a Grade of I. If somewhat similar, it gets a Grade II, and if totally dissimilar, Grade III.

While Grade is taken into consideration, it's not the most important part of your diagnosis and prognosis.



Please check out the video on Grade vs Stage on my website.

[www.faceitbreastcancer.com/grade-vs-stage](http://www.faceitbreastcancer.com/grade-vs-stage)

## Local Treatments

In breast cancer, there are two broad streams of treatment – Local and Systemic.

First, let's look at Local treatment, which includes lumpectomy, mastectomy, and radiation.

The mere fact that you have been referred to a breast cancer surgeon, and are being offered options; i.e., lumpectomy plus radiation vs mastectomy – single vs double, is a good thing. It is exceptionally hard to make the decision of what to do when you are facing a new diagnosis of breast cancer and meeting a surgeon for the first time, however, having options is good.

If you have a Locally Advanced Breast Cancer (LABC), meaning the breast lump is large and/ or there is involvement of the armpit or axilla, or obvious evidence of spread outside the breast, or bilateral breast disease, the ONLY option would be chemotherapy, radiation, and surgery at a much later date. The choices would be made for you.

If the lump is directly behind the nipple, making it difficult to do without causing a deformed looking breast, a mastectomy would be advised. If the lump is somewhat large, and you are small-breasted, mastectomy would be advised.

Keep in mind, that lumpectomy plus radiation is equal in terms of survival benefit, but radiation must go with lumpectomy to complete the local therapy.

So, in most cases, if you have a new diagnosis of breast cancer, surgery of some kind will be your first step.

## Getting Real About Lumpectomy

If the lump is small and can be removed, you could choose to have a lumpectomy. Lumpectomy or simple removal of the lump from the breast, PLUS radiation, is considered to be equal in terms of survival to mastectomy. But radiation goes hand in hand with lumpectomy.

Let's get real about lumpectomy. The ducts are not straight tubes like the spokes of a wheel but more often like curly straws. So when the surgeon does the lumpectomy, he or she will attempt to take a good margin of tissue. But after a wait of two to three weeks, you may be told that the "margins were not clear" and this will require another lumpectomy... or a mastectomy. So remember, lumpectomy is more straightforward, but MAY require two separate surgeries.



## Mastectomy

Mastectomy is removal of the breast. Interestingly, the majority of women I speak with tell me the pain of mastectomy surgery is not as great as they expected. Those who are unprepared before having a Sentinel Lymph Node Biopsy, which I'll deal with shortly, experience more pain than with the mastectomy. This guide will help you prepare for that procedure.



Unfortunately, in most cosmopolitan cities, mastectomy and lumpectomy are day surgeries. Recently, a young, newly diagnosed patient in her twenties underwent a double mastectomy and this was done as day surgery. Unreal!

## What Not to Wear to a Mastectomy

In most cosmopolitan centres, mastectomy, even double mastectomy, may be day surgery. That's right sister, day surgery. That means within hours of having your breast or breasts off, you will go home.

### So, what should you NOT wear to a mastectomy?

Be mindful not to wear anything that pulls off over your head. You'll go home with one or two drains (one per mastectomy) and may have had some surgery under your armpit or axilla. So, wearing something that is loose, comfortable, and open to the front is best.

So you want something you can feel comfortable in. Remember to use a washcloth to clean away the surgical scrub liquid (usually pink) used on your skin before surgery. If left on, it will cause an intense itch.

## Preparing for Sentinel Lymph Node Biopsy

Either the day before or the day of your surgery, you will have a procedure called a Sentinel Lymph Node Biopsy. Today, this is the standard of care.

Four injections of a radioactive tracer dye are injected into the areola of the breast (the coloured part around the nipple). If you can imagine the areola as the face of a clock, the four injections will be at the twelve o'clock, three o'clock, six o'clock, and nine o'clock positions. Then you'll be taken to surgery. The tracer will go to the first draining lymph node near the cancer, called the Sentinel node. It will be removed along with usually two nearby lymph nodes.

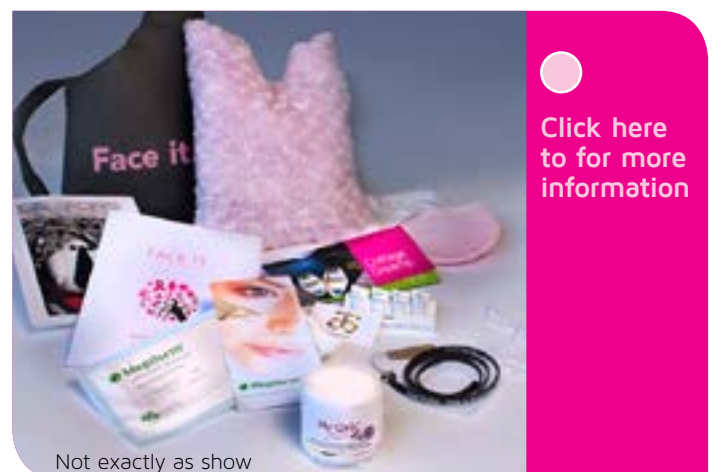
If there is no cancer in the removed node, you will not require major surgery under the armpit. If, however, you present with spread to the armpit, which would be felt, then you would have chemotherapy first and then you would have lymph nodes removed from the armpit, called an Axillary Lymph Node Dissection, which can increase your risk of Lymphedema.

I see this in a lot of the younger women who present normally with a large breast lump or something in the armpit. They are referred to as having Locally Advanced Breast Cancer (LABC) and they have to have the lymph nodes in the armpit removed – usually, all of them.

To prepare for your procedure, I recommend you apply a thick layer of EMLA numbing cream to your areola, the coloured part of your breast on the side the cancer is found. This will cut the pain markedly! A Cope 2009 study polled women who had the Sentinel Lymph Node procedure without numbing cream, and they reported pain as 10/10. That is almost enough to make you want to blow your brains out! But, after using EMLA, the pain was reported as 4/10.

You can purchase a 5g tube over the counter at any pharmacy for approximately \$10 to \$15 or a small tube is included in our Survival Kit.

[www.faceitbreastcancer.com/products/survival-kit](http://www.faceitbreastcancer.com/products/survival-kit)



Apply EMLA two hours before your procedure. Put it on quite thick, like the thickness of icing on a cupcake. Then, cover the cream with a square of “cling wrap” type of plastic and tape it in place. This will NOT affect your procedure and can be easily removed at the hospital.

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## Radiation & My Girls™

Now, let’s complete the talk about local therapy by talking about radiation and how to get through it more easily.

Theresa Kertesz, who is from the United States and had breast cancer, developed an amazing topical cream called, My Girls, a plant-based skin care cream with calendula and rosemary made without parabens, fragrances, or dyes. This cream is on the formulary of myriad Cancer Centres in the U.S. and in the Kitchener and Hamilton Cancer Centre formularies in Ontario. You can purchase it online at [www.janacsportswear.ca](http://www.janacsportswear.ca) or through my office (email me to pick up in London, Ontario at [annette@faceitbreastcancer.com](mailto:annette@faceitbreastcancer.com)).

Just an aside...the creator of Janac, Janet Cockburn, also had breast cancer and is the creator of “Been-a-Boob,” a lightweight breast prosthesis for the active woman.

I use My Girls cream with anyone undergoing radiation, especially if considering some kind of reconstruction; i.e., implants. It is vital that you treat the skin and keep it as soft as possible because radiated tissue is harder to reconstruct.

The main side effect of radiation therapy is fatigue. Sometimes, it is exhaustion. Radiation is normally given for five to six weeks in a row, Monday to Friday, with weekends off.

The other side effect is skin irritation. If not prevented it can lead to severe irritation and burn requiring a topical medication used for burns (Flamazine) and sometimes a break is required in the radiation.

I am a HUGE proponent of prevention. The radiation oncologist and staff will tell you not to use anything on your skin four hours prior to radiation. Clearly, you don’t want to protect the skin from the radiation, which is being used to treat the cancer. But after radiation, use My Girls. On my Web site, you can see photos of a patient who kept a daily photo and written journal.

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## Lymphedema

This is a chronic, debilitating condition that can occur after you have had surgery to the armpit (axilla) to remove lymph nodes, and then had radiation. It can be treated!

There are very specialized Registered Massage Therapists who do Manual Lymphatic Drainage (MLD). This must be done to decrease the size of the arm and get rid of the fluid.

Some women have seen or been told about sleeves or garments they can wear on the arm. The sleeve can ONLY be applied after the arm is treated. If you simply don a sleeve, it will do nothing to shrink the size of the arm. It simply maintains the size.

There is an amazing company out of Philadelphia I highly recommend, “Lymphedivas.” A young woman with lymphedema, who did not like the rather drab-looking lymphedema sleeves, created the company. Her sleeve designs will inspire you to feel beautiful, strong, and confident.

Check them out at [www.lymphedivas.com](http://www.lymphedivas.com).

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## Post Mastectomy Wear

If you have had a single or double mastectomy, the usual suggestion you’ll hear is to get a prosthesis and a specialized bra. Depending on your province, the government will pay a portion of this because they are

considered “medical devices.” When you purchase your prosthesis and bra, the retailer will complete an Assistive Devices Program (ADP) form and you will likely be reimbursed part of the cost. On average, a prosthesis costs \$400. In Ontario, you’ll receive \$195 back.

Another option is the Been-a-Boob, mentioned earlier. It’s a very lightweight prosthesis for the active woman, which costs about \$70.



La Vie en Rose has an excellent “Muse” line of post mastectomy bras (attractive with matching panties). They also carry post mastectomy bathing suits. Check with your local Cancer Centre as you may get money back for these items. <http://muse.lavieenrose.com>



I have some patients who are small breasted, with a single mastectomy, who choose to wear the La Vie en Rose double-gel bra and not wear a prosthesis.

If you have had a double mastectomy, there is a lovely top and t-shirt from Amoena [www.amoena.ca](http://www.amoena.ca), called the “Valletta.” It has a built-in shelf with a soft prosthesis, and you won’t require anything else. It comes in a myriad of colours.



## Systemic Therapy – Chemotherapy Class

Here’s an interesting factoid: rats can’t vomit, but ferrets can. So, ferrets were used to try new anti nausea drugs with chemotherapy. The poor little ferret received the chemotherapy, began to vomit, and then was given a novel drug now available in intravenous (IV) and oral form, which I call “The Trons.” There is Ondansetron and Granisetron. Within five minutes of the ferret receiving an injection of a “Tron” the vomiting stopped – so vomiting is less likely when taking chemotherapy for patients with breast cancer.

When people think of cancer, they tend to think of weight loss. Sadly, in breast cancer, weight gain can be more common owing to the use of anti-nauseant medications. This is why exercise is so important.



Exercise will decrease your recurrence of breast cancer by 20%. But you have to do it. I will talk more about this later.

Also, exercise during chemotherapy and radiation will help to decrease many of the side effects, such as fatigue.

Chemotherapy is normally given in cycles. One cycle is one course of chemotherapy, usually given intravenously over a number of hours, but may vary. Each cycle is separated by two to three weeks. This means you go for chemotherapy, have a break of two to three weeks depending on your type of chemotherapy and go back for another IV session. Most chemotherapies are four to six cycles or about eighteen weeks in total.

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## Understanding Your Pathology Report

Interpreting Estrogen Receptor, Progesterone Receptor and Her 2/neu.

When you get your final pathology after surgery, almost on the last page, you'll see the results of three tests that were done on your lump.

1. Estrogen receptor status
2. Progesterone receptor status
3. Something called Her 2/neu status

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## What are they?

Some women's breast cancers are sensitive to Estrogen and Progesterone, our normal female hormones. They will therefore be Estrogen receptor positive or ER positive. The same goes for Progesterone.



## Why is this important?

If your breast cancer is ER/PR +positive, you will be able to take a pill form of chemotherapy – approximately 70% of all breast cancers are ER/PR positive.

**There are two categories of oral medications:**

SERM (Tamoxifen) vs Aromatase Inhibitors (AI's)

SERM stands for Selective Estrogen Receptor Modulator

Tamoxifen, a pill, is taken once daily for five years to block the Estrogen Receptor.

Tamoxifen is good for the bones. It has a small, exquisitely small, risk of leading to uterine cancer. Premenopausal and postmenopausal women can take Tamoxifen.

If you're postmenopausal and have not had a period in several years, and have any spotting or bleeding while taking Tamoxifen, you must notify your physician immediately. Usually, the worst-case scenario would be a hysterectomy. Tamoxifen can cause hot flashes, loss of libido, and constipation.

*(Continued on page 10)*



"I didn't have a GP in the city then I found Dr. Annette Richard, this amazing GP who had dedicated much of her practice to helping people like me, cancer patients and survivors. When I first called I left a message explaining my situation. To my surprise that same day, Dr. Richard herself called me back. We set up an appointment at our home and a couple of days later she spent an hour and a half talking with my family and I about what the test results actually said and meant. She answered all of our questions.

The thing that made me feel better almost instantly was the kind of language Annette used. She is so positive, not only does she focus on all of the positive particulars of your case, she helps instill a sense of empowerment in you by helping you understand your diagnosis.

One of the first things I can remember her telling me was that, I wasn't sick, I just had cancer. That helped me to understand that I could be a survivor.

She was always available; to ask quick questions and check in over the phone, to make appointments to not only talk about physical symptoms but also emotional well being, and to make house calls to check in post-surgery. Dr. Annette Richard cares for her patients, is so dedicated to helping you feel better. I have so much gratitude for her and wish everyone could have as good a doctor as is Annette."

Whitney. London Ontario

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It is the law that any difficulties that can come to you at any time, no matter what they are, must be exactly what you need most at the moment, to enable you to overcome them. The only real misfortune, the only real tragedy, comes when we suffer without learning the lesson. *Emmet Fox*

”

I stumbled across Dr. Annette Richard's Web site the night I was diagnosed with invasive lobular carcinoma, days after my 40th birthday. I emailed her immediately. She replied the next morning and insisted we meet that day.

Dr. Richard answered all my questions and explained in detail what the next steps might look like. Every question my husband and I had was answered and the fear of the cancer diagnosis was replaced with knowledge and empowerment. My husband and I were confident we had found

the right doctor to walk with us on this journey...whatever that included.

Dr. Richard followed up with phone calls, emails, and more appointments. She even met with my parents who were stricken with the fear of their second daughter having cancer. They were scared for my life. At our house, she is called our "rock star" doctor. She is one in a billion and we are forever grateful for the impact she has had on our lives. She is a gift from God as an angel on earth.

Through every step of my cancer journey she has been a great source of strength and encouragement... providing facts, prompt referrals, and even accompanying me to see my oncologist. She is a special blessing to her patients and goes above and beyond any doctor I know.

I'm sure if Oprah were introduced to Dr. Richard, she would end up on her "favourite things" show, because she is someone you simply can't live without!

*Connie Berry, Sarnia, Ontario*

The Aromatase Inhibitors, of which there are three different medicines, block an enzyme called aromatase, which converts androgens into estrogen, either reversibly or irreversibly. AI's can only be taken by postmenopausal women.

Unlike Tamoxifen, the Aromatase Inhibitors are not good for the bones, and bone health must be a priority to prevent fractures. The Aromatase Inhibitors can also cause muscle pain, which in some women is quite debilitating. AI's also cause hot flushes and decreased libido.

In approximately 30% of breast cancers, the Estrogen and Progesterone receptors are negative. This simply means that the above two types of medications will not work and are therefore not available to take. Estrogen and Progesterone are not stimulating your breast cancer.

The third thing tested in all breast cancers is something called Her 2/neu.

In some cancers, there is an over-expression of a protein called Her 2/neu. If you are Her 2/neu positive, this means there is a slightly higher chance of the cancer being more aggressive, but luckily there is a treatment called Herceptin (Trastuzumab). Remember, all drugs have two names.

Herceptin is not chemotherapy. It is called a Biological. It is given intravenously every three weeks for one year. It does not cause hair loss or nausea/vomiting. Some women may feel somewhat short of breath at times, but that will clear when off the medication. People on Herceptin can work and function fully.



## Hair Loss & Wigs

When you are told your type of chemotherapy, you will be told about side effects. Complete hair loss will occur, normally starting at about cycle two; i.e., three weeks in. Many patients consider a wig in advance and then shave their head as the hair loss starts. When it starts, the hair will come out in clumps and most people do not like to see that on their pillowcases or in their showers.

If you consider a wig, I have found that Continental Hair, 92½ Avenue Road, Toronto, Ontario is an excellent source. You can find them at [www.continentalhair.com](http://www.continentalhair.com) or call 416.923.7747.

If you apply through many of the Cancer Centres, the average maximum amount of money they will give you toward a wig is \$800.

There are synthetic hair wigs and real hair wigs. Real hair wigs cost more. Many Cancer Centres have a wig loaning section – wigs from previous patients are returned and professionally cleaned.

Some women choose to forego a wig and use hats or scarves instead.

## Chemo Fever

Chemotherapy targets fast-growing cancer cells and other fast growing cells, such as hair follicles and the cells lining your gastrointestinal tract (gum to bum). Seven to ten days after chemotherapy, your infection fighting cells – white blood cells – might drop. This is called the “nadir.” If this happens, you could develop a fever.

A fever is a temperature of 38 degrees Celsius (100.4 degrees Fahrenheit) or higher. You must purchase a thermometer to accurately measure your temperature. This type of fever will change the way an infection presents itself.

- **Normally, if you get an infection, such as a bladder infection, it hurts to urinate. However, when your white blood cells are low, you will ONLY get a fever.**
- **Normally, if you have pneumonia, you’ll also cough up some coloured stuff. However, when your white blood cells are low, you will ONLY get a fever.**
- **Normally, if you have a rectal abscess, it hurts to sit and you’ll feel a lump. However, when your white blood cells are low, you will ONLY get a fever.**

This condition of getting a fever when white blood cells are low is called “Febrile Neutropenia.” If this happens, you **MUST** go directly to a hospital, no matter the time of day or night. This is a serious situation!

Do not ignore the fever and take Tylenol then lie down. No! Go directly to a hospital and say, “I am a chemo patient with a fever.” You will be taken in immediately, given an IV, have blood cultures drawn, and then be put on broad-spectrum antibiotics. The search for the source of the infection will begin. You may be in the hospital for a day or two, or more.

The good news is that Febrile Neutropenia, or fever on chemo, is less common now because of the use of medications called Neupogen or Neulasta. These medications, which are given under the skin with a small needle, like diabetic patients on insulin use, prevent the drop in white blood cells, thereby preventing Febrile Neutropenia.

If you have insurance, call your insurance company and ask if you have coverage. You need to know if you have a maximum coverage or a cap, such as \$5000. Give your insurance provider the DIN number for Neulasta: 02249790. If you have coverage, great! If not, then call the Victory Program at 1-888-706-4717. Don’t worry...you will have coverage for Neupogen, even if you don’t have insurance.

### **What is the difference between Neupogen and Neulasta?**

Neupogen is given as a single shot every day after each cycle of chemotherapy for ten days. So, if you have eight cycles of chemotherapy, that is 8 x 10 or 80 shots in total.

Neulasta is one shot once after each cycle. So that is 8 x 1 or 8 shots in total. 80 or 8?





## Reconstructive Surgery

If you're interested in reconstruction there are a myriad of options. With mastectomy, the reconstruction is usually done at a later date; i.e., six months to a year. Mastectomy surgery is cancer surgery. The plastic reconstructive surgeon wants to ensure all treatments are finished before reconstruction.

You may want an implant. A mastectomy surgery involves the removal of the breast and the skin, including the nipple, which renders the chest flat. The flat area must first be expanded before an implant can be placed.



In a day procedure, a small bag, like a small IV bag, is inserted under the skin. Every week for about six weeks, the fluid is pumped into the bag through a small plastic bud that sits outside the body. When the skin is stretched sufficiently, the bag is removed during another day surgery procedure and a saline implant is put in place. The surgery is completely covered by OHIP.

If, for symmetry, you want a lift or change in the other breast, this too can be done and is covered by OHIP. At this point, you will still not have nipples. Your surgeon can, at a later date, create a nipple for you from your own tissue at a day surgery or you can have nipple tattooing. Both of these procedures are also covered by OHIP.

Another surgery uses the patient's own tissue, skin, blood supply, and abdominal muscles to form a breast. This procedure is called a TRAM flap (Transverse Rectus Abdominus Muscle flap) and takes about eight hours.

A newer procedure is called a DIEP. Wasn't that a battle in WWII? I know, that was Dieppe...but you may feel like you've been to battle and back afterward but the results can be amazing.

In the DIEP (Deep Inferior Epigastric Perforator) surgery, the skin and arterial supply from the artery, which supplies the rectus (abdominal) muscles, is used to form the breast tissues. But important to note is that the rectus muscles are spared.

For a good understanding and pictures of these procedures, check out the PRMA Web site from Texas: [www.prma-enhance.com](http://www.prma-enhance.com).

In order to have TRAM or DIEP, you must have sufficient abdominal fat. If you're very thin, your only option is to have a tissue expander, the Lat Dorsi. This procedure uses muscle from behind your arms. Please note, the results with this procedure often have less than satisfactory results aesthetically.

**Reconstruction of any kind is completely covered by OHIP.**



## Post Treatment

At this point, you must be ready for some great news! Here it is...

When you finish radiation or chemotherapy, you'll be given the opportunity to sound a gong announcing the end of treatment. This truly symbolizes the restoration of balance, harmony, and life energy.

And an even better surprise awaits – "Cottage Dreams." This amazing organization, founded by Seanna O'Neill, organizes a free cottage rental for one week in Ontario's beautiful Muskoka Lake region for ANY woman, child, or man within eighteen months

of completing any kind of cancer treatment. Cottage Dreams is spreading across Canada and will eventually operate in the United States.

To apply, visit [www.cottagedreams.ca](http://www.cottagedreams.ca), print the form, fill in your diagnosis and dates of treatment, and have it signed by your healthcare provider. Through this program, you'll be able to look forward to some much needed rest and relaxation at a lovely cottage.



## Let Loose & Celebrate

When you're going through active treatment for breast cancer, in the form of chemotherapy, radiation, or surgery you are being monitored all the time, checked out, having blood tests, scans, etc. Suddenly you're done; it all stops.

Many women tell me they feel as if they've been "thrown to the wind." They're scared that they didn't see it coming the first time so how will they know if it comes back? What if it's too late next time?

This fear-based thinking can be your undoing because where your focus goes, so goes your life.

If you focus on worry, fear of recurrence, constantly examining yourself for any sign of the cancer returning, it may very well do so. That is the power of your mind!

Instead, you must focus on recovery and moving on. Celebrating! I know it's hard, but life is hard.

The amazing and motivating Darren Hardy, Publisher of Success Magazine said, "Yes, there will be dark days, but don't focus on them." He interviewed Mario Andretti, the great racecar driver who said, "The last place you look is the wall, because that is where your car will go." A tightrope walker said, "The last place you look is down." A surfer said, "Where your eyes go, there goes your board." So don't look in the direction of recurrence – look in the direction of life, living, health, and a positive expectancy for life."

This is a time to be celebrated, not feared. You WILL and SHOULD be seen and examined by your cancer specialist, surgeon, or GP every three months for at least the first year, and then every six months for another year, and then every year thereafter. But at the same time, it's time to get back to your "normal" life because life does carry on.

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## The Reveal

I developed a teaching model which looks almost exactly like a left sided mastectomy. There is a drain in place that is exactly as you will go home with. You can see the fluid is bloody (I use theatrical blood) and that is normal.

I use this model, with the patient's permission, not only for her to see what she will look like and what to expect but also for her partner. I want to prepare the partners, to help them school their features before "The Reveal."

If you "reveal" your post mastectomy incision to your spouse and they appear shocked, repulsed, or otherwise unaccepting, even unintentionally, you will never again show them and it can affect your self esteem and your future intimacy.

## Kristen's Story of Inspiration

I met Kristen when she was 29 and newly diagnosed with breast cancer. I consider myself to be pretty great at visualizing good stuff, but Kristen, well, let me tell you...

Kristen wanted to have children. She was told she would need chemotherapy and having children may not happen. Undaunted, Kristen went with her husband to a fertility specialist. They took five samples to freeze.

Kristen went through chemotherapy and at first her periods did not come back. But she truly believed she would have children. She kept a binder with baby names and pictures including of a baby ultrasound she had downloaded from the Internet. Kristen's plan was to have two children. She gave them names and kept looking at her binder.



Finally, she got pregnant and had Baby #1, a boy, Lucus. Success. When she decided to have Baby #2 she only had three eggs left. This did not stop Kristen. The first attempt did not take. Now she was down to two and everyone told her, "You have one baby, try to be happy. It might not work. Don't get too excited."

Obstacles only occur when you take your eyes off the goal. And Kristen did not. The second time, it did not take either...but...she soon had another beautiful

baby boy, Will – just as she visualized throughout this journey. Kristen is now 35 years old and doing very well. Very well indeed!

## Your Prescription for Wellness

Using visualization techniques can dramatically improve your outlook and your health. It's imperative to focus completely on the positive situation, as you want it to be. Here are 3 steps to get started.

1. Get comfortable and begin with gentle breathing.
2. Focus on relaxing all your muscles from head to toe.
3. Then imagine a place where you are at peace. This could be a sandy beach, in the midst of a lush green forest, standing on top of a mountain. It's a place where you feel safe and content. Now put yourself there by using your five senses to integrate yourself into the visual imagery. In whatever way comes to mind, imagine your healing, your future self enjoying a special moment, or whatever is meaningful for you.

**You may want to consider guided visualization tools or various wellness therapies.**

- Robin Sharma has a fabulous guided visualization MP3. You can get it at <http://www.robinsharma.com/store/audio/Downloads/robinsharma-Meditation-For-Elite-Performers>
- Organizations, such as Wellspring ([www.wellspring.ca](http://www.wellspring.ca)), have free classes in meditation and yoga.
- Treat yourself to a Reiki session and/or massage therapy. Art therapy classes can be helpful, too.

**"What the mind can conceive and believe, it can achieve."** Napoleon Hill



Jamie, Lucas, Kristen and Will

## Susan's Letter

Hi Annette:

When we think of what you have done for us, we think of ...

1. Your availability to us – email, cell, telephone.
2. Your knowledge you shared with us – lessening our tears, calming our fears, focusing us on today and away from fear of tomorrow – giving us hope and directing us to your network of knowledgeable and caring team of doctors; Dr Vipin Jain and his assistant Amy, Dr Ron Holliday, and Dr Logan.
3. Your compassion – knowing you cared about us and what we were experiencing and the giving of your time to spend with us and join with us in meeting with our other doctors so you could help us better with the information they shared as well as build your knowledge base to help others.
4. Supportive of our decisions – letting us know that our decisions were right for us since we made them in an informed way.
5. Being our friend through all the many ways we mentioned above as well as many other ways you cared for us.

In summary, Annette, thank you for being our Angel.

Love and blessings, Susan and Bill





## Survivor's Guide Check List

- Visit [www.FaceItBreastCancer.com](http://www.FaceItBreastCancer.com) for resources and specialty gear – comfy pillows, clothing, and drain bag pouches – created especially to help you through this foreign journey.
- I would strongly suggest you get my “Comfort Pillow.” [www.faceitbreastcancer.com/products/the-comfort-pillow](http://www.faceitbreastcancer.com/products/the-comfort-pillow)  
I designed it with breast cancer patients. It is meant to fit under the operative arm and will be a huge comfort after surgery. If you have a lumpectomy, or especially mastectomy, it's uncomfortable to have your arm brush against the operative site. And if your shoulder is sore after surgery, owing to the position you are placed in during the procedure, it will relax your shoulder.
- You will likely need a Sentinel Lymph Node Biopsy before any surgery. Purchase a 5g tube of EMLA at any pharmacy, cost about \$10 to \$15. [www.faceitbreastcancer.com/pain-management](http://www.faceitbreastcancer.com/pain-management)
- If you will need radiation, purchase a jar of My Girls Skin Care Cream. You can purchase it online at [www.janacsportswear.ca](http://www.janacsportswear.ca) or through my office, email me to pick up in London, Ontario at [annette@faceitbreastcancer.com](mailto:annette@faceitbreastcancer.com)
- If you will need a wig, contact Continental Hair [www.continentalhair.com](http://www.continentalhair.com) or call 416.923.7747.
- If you need chemotherapy, and have insurance, call your insurance company and ask if you have coverage for Neupogen or Neulasta. Give DIN # 02249790 for Neulasta. If you do not have coverage for Neulasta, call the Victory Program at 1-888-706-4717 for assistance.
- If you need radiation and/or chemotherapy, call your local Cancer Centre and ask about their free driver service. They'll pick you up at your house and take you to the Cancer Centre and back home. This service is usually provided by former cancer patients. Parking is expensive!
- Start exercising. Exercise can reduce your chances of breast cancer recurrence by 20%. Walk for one hour at a brisk pace four days per week.
- Contact Cottage Dreams at [www.cottagedreams.ca](http://www.cottagedreams.ca) and apply for a free, one-week stay at a beautiful cottage in the Muskoka Region. Complete the form online so you'll have something to look forward to when this is all over. You can take whomever you wish. Visualize it. Visualize the peace you'll experience and keep it in the forefront of your mind. Whenever your mind wanders, bring it back to this space. It seems unbelievable now, but before you know it all of this will be behind you.
- Whether you require a lumpectomy or mastectomy, now is the best time to check out a post surgery top. Amoena ([www.amoena.ca](http://www.amoena.ca)) has several excellent tops. The “Hannah” is an ideal post mastectomy top. It's sleeveless with a zip up front – perfect for single or double mastectomy. Or the “Valletta” offers a built-in shelf with a soft prosthesis so you won't require anything else.
- Using a Mepiform® bandage will decrease scarring. You can purchase Mepiform at your local pharmacy but it will likely have to be ordered.
- Check out la Vie en Rose. They have a complete post-mastectomy bra line, called “Muse.” Also, they have great bathing suits for post-mastectomy. [www.lavieenrose.com](http://www.lavieenrose.com)
- For prostheses after mastectomy, check out Janac [www.janacsportswear.ca](http://www.janacsportswear.ca). They carry two fabulous products. The “Been-a-Boob” is lightweight and designed for the active woman and is about one third of the price of a regular prosthesis. This company is also the Canadian distributor for My Girls Skin Care Cream, an absolutely necessity if you have radiation.



# Post-Treatment

At this point, you'll be ready for great news! Here it is...

When you finish radiation or chemotherapy, you'll be given the opportunity to sound a gong announcing the end of treatment. This is truly symbolic!

And...an even better surprise awaits – "Cottage Dreams." This amazing organization, founded by Seanna O'Neill, organizes a free cottage rental for one week in Ontario's beautiful Muskoka Lake region for ANY woman, child, or man within 18 months of completing any kind of cancer treatment. The organization is spreading across Canada and will eventually operate in the United States.

To apply, visit [www.cottagedreams.org](http://www.cottagedreams.org), print out the form, fill in your diagnosis and dates of treatment, and have it signed by your healthcare provider. Through this program, you'll be able to look forward to some much needed rest and relaxation at a lovely cottage.





## About the author

Dr. Annette Richard is a General Practitioner in London, Ontario with a particular interest in breast cancer. Through her FACE IT program, Dr. Richard supports, educates, and coaches patients and their families through this formidable journey.



*Dr. Annette Richard*

In 2007, Dr. Richard learned that mastectomy surgery in London was done as day surgery. She was horrified. She researched every aspect of breast cancer – from diagnosis through treatment – and started the FACE IT program because she understood how overwhelming cancer diagnosis is and the lack of available support and education.

If you have breast cancer, this guidebook will help you to understand your diagnosis and your options. Plus, you'll discover invaluable products to make life easier (and less painful), wisdom from your sisters experiencing a similar journey, and strategies to help you physically and emotionally.

FACE IT receives referrals from various sources and supports breast cancer patients and their families in the comfort of their own homes – both before and after surgery. If you have been diagnosed with breast cancer, or you know someone who has, please refer them to [www.faceitbreastcancer.com](http://www.faceitbreastcancer.com). All services are covered by OHIP.

# get informed take action

visit [www.faceitbreastcancer.com](http://www.faceitbreastcancer.com)

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