

Breast - First Outpatient Appointment

Introduction

The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

When you are waiting for further treatment it can sometimes feel like a long wait. The information and advice here is aimed at helping you manage that wait so you arrive for your appointment in the best possible physical and mental health.

The NHS has limited resources which means that we are unable to treat you as quickly as we would like. Each healthcare provider has to consider the type of help you need, how quickly you need treatment, the best course of action to help you and when and where you can be seen.

The process of sorting patients based on their individual needs is called prioritisation. The system of prioritisation is applied consistently across the NHS to help us to decide the order in which patients receive their treatment. This is essential to ensure that we provide care based on need. The system means that care is delivered in the fairest way possible.

Once a referral has been made from primary care to secondary care, the specialist team conduct assessments and then agree with you on the right course of action. At this stage, the urgency will be assessed. If you have a long-term health condition, for example, you may need treatment faster than someone without.

Guidance for Patients

Your breast clinic appointment may take several hours so that all the necessary tests can be carried out. You will usually have a breast examination, followed by one or more of the following tests:

- mammogram
- ultrasound scan
- core biopsy
- fine needle aspiration (FNA)

The order in which the tests are done will vary between clinics.

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You can take a partner, friend or relative with you for company and support. Some people prefer to go on their own.

You may be asked to fill in a short questionnaire before you are seen by a doctor or specialist nurse. This includes questions about:

- any family history of breast problems
- any medicines you're taking, including hormone replacement therapy (HRT) or the contraceptive pill
- any previous breast surgery, including breast implants

During your breast examination, the doctor or nurse may want to check both your breasts when you are sitting, and again when you are lying down. As part of the examination, it's normal to examine the lymph nodes (also called glands) under your arm (axilla) and around your neck.

If you have been referred from a breast screening clinic, you may not have a breast examination.

Having a breast examination, breast imaging (for example, a mammogram or an ultrasound scan) and tissue removal (for example, a core biopsy or FNA) is known as a triple assessment. This may be necessary to make a definite diagnosis.

Excision and Reconstruction:

Surgery is the first treatment for most people with breast cancer.

The two main types of breast surgery are:

- breast-conserving surgery: the cancer is removed along with a margin (border) of normal breast tissue
- mastectomy: removal of all the breast tissue including the nipple area

Sometimes chemotherapy, hormone therapy or targeted therapy is offered before surgery.

You can find out more about going into hospital for surgery in our booklet *Your operation and recovery*.

You can also download this simple summary to find out more about surgery for primary breast cancer.

A lumpectomy or wide local excision is surgery to remove breast cancer along with a margin (border) of normal, healthy breast tissue.

The aim is to keep as much of your breast as possible while ensuring the cancer has been completely removed.

If you're having breast-conserving surgery, you'll usually have radiotherapy on the remaining breast tissue on that side.

If you're going to have a mastectomy, you will usually be given the option of having breast reconstruction.

If you choose to have breast reconstruction, you may be able to have it at the same time as the mastectomy. If this is the case your breast surgeon might discuss other types of mastectomy. A skin-

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sparing mastectomy is removal of the breast and nipple area without removing much of the overlying skin of the breast. A nipple-sparing mastectomy is removal of all the breast tissue, without removing much of the overlying skin and the nipple area of the breast.

What should I do if my health is deteriorating?

If its not an emergency please contact the NHS 111 service. **Urgent Health Advice**

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us

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