

Hope not Fear

The approach to breast cancer is not just clinical anymore—it's multi-disciplinary, of which counselling is a crucial part. Seek it to come out stronger.

BY SUNALINI MATHEW

A breast cancer diagnosis is scary to say the least. But even after women have beaten it and come out stronger, fear may still persist. While the treatment in young women may not be very different from that in older women, it is the care and counselling that is age-specific. Counselling sessions can help quell fear to a great extent. With breast cancer hitting more and more young women (in their 20s and 30s), for cancer survivors day this month, we got answers for most common concerns of young breast cancer patients—before, during and after treatment.

Will I get well?

Most doctors give straight, plain answers, but may not bombard the patients with information at one time so she processes the information gradually. “We reassure the woman that early diagnosis saves lives and that breast cancer treatments are very well researched. We talk about targetted treatment and the chances of saving the breast.

When patients hear that post-surgery they can go home in 24 hours, they are reassured that it is a simple procedure,” says Dr Ramesh Sarin, senior consultant surgical oncologist, Indraprastha Apollo Hospital, New Delhi. Once the final reports are in, the doctor will equip the patient with knowledge: the treatment (surgery, radiation, chemotherapy) and what to expect both physically and emotionally, plus the cost. She may also ask the patient to speak to other cancer survivors.

What will happen to my children?

It's important for the whole family to come around at this point. “Depending on the age of the children, patients are advised to either tell

them that Mom is not well and she will need rest and help (in setting the table, in carrying things), or, if they are older, they can be told the truth, but without too many details, unless they ask. What is not okay is hiding it from them or separation from them for the period of



A positive approach to cancer can help you come out stronger.

medication and recovery, as they may feel insecure," says Sarin.

Will I be able to have children?

If patients are undergoing chemo, they are counselled about fertility preservation. This can be done by either cyro-preservation of the embryo, where the ova (eggs) are retrieved, fertilised with the sperm and stored at very low temperatures, or through oocyte preservation, where the ova are saved. The oncologist will then send the patient to a gynae who specialises in ovarian preservation. "It's important to emphasise that pregnancy does not increase the risk of breast cancer," says Sarin. A few years after treatment (from 3 to 5), the gynae, in tandem with the oncologist will advise the person on pregnancy.

Women are reassured that they can breastfeed from the existing breast.

Will my sex life be normal?

Doctors recognise that breast cancer itself is life-changing, not just because of the ongoing battle, but also because it is to do with a part of the body that symbolises womanhood and femininity," says Dr Brindha Sitaram, psycho-oncologist and founder-director, Centre of Psycho-oncology for Education and Research (COPER), Bengaluru. Add to that hairfall, vaginal dryness, mood variations and decreased libido that come with medication – all of which may impact sex too. "We help couples view the sexual experience differently, and find alternative ways of deriving sexual pleasure: with a

stress on intimacy rather than just the sexual act." They may also be referred to a gynaecologist, for help with lubricants and barrier methods of protection. "Misunderstandings may crop up between partners, as one struggles with body-image issues," Sitaram adds. "So communication is essential." The man may also be struggling with acceptance. The patient can request for her partner to be present when the wound is being dressed post-operation, so he is not in for any surprises either. "Most oncologists will try and save the breast, but you can talk to the onco-plastic surgeon about breast reconstruction, and to what extent functionality can be restored."

What does the future hold?

When the patient is undergoing treatment, she may be caught up with dealing with the disease – its side effects, the monetary aspect, childcare. However, once that phase is over, many patients find depression setting in. "There may be niggling thoughts about its recurrence," says Dr Kritika Murugan, consultant surgical oncologist at HCG, Bengaluru. "When they come in for their twice-a-year check-up or if a routine test is asked for, there may be an emotional upheaval of sorts. We try and reassure them that this is like any other disease that needs follow-ups, and that once your treatment is complete, it's back to life as it was. We give them general lifestyle advice, of eating and



ASK THE EXPERT

"Feel free to ask your specialist questions relating to various treatment options," says Dr P Raghu Ram, Director & Consultant Oncoplastic Breast Surgeon, KIMS-USHALAKSHMI Centre for Breast Diseases, Hyderabad. "It is the duty of the doctor to clarify questions posed, in an unhurried manner in simple language." These questions may include:

- Why are you suggesting this treatment? Is it the best for me?
- Are there any options?
- What are the possible side effects?
- Are there any short-term and long-term complications?
- How will these treatments impact my everyday life?

living healthy." What's different from other conditions then, is the one piece of advice that every oncologist swears by: a positive attitude. "In a sense we are all confronted by mortality from the day we are born, so it's just the way we look at life," says Sitaram. ■



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