Peterborough Breast Cancer Support Group Newsletter

(www.pbcsg.co.uk)

June/July Newsletter.
2026

Welcome to the June/July Newsletter.

We welcomed the Breast Care Nurses to our **June meeting.**
Members raised the following questions for the nurses.

Q1: **How long after a mastectomy can reconstruction take place**
Answer:
Breast reconstruction can be performed immediately during the mastectomy, months later, or even years afterward. There is no expiration date on when you can choose to have reconstruction surgery.
The ideal timeline depends entirely on your specific cancer treatment plan and overall health.

Immediate Reconstruction (Same Day)

- Timing: Performed at the exact same time as your mastectomy.
- Limitations: It is generally not recommended if you require post-mastectomy radiation therapy, as radiation can damage the newly reconstructed tissue.

Delayed Reconstruction (Months to Years Later)

- Timing: Typically scheduled 6 to 12 months after completing all cancer treatments, though it can be done years down the road.
- Radiation Wait: If you need radiation, waiting at least 6 months gives your chest skin and blood vessels crucial time to heal, significantly lowering the risk of surgical complications.

Q2 What can help with fatigue, joint pain and peripheral neuropathy?
Answer:
Peripheral neuropathy after breast cancer treatment is nerve damage causing numbness, tingling, burning, or pain usually in the hands and feet. Common Symptoms

- Tingling or “pins and needles” feeling
- Numbness or loss of feeling in fingers and toes
- Sharp, shooting or burning pain
- Muscle weakness or poor balance
- Trouble with fine motor skills

In some cases, the symptoms of peripheral neuropathy may take longer to improve and may not go away completely. It is also possible to develop peripheral neuropathy during or after treatment has ended. Nurses advised to go back to the oncology nurses about treatment options.

Q3 Is there anything to avoid doing in terms of exercise/physical activity?
Answer.
Physical activity is encouraged. The amount and type is dependant on where you are in your treatment plan. Useful link below from Breast Cancer Now on the subject of exercise.

https://breastcancernow.org/about-breast-cancer/life-after-treatment/your-body-after-breast-cancer-treatment/physical-activity-exercise-and-primary-breast-cancer

Q4. How often should I be having follow up appointments/scans after treatment has finished?
Answer
After active breast cancer treatment finishes at routine face-to-face clinic appointments are now replaced by a Patient-Initiated Follow-Up (PIFU) system*. Surveillance mammograms typically occur annually for the first 5 years, after which routine tracking transitions back to standard NHS breast screening or your GP.
Follow-Up Appointments (PIFU & Clinical Reviews)

- No routine fixed calendar visits: Many patients transition off regular, scheduled face-to-face clinic appointments once primary treatment ends.

- Patient-Initiated Follow-Up (PIFU): You are placed on a specialized list allowing you to contact the Peterborough City Hospital breast care/oncology team directly if you notice new symptoms or have concerns.
- Initial post-treatment touchpoint: Your oncologist or clinical nurse specialist will provide a formal treatment summary detailing who to contact, warning signs to monitor, and your specific timeline on the PIFU register.
  Annual Mammography: Standard surveillance for the first 5 years post-treatment usually involves having a breast X-ray (mammogram) once a year.
- Imaging Scope: If you had a lumpectomy (breast-conserving surgery), mammograms check both breasts; if you had a mastectomy, imaging monitors the remaining opposite breast.
- Long-term transition: After completing 5 years of annual hospital surveillance, your ongoing monitoring typically shifts to the regular 3-yearly Breast Screening Unit (under 71years).

Q5.Any advice on what to take to help with knee pain from taking Anastrozole?
Answer
Try and stay physically active if possible, with regular low-impact exercise like walking, use over-the-counter pain relievers or topical gels after consulting your care team, and talk to your doctor about physical therapy or switching medications if the stiffness and aches become unmanageable. Low-impact movement exercise to include short walks. See if you can get a referral to a physiotherapist who specialises in joint pain from hormone therapy.

Remaining on the issue of Anastrozole a question was asked about the thinking behind the length of time it had to be taken for. The nurses explained that when a patient has completed surgical treatment/chemotherapy/radiotherapy (if relevant) the multidisciplinary team discusses ongoing treatment. The duration of ongoing treatment e.g Anastrozole depends on cancer grade, type and size. This is a decision for oncology.

Another question was raised about swelling after swimming. Suggested to continue with lymphedema exercises long term. Important to maintain these as lymphedema can occur at any time. It does not always occur in the place where the surgery was.

Q1 What is the efficacy for taking a half dose of Ribociclib.
Answer
This question will need to be directed to the oncology team.

*The Nurses went on to explain PIFU. Patient-Initiated Follow-Up (PIFU) at Peterborough City Hospital allows eligible breast cancer patients to book a fast-track clinical appointment when they notice new or changing symptoms, rather than attending routine, fixed check-ups. You must already be registered on the specific PIFU pathway by your clinical team to use this option.
How PIFU Works

- Agreement: You and your breast care clinician must mutually agree that supported self-management via PIFU suits your recovery stage.
- Control: You skip routine, stable clinic slots and contact the hospital directly only if you experience concerning changes or flare-ups.
- Timeframe: You must contact the department within the specific post-treatment window advised in your personal care plan.

Contacting the Breast Care Team

- Breast Unit / Secretaries: 01733 673057
- Breast Screening Office: 01733 673068 or 01733 673069
- Breast Care Nurses Direct Line: 01733 673061 (leave a message)
- Email: peh-tr.breastscreening@nhs.net
- Hospital Switchboard: 01733 678000 (ask for bleep 1315 for the breast care

July Meeting
Tabitha Williams joined us for our July meeting and gave us a very interesting talk. Tabitha runs Tabi Toes Reflexology. Tabitha offers reflexology lymph drainage, (RLD) helping to reroute lymph fluid to healthy lymphatic pathways. She explained that Sally Kay who is a multi-award winning reflexology practitioner developed Reflexology Lymph Drainage through extensive clinical practice. This innovative approach to reflexology has attracted national and international awards and widespread recognition. Tabitha said that case studies have show that 4 sessions each week showed no build up in fluid.

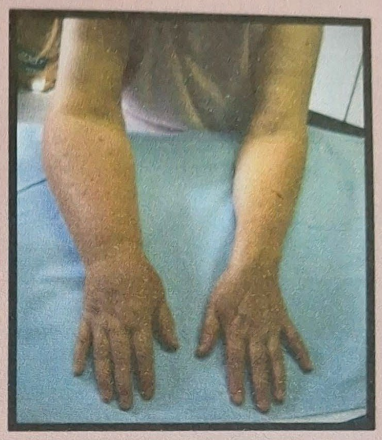
Reflexology can also help with:

- Chronic Fatigue
- Post surgery swelling
- Asthma
- Sinus issues
- Fibromyalgia
- Headaches

Lymphoedema and Breast Cancer

After breast cancer treatment, especially when lymph nodes have been removed, normal lymphatic drainage may be disrupted. Surgery can cause scarring and inflammation that hampers lymph flow.

This can sometimes lead to Lymphoedema - a condition where lymph fluid builds up, often in the arm, chest or breast area.

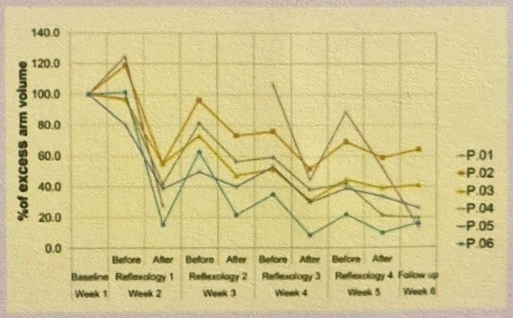


Swollen arm as a result of lymphoedema after breast cancer treatment

Reflexology Lymph Drainage works in the same way as manual lymph drainage, helping to reroute lymph fluid to healthy lymphatic pathways. This reduces swelling from fluid build up.

Benefits of Reflexology Lymph Drainage over Manual Lymph Drainage

- Only your feet are exposed
- Very gentle and non invasive
- Treatments last up to 1 hour for whole lymphatic system
- Research shows significant reduction of lymph fluid after treatment.
- Reflexology has other benefits that can help with symptom relief



Tabi Toes Reflexology

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REFLEXOLOGY LYMPH DRAINAGE
SALLY KAY METHOD

INNOVATION IN REFLEXOLOGY
APPROVED RLD PRACTITIONER

Other News

STRAWBERRY TEA IN JUNE

The event was a great success. Thank you for all those who came to support the Group and help out on the day. Thank you to Helen's great grandson for some great photographs which have been circulated in the WhatsApp Group. The event raised just over £500 which was amazing.

Future Meetings

Thursday 6 August 2026 at the Holiday Inn, Thorpewood, Peterborough, PE3 6SG 7.00 pm – 9.00 pm. General meeting

Thursday 3 September 2026 at the Holiday Inn, Thorpewood, Peterborough, PE3 6SG 7.00pm-9.00pm. Speaker TBC

Subscriptions

Please bring £2 to cover refreshments

Parking

Free parking is available at the Holiday Inn, but only if you enter your registration number at reception. If you forget you will receive a parking fine.

Thought of the Month

"Just because you're struggling, does not mean you're failing." Be kind to yourself.

If anyone would like to contribute to this Newsletter or if you know anyone you would like to invite as a guest speaker please send information to Helen Saggers at helen.saggers@ntlworld.com or telephone 07790856801. Or if you would like to see up to date and relevant information on our website please email our website provider/administrator susan@bluemonkey.com

Peterborough Breast Cancer Support Group website: www.pbcsg.co.uk and www.peterboroughbreastcancersupportgroup.co.uk