

Understanding

Cancer of the Stomach

Caring for people with cancer

Understanding

Cancer of the Stomach

This booklet has been written to help you understand more about cancer of the stomach. It has been prepared and checked by surgeons, cancer doctors, radiation therapists, nurses and patients. The information is an agreed view on this cancer, its diagnosis and treatment, and the main aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information that you may need.



Specialist nurse	Tel:
Family doctor (GP)	Tel:
Surgeon	Tel:
Medical social worker	Tel:
Medical oncologist	Tel:
Radiation oncologist	Tel:
Radiation therapist	Tel:
Emergency	Tel:
Treatments	Review dates



If you like, you can also add:

Your name _____

Address _____

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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- *Clinical Practice Guidelines in Oncology: Gastric Cancer*, National Comprehensive Cancer Network, 2011.
- *Good Nutrition is Good Medicine: For People with Cancer*, Irish Nutrition and Dietetic Institute/Department of Health and Children, 2002.
- *Cancer Nursing: Principles and Practice*, CH Yarbrow, MH Frogge, M Goodman & SL Groenwald. Jones and Bartlett, 2000.
- *The Chemotherapy Source Book*, M Perry. Lippincott Williams and Wilkins, 1997.

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Introduction

This booklet has been written to help you understand more about stomach cancer. This cancer is also known as gastric cancer. The booklet is divided into four parts:

- **About stomach cancer** gives an introduction to stomach cancer, including causes, symptoms and diagnosis.
- **Treatment and side-effects** looks at the different treatments used and possible side-effects.
- **Coping and emotions** discusses your feelings and the emotional effects of having cancer.
- **Support resources** gives information on further sources of help and support. This includes helpful organisations, books, support groups and websites. You will also find an easy-to-read explanation of words and terms used throughout this booklet.

We hope the booklet answers some of your questions and encourages you to discuss them with your doctors and nurses. Talk to your doctor about your treatment and care, as the best choice for you will depend on your particular cancer and your individual circumstances.

>>> Reading this booklet...

Remember you do not need to know everything about stomach cancer straight away. Read a section about a particular item as it happens to you. Then when you want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the Cancer Nurseline on Freephone 1800 200 700. It is open Monday to Thursday 9am–6pm and Friday 9am–5pm. You can also visit a Daffodil Centre. See page 65 for more about Daffodil Centres.



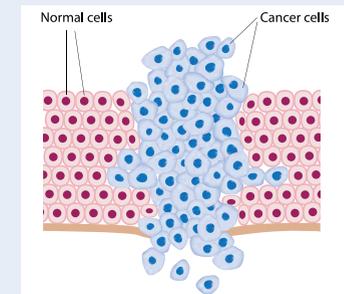
Cancer Nurseline Freephone 1800 200 700

About stomach cancer

>>> What is cancer?

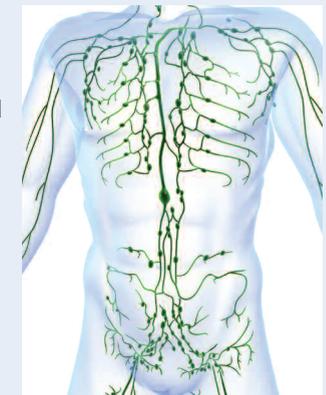
Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer first grows. For example, prostate cancer, breast cancer or leukaemia. All cancers are a disease of the body's cells, which are the building blocks of your body. Normally, cells grow and divide in a controlled way and replace old cells to keep the body healthy. But with cancer, the abnormal cells grow without control. Groups of abnormal cells can form a growth or tumour.

Tumours can be either benign or malignant. Benign tumours do not spread to other parts of your body but malignant tumours do. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to other tissues and organs in your body. This is called a metastasis or secondary tumour.



What is the lymphatic system?

The lymphatic system is made up of groups of lymph nodes throughout the body. Lymph nodes are found mainly in the neck, armpit, groin and tummy. Lymph nodes are connected by a network of lymph vessels. These lymph vessels are tiny tubes, which usually lie just under the skin. The lymph vessels transport lymph fluid, which carries extra fluid and waste from body tissues. Sometimes cancer cells spread into lymph nodes or start in the lymph nodes themselves. If this happens the lymph nodes become swollen.



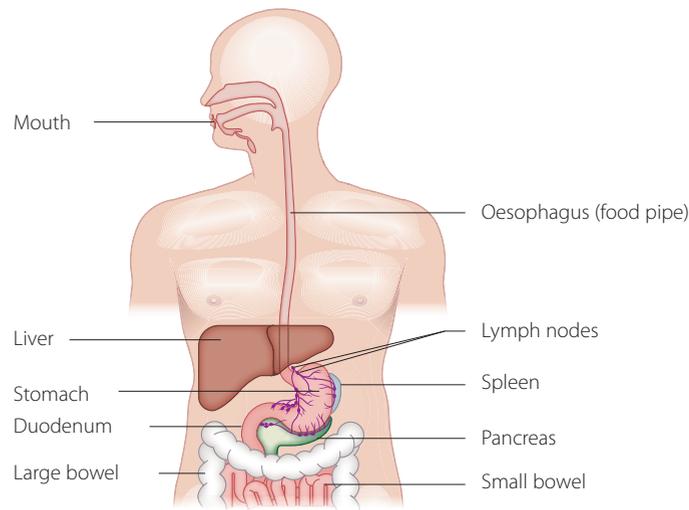


To sum up

- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph vessels somewhere else. This is called a metastasis or secondary tumour.
- Lymph nodes can help to spread cancer cells.

What is the stomach?

Your stomach is part of your digestive system. It is a hollow organ like a bag that goes from the end of your oesophagus (food pipe) to the start of your small bowel (colon). After food is swallowed, your stomach mixes and churns it with the help of chemicals so that it leaves your stomach in a semi-solid form.



The lining of your stomach wall has four layers: the mucosa, the submucosa, a muscle layer, and an outer layer called the serosa.

In the mucosa, glands make chemicals, such as enzymes and acids, to help break down food. It is in the mucosa that cancer can often occur. Your stomach lining also makes a type of protein called intrinsic factor. This helps to absorb vitamin B12 into your bloodstream. This vitamin is needed for red blood cells to grow and for your nervous system to work properly.

Lymph nodes are also found near your stomach.

What is stomach cancer?

Stomach cancer is also known as gastric cancer. When stomach cancer happens cells in your stomach change to form a tumour. At first the cancer may cause very few symptoms. But as the tumour gets bigger it can affect the digestion of food and lead to symptoms. When the tumour is malignant, cells may break away from it and spread to lymph nodes close to your stomach and to other parts of your body.

What are the types of stomach cancer?

There are many types of stomach cancer:

Adenocarcinoma of the stomach – This is the most common type of stomach cancer. It happens in the gland cells in the stomach lining. Most people with stomach cancer have this type.

Other less common cancers that affect the stomach are:

Lymphomas, for example, mucosa associated lymphoid tissue (MALT) lymphomas

Soft tissue sarcomas, for example, gastrointestinal stromal tumours (GISTs)

Neuro-endocrine tumours (NETS)

Carcinoid tumours

Gastro oesophageal junction cancer (GOJ) – This develops where your food pipe (oesophagus) joins the stomach. GOJ can be treated like a stomach or an oesophageal cancer, depending on where the cancer is.

This booklet does not give information on the rarer types of stomach cancer. If you want more information about them talk to your doctor, visit a Daffodil Centre or call the Cancer Nurseline on 1800 200 700.

How common is stomach cancer?

In general, stomach cancer is not common, and rates have halved over the past 30 years. About 500 people are diagnosed with it each year in Ireland. It affects more men than women.

What causes stomach cancer?

The cause of stomach cancer is unknown. But there are certain things called risk factors that can increase your chance of getting the disease. These include:

- **Age:** It is more likely to occur in people over the age of 55.
- **Gender:** It is more common in men than women.
- **Helicobacter pylori infection:** Helicobacter pylori is a common infection. It can cause your stomach lining to become inflamed, which can cause ulcers. Left untreated for a long time a helicobacter pylori infection can increase your risk of stomach cancer.
- **Smoking and alcohol:** If you smoke, you are twice as likely to develop stomach cancer. Alcohol may also increase your risk if you smoke as well.
- **Diet:** Your risk is higher if your diet is low in fresh fruit and vegetables and high in salt and preservatives.
- **Obesity:** If you are overweight or obese, you have a higher risk of stomach cancer. Your risk is also higher if you are not very physically active.
- **Family history of stomach cancer:** If a family member has had stomach cancer, it can increase your risk.
- **Genetic conditions:** If you are born with certain conditions that run in families, your risk of getting stomach cancer is higher. For example, if you have ulcers or small benign growths (polyps) in your stomach. These conditions are usually rare.

- **Barrett's oesophagus:** In this condition, abnormal cells develop in the lining of the lower end of your food pipe (oesophagus) where it joins your stomach. A small number of people with this condition develop stomach cancer.
- **Pernicious anaemia:** If you are lacking vitamin B12 in your diet, it can cause pernicious anaemia. This affects the lining of your stomach.

Like other cancers, stomach cancer is not infectious and cannot be passed on to other people. If you feel you may be at risk, visit your family doctor (GP) and talk about your concerns. He or she will advise you what to do.

What are the symptoms of stomach cancer?

Most people with stomach cancer do not have any symptoms for a long time. When symptoms do occur, they can be vague and quite mild. These symptoms may include any of the following:

- Ongoing indigestion, heartburn or burping
- Feeling full or bloated after eating even small amounts
- Difficulty in swallowing
- Feeling sick or vomiting
- Vomiting blood
- Poor appetite and weight loss
- Nagging stomach pain
- Blood in your bowel movements
- Tiredness

These symptoms can also be due to diseases other than stomach cancer. But do get them checked out by your doctor, especially if they go on for more than 4–6 weeks.

How is stomach cancer diagnosed?

Most people visit their family doctor (GP) first to get any symptoms checked out. If your GP has concerns about you, he or she will refer you to a hospital for further tests by a gastroenterologist. This is a doctor who specialises in treating diseases of the digestive system.

At the hospital the doctor will ask you questions about your health before examining you. If there is blood in your stools when you go to the toilet, you may be asked to bring a sample to the hospital.

The following tests can diagnose stomach cancer:

- Endoscopy
- Endoscopic ultrasound

Endoscopy: For an endoscopy, your doctor looks inside your stomach using a thin flexible tube called an endoscope. A light on the tube helps your doctor to see any abnormal areas or swelling. The test is not painful but may be a little uncomfortable.

For a few hours before the test you cannot eat or drink anything. Your doctor may give you a mild sedative to help you feel more relaxed beforehand. A local anaesthetic may be sprayed onto the back of your throat. Next your doctor will gently pass the tube down your throat into your food pipe (oesophagus) and into your stomach. By looking through the tube your doctor can check for anything unusual and take photos of your stomach and a small sample of tissue (biopsy). This sample can be looked at under a microscope and examined.

For at least 4 hours after the test you cannot eat or drink anything. This is because your throat will be numb after the anaesthetic, so food or drink may go down the wrong way. As soon as the sedative has worn off, you can go home. You will have to arrange for someone to take you home as you may feel sleepy. For a couple of days after the test you may have a sore throat but this will soon disappear.

Endoscopic ultrasound: Sometimes the endoscopy tube has an ultrasound probe at one end. This means that your doctor can do an ultrasound scan and get a deeper picture of the tissues in your stomach and nearby areas using sound waves. This is called an endoscopic ultrasound.

Further tests

If the tests show that you have stomach cancer, you may need more tests. These will show if the cancer has spread to other parts of your body. The results will help your doctor to decide on the best treatment for you. If your cancer can be treated by surgery, you will be referred to a surgeon. Your doctor may also do special blood tests to check your liver and kidneys and to see if you have any cancer markers.

A cancer marker is a type of protein that is found usually in blood or urine when cancer is present. With stomach cancer the most common cancer marker is called carcinoembryonic antigen or CEA. CEA is measured using a blood test.

Other tests you may have include:

- CT scan
- Laparoscopy
- Ultrasound scan of abdomen
- MRI scan
- PET scan

CT scan: This is a special type of X-ray that builds up a detailed picture of the tissues inside your stomach. The scan is painless. For some CT scans, you may be asked not to eat (fast) for a few hours beforehand. For others, you may be given a special drink or injection which helps to show up parts of your body on the scan. Before you take the drink or injection, let the radiographer know if you are allergic to iodine or have asthma. The injection may make you feel hot all over for a few minutes.



CT scan

Preparation for a CT scan can vary but the doctor or nurse in your hospital will tell you what to do. This test is usually done as an outpatient.

Laparoscopy: This test allows your surgeon to look inside your abdomen. This is the part of your body that lies between your chest and hips. The result of the laparoscopy will help your doctor to decide if it is possible to remove the entire cancer using surgery.

Laparoscopy is usually done under general anaesthetic. For this you will need to stay in hospital. Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre. While you are asleep, your surgeon will make a small cut in your abdomen to place a mini-telescope called a laparoscope inside.

By looking through the laparoscope, your surgeon can see your organs close to your stomach and check the lining of your abdomen for cancer.

A small sample of tissue (biopsy) may be taken so it can be examined under a microscope. During the operation, carbon dioxide gas is passed into your abdomen. This can cause uncomfortable wind or shoulder pain for 3 or 4 days. Walking about or taking sips of peppermint water often eases the pain.

You will have one or two stitches at your wound site. In general these stitches do not need to be removed as they usually dissolve and disappear once your wound heals.

Ultrasound scan of the abdomen: This scan is done in the X-ray department of the hospital. A picture is built up of the tissues inside your tummy (abdomen), for example, your liver, using sound waves. You will be asked to lie on your back and gel will be spread over the area to be scanned. A small device like a microphone, which makes sound waves, is used to take the scan. The sound waves are then changed into pictures that can be seen on a computer screen. This test is painless and only lasts about 10 minutes.

MRI scan: This is a scan that uses magnetic energy to build up a picture of the tissues inside your body. It does not hurt but can be very noisy. As a result, you will be given earplugs to wear during it. Before the scan you may be given an injection to show up certain areas of your body. During the scan you cannot wear metal jewellery. If you have a medical device in your body, like a pacemaker or metal pin, you may not be suitable for the test. If you have any queries, your doctor and nurse at the hospital will advise you. Most people can go home after the scan.

PET scan: PET stands for positron emission tomography (PET). This kind of scan can give your doctor more information about cancer if found in your body. PET uses a low dose of radioactive sugar to measure the activity in your cells. This sugar is first injected into a vein in your arm and travels to all the cells in your body. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found.

An hour after the injection, the scan is taken and can show if the cancer has spread to other tissues and organs. You may be told not to eat or drink for a few hours before the test. PET is safe to use and there are no side-effects.

Waiting for results

It will take about a week or so for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with a relative or close friend. You may also like to visit a Daffodil Centre or call the Cancer Nurseline on 1800 200 700 to speak to one of our specially trained nurses.



To sum up

The following tests are used to diagnose cancer of the stomach:

- Endoscopy
- Endoscopic ultrasound

Depending on the results of the above tests, you may need some of the following:

- CT scan
- Ultrasound scan of abdomen
- MRI scan
- PET scan

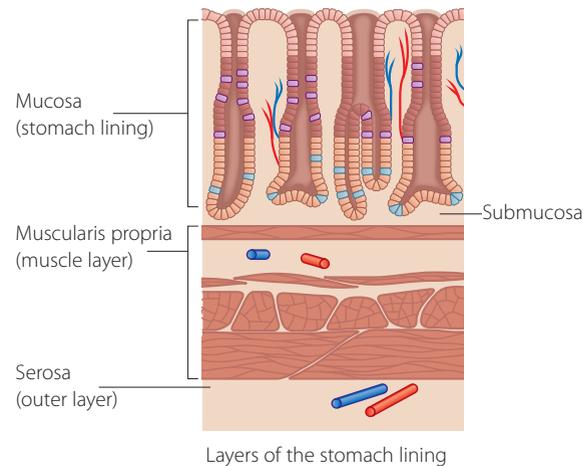
What are the stages of stomach cancer?

The stage of a cancer tells your doctor how far it has spread. Staging is important because it helps your doctor to decide the best treatment for you. After looking at your test results, your doctor will tell you the stage of your cancer. Sometimes you may need surgery to find out the exact stage. This means that your treatment plan may only be decided or may change after you have had surgery.

There are four stages of stomach cancer, 1 to 4. They tell how far the cancer has spread through the various layers of your stomach lining and how many lymph nodes near or far are affected. Staging also describes whether or not the cancer has spread to other distant organs (metastasis). In general, the lower the number, the less the cancer has spread.

The stages can be hard to understand so do ask your doctor or nurse if you would like them explained in more detail.

Only when the type and stage of the cancer are known can your doctors decide on the best treatment plan for you.



Stages

Stage 1A The cancer is in the inner lining of your stomach only

Stage 1B

The cancer is still in the lining and may be affecting 1-2 nearby lymph nodes

OR the cancer has grown into the muscle layer but no lymph nodes are affected

Stage 2A

The cancer is still in the lining of your stomach but 3–6 lymph nodes contain cancer cells

OR the cancer has spread to the muscle layer of your stomach and 1-2 nearby lymph nodes are affected

OR the cancer has spread to the outer layer of your stomach (serosa)

Stage 2B

The cancer is still within the lining of the stomach wall but 7 or more lymph nodes contain cancer cells

OR the cancer has grown into the muscle layer of the stomach and between 3 and 6 lymph nodes are affected

OR the cancer is in the outer layer (serosa) of the stomach and in 1 or 2 nearby lymph nodes

OR the cancer has grown through the outer lining of the stomach but no lymph nodes are affected

Stage 3A

The cancer has spread to the muscle layer and more than 7 nearby lymph nodes are affected

OR the cancer has grown into the outer lining of the stomach and 3-6 lymph nodes are affected

OR the cancer has grown right through the stomach wall into nearby tissues and 1-2 lymph nodes are affected

Stage 3B

The cancer has grown into the outer lining of the stomach and more than 7 and lymph nodes are affected

OR the cancer has grown through the stomach wall and between 3 and 6 lymph nodes contain cancer

OR the cancer has grown through the stomach wall into nearby tissues and organs, like the spleen or intestines, and lymph nodes nearby may be affected

Stage 3C

The cancer has grown right through the stomach wall and more than 7 nearby lymph nodes contain cancer

OR the cancer has grown right through the stomach wall into nearby lymph nodes, tissues and organs, like the spleen or intestines

Stage 4 The cancer has spread to other distant organs such as the lungs, liver or bones.



Treatment and side-effects

How is stomach cancer treated?

Surgery and chemotherapy are mainly used in the treatment of stomach cancer. Radiotherapy is sometimes used to cure it but also to relieve symptoms such as pain or blockage caused by the tumour. All these treatments can be used on their own or in combination.

The type of treatment you have will depend on:

- The size of the tumour
- Where it is located
- If it has spread to the lymph glands near your stomach
- If it has spread to other parts of your body
- Your age
- Your general health

Types of treatment

Surgery: Surgery is the main treatment for stomach cancer. Different types of surgery can be done, depending on where the cancer is found. If it is not possible to remove the cancer fully, surgery can still be done to relieve symptoms such as pain, vomiting and blockage caused by the tumour. Your surgeon will discuss your treatment options with you and let you know which operation is best for you. See page 20 for more details on surgery.

Chemotherapy: Chemotherapy may be given before surgery to shrink the tumour. It can also be given afterwards to reduce the risk of the cancer coming back. Chemotherapy is also used to treat stomach cancer when surgery is not possible or the cancer has spread. Even though it will not cure the cancer, it may help to control symptoms and improve your quality of life. See page 30 for more details on chemotherapy.

Radiotherapy: Radiotherapy can relieve distressing or painful symptoms caused by stomach cancer. Sometimes both radiotherapy and chemotherapy are given after surgery as part of adjuvant therapy. Sometimes with gastro-oesophageal cancer (GOJ), radiotherapy and

chemotherapy may be given to shrink the tumour before surgery. See page 35 for more details on radiotherapy.

Biological (targeted) therapy: Biological (targeted) therapies work with your body. They can help your body to fight cancer, slow its growth or control side-effects from other cancer treatments. Your doctor will tell you if there any biological therapies available that will be of benefit to you. See page 36 for more information.

Deciding on treatment

At this time you may be anxious about what is going to happen next. Do not be afraid to ask for more information.

Multidisciplinary team meeting: A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. They will meet to discuss your test results and decide your treatment plan.

Treatment options: Your doctor and nurse will explain your treatment options. Do ask as many questions as you like, no matter how small or trivial you think they are. It can help to write out your questions beforehand so you can get all the answers you need. You might also want to use the fill-in page at the back of this booklet. Do bring a friend or relative with you when you are discussing your treatment with your doctor.

Time to think: When faced with a serious illness, it can sometimes be hard to decide what the right treatment is for you. It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You can always ask for more time to decide about the treatment, if you are unsure when it is first explained to you.

Second opinion: You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment: You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Who will be involved in my care?

Some of the following may be involved in your care at the hospital. Usually, a team of specialists (multi-disciplinary team) will decide your treatment.

Surgeon A doctor who specialises in surgery and who can remove a tumour from your body.

Gastroenterologist A doctor who specialises in treating diseases of the digestive system.

Clinical nurse specialist /oncology liaison nurse A specially trained nurse who works in a special cancer care unit. She or he can give you and your family information and reassurance from diagnosis and throughout treatment and may help to organise care for you after you leave hospital.

Medical oncologist A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Radiation oncologist A doctor who specialises in treating cancer patients using radiotherapy.

Radiation therapist A specialist in giving radiotherapy and advice to cancer patients.

Medical social worker A person specially trained to help you and your family with all your social issues and practical needs. They are skilled in giving counselling and emotional support to children and families at times of loss and change. They can also give advice on benefits, entitlements and services available to you when you go home.

Psychologist A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.

Physiotherapist A therapist who treats injury or illness with exercises and other physical treatments.

Dietitian An expert on food and nutrition. They are trained to give advice on eating and artificial feeding during your illness and use diet to help your symptoms.

Occupational therapist (OT) A therapist who specialises in helping people who are ill or disabled learn to manage their daily activities.

Counsellor A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.

Palliative care team This team is specially trained in managing pain and other symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the 'homecare team' or the 'hospice homecare team'. A specialist palliative care service is available in most general hospitals.

Giving consent for treatment

Before you start any treatment, your doctor will explain the aims of the treatment to you. You should be asked to sign a consent form saying that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Any other treatments that may be available

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan.

Surgery

Surgery is the main treatment for stomach cancer. Surgery to remove all or part of your stomach is called gastrectomy. This is normally done to remove the tumour and try to cure the cancer.

Partial gastrectomy means part of your stomach is removed.

Total gastrectomy means the whole stomach is removed.

Bypass surgery is surgery to relieve symptoms when the tumour is stopping your food from moving through your digestive system.

The type of surgery you have will depend on:

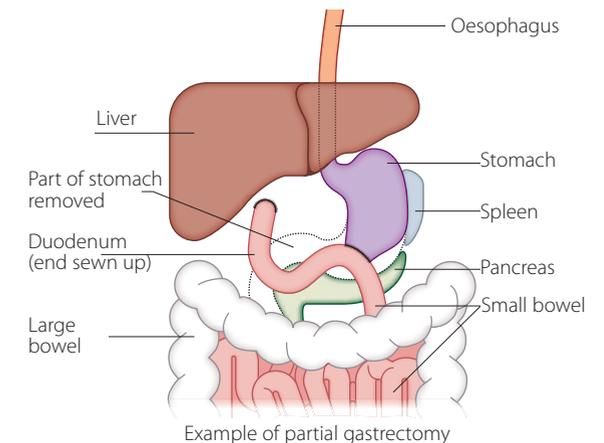
- The type of tumour
- Where in your stomach the tumour is found
- The size of the tumour
- If the cancer has spread to other parts of your body
- Your general health

When deciding on the type of surgery, your surgeon will explain your options. Sometimes your surgeon may only find out the location and size of the tumour during surgery. As a result, he or she may not be able to do the operation that was planned beforehand. If this happens,

your treatment plan may change. Your doctors may recommend a different type of surgery or another treatment.

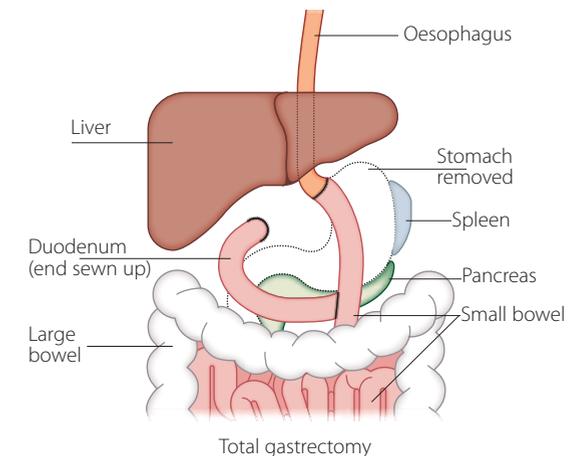
Partial gastrectomy:

If the cancer is found in only a small part of your stomach, the entire cancer and that part of your stomach can be removed. This is known as a partial gastrectomy. After the operation, your stomach will be much smaller but the valve between your oesophagus and stomach will still be there.



Total gastrectomy:

For cancer that affects a large part of your stomach, a total gastrectomy may be done. This means removing your entire stomach and the lower part of your oesophagus and sometimes your spleen. Your oesophagus is then joined to your small intestine (bowel).



In some cases, lymph nodes found near your stomach are removed during the operation. This reduces the risk of the cancer coming back in the future. Other organs in the area of your stomach may be removed at the same time, like the lower part of your oesophagus (oesophagogastrectomy) or the upper part of your small bowel. This depends on the stage of the cancer.

Laparoscopic (keyhole) surgery: It may be possible for your surgeon to remove your stomach using keyhole surgery. This is specialised surgery but is not available in all hospitals. It is also called laparoscopic surgery.

Bypass surgery: Sometimes the tumour may block food passing from your stomach to your bowel. If this happens, your surgeon might do bypass surgery. He or she joins the part of your stomach above the blockage directly to the first part of your small bowel. The food can then move through your digestive system to your bowel. This will not cure the cancer but will relieve symptoms such as nausea and vomiting.

>>> Sometimes your surgeon may only find out the location and size of the tumour during surgery and may not be able to do the operation that was planned beforehand.

Getting ready for surgery

Your surgical team and specialist nurse will tell you about your surgery. It is natural to feel very anxious about having surgery. Talk to your doctor or nurse if you are feeling anxious. If there is anything that you do not understand, ask again. Your doctor or nurse will be happy to answer your questions. They will tell you what you can expect after the operation and help you find ways to cope. You can also call the Cancer Nurseline on 1800 200 700.

Tests before surgery

Stomach surgery is a big operation. You will need some extra tests to make sure you are strong enough for surgery. These extra tests may include a chest X-ray, heart test (ECG), breathing/lung tests and some more blood tests.

Smoking

If you are a smoker, it is best to give up smoking before your operation. By doing this you will improve the quality of your breathing and reduce the risk of a chest infection after surgery. There is help available if you smoke and would like to stop. See page 42 for more information and details of support available to help you to stop smoking.

Your diet

Most people with stomach cancer have weight loss, so you will need to be seen by a dietitian. He or she will give you advice to make sure that you eat a high calorie diet. By eating the right foods, you will prevent more weight loss and keep your strength up. The dietitian will also give you information on suitable food and meals and any nutritional supplements if you need them. If you still find it hard to tolerate your food, advice will also be given on any changes that need to be made to your diet.

Sometimes if you have severe weight loss and still find it hard to eat, you may need tube feeding for a short while before your operation. (See page 24)

A close relative or friend may find it helpful to meet the dietitian as well. By doing this, they will learn about the right foods for your diet and the best way to prepare them when you are at home.

Before surgery

You will not be allowed to eat or drink for a few hours before surgery. You may get an anti-clotting injection like heparin and elastic stockings may be put on your legs to prevent clots in your legs. Before you go to theatre, you may be given medication that will make you feel more relaxed and sleepy.

After surgery

You may spend a short time in an intensive care unit after your operation. There you will be closely watched before returning to the ward. When you wake up, you will have some tubes attached to your body. Don't be alarmed as they are normal after an operation like this.

- You will have a drip in a vein in your arm. You will be given fluids through this until you can drink again.
- A thin plastic tube may be up your nose. This is called a nasogastric tube and leads down into your stomach. By removing the fluid in your stomach through this tube, your nurses can keep your stomach empty. This will stop you from feeling sick and let your wound heal. It is usually removed after 48 hours.

- One or more thin tubes called drains will be coming out of your tummy (abdomen) near your wound. These help to drain blood, bile and fluid from the operation site to let your wound heal.
- A thin tube called a catheter may be put into your bladder to drain any urine. It is usually removed after 48 hours.
- You may have a thin epidural tube in your back to help with pain relief.

Pain

You may have some pain after the operation, especially when you cough or move. Your nurse can give you medicine to control the pain and prevent you feeling or getting sick, if you need it. You may have an epidural tube in your back to relieve pain after the surgery. If you have a patient controlled analgesia pump (PCA), your nurse will show you how to use it. Always ask for help if you have any pain or feel sick.

➤➤➤ Gradually the amounts of food you can eat will be increased.

Eating and drinking

To allow your wound time to heal, you will not be able to eat for a number of days after the operation. A feeding tube will be put in through your tummy (abdomen) and give you nutrition until you can eat again. Tube feeding can start the first day after surgery and continue for as long as you are not eating (fasting). You can also be fed into a vein with total parenteral nutrition (TPN). These two ways of feeding can give you all the calories and energy that your body needs until you are ready to eat and drink by mouth again.

When you are ready, you will begin eating again by taking small amounts of light, soft food. Gradually the amounts of food that you can eat will be increased. You may feel full even after eating small amounts. This is a very common problem after surgery and your dietitian will advise you on ways to work around it.

If you cannot take enough food by mouth, tube feeding can be continued for as long as needed. Tube feeding can also be managed easily at home. Your nurse will show you how to use the tube and how to keep it clean.

It is likely that you will lose some weight in the first few weeks after your operation. Try not to worry about it as weight loss is normal and should slow down once you begin eating well again. The weight loss does not mean that the cancer has returned. In fact, few people return to the weight they were before their operation.

The dietitian will give you advice before you go home. For example, advice on the best foods to eat and how to prepare them. High protein drinks, which are available on prescription or can be bought from most pharmacies, can be used to supplement your diet. Smooth soups, yoghurts and ice creams are more easily swallowed and can be served in small portions. See the centre of this booklet for useful snacks and meals to prepare. You can also read our booklet *Diet and Cancer*. Call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a free copy. You can also download it from our website www.cancer.ie

Getting up and about

A physiotherapist will visit you every day for the first few days. These visits are to help you with breathing and leg exercises. Even when you are in bed you will be encouraged to move your legs and do deep breathing exercises at least once an hour. On the day after surgery your nurses will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you get better.

Avoid strenuous activity like gardening, vacuum cleaning or lifting heavy bags for at least 3 months. You will not be able to drive for at least 6 weeks after surgery. Your doctor will discuss this with you and any other precautions you need to take.

Pathology report

During your surgery samples of tissue will be taken. The samples will be tested by a doctor called a pathologist to give more information about the cancer. The pathology report will show how effective the treatment has been and help your doctors to decide if you need further treatment. Your doctor will discuss the results of these tests with you before you go home or at a follow-up appointment.

Going home

Most people are ready to go home 10–14 days after surgery. Before you go home, you will be given a date to come back for a check-up about 4–6 weeks later. You may also have to attend the hospital regularly so that your wound can be checked. If you have a feeding tube in place your nurse will show you and a relative or friend how to use it and keep it clean. Sometimes the feeding tube is left in place even though you are no longer being fed through the tube. If this happens in your case, the feeding tube will have to be flushed through regularly to prevent blockage of the tube. Your nurse will show you what to do. The feeding tube will be removed after your check-up if your weight is satisfactory.

Help at home

If you live alone or have problems getting around the house, talk to your nurse or the medical social worker on your ward as soon as you are admitted to the hospital. The medical social worker can organise community services you may need. For example, organising a public health nurse to visit you and give you support at home. The medical social worker can also advise you about social welfare benefits or entitlements you can apply for.

Healthcare team

You will be given contact numbers so that you can reach your doctor, nurse or hospital at any time. Contact a member of the team as soon as possible if you:

- Have a problem with the feeding tube
- Have diarrhoea for more than 24 hours
- Have a temperature of 38°C (100.4°F) or higher
- Feel unwell

If you have any worry or symptom that is causing you concern before your check-up date, contact your nurse specialist or hospital ward for advice.

Remember it will take about 3 months to recover from your operation and about a year to get back to your normal routine.



To sum up

- Surgery is the main treatment for stomach cancer.
- The aim of surgery is to remove all or as much of the tumour as possible.
- Sometimes your surgeon may only find out the location and size of the tumour during surgery and may not be able to do the operation that was planned beforehand.
- The main types of surgery for stomach cancer are partial gastrectomy, total gastrectomy or bypass surgery.
- Most people are ready to go home 10–14 days after surgery.

Side-effects of surgery

The following are some side-effects of surgery:

- Changes in diet
- Diarrhoea
- Iron deficiency anaemia
- Dumping syndrome

Changes in diet: It is normal to have some difficulties with eating, especially the amount of food that you can eat. As a result, you may have to make changes to how you eat. Problems that may occur due to surgery include:

- No appetite
- Feeling full and uncomfortable after eating only small amounts
- Weight loss

>>> Eat little and often rather than trying to eat normal size portions at mealtimes.

These problems often last for months after your operation. Getting better can be a slow process, but there are some things that you can do to lessen these problems. You will find it helpful to eat little and often rather than trying to eat normal size portions at mealtimes. Try to eat six small meals or snacks a day.

Because part or all of your stomach is removed, you may feel full and uncomfortable after eating only small amounts. The dietitian will give you advice on how to work around your lack of appetite and feelings of fullness and discomfort after eating. By choosing the right foods to eat and adding nutritional supplements as advised by your dietitian, you will get the most from your diet. Eating well will help to make sure that your strength and energy levels improve.

Weight loss may continue after you are discharged from hospital. Some weight loss is normal at first but if you continue to lose weight, let your doctor or dietitian know as soon as possible. You may need more dietary advice, other nutritional supplements or tube feeding.

Finding a pattern of eating and drinking that suits you may take time. It can help to keep a food diary if you are having problems. Write down what you eat and when. Also write down any symptoms you get and when they occur. After a few days, you may be able to notice which foods cause which symptoms. It is important to remember that being able to eat well will happen gradually. See page 38 for more about problems with eating.

If you have any queries about eating and drinking, call the Cancer Nurseline 1800 200 700 or visit a Daffodil Centre for advice and for the free booklet *Diet and Cancer*. You can also download the booklet from our website, www.cancer.ie



Tips & Hints – eating well

- Find a comfortable position for eating. Standing up, sitting up or slightly reclining can help food go down better.
- If you find it hard to eat breakfast, soak some porridge oats overnight in full cream milk to soften them.
- Eat foods rich in calcium, such as milk, cheese, bread, eggs, sardines, cabbage and broccoli.
- Eat foods rich in vitamin D, such as butter, eggs and oily fish like sardines, herrings, mackerel and salmon.
- Eat foods rich in iron, such as red meat, liver, fish, wholemeal bread, egg yolk, leafy green vegetables, Guinness and stout.



Diarrhoea: Passing watery bowel motions more than twice a day is known as diarrhoea. Depending on the type of surgery you have had, you may get diarrhoea 1–2 hours after eating. You could also have cramping and/or abdominal (tummy) pain. Usually the diarrhoea is due to nerve damage during your surgery and not because of the food you are eating. For this reason, it is important that you do not change your diet. Let your doctor know if you have diarrhoea for more than 24 hours. There is medicine that can control this side-effect.

Iron deficiency anaemia: You may get anaemia and vitamin deficiencies due to your operation. The anaemia is caused by a lack of iron or vitamin B12 (folate) in your body. Once all or even part of your stomach is removed, your body is not able to absorb iron and vitamin B12 from food so well. To help the problem your doctor can prescribe iron tablets and an injection of vitamin B12 every few months. You may need to take other vitamin or mineral supplements as well. These and foods rich in iron and other vitamins will help to make sure that you are getting all the nutrients you need.

Dumping syndrome: Dumping syndrome is a very rare side-effect of stomach surgery. It is known as early dumping syndrome or late dumping syndrome and can happen just after you have eaten or some time later.

Early dumping syndrome happens soon after you have eaten. After a meal, usually high in sugar or starch, your stomach may move food into your bowel very fast. The sudden high concentration of food in your bowel draws fluid from nearby organs and tissues. It can lead to a drop in your blood pressure and an increased heart beat 30 minutes to 1 hour after eating. If this happens, you will feel faint, dizzy and weak.

Late dumping syndrome happens some time after you have eaten. It is due to a sudden rise in your blood sugar when the food passes into your small bowel and the sugar is absorbed. It leads to a sudden rush of the hormone insulin, which causes your blood sugar to drop. You may feel faint, cold and sweaty. It is often worse if you missed the meal before the one you last ate.

You can help to reduce the early and late symptoms of dumping syndrome by avoiding too much fluid at mealtimes and eating small, frequent high-protein meals. These are foods like meat, fish or cheese.

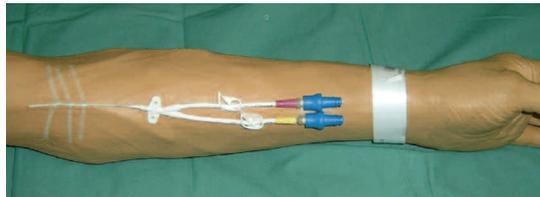
It also helps to cut down on sugary foods like sweets, chocolate and sugary drinks. Do make sure that you do not skip meals either.

For most people, dumping syndrome settles after a while, but do let your doctor or dietitian know if it continues to be a problem. He or she will give you advice to help prevent it.

Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. The treatment may be given before or after surgery. These drugs can be used on their own or with each other. They travel throughout your bloodstream to almost every part of your body. They are often given in cycles, with a rest period between treatments.

Chemotherapy may be given directly into a vein as an injection or through an infusion like a drip. You may have a tube called a central line or PICC



Giving chemotherapy into a vein

line put in. A central line goes into a vein in your chest and a PICC line is put into a vein above the bend in your arm. Chemotherapy may also be given in tablet form. You may be given both infusions and tablets. Often you will be able to go home on the same day you have your chemotherapy. If you are continuing your chemotherapy at home you will go home with a chemotherapy pump that will attach to the central line or PICC line. If you have a central line or PICC line it will stay in place until after all your chemotherapy sessions have finished. Your nurse will show you how to look after it at home.

Neo-adjuvant chemotherapy

In some cases, if the cancer is diagnosed very early and has not spread beyond your stomach, two or three courses of chemotherapy are given before surgery. The chemotherapy may shrink the tumour and make the operation easier and more effective. This form of treatment is called neo-adjuvant chemotherapy.

Adjuvant chemotherapy

Sometimes even though the tumour and nearby lymph glands have been removed by surgery, there is a risk that tiny amounts of the cancer have been left behind or have spread to other parts of your body. These cells may be too small to be seen on a scan. Your doctor may decide that you need chemotherapy after surgery. This is called adjuvant chemotherapy. It might help to reduce the chance of the cancer returning.

Chemotherapy for advanced cancer

It may not be possible to remove the entire tumour during surgery or there may be a risk that some cancer cells have been left behind. This is more likely if the tumour has spread outside your stomach. The cancer may have released cells into your bloodstream or lymphatic system. These cells can sometimes cause secondary cancers called metastases in other parts of your body. Chemotherapy can be used in this situation. It will not cure the cancer but it can help to shrink and control it for a time. This is known as palliative treatment.

Side-effects of treatment

The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side-effects happen because while the chemotherapy is working on the cancer cells it can affect normal cells too. In most cases, the side-effects go away once the treatment ends or soon afterwards. Before you start your treatment, ask your doctor or nurse about any possible side-effects that may happen. During treatment tell your doctor or nurse about the way you are feeling, as most side-effects can be eased with medication.

Side-effects may include:

- Infection
- Nausea and vomiting
- Taste changes
- Sore mouth
- Diarrhoea
- Hair loss (alopecia)
- Bruising
- Loss of appetite
- Fatigue

Infection: Chemotherapy can make you more prone to infections. This happens because most chemotherapy drugs affect your bone marrow which makes the white blood cells that fight infection. If you do not have enough white blood cells, even minor infections such as a cold or sore throat could make you quite ill.

During treatment cycles you will have blood tests to make sure that you have enough white blood cells. If your white cell count is low, your doctor may ask you to watch out for signs of infection. These signs could include feeling shivery and unwell or running a high temperature of 38°C (100.4°F) or higher. If you have a high temperature you will need to go to hospital and have a blood test taken. Sometimes antibiotics are needed to treat the infection.

You will be more at risk of picking up infections while on treatment. Try to avoid close contact, such as hugging or kissing, with people who have colds or flu or other infections such as chickenpox, shingles or measles. Let your doctor know if you are in contact with these or any other infections. During the day wash your hands often, especially before you eat and after going to the bathroom. Infection can be a serious complication of chemotherapy and needs to be treated as soon as possible. Talk to your doctor or nurse, who will give you more information.

Sore mouth: Some drugs used to treat stomach cancer may cause a sore mouth. They can also cause little ulcers to appear on your tongue, gums and inside the cheeks of your mouth. Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection. Clean your teeth after every meal using a soft toothbrush. If you have dentures remove them if your gums are sore. There are special mouthwashes that you can use too. Your nurse will show you how to use them properly.

If your mouth or throat becomes very painful, let your doctor or nurse know as soon as possible. Your doctor will prescribe painkillers or other medication to treat the infection if needed. You can also call the Cancer Nurseline on 1800 200 700 for a free copy of the booklet, *Diet and Cancer*. You can also pick up a copy from a Daffodil Centre or download it from www.cancer.ie

>>> Keeping your teeth, gums and mouth very clean will reduce the risk of getting a mouth infection.

Bruising: Blood cells called platelets may be reduced by the chemotherapy. If there are not enough platelets in your blood (thrombocytopenia), you may bleed or bruise more easily, even from a minor injury. Let your doctor or nurse know straight away if you are bruising easily or notice tiny red spots under your skin that look like a rash. He or she will tell you what to do.

Nausea and vomiting: Not everyone feels sick (nausea) or gets sick (vomiting) with chemotherapy. It all depends on the drugs being given. But if you do, it can happen during or after treatment and may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick, often before you receive your chemotherapy treatment. This may be given as an injection or tablet. Always take the medication you are given, even if you don't feel sick, as it can stop the sickness from happening in the first place. If the medication isn't helping, tell your doctor or nurse so that they can try a different treatment.

Diarrhoea: Passing more than three watery bowel motions a day is known as diarrhoea. You may also have cramping or abdominal pain. If this happens, drink lots of fluids like water or juice to replace the fluid you are losing. Do tell your doctor or nurse if you get diarrhoea, as there is medication to stop this side-effect.

Loss of appetite: It is often very hard to eat well due to the cancer and the side-effects of treatment. However, you should try to eat as well as you can to keep your strength up. Eat smaller amounts more often. If you do not feel like eating during treatment, ask to see a dietitian who can give you special advice about your diet. You can also call the Cancer Nurseline on 1800 200 700 for a free copy of the booklet, *Diet and Cancer*. You can also pick up a copy from a Daffodil Centre or download it from www.cancer.ie

Taste changes: Chemotherapy can also cause your sense of taste to change. This will improve after your treatment has finished. Keeping your mouth moist by sipping cool water can help or else taking mouthwashes. Ask your nurse for advice about suitable mouthwashes.

Hair loss (alopecia): The amount of hair loss depends on the drugs you are given. It can vary from person to person. You may notice that your hair just thins out a little bit. If you do lose your hair, it will happen quite quickly. Try not to worry, as your hair will grow again when treatment stops.

It is natural to feel upset at the thought of losing your hair. Talk to your nurse or medical social worker about your feelings, as he or she will help you to find ways to cope with hair loss. You can get a wig or hairpiece when this happens or you may prefer to wear a hat, bandana or scarf.

If you would like a hairpiece, try to organise it before your hair falls out. Your medical social worker or nurse will organise this for you. If your hospital does not have a medical social worker, ask if they have the name of a wig fitter that you could visit. Your local hairdresser may also be able to help. You may qualify for financial assistance towards the cost of a wig. Ask your medical social worker or nurse for more information. For some patients the amount of hair loss is small and a wig may not be needed. For more information on hair loss call the Cancer Nurseline on 1800 200 700, call into a Daffodil Centre or visit our website www.cancer.ie

Fatigue: It is normal to feel very tired (fatigued) during treatment. This tiredness can last for some weeks after treatment has ended. If this happens, it helps to balance periods of rest with some activity. Tell your doctor or nurse if tiredness becomes a problem for you. They can offer advice on ways to save your energy and cope with everyday activities.

More information on how to deal with fatigue is available in a booklet called *Coping with Fatigue*. Call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a free copy. See page 39 for more about fatigue.

Other side-effects

If you have a side-effect or symptom other than those listed above and it concerns you, tell your doctor or nurse straight away. He or she will tell you what to do. For more information on chemotherapy, visit a Daffodil Centre or call the Cancer Nurseline on 1800 200 700 and ask for a copy of the free booklet *Understanding Chemotherapy*. You can also download it from www.cancer.ie



To sum up

- Chemotherapy is a treatment using drugs to cure or control cancer.
- Chemotherapy can be given in tablet form, directly into a vein as an injection and/or through an infusion (drip).
- The side-effects vary from person to person and depend on the drugs used.
- Most side-effects are well controlled with medication.

Radiotherapy

Radiotherapy uses high-energy X-rays to cure or control the cancer. It is sometimes used to treat stomach cancer, but not very often. The doses needed to cure the cancer would cause many side-effects if they were given.

Radiotherapy can help to shrink a large tumour. If cancer has spread and may be causing pain or pressure, a small dose of radiotherapy can be very helpful. Sometimes radiotherapy is given with chemotherapy after surgery as part of adjuvant therapy to prevent the cancer coming back.

Giving radiotherapy

Radiotherapy is given as external beam radiation. This is where a beam of radiation is aimed at the cancer directly from a machine. A lot of preparation is needed before the actual radiotherapy can be given. Using a machine called a simulator, your doctors



External radiotherapy

work out exactly where to aim the X-rays and mark your skin so that the beam goes to the same area each time you get radiotherapy. This is called the treatment area. The treatment itself only takes a few minutes and does not hurt. Your doctor and radiation therapist will

tell you exactly when to come for treatment each time. Usually for stomach cancer it is a few short treatments.

The side-effects of radiotherapy depend on the part of your body being treated. You may feel sick or get sick, have redness of your skin or lose body hair on the treated area. You may feel tired for some time.

If you would like more information on radiotherapy, call the Cancer Nurseline on 1800 200 700 for a copy of the free booklet *Understanding Radiotherapy*. You can also pick one up from a Daffodil Centre or download it from www.cancer.ie

Biological (targeted) therapies

There are many different types of biological therapies. Biological therapies often work by interfering with molecules needed for cancer to grow.

An example of a biological therapy used occasionally for people with a certain type of stomach cancer is trastuzumab (Herceptin®). Trastuzumab is used to try to slow the growth of advanced stomach cancer. It works by blocking a protein called HER2 that helps the cancer to grow. Trastuzumab only works for people with a stomach cancer that has the HER2 protein. Trastuzumab is usually given as a drip (infusion) every three weeks.

New biological therapies are being developed all the time and existing therapies are being used in new ways. Your doctor will tell you if there are any biological therapies available to treat your cancer.

Cancer Nurseline Freephone 1800 200 700

How can my symptoms be relieved?

Sometimes when you have cancer it can be very hard to tell if the symptoms you are having are part of your illness or a side-effect of treatment. These symptoms can vary from time to time and be mild or severe. If you have symptoms that are troubling you, let your doctor or nurse know. There are things that can be done to help make life easier for you.

The most common symptoms of stomach cancer are pain, problems with eating and fatigue.

>>> Tell your doctor if you have symptoms that are troubling you.

Pain

For some people with stomach cancer, pain is one of the main symptoms that makes them go to their doctor in the first place. Pain can be caused by the spread of the cancer to other parts of your body. The pain may be constant or only there now and then.

Your doctor will try to find out what is causing your pain. Surgery, radiotherapy and chemotherapy can all help to ease the pain. There are also a lot of good painkillers (analgesia) available today. Your doctor will decide which painkiller is best suited to the type of pain you have. If the medication does not help the pain, tell your doctor or nurse. You may need to try other painkillers before you find one that suits you best. There are other ways to treat pain such as nerve blocks and epidural injections. If you need more information about these, ask your doctor or nurse.

What you can do

- If you are in pain tell your doctor or nurse about it straight away. Be honest about the level of pain that you are in. There is no need to suffer in silence or play down the amount of pain that you have. Taking care of pain is important. It will help you to feel stronger and to cope with your cancer.
- Try to describe the pain as clearly as you can. Is it a dull pain? A sharp sudden pain, a pain that is always there or one that comes

over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may be helpful to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse – it may help to explain your problem.

- If you only have pain from time to time take the painkillers when you need them. But if the pain is there most or all of the time take your painkillers regularly. By doing this, you will help to keep your pain under control.
- Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up. Discuss this with your doctor or nurse. You can get extra medication to help with ‘breakthrough pain’.
- Some painkillers have side-effects, especially the strong ones. These side-effects may include constipation, feeling sick (nausea) and drowsiness. If you have constipation, it’s a good idea to take a laxative every day. This and drinking plenty of fluids such as water and fruit juice between meals will help keep your bowel habits regular. Your doctor or nurse will give you something stronger if your bowels have not opened for 2 or 3 days.
- If you are feeling sick (nausea), your doctor may give you anti-sickness tablets. These should be taken 30 minutes before your painkillers. This nausea often improves as you get used to your medication. Drowsiness may happen when you take a stronger painkiller. But it usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

Call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre if you need more information.

Problems with eating

Some people with stomach cancer find it hard to eat well because of the cancer and the side-effects of treatment. Foods may taste different. Even if you can only manage to eat small amounts, you should try to eat food that is high in protein and calories. Eating well will help you to feel better and have more energy. A good nourishing diet may also prevent further weight loss and help you to recover more quickly from the effects of treatment. If you have problems eating, talk to your dietitian. He or she will advise you on an eating plan most suitable for you.

>>> If you have problems eating, talk to your dietitian.

What you can do

- If possible, start eating solid foods again fairly soon after surgery as long as there are no large lumps and you chew the food well. By chewing the food well you will exercise the join between your bowel and the remainder of your stomach and help keep it open as it heals. You may feel afraid of eating solid foods at first but this fear will lessen as you get used to a normal diet. It may take 2 or 3 months before your appetite returns to normal. During this time try to eat foods that will build you up and make you feel stronger.
- When you eat, acids flow into your stomach to help digest the food and this can lead to uncomfortable acid indigestion because of the new position of your stomach. You will probably also find that you feel full very quickly because your stomach will be smaller if part of it has been removed. To help prevent these problems, eat little and often rather than trying to take large meals. It is also a good idea to eat slowly.
- If you have had radiotherapy you will probably need a softer diet. Avoid foods that are hard to swallow, such as raw fruit and vegetables, tough meat and crusty bread. You may find swallowing painful during and after radiotherapy. Discuss this with your doctor. He or she will give you medication that you can take before eating that will help.

See the centre of this booklet for useful snacks and meals to eat.

Fatigue

Fatigue is a common symptom of cancer and is often described as an overwhelming tiredness. You may also have little or no energy and find it hard to concentrate or make decisions. The reason for this fatigue can be hard to discover. Fatigue may be caused by worry when a diagnosis of cancer is made and the added stress caused by treatment.

What you can do

Even though it can be hard to find out the reason for your tiredness, you can still do something about it. For many patients, treatment may help to relieve symptoms like pain and nausea and let you get back to your normal routine. Ask your doctor before you start treatment what side-effects you can expect.

- If you are feeling worried and find it hard to sleep at night, tell your doctor or nurse. He or she may be able to help. Try talking to your close family or friends about your concerns. If you find this hard, ask to see a counsellor. He or she will help you to find ways to cope.
- Exercise can boost your energy levels. If your illness allows you to do physical exercise, do some regularly. For example, a 30-minute walk around the park 3 days a week might be a realistic goal and will boost your morale when you achieve it.
- Get others to help you around the house, with the travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.
- Sometimes when you are feeling weak and tired you may lose interest in your food. Ask for help in preparing your meals and eat small meals often. Stock up on readymade meals and use them when you are especially tired. When preparing meals, make up double portions so that you can freeze half for later.

A booklet called *Coping with Fatigue* is available from the Irish Cancer Society. If you would like more information or a free copy, call the Cancer Nurseline 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie

Will treatment affect my sex life and fertility?

Accepting the fact that you have cancer can take a while. Your emotions can be turned upside down. It can also be hard to relax when you have a lot on your mind. It is natural too to feel tired from the effects of treatment. As a result you may lose interest in sex. This is quite normal when you are concerned about your health.

NUTRITIOUS SNACKS

- Cereals – hot or cold
- Beans on toast
- Cheese and crackers
- Custards
- Hot chocolate (make with milk)
- Milk puddings
- Milkshakes
- Creamy soups
- Yoghurt or fromage frais
- Smoothies
- Mousses



- Sandwiches

- Nuts

- Omelettes

- Quiche

- Muffins or scones

- Sausages

- Scrambled eggs

- Baked potatoes with beans, cheese, tuna

- Dips made with cheese or yoghurt



LIQUIDS



CLEAR LIQUIDS



- ❖ Water
- ❖ Fruit juices without fruit pieces
- ❖ Clear broth
- ❖ Consommé
- ❖ Ice pops
- ❖ Honey
- ❖ Clear fizzy drinks like flat lemonade drinks
- ❖ Sports drinks
- ❖ Strained vegetable broth



FULL LIQUIDS

- ❖ Milk
- ❖ Fruit juices
- ❖ Fruit nectars
- ❖ Fresh or frozen yoghurt
- ❖ Milkshakes
- ❖ Fruit purée
- ❖ Smooth ice cream
- ❖ Liquidised soup
- ❖ Tomato juice
- ❖ Vegetable juice
- ❖ Build-up drinks
- ❖ Soft custard
- ❖ Drinking chocolate



SOFT DIET

- ❖ Omelette or scrambled egg
- ❖ Baked egg custard
- ❖ Egg mayonnaise
- ❖ Creamed soups
- ❖ French toast
- ❖ Baked beans with grated cheese
- ❖ Tinned spaghetti with grated cheese
- ❖ Macaroni cheese
- ❖ Cauliflower with cheese
- ❖ Casseroles or stews
- ❖ Shepherd's pie or cottage pie
- ❖ Bolognese sauce
- ❖ Lasagne
- ❖ Savoury mince



- ❖ Pasta with creamy tomato sauce
- ❖ Soft poached or flaked fish in sauce
- ❖ Salmon mousse
- ❖ Fish and potato in a creamy sauce
- ❖ Mashed carrots with honey and cream
- ❖ Vegetables mashed with butter and melted cheese
- ❖ Chicken in cream sauce
- ❖ Quiche
- ❖ Jacket potato with butter, grated cheese or cream cheese
- ❖ Dips like hummus, pesto, guacamole, cream cheese

HOW TO INCREASE CALORIES



- Add butter or margarine to soups, mashed and baked potatoes, sauces, cooked vegetables, rice.
- Add whipped cream to desserts, puddings and fruit. Add it unsweetened to mashed potatoes and puréed vegetables.
- Add milk or cream to soups, sauces, puddings, custards, cereals. Use cream instead of milk in recipes.
- Add cheese to casseroles, potatoes, vegetables, omelettes, sandwiches. Melt where possible.
- Add chopped hard-boiled eggs to salads, vegetables, casseroles.
- Sauté or fry foods if you can tolerate them.
- Add sauces or gravies to your food.



HOW TO INCREASE PROTEIN

- Eat more hard and soft cheeses. Add them to food where possible.
- Use milk instead of water as a drink and in cooking when possible. Use full fat milk.
- Take build-up drinks.
- Add ice cream or yoghurt to drinks, fruit and cereals.
- Add eggs to your food whenever possible. Avoid raw eggs.
- Add nuts, seeds and wheat germ to your food. Add to casseroles, salads, breads, biscuits.
- Add chopped meat or fish to vegetables, salads, casseroles, soups, baked potatoes.
- Eat more beans and peas. Add to soups and casseroles.

If you have a supportive partner, you may find that talking to him or her eases your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship. If the matter is still troubling you, do not feel guilty or embarrassed talking to your doctor about it. He or she will refer you for specialist counselling if you feel that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine your interest in sex should return. There is no reason why you cannot have sex while on chemotherapy or radiotherapy if you feel like it. You may find that it will be some weeks before you will feel well enough to have sex after surgery.

Contraception

If you are physically able to have sex and are fertile, you should use a reliable method of contraception during and for some time after treatment. For example, there is a risk of miscarriage or birth defects in children conceived during or just after chemotherapy.

Many specialists recommend that you wait for up to 2 years after treatment before trying to start a family or to have more children. This time gives your body a chance to recover from the effects of the cancer and its treatment. Ask your doctor's advice about contraception or if you are thinking about having children after treatment.

Fertility

Sometimes your fertility can be affected by chemotherapy or radiotherapy. You may not be able to have children in the future. If this is the case, do talk to your partner about your feelings. Also, discuss your worries about infertility with your doctor. He or she can tell you if there are any options open to you at this time. It may be possible to freeze your eggs or sperm before treatment begins. Rotunda IVF at the Rotunda Hospital in Dublin provides a service where eggs or sperm can be frozen for later use. Talk to your doctor about this service. You can also call the Cancer Nurseline 1800 200 700 or visit a Daffodil Centre to talk to a specialist nurse.

What follow-up will I need?

Whatever treatment you get for your cancer, once it is over you will need to come back for regular check-ups at the outpatient clinic. This is known as follow-up. At first these visits will be quite often, for example every 3 months. You will see your doctor and may have some tests such as blood tests and / or scans. These will continue for a number of years but will gradually become less frequent. If you are between check-ups and have a symptom or problem that is worrying you, make an appointment to see your doctor or nurse as soon as possible.

If you have had stomach surgery, you may want to see the dietitian as well when you visit the outpatient clinic. If you have a follow-up appointment coming up and would like to see a dietitian at the same time, contact your dietitian to arrange it for your next visit.



Should I quit smoking?

It is never too late to quit smoking. If you quit, it reduces your chances of developing other cancers and illnesses. These include emphysema, heart disease, stroke and osteoporosis. Smoking can also affect the treatment of cancer. For example, it can reduce how well chemotherapy or radiotherapy works. It can also make their side-effects worse. Sometimes it may cause rarer side-effects such as breathing and heart problems. This is because radiotherapy can make body organs like the lungs more sensitive to tobacco smoke.



How can I quit?

Like many others, you may find giving up smoking hard. If you would like advice or support on quitting, freetext QUIT to 50100 or call the HSE Quit Team on CallSave 1850 201 203. It is open Monday to Friday from 10am to 7pm, and Saturday 10am to 1pm.

Some hospitals also have stop smoking clinics. Ask your doctor or nurse if there is one in your hospital.



Research – what is a clinical trial?



Research into new ways of treating cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating cancer. Many patients with cancer take part in research studies today. Even though the word 'research' or 'new drug' sometimes scare people, there is no need for fear. Before a drug or treatment is used on patients it goes through many stages to make sure it is safe to use.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if it might be useful in treating cancer, it is given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and identify which cancers can be treated.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
- Compare the new treatment with current best standard treatments.

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need to worry as you will be followed closely during and after the study. You might also receive a treatment that later proves to be better than the current best standard treatment.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

If you would like more information, call the Cancer Nurseline on 1800 200 700, call into a Daffodil Centre or visit our website www.cancer.ie.

Cancer and complementary therapies

Complementary treatments for cancer are treatments that can be given alongside standard (conventional) medical treatment. For example, yoga or massage. Some people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country in which you live. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies:

Conventional therapies

Conventional therapies are treatments which doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy and biological therapies. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given **together with** conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that cancer can often bring.

Alternative therapies

Alternative therapies are generally treatments that are used **instead of** conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. Alternative therapies have not been scientifically proven. Some alternative therapies may even harm your health. For example, some diet therapies restrict the types of food you can eat. This can mean you don't get the calories or nutrients that you need.

Always talk to your doctor if you are considering an alternative to conventional treatment.



If you decide to have complementary or alternative treatments...



Before you decide to change your treatment or add any methods of your own, be sure to talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don't be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don't be misled by promises of cures. At present in Ireland, this area is not fully regulated. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called *Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients*. If you would like a copy or more advice, call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.



Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have stomach cancer. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard. Your family and friends may experience some of these reactions too.

Common reactions include:

- Shock and disbelief
- Denial
- Withdrawal and isolation
- Fear and uncertainty
- Anger
- Loss of control
- Resentment
- Sorrow and sadness
- Blame and guilt

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. It may take a long time to come to terms with your emotions. Not only do you have to cope with knowing you have cancer, but also the physical effects of treatment. Some helpful booklets that discuss them in detail are *Understanding the Emotional Effects of Cancer* and *Who Can Ever Understand? Talking about Your Cancer*. Call the Cancer Nurseline on Freephone 1800 200 700 or visit a Daffodil Centre for free copies or to talk in confidence. All the booklets are available on our website, www.cancer.ie

Shock and disbelief

*It can't be me.
Has there been a mistake?
Cancer happens to other
people, not me.*

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally

shocked when it does. Even if your doctor and nurse discuss your cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you cannot really believe what is happening to you.

Fear and uncertainty

*I'm going to die.
Will it be painful?
Will I become a
different person?*

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. But many cancers can be cured or controlled with modern treatments. Another great fear about cancer is pain. However, some cancers cause no physical pain at all or else can be controlled with good painkillers. You may also have fears that your experience of cancer will change who you are and that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look.

You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer will recur. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. It can help to discuss your concerns with your doctor, nurse or medical social worker, who will give you advice. If living with uncertainty overwhelms you, it may help to talk to someone in a support group or to someone who has been through a cancer diagnosis. See page 65 for more information. The palliative care team can also offer you support if your cancer is advanced.

Loss of control

*I can't cope with this.
I'll never get through
it.*

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom.

Because you don't know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, you may feel helpless or lose hope. You may also feel that you will be unable to cope with your treatment or that you will 'fall to pieces' or 'go crazy'.

It takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness or taking an active part in making decisions about your treatment can also help you feel more in control of your illness.

»»» Learning more about your illness and treatment can help you feel more in control.

Sorrow and sadness

*I used to be so healthy.
I had so many plans.
I've let my family down.*

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you've

let down, and for any changes to your body due to treatment. Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

*I'm fine, really.
I don't have cancer.*

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for a short or long time, depending on how long it takes for you to adjust to your illness.

Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don't want to hear any information about your cancer until you are ready.

Anger

*Why me?
I always took care of my health.
Why did this happen now?*

It is normal too to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with God for allowing cancer to occur. You may get angry with those closest to you. Indeed being unable to protect the ones you love may frustrate you a lot.

Your family and friends may not always be aware that your anger is really at your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

Resentment

*How can you talk – you don't have to deal with cancer.
How come I'm not getting better?*

It is natural that you might be resentful and unhappy because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have.

You may resent your healthy relatives or having to change your lifestyle in some way. On the other hand, sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

Blame and guilt

*I should've watched my diet.
If only I had a more positive attitude,
I wouldn't have got sick.*

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. Your loved ones may blame themselves too. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don't torture yourself at this time. Don't feel guilty if you cannot keep a positive attitude either, especially when you feel unwell. Low periods are to be expected. There is no evidence that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

I just need to be on my own.

There is no doubt that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. However, it is not a good idea to spend long hours on your own every day. Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? – Talking about Your Cancer*. If you would like a copy, call the Cancer Nurseline 1800 200 700, visit a Daffodil Centre or download it at www.cancer.ie

>>> Don't bottle up your feelings – express them.

Learning to cope

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people can live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

How can my family and friends help?

Your family and friends can support you through your cancer journey in different ways. Some family members and friends can offer a listening ear and give you advice if needed. Others may gather up-to-date information on stomach cancer to know what you can expect and what you are going through. Others again may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your family or friends best.

Cancer Nurseline Freephone 1800 200 700

>>> How to talk to someone with cancer



When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you're afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don't rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may think you are not doing much by just listening. In fact, it is one of the best ways to help.

Be patient

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words: How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a free copy. You can also download it from www.cancer.ie

How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to changes in their lives.

Every family deals with cancer in a different way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you're letting them down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more. Talk to your children in language they will understand and without going into the details of your illness.

It is best to prepare children for what to expect from the side-effects of treatments and to answer their questions simply and honestly. For example, if you get hair loss due to treatment. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children's emotions

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief too. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with your children, talk to your nurse or medical social worker. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer. If you would like a copy, call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends:** Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting your doctor and when treatments will be discussed.
- **Live one day at a time:** Don't think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.
- **Live well:** Try to eat as well as you can. Eat little and often including using lots of different types of foods with plenty of fresh

fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do, as you feel stronger.

- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while to adjust to your new routine but keep an open mind. Change may bring new opportunities and blessings.
- **Keep an open mind:** Don't feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don't feel guilty about it, as it will pass.
- **Seek information:** Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Follow your doctor's instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones. Call 1800 200 700 or visit a Daffodil Centre for a free copy of *Journey Journal*, a useful diary to help you keep track of your cancer treatment.
- **Find what works for you:** Some people are comfortable talking about their illness, others are not. You may find relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it's not working, be open to finding a new way to cope.
- **Build a support network:** Be realistic about what you can manage by yourself. Seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.
- **Seek professional help:** If you have any low moods or strong emotions talk to your close friends and family – or someone who is a good listener. If your emotions are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.

- **Spiritual care:** When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Prayer or meditation can help to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to take comfort and support from these practices. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.
- **Express yourself:** Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the Cancer Nurseline 1800 200 700 or visit a Daffodil Centre if you would like a free copy. You can also download it from www.cancer.ie





Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Cancer nurse specialists
- Medical social worker
- Psycho-oncology services
- Family doctor (GP)
- Community health services
- Support groups
- Irish Cancer Society

Cancer nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse coordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. The nurses work along with other members of your medical team to meet your needs.

Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on practical and financial support and services available when you go home.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.

Community health services: There are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as financial problems or exceptional needs. More information on the

services is available either from the medical social worker in your hospital before you go home or at your local health centre.

Support groups: Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer. Cancer support groups and centres are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet. You can also download the Irish Cancer Society's Directory of Cancer Support Services from www.cancer.ie.

Irish Cancer Society: The staff of our Cancer Support Department will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information to practical advice about financial matters. Call the Cancer Nurseline on Freephone 1800 200 700 or visit a Daffodil Centre for information about any of the services outlined above or for support services in your area.

>>> Remember that there are many people ready to help you.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- GP visit card
- Private healthcare cover
- Outpatient cover
- Drug Payments Scheme (DPS)
- Benefits and allowances
- Medical card

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in a public hospital. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the accident and emergency department of a public hospital without being referred there by a GP, you will be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the accident and emergency department first.

The €100 charge applies to the first visit in relation to an illness or accident. If you have to return for further visits to an outpatient clinic in relation to the same illness or accident, you should not have to pay the charge again.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You will have to pay a prescription charge of €2.50 per item up to a limit of €25 per family per month.

To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €500 or less (€900 for couples), you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

If you wish to apply for a medical card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre. LoCall 1890 252 919.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or

your HSE office to see if you are eligible. If you wish to apply for a GP visit card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre. LoCall 1890 252 919.

Drugs Payment Scheme

Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €144 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office or your local pharmacy.

Private healthcare cover

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health, GloHealth, and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

If you have private insurance, you may not always be able to have your tests done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI and PET scans. In some cases, it may take 24–48 hours to get approval from your health insurer.

Benefits and allowances

You or a family member may qualify for a number of benefits and allowances. For example: Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

More information on these is available in a booklet called *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*. For a free copy, contact the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie



Application forms for the benefits are available from social welfare offices or the Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or LoCall 1890 927 770. You can also download the forms from websites such as www.welfare.ie or www.citizensinformation.ie

Appliances

If you have a medical card most appliances such as wigs and prostheses are free of charge or subsidised. The subsidy will depend on the HSE area. For further information, contact your local HSE office.

Travel to hospital

You may be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres, usually for patients with medical cards.

See pages 65 and 66 for information on the Travel2Care and the Volunteer Driving Service run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending

For social welfare queries, contact:

Dept of Social Protection – Information Service

Oisín House
212–213 Pearse Street
Dublin 2

Tel: 1850 662 244
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

For queries about local health and social services, contact the HSE.

HSE infoline: 1850 24 1850 **Email:** info@hse.ie **Website:** www.hse.ie

Information is also available from your local Citizens Information Centre. A list of these centres is available from:

Citizens Information

Tel: 0761 07 4000 **Email:** information@citizensinformation.ie

Website: www.citizensinformation.ie



If you have financial worries...



A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to deal with cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 65 for more details. You can also call the Cancer Nurseline 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 67 for contact details. A useful book for preparing low-budget, nutritious meals is *101+ Square Meals*. See page 74 for more information.

Irish Cancer Society services

Our **Cancer Support Department** provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline Freephone 1800 200 700
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support
- Night nursing
- Publications and website information

- **Our Cancer Nurseline Freephone 1800 200 700.** Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9am - 6pm and Friday 9am - 5pm. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at www.cancer.ie
- **Our Daffodil Centres.** Visit our Daffodil Centres, located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.
- **Our Survivor Support.** Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.
- **Support in your area.** We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling.
- **Patient travel and financial support.** We provide practical and financial support for patients in need, undergoing cancer treatments. There are three services available through the Society:
 - **Travel2Care** is a fund, made available by the NCCP, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence.

- Through our **Financial Support** programme, limited, once off financial support is available to patients identified as being in need, who are undergoing cancer treatments nationally.
- **Irish Cancer Society Volunteer Driving Service** is mainly for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments.

To access any of these services please contact your hospital healthcare professional.

- **Irish Cancer Society Night Nursing.** We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.

- **Our publications and website information.**

We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer and financial concerns. Visit our website www.cancer.ie or call the Cancer Nurseline for a free copy of our publications.



If you would like more information on any of the above services, call the Cancer Nurseline on freephone 1800 200 700 or visit a Daffodil Centre.

Useful organisations

Irish Cancer Society

43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
Cancer Nurseline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

The Carers Association

Market Square
Tullamore
Co Offaly
Freefone: 1800 240 724
Email: info@carersireland.com

Citizens Information

Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

Get Ireland Active: Promoting Physical Activity in Ireland

Website: www.getirelandactive.ie

Health Promotion HSE

Website: www.healthpromotion.ie

All Ireland Co-operative Oncology Research Group

Website: www.icorg.ie

Irish Nutrition & Dietetic Institute

Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indi.ie
Website: www.indi.ie

Irish Oncology and Haematology Social Workers Group

Website: <http://socialworkandcancer.com>

Money Advice and Budgeting Service (MABS)

Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Helpline 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

Rotunda IVF

Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Email: info@rotundaivf.ie
Website: www.rotundaivf.ie

Health insurers

AVIVA Health

PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

GloHealth

PO Box 12218
Dublin 18
Tel: 1890 781 781
Email: findoutmore@glohealth.ie
Website: www.glohealth.ie

Laya Healthcare

Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
LoCall: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie

Voluntary Health Insurance (VHI)

IDA Business Park, Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support services**Survivor Support**

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Cancer Nurseline: 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

ARC Cancer Support Centres Dublin

[See page 69]

Brain Tumour Support Group

Medical Social Work Department
St Luke's Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5295

Canteen Ireland

[Teenage cancer support]
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: info@canteen.ie
Website: www.canteen.ie

Cancer Support Sanctuary LARCC

[See page 69]

Connaught support services**Athenry Cancer Care**

Social Service Centre, New Line
Athenry
Co Galway
Tel: 091 845 228 / 087 412 8080
Email: athenrycancer@iccc.ie
Website: www.athenrycancer.ie

Ballinasloe Cancer Support Centre

Main Street
Ballinasloe
Co Galway
Tel: 090 964 3431
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre

2 Church Street
Belmullet
Co Mayo
Tel: 097 20590 / 087 391 8573
Email: caraiorrais@gmail.com

East Galway & Midlands Cancer Support

Cluain Mhuire
Brackernagh
Ballinasloe
Co Galway
Tel: 090 964 2088 / 087 984 0304
Email: info@egmcancersupport.com
Website: www.eastgalwaycancersupport.com

Gort Cancer Support Group

Garrabeg
Gort
Co Galway
Tel: 091 648 606 / 086 172 4500
Email: info@gortcancersupport.ie
Website: www.gortcancersupport.ie

Hand in Hand

[Children's Cancer Support Centre]
Main Street
Oranmore
Co Galway
Tel: 091 799 759
Email: info@handinhand.ie
Website: www.handinhand.ie

Mayo Cancer Support Association

Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Group

Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: info@vitahouse.org

Sligo Cancer Support Centre

44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre

Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support services**Aoibheann's Pink Tie**

[Supporting children with cancer]
Unit 22, Docklands Innovation Centre
128- 130 East Wall Road
Dublin 3
Tel: 01 240 1300
Email: aoibheannspinktie2@gmail.com
Website: www.aoibheannspinktie.ie

ARC Cancer Support Centre

ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre

ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group

25 Kings Hill
Arklow
Co Wicklow
Tel: 0402 23590 / 085 110 0066
Email: info@arklowcancersupport.com
Website: www.arklowcancersupport.com

Balbriggan Cancer Support Group

Unit 23, Balbriggan Business Park
Harry Reynolds Road
Balbriggan
Co Dublin
Tel: 087 353 2872 / 086 164 2234

Cancer Support Sanctuary LARCC

Coole Road
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave: 1850 719 719
Email: info@cancersupport.ie
Website: www.cancersupport.ie

Cara Cancer Support Centre

7 Williamson's Place
Dundalk
Co Louth
Tel: 042 937 4905
Mobile: 087 395 5335
Email: info@ccscundalk.ie
Website: ccscundalk.ie

Cois Nore Cancer Support Centre

8 Walkin Street
Kilkenny
Tel: 056 775 2222
Email: coisnorekilkenny@gmail.com
Website: www.kilkennycancersupport.ie

Cuisle Cancer Support Centre

Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support Group

Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie
Website: www.dochasoffaly.ie

Dublin West Cancer Support Group

Generic Social Work Department
Oak Unit, Cherry Orchard Hospital
Ballyfermot
Dublin 10
Tel: 01 620 6273
Email: martina.mcGovern2@hse.ie/
noreen.obrien4@hse.ie

Éist Carlow Cancer Support Centre

The Waterfront
Mill Lane
Carlow
Tel: 059 913 9684
Mobile: 085 144 0510
Email: info@eistcarlowcancersupport.ie
Website: www.eistcarlowcancersupport.ie

Gary Kelly Cancer Support Centre

George's Street
Drogheda
Co Louth
Tel: 041 980 5100
Email: info@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support

La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport.com
Website: www.greystonescancersupport.com

Hope Cancer Support Centre

22 Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: info@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

Midlands Myeloma Support Group

Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie

Tallaght Cancer Support Group

Trustus House
1-2 Main Street
Tallaght
Dublin 24
Tel: 086 400 2736
Email: ctallaght@yahoo.ie
Website: tallaghtcancersupport.com

Wicklow Cancer Support Centre

Rear of Butler's Medical Hall
Abbey Street
Wicklow
Tel: 0404 32696
Email: wicklowcancersupport@gmail.com

Munster support services**Cancer Information & Support Centre**

University Hospital Limerick
Dooradoyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE Cancer Support Centre

14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: caresupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House

Cliffdale
5 O'Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: info@corkcancersupport.ie
Website: www.corkcancersupport.ie

Cuan House Cancer Support Centre

24 Gort Aoibhinn
Cork Hill
Youghal
Co Cork
Tel: 024 92353

Kerry Cancer Support Group

Acorn Centre
124 Tralee Townhouse Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupportgroup@eircom.net
Website: www.kerrycancersupport.com

Recovery Haven

5 Haig's Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Solas Centre

South Eastern Cancer Foundation
Williamstown
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimhneas Cancer Support Centre

2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneascancersupport@eircom.net

Suir Haven Cancer Support Centre

Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Ulster support services**Coiste Scaoil Saor Ó Ailse**

C/O Ionad Niomh Padraig
Upper Dore
Bunbeg
Letterkenny
Co Donegal
Tel: 074 953 2949
Email: ionadnp@eircom.net
Website: www.scaoilsaor.ie

Crocus: Monaghan Cancer Support Centre

The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group

2nd Floor, Coothead Credit Union
22-24 Market Street
Coothead
Co Cavan
Tel: 086 455 6632

Other support services**The Bella Rose Foundation**

Merry Maid House
West Park Campus
Garter's Lane
Citywest
Dublin 24
Tel: 087 320 3201
Email: thebellarosefoundation@gmail.com
Website: www.bellarose.ie

Cancer Care West

72 Seamus Quirke Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cúnamh: Bons Secours Cancer Support Group

Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Dundalk Cancer Support Group

Philipstown
Hackballscross
Dundalk
Co Louth
Tel: 086 107 4257

The Forge Cancer Support Service

The Forge Family Resource Centre
Pettigo
Co Donegal
Tel: 071 986 1924
Email: theforgefrsc@eircom.net

Killybegs Cancer Support Group

Kille
Kilcar
Co Donegal
Tel: 074 973 1292
Email: riverbankdunne@eircom.net

Newbridge Cancer Support Group

Tel: 083 360 9898
Email:
newbridgecancerhealinghelp@gmail.com

Purple House – Cancer Support

Aubrey Court
Parnell Road
Bray
Co Wicklow
Tel: 01 286 6966
Email: info@purplehouse.ie
Website: www.purplehouse.ie

Rathdrum Cancer Support Group

St Anne's
Lower Street
Rathdrum
Co Wicklow
Tel: 087 925 3915
Email: rathcan@gmail.com

Sláinte an Chláir: Clare Cancer Support

Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

Solace: Donegal Cancer Support Centre

St Joseph's Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

For other support services in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland**Action Cancer**

Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society (US)

Website: www.cancer.org

Cancer Focus Northern Ireland

40–44 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 9066 3281
Email: hello@cancerfocusni.org
Website: www.cancerfocusni.org

Cancer Buddies Network

Website: www.cancerbuddiesnetwork.org

Cancer Research UK

Tel: 0044 20 7242 0200
Website: www.cancerhelp.org.uk

Healthtalkonline (UK)

Website: www.healthtalk.org

Macmillan Cancer Support (UK)

Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Support & Information Centre

Belfast City Hospital Trust
77–81 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancerinfo@belfasttrust.hscni.net
Website: www.cancerni.net

National Cancer Institute (US)

Website: www.nci.nih.gov



Helpful books

Free booklets from the Irish Cancer Society:

- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Understanding Cancer and Complementary Therapies*
- *Diet and Cancer*
- *Coping with Fatigue*
- *Understanding the Emotional Effects of Cancer*
- *Lost for Words: How to Talk to Someone with Cancer*
- *Who Can Ever Understand? Taking About Your Cancer*
- *Talking to Children about Cancer. A Guide for Parents*
- *Managing the Financial Impact of Cancer: A Guide for Patients and their Families*
- *Journey Journal: Keeping Track of Your Cancer Treatment*



Cancer at Your Fingertips

(2nd edn)
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1859590365

Cancer Positive: The Role of the Mind in Tackling Cancers

Dr James Colthurst
Michael O'Mara Books, 2003
ISBN 185479860X

Challenging Cancer: Fighting Back, Taking Control, Finding Options

(2nd edn)
Dr Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1859590683

Good Nutrition for Cancer Recovery

Dr A. Ryan, É. Ní Bhuachalla,
Dr D. Power, A. O'Connor
Available from
www.cancercookbook.ie

101+ Square Meals

[Budget and nutrition]
Norah Bourke et al
MABS/HSE West/Paul
Partnership/Limerick VEC/Safefood, 1998
ISBN 187407514X
[For more details, see www.mabs.ie]

44½ Choices You Can Make If You Have Cancer

Sheila Dainow, Jo Wright & Vicki Golding
Newleaf, 2001
ISBN 0717132226

Explaining cancer to children

Why Mum? A Small Child with a Big Problem

Catherine Thornton
Veritas, 2005
ISBN 1853908916

What does that word mean?

Abdomen	The part of your body that lies between your chest and hips.
Adenocarcinoma	The most common type of stomach cancer. It is found in the gland cells in the lining of the stomach.
Adjuvant treatment	Treatment for cancer given soon after surgery.
Alopecia	Loss of hair. No hair where you normally have hair.
Anti-emetic	A tablet, injection or suppository to stop you feeling sick or vomiting.
Benign	Not cancer. A tumour that does not spread.
Biopsy	Removing a small amount of tissue from your body to find out if cancer cells are present.
Cell	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Chemotherapy	Treatment using drugs that cure or control cancer.
Fatigue	Ongoing tiredness often not relieved by rest.
Gastroenterologist	A doctor who specialises in treating diseases of the digestive system.
Malignant	Cancer. A tumour that can spread.
Medical oncologist	A doctor who specialises in treating cancer using chemotherapy and other drugs.
Metastasis	The spread of cancer from one part of your body to other tissues and organs.

Nausea	Feeling sick or wanting to be sick.
Nutrients	Proteins, carbohydrates, fats, vitamins and minerals found in food and needed for you to grow and stay healthy.
Oncology	The study of cancer.
Radiation oncologist	A doctor who specialises in treating cancer using radiotherapy.
Radiotherapy	The treatment of cancer using high-energy X-rays.
Staging	Tests that measure the size and extent of cancer.
Total parenteral nutrition	Giving nutrition directly into a vein through a drip.
Tube feeding	Giving nutrition through a feeding tube that is passed into your stomach or intestine.



Questions to ask your doctor

Here is a list of questions that you may wish to ask your doctor and nurse. There is also some space for you to write down your own questions if you like. Never be shy about asking questions. It is always better to ask than to worry.

- What tests will I need?
- Will I have to stay in hospital for the tests?
- How long will I have to wait for the test results?
- At what stage is my cancer?
- What type of treatment do I need?
- What type of surgery do I need? Why is this one better for me?
- What are the expected benefits of treatment?
- How successful is this treatment for my cancer?
- How long will treatment last?
- What are the risks and possible side-effects of treatment?
- How long will it take me to get over the effects of treatment?
- Did I have to eat special foods?
- Who do I contact if I have a problem when I go home?
- What support services are available to help me cope with my cancer?

Your own questions

1 _____

Answer _____

2 _____

Answer _____

3 _____

Answer _____

4 _____

Answer _____

5 _____

Answer _____

6 _____

Answer _____



Notes

A large, light blue rounded rectangular area intended for taking notes.

Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:

Aishling McHugh, Clinical Nutritionist

Jenny Moore, Oncology Nurse Specialist

Antoinette Walker and Susan Rowen, Patient Education Editors

Radiotherapy image courtesy of Siemens Ireland

Would you like more information?

We hope this booklet has been of help to you. If you would like more information or someone to talk to, please call the Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre.

Would you like to be a patient reviewer?



If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at **reviewers@irishcancer.ie**

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes our patient education booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email **fundraising@irishcancer.ie**

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4

Tel: 01 231 0500 **Email:** info@irishcancer.ie **Website:** www.cancer.ie

Irish Cancer Society

43/45 Northumberland Road, Dublin 4

T: 01 231 0500

E: info@irishcancer.ie

W: www.cancer.ie

Cancer Nurseline Freephone 1800 200 700

Open Monday to Thursday 9am to 6pm

Friday 9am to 5pm

Find us on Facebook

Follow us on Twitter: @IrishCancerSoc

