



Breast Cancer Care

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Your Kaiser Permanente Cancer Care Team

A team of physicians and other health professionals will provide you with the best care and treatment possible. These physicians are from different specialties, such as radiology, oncology, and surgery, and they'll work together to create a treatment plan specifically for you.

Your care team will meet with you to:

- Explain the details of your diagnosis.
- Discuss your treatment options.
- Help you make decisions and prepare for treatment.

Having a care team is like getting a second, third, and fourth opinion right from the start.

We hope you'll feel comfortable with all members of your care team. Let us know if you have questions or concerns.



Note to loved Ones

Having a family member or friend go through this type of care may affect you too. At Kaiser Permanente, we'll provide you with resources to help.



Physicians may include:

- Medical Oncologist: A doctor who specializes in treating cancer with drugs, such as chemotherapy, targeted therapy, and immunotherapy.
- Radiation Oncologist: A doctor who specializes in the use of radiation to treat cancer.
- Surgeon: A doctor who removes the cancer and surrounding tissue during an operation (surgery).
- Plastic Surgeon: A surgeon who specializes in reconstructive and cosmetic surgery.
- Pathologist: A doctor who examines the specimen from surgery to diagnose and interpret the tumor.
- Breast Imager: A radiologist who specializes in reading mammograms, breast ultrasounds, and breast MRIs and performs image-guided procedures to diagnose breast cancer.
- Interventional Radiologist: A doctor who specializes in putting in catheters used for chemotherapy and using CT and ultrasound to biopsy other areas of the body affected by the spread of breast cancer.
- Anesthesiologist: A medical doctor who provides and monitors anesthesia and other medications during surgery.

Other health care professionals may include:

- Breast Care Coordinator: A health professional to support you, answer questions, and help schedule your appointments.
- Genetic Counselor: A health professional whose work focuses on how genetics may affect a disease or its treatment.
- Physical Therapist: A licensed specialist trained to assist you with therapeutic exercise and physical movement.
- Registered Dietitian: A health professional with special training in the use of diet and nutrition to keep the body healthy.
- Social Worker: A health professional trained to talk with you and your family about emotional or physical needs, and to locate support services.

Choosing Treatment That's Right for You

Treatment of breast cancer depends on the type, grade, and spread of the cancer. After we learn everything we can about your cancer, we'll talk about the treatment options and develop a plan that's right for you. The goal of treatment is to treat the primary cancer and to prevent it from coming back.

Standard treatment options for breast cancer can include:

- Surgery
- Radiation therapy
- Chemotherapy
- Hormone-blocking therapy
- Targeted therapy
- Reconstructive surgery

Your insurance coverage for certain services and/or products described in this booklet may vary depending on your Kaiser Permanente health plan. If you have any questions regarding coverage or applicable copays, please visit the Member Services office at your facility or call directly at (800) 464-4000.



Diagnosing Breast Cancer

Most people diagnosed with breast cancer are women, but men can get it too. It most often affects women over the age of 50. However, younger women also can develop breast cancer. After skin cancer, breast cancer is the most common type of cancer found in women. Most breast cancers are found by screening mammograms. Some breast cancers are found when the woman, or a health professional who examines the breast during a clinic visit, finds a lump that can be felt, or when there is bloody nipple discharge.

To diagnose breast cancer, we typically do a procedure called a core needle biopsy to remove a small sample of tissue to learn if cancer is present. This procedure is usually done by our radiologist using mammogram or ultrasound, or occasionally by the surgeon if a lump can be felt. The tissue is then sent to pathology for testing.

A core tissue sample can tell us whether the cancer is invasive or noninvasive and identify the hormone receptor status of the cancer cells. Core needle biopsy does not cause the cancer to spread.

The role of hormones

Hormones are chemicals made by your body. In a woman, two key hormones are estrogen and progesterone.

The cells in the breast respond to these hormones, and some breast cancer cells carry receptors to these hormones. In such cases, the hormones can ‘feed’ the breast cancer and make them grow.

A breast cancer cell may have different combinations of hormone receptors, including:

- Estrogen-receptor-positive (ER+) (has estrogen receptors on the cancer cells) or negative (ER-) (does not have estrogen receptors on the cancer cells)
- Progesterone-receptor-positive (PR+) (has progesterone receptors) or negative (PR-) (does not have progesterone receptors)

Most breast cancers test positive for a hormone receptor. These test results help us decide if hormone-blocking therapy is right for you. Cancer cells that are ER- and PR- don’t have any hormone receptors, so they don’t respond to hormone-blocking therapy.

Human epidermal growth factor (HER2 receptor)

HER2 (or HER2/neu) is another type of receptor that might be found on breast cancer cells. When there are too many HER2 receptors (called overexpression) on invasive breast cancer, the cancer cells can grow more quickly than cancer cells that do not have overexpression of HER2.

A breast cancer cell can have different levels of HER2-receptors.

- HER2-positive. The cancer cells have higher levels of HER2 receptors (overexpression) than normal breast cells.
- HER2-negative. The cancer cells have a small number of HER2 receptors.

About 1 in 5 women are diagnosed with breast cancer that is HER2-positive. It may be treated with a special drug, such as trastuzumab (Herceptin) that specifically targets these receptors and cells.

ER+, PR+, and HER2-positive cancers may be treated with a combination of chemotherapy, hormone-blocking therapy, and drugs targeting HER-2 receptors.

Triple negative cancer cells have no ER, PR, or HER2 receptors. They do not respond to treatment with hormone-blocking therapy or targeted therapy for HER2. Chemotherapy is usually recommended.

21 Gene Recurrence Score

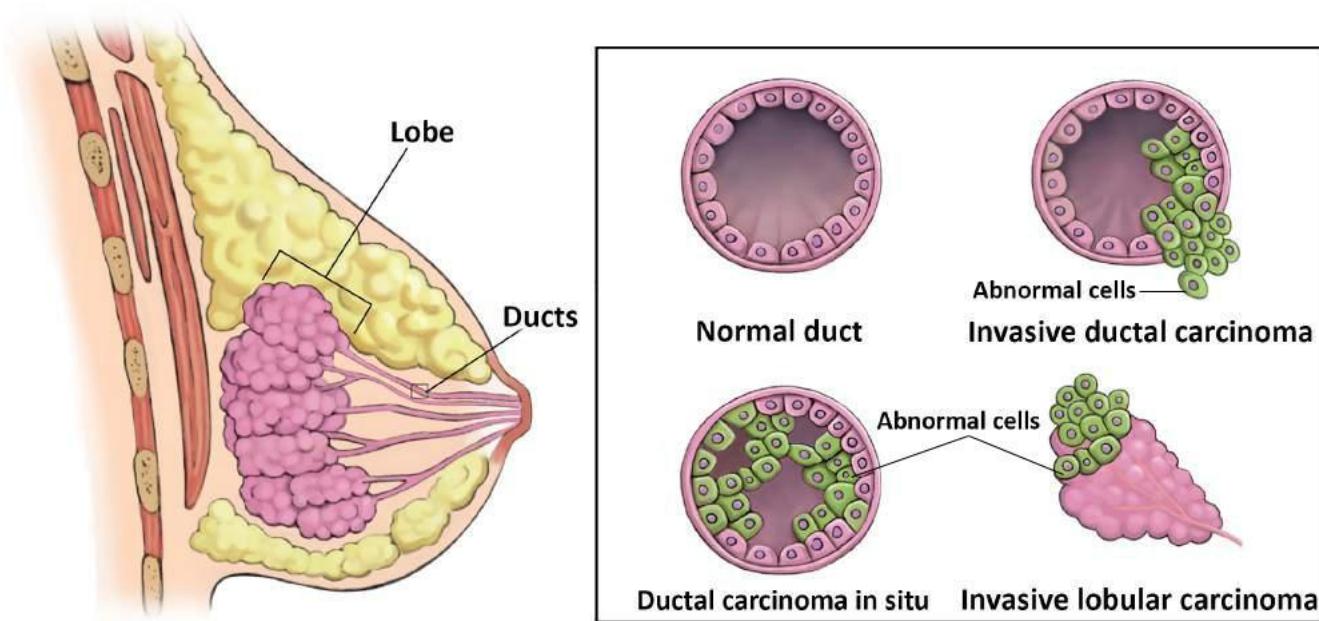
The Gene Recurrence Score is a test done on the breast cancer and is used to predict your risk of breast cancer recurrence. Patients with a high risk of recurrence have significant benefit from chemotherapy. Your team might recommend this test if your breast cancer meets all of the following criteria:

- ER+ (your team recommends hormone-blocking therapy and you plan to take it)
- HER2-negative
- Lymph node negative (it hasn't spread to lymph nodes)

Types of Breast Cancer

Breast cancer can be categorized as follows:

- Noninvasive. The cancer stays in its original location (*in-situ*), specifically in the duct walls.
 - Ductal carcinoma *in-situ* (DCIS) means cancer cells are in a breast duct and do not spread through the lymph nodes. Although noninvasive, this type generally requires surgery to remove the cancer cells. Chemotherapy is not used.
- Invasive. It spreads beyond the duct walls or lobules into the surrounding tissue.
 - Invasive ductal carcinoma (IDC) begins in a duct, breaks through the duct wall, and can spread to the surrounding tissues. *This is the most common type of breast cancer.*
 - Invasive lobular carcinoma (ILC) begins in a breast lobule and can spread into the surrounding tissue.



The lymphatic system

Lymph nodes are small, bean-shaped structures that are part of your body's immune system. They filter out impurities in the fluid that flows through your body. This helps your immune system fight infection and disease.

Your lymph nodes are:

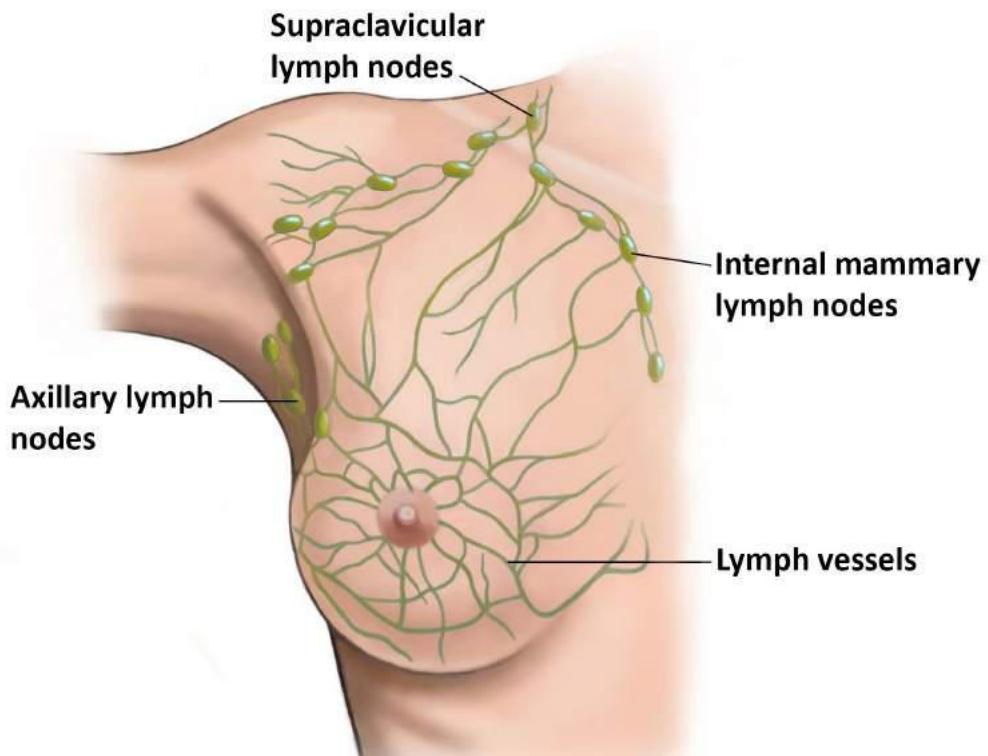
- Grouped together in many places around your body.
- Connected by small tubes (lymph vessels) that carry fluid. This network of lymph nodes and lymph vessels is called the "lymphatic system."

Lymph nodes can swell or harden in response to infection or cancer. You might be able to feel an enlarged lymph node under your skin.

Cancer can spread from your breast to nearby lymph nodes. These are located:

- Under your arm (axillary lymph nodes)
- In your chest (internal mammary or supraclavicular lymph nodes)

The first lymph node the breast drains to is defined as the sentinel lymph node. Often there is more than one sentinel node. They're usually in the armpit.



Support at Every Step

Many aspects of your life may change after your diagnosis. People around you will also be concerned about your well-being. This can trigger a lot of different emotions.

For many people, reaching out to cancer survivors with similar experiences can be helpful. They can offer encouragement and understanding. It may help to know that others get through this even though it can be tough. You may want to join a Breast Cancer Support Group.

Recovering from major surgery and cancer treatment can be both physically and emotionally difficult. It's common to feel anxious or even depressed after your treatment. You may have trouble sleeping and eating. This is normal.

Breast cancer and its treatment can also affect your intimate relationship. Loss of sexual desire can be a temporary or long-term issue for some women. Let your care team know, as helpful resources are available.

We encourage you to share and discuss your emotions with your family and friends and with your care team. Kaiser Permanente also offers support services, including counseling, support groups, and psychiatric care.

Let us know how you're feeling. Your care team can respond to any symptoms or problems you may have.

Remember, we are here to support you in every way we can for as long as you need us.

We offer complete care for you and your family before, during, and after treatment. This includes:

- Individual counseling
- Symptom management
- Cancer support groups
- Nutrition counseling
- Health education classes
- Follow-up services
- Rehabilitation

Kaiser Permanente Resources

Member Services Department

Member Services will help answer your questions and obtain the services or assistance you may need related to:

- Health plan benefits, premiums, and copay explanations
- Your enrollment status
- Registration on kp.org (so you can email your doctor or view visit summaries)
- Getting or replacing a member ID card
- Advance Health Care Directives and Durable Powers of Attorney
- Health plan coverage while traveling
- Information about health plan documents

You can offer suggestions or convey concerns to Member Services in person at your medical center, online, or by phone:

- Member Services Call Center: (800) 464-4000
- Senior Advantage and Medicare: (800) 443-0815



Taking Time Off Work

Three government Disability Insurance programs have very similar names: SDI, SSDI, and SSI.

- **State Disability Insurance (SDI)** is a state program administered through the EDD that gives a cash benefit for up to one year to Californians who are disabled due to significant illness. You must have paid into the EDD during the base period (18 months) preceding your disability. Government employees do not typically pay into the EDD fund. Self-employed individuals would have had to proactively pay into the system quarterly prior to becoming disabled. SDI generally pays 60-70% of your pre-tax wages.
- **Social Security Disability Insurance (SSDI)** is a federal program that pays monthly cash benefits to people with long-term disabilities (**over 12 months**) who qualify because they used to work or have qualifying family members who worked and paid Social Security taxes for a long enough time.
- **Supplemental Security Income (SSI)** is a federal program that gives a monthly cash payment to people older than 18 but younger than 65, who are disabled and are not able to work. If you cannot work due to a significant illness, have no other sources of income, and have limited resources, you may be eligible for SSI. You do not need to have worked in the past to get SSI.

You may be able to qualify for more than one of these programs at the same time. For example, you might get SDI at first and later start getting SSDI.

Private Disability Insurance.

- **Short-Term Disability (STD)** is private insurance that replaces some of your income in an illness that prevents you from working. While you are away from work it pays you a certain percentage of your income for a certain period of time. Some employers provide group STD policies as part of their benefits packages. An STD policy can be purchased individually.
- **Longer-Term Disability (LTD)** is private insurance that helps people who cannot work because of a disability. If you have LTD insurance, it will replace some of the income you lose when you cannot work because of a disability or severe illness. Some people have LTD insurance from their employers. Others purchase it individually.

Caregivers may be eligible for Paid Family Leave through the EDD and FMLA for job protection while taking time off to care for a family member.

HOW TO FILE STATE DISABILITY INSURANCE (SDI)

All applications (paper and electronic) require physician certification—a **Work Status Report** with start and end dates of your disability. This is an electronic note in your chart signed by your doctor. Once you have discussed time off with your doctor, you can ask the Medical Assistant, Social Worker, Nurse Case Manager to initiate the form.

SDI APPLICATION ONLINE

1. Follow the instructions at http://www.edd.ca.gov/Disability/SDI_Online.htm
2. Leave the “Physician/Practitioner’s Certificate” portion blank.
3. Make note of your receipt number upon application submission.
4. Contact the **Release of Medical Information Department** (contact information below) with your receipt number and they will go into your claim and complete the Physician’s Certificate on the doctor’s behalf.

SDI APPLICATION ON PAPER

Pick up a hardcopy of the SDI application with the **Release of Medical Information Department** (contact information below). Paper applications take longer to process, about one month.

SDI EXTENSION

1. Talk to your physician about your extension request and obtain a Work Status Report with the extension dates.
2. Contact the Release of Medical Information Department with your claim/receipt number to complete the process.

You can reach the Release of Medical Information Department via:

- Email: SF-ROI-DISABILITY-REQ@KP.ORG
- Telephone: (415) 833-3778
- In-person: Geary campus – 2238 Geary Blvd, 7th floor, San Francisco, CA 94115
Mission Bay campus – 1600 Owens St, 6th floor, San Francisco, CA 94158
Office Hours: 9am – 4:30pm

For frequently asked questions, go to: <http://edd.ca.gov/disability/FAQs.htm>

For tutorials, go to: http://edd.ca.gov/disability/SDI_online_tutorials.htm

HOW TO FILE FAMILY AND MEDICAL LEAVE ACT (FMLA)

FMLA requires physician certification—Work Status Report

FMLA provides certain employees with up to 12 weeks of unpaid, job-protected leave per year for the following reasons:

- To care for an immediate family member (spouse, child, or parent) with a serious health condition
- To take medical leave when the employee is unable to work because of a serious health condition

HOW TO APPLY

1. Talk to your physician about your and/or your caregiver's plan for time off. If the leave is for you, the physician will give you a Work Status Report. If the leave is for someone taking care of you, your physician will give them a Caregiver Status Report.
2. Obtain FMLA application from the Release of Medical Information Department.
3. Complete your section of the application. The Health Provider section will be completed by the Release of Medical Information Department.
4. Complete and sign the Kaiser Permanente form called Authorization for Use of Disclosure of Patient Health Information.
5. Submit both documents by fax (877-612-2937), email (SF-ROI-Disability-Req@kp.org), or drop them off at the Release of Medical Information Department

You can reach the Release of Medical Information Department via:

- Email: SF-ROI-DISABILITY-REQ@KP.ORG
- Telephone: (415) 833-3778
- In-person: Geary campus – 2238 Geary Blvd, 7th floor, San Francisco, CA 94115
Mission Bay campus – 1600 Owens St, 6th floor, San Francisco, CA 94158
Office Hours: 9am – 4:30pm

For frequently asked questions, go to: <http://edd.ca.gov/disability/FAQs.htm>

For tutorials, go to: http://edd.ca.gov/disability/SDI_online_tutorials.htm

Financial Resources

| Name | Services |
|---|---|
| Kaiser Permanente Medical Financial Assistance Program | Apply through Member Services. May help reduce co-payments and/or premiums. |
| patientadvocate.org | Financial assistance based on type of cancer, age, gender and location. |
| cancercare.org/financial | Provides financial aid for breast cancer patients. |
| bcef.org | Provides financial aid to women with breast cancer with income is equal to or less than \$2,000 per month during treatment. |
| thesamfund.org | Provides financial assistance for young adults with cancer. |
| sistersnetworkinc.org | Provides financial assistance to African-American women with breast cancer. |
| thepinkfund.org | Provides up to 90 days of non-medical financial aid to cover basic living expenses. Must meet qualifications. Great for self-employed patients. |

Kaiser Permanente Medical Financial Assistance (MFA) Program

If you need help paying for health care services or prescriptions you've gotten, or are scheduled to get, from Kaiser Permanente, our MFA program may be able to help you.

How the program works

- The program offers temporary "awards" to help qualified applicants pay for care based on their financial needs.
- It's available to all Kaiser Permanente patients, whether you're a member or not.
- If awarded, the program will cover emergency or medically necessary care from Kaiser Permanente providers or at Kaiser Permanente facilities for a specified time period.

How to qualify

You must meet one of the following eligibility requirements:*

1. Your gross household income is no more than 350% of the federal poverty level.
*** Note:** If your gross household income is more than 350% of the federal poverty level and/or you're a Kaiser Permanente member with a deductible plan in California, you must meet the criterion below.
2. Your out-of-pocket health care costs for emergency or medically necessary care, dental care, and medication over a 12-month period are equal to or more than 10% of your gross household income.
 - o Out-of-pocket costs include copays, coinsurance, and deductible payments.
 - o Out-of-pocket costs do not include any payments for your health plan itself, like your monthly premium.

Have questions?

For more information about qualifying for the MFA program, or to see which health care services it pays for, visit <http://www.kp.org/mfa/nkal>.

If you don't have health insurance, you may be required to apply for it.

- Because the MFA program only provides temporary financial awards, we may require you to apply for coverage that will cover you in the long term. This could include any other public or private health programs you're eligible for — like Medi-Cal or subsidized plans available on the health insurance marketplaces.
- We may ask you to show proof that you've applied to these programs, or that you've been approved or denied by them. But you may still be able to get financial help from the MFA program while waiting for a decision from these other programs.
- For more information about other health coverage you may be eligible for, visit healthcare.gov or call 1-800-318-2596.

| 350% of federal poverty level guidelines | | |
|--|---|-----------|
| If your household size is: | Your household income must be no more than: | |
| | Monthly | Annually |
| 1 | \$3,643 | \$43,715 |
| 2 | \$4,932 | \$59,185 |
| 3 | \$6,221 | \$74,655 |
| 4 | \$7,510 | \$90,125 |
| 5 | \$8,800 | \$105,595 |
| 6 | \$10,089 | \$121,065 |

Visit aspe.hhs.gov/poverty to find the guidelines for larger households.

How to apply

If you meet the eligibility requirements, you can apply in any of these ways.

| | | |
|---|--------------------|--|
|  | Mail it | <ul style="list-style-type: none">▪ Complete the MFA application on the following page.▪ Mail your completed application to: Kaiser Permanente MFA Program PO Box 30006 Walnut Creek, CA 94598 |
|  | Fax it | <ul style="list-style-type: none">▪ Complete the MFA application on the following page.▪ Fax your completed application to 1-800-687-9901. |
|  | Drop it off | <ul style="list-style-type: none">▪ Complete the MFA application on the following page.▪ Drop off your completed application at the Patient Financial Operations at any Kaiser Permanente facility. |
|  | Call us | <ul style="list-style-type: none">▪ Call us at 1-800-390-3507 (TTY 711), Monday through Friday, 8:00 a.m. to 5:00 p.m. PST.▪ Be prepared to provide the information listed on the MFA application on the next page. |

Important: When applying by mail or fax, or dropping off your application in person, please be sure to fill out the application as much as you can. Any missing information may delay the application process.

What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes:

- Your application was approved, and you'll get a financial award.
- To complete your application, we need additional information or paperwork, which you can send us in the mail or drop off in person; this could include proof of income or copies of your out-of-pocket expenses.
- Your application was denied and why it was denied, in which case you can appeal our decision.

Need help?

If you have any questions or need help with your application, please call **1-800-390-3507 (TTY 711)**, Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. You can also talk to a financial counselor at any Kaiser Permanente location.



Medical Financial Assistance (MFA) Program application

Name: _____ Medical record #: _____

Date of birth: ____ / ____ / ____ Contact #: (_____) _____ SSN: ____ - ____ - ____

Address: _____

City: _____ State: _____ ZIP code: _____

Household size: Number of family members (including you) who live in your Home. May include a spouse or qualified domestic partner, children, a non-parent Caretaker relative, etc.

Household income (monthly): Total gross income for all family members in the Household. Check ALL income types that apply:

- | | |
|--|--|
| <input type="checkbox"/> Employment Income/Wages | <input type="checkbox"/> Alimony/Child Support |
| <input type="checkbox"/> Business Income/Rental Property | <input type="checkbox"/> Pension or Retirement/Annuities |
| <input type="checkbox"/> Unemployment Benefits/ Disability Income | <input type="checkbox"/> Social Security/Supplemental Security Income/Veterans Benefits |

\$

Health care costs: Total out-of-pocket expenses you had over a 12-month period for emergency or medically necessary services provided by Kaiser Permanente or any other health care provider. May include copays, deposits, coinsurance, or deductible payments for eligible medical, pharmacy, or dental services.

\$

Please list all members of your household applying for the program.

| Name | Date of birth | Relationship | Medical record # |
|-------|--------------------|--------------|------------------|
| _____ | ____ / ____ / ____ | _____ | _____ |
| _____ | ____ / ____ / ____ | _____ | _____ |
| _____ | ____ / ____ / ____ | _____ | _____ |
| _____ | ____ / ____ / ____ | _____ | _____ |
| _____ | ____ / ____ / ____ | _____ | _____ |

Uninsured? Kaiser Permanente can help. If you do not have health care coverage, we can help you understand your options. Check this box if you would like Kaiser Permanente to contact you to discuss your options.

Yes, contact me

I hereby declare under penalty of perjury that all information set forth above in this application is true and accurate in all respects. I also acknowledge and agree that I am liable to Kaiser Foundation Health Plan and Hospitals for all amounts owing to Kaiser Foundation Health Plan and Hospitals for medical goods and services that are not eligible under the Program (the "Remaining Amounts").

Signature: _____ Date: _____

Note: Kaiser Foundation Health Plan and Hospitals reserves the right to use information from consumer credit reporting agencies and other third-party information sources to determine eligibility for federal, state, and private medical programs, including the MFA Program.



Support Resources

While your focus will be on your physical health and all your test and treatments, it is important not to forget about your emotional, psychological and spiritual health. They can affect your physical health and play an important part in your recovery.

Kaiser Permanente's Complete Care Services

Along with medical treatment, there are other ways in which Kaiser Permanente and the community can lend assistance.

- Social Work: A medical social worker is available to assist you when you or a loved one is faced with a serious illness. Social workers offer education, information services, support and strategies for coping. Oftentimes, a diagnosis of cancer can create other needs such as financial, transportation, advance directives and end of life planning. Social workers can assist or direct you to other appropriate resources within Kaiser Permanente or the community. If you would like to speak with a social worker, please feel free to contact the Oncology Social Worker with any questions or concerns.
- Counseling: Cancer can be a stressful time for patients and loved ones. Short-term counseling is available to help patients cope with a new diagnosis.

EMOTIONAL SUPPORT

- Try to find someone you can reach out and open up to. It should be someone with whom you feel safe sharing your thoughts, fears, anger, and hopes. Support groups also offer a safe place to share your thoughts and emotions. Be sure to consult with your care team for recommendation.
- Find inspiration and hope in the things that bring you joy (i.e. reading, music, family, pets, etc.).
- Patients and caregivers both need to practice self-care during this time. What are the things you normally do during a stressful time to take care of yourself?

FAMILY SUPPORT

- Family and Partner/spouse Issues: Every person has a different way of handling news that a loved one has cancer. Many people react with shock, disbelief, and even anger when they first receive the news. Keep in mind that there is no “right way” for you or your family to feel about your diagnosis. Sharing and being open with one another is one of the best ways for families to deal with their feelings.
- Telling your children: Many parents have questions and concerns (i.e. telling their children about their cancer diagnosis, treatment, and how this will impact their children). Feel free to discuss concerns about talking to your children with your medical team and social worker.

- Help from Family Members: Asking your family members for help during this time benefits you and them.
 - Assign specific tasks to each family member. Do not hesitate to ask for help with everyday tasks like cooking, cleaning, yard work, and driving children to school and activities.
 - You might ask several people to provide different kinds of emotional support so that you always have someone to call on.

Kaiser Permanente Support Group and Lecture Series

Our bi-weekly support group provides a place to come together and find strength and hope in a community of people going through something similar. This support group is open to people with all types of cancer diagnosis, at any stage of the journey. Family and friends are welcome to join.

1st and 3rd Fridays of every month

1:30pm—2:30pm

2238 Geary Blvd., 8th Floor SE

Topaz Conference Room

For questions or more information, please call

415-833-7036

If you are looking for a support group for a specific type of cancer or for caregivers, please reach out to the social worker for finding a support group for you.

Community Support Groups

UCSF has a number of support groups for specific types of cancer:

<http://cancer.ucsf.edu/support/crc/support-groups>

Online Support Groups

Smart Patients: <https://smartpatients.com/partners/kpsf-onc>

Cancer Care: https://www.cancercare.org/support_groups

For Younger Adults: <http://stupidcancer.org/>

Peer Support

Imerman Angels is a peer support organization that will link you with a mentor who has a similar diagnosis/treatment plan for individual support: <https://imermanangels.org/>

There are other peer support programs by specific diagnosis, ask Social Worker for more information.

Resources and Organizations - Local

| Name | Description of Services |
|---|--|
| baysnet.org Bay Area Young Survivors bayareayoungsurvivors@yahoo.com | SF-based group for women diagnosed with breast cancer at 45 and under. Support groups, information. |
| cancer.ucsf.edu/support/crc/ Patient and Family Cancer Support Center 1600 Divisadero, B-101 SF, CA 94115 1-415-885-3693 | Support groups, classes, information, community resources. |
| charlottemaxwell.org Charlotte Maxwell Complementary Clinic 411 30th Street, Suite 508 Oakland, CA 94609 1-510-601-7660 | Acupuncture, Chinese medicine, massage therapy, therapeutic imagery for women with cancer. |
| circulodevida.org Circulo de Vida 2601 Mission Street, Suite 702 SF, CA 94110 1-415-648-9423 | For Latinas with cancer. English and Spanish website. Offers support groups, counseling. |
| hairtostay.org HairToStay 2234 Beach Street SF, CA 94123 1-800-270-1897 | Nonprofit organization dedicated to helping cancer patients afford scalp cooling, a treatment that can dramatically reduce chemotherapy induced hair loss. |
| osher.uscf.edu Osher Center for Integrative Medicine 1545 Divisadero, 4 th floor SF, CA 94115 1-415-353-7720 | Integrative cancer care, acupuncture, biofeedback, guided imagery, massage therapy. |
| openhand.org Project Open Hand 730 Polk Street SF, CA 94109 1-415-447-2326 | Project Open Hand: free meals for patients who recently underwent major surgery. See the Breast Care Navigator or Oncology Social Worker for application. |
| shanti.org Shanti's Margot Murphy Women's Cancer Program 730 Polk Street SF, CA 94109 1-415-674-4780 | Offers support, transportation, patient advocacy, financial assistance, complementary care. See the Breast Care Navigator or Oncology Social Worker for application. |
| rxexercise.org Sunflower Wellness 584 Castro Street, Ste. 250 SF, CA 94111 1-415-234-7010 | Living through cancer with exercise. Free one-hour exercise counseling session. |

Resources and Organizations - National

| Name | Description of Services |
|--|---|
| bcaction.org | Breast Cancer Action: Activist watchdog organization focusing on systemic interventions that address the root cause of the disease. |
| breastcancer.org | Well-organized, easy to understand information, plus a discussion board. |
| cancer.gov | National Cancer Institute: Supports research, conducts its own research, collects and disseminates information about cancer. |
| cancer.org | American Cancer Society: Information and peer support, transportation assistance. |
| cleaningforareason.org | Free housecleaning once a month for up to 4 months. Must apply online. |
| drsusanloveresearch.org | Dr. Susan Love Research Foundation: Clear, comprehensive information on detection, treatment, prevention, long-term survivorship. |
| facingourrisk.org | Facing Our Risk: Provides support and information on hereditary breast and ovarian cancer. |
| lbbc.org | Living Beyond Breast Cancer: Support and information, including transcripts and podcasts on specific topics. |
| mybcteam.com | myBCTeam: Online social support for women with breast cancer. |
| pinkribbongirls.org | Pink Ribbon Girls provides Healthy Meals, Housecleaning, Rides to Treatment, and Peer Support to individuals with breast and gynecological cancers free of charge. |
| sharsheret.org | Sharsheret provides free, confidential, and personalized support for women with breast cancer. Their Best Face Forward 2.0 program provides services and subsidies for non-medical services, such as wigs, nipple tattooing, and cold caps. |
| sistersnetworkinc.org | Sisters Network: For African American women with breast cancer. Provides support and financial aid. |
| tellingkidsaboutcancer.com | Telling Kids About Cancer: Helps parents discuss their diagnosis with their kids. Age-appropriate information. |
| tnbcfoundation.org | Triple Negative Breast Cancer Foundation: Support and information for triple negative breast cancer. |
| youngsurvival.org | Young Survival Coalition: For young women with breast cancer. Has a local chapter. |



Oncology Social Workers

At Kaiser Permanente medical offices, social workers have a key role in supporting medical teams in delivering wellness and lifestyle management interventions. They provide psychosocial assessments, diagnosis of mental health conditions, brief interventions, and short-term counseling around substance-use disorders and mental health concerns (such as depression and anxiety). Social workers help patients and their families cope with changes in health status, including hospital care, disability, and new medical needs.

Our Location

Kaiser Permanente San Francisco Oncology
2238 Geary Blvd, 8th floor
San Francisco, CA 94115
415-833-7036

Office Hours

Monday – Thursday 8:30am – 5pm

Cancer Support Group and Lecture Series



Our bi-weekly support group provides a place to come together and find strength and hope in a community of people going through something similar. Each month, there will be one class featuring a guest speaker or theme and one open-forum class, where you can connect and share with others and discuss anything on your mind.

This support group is open to people with all types of cancer diagnosis, at any stage of the journey. Family and friends are welcome to join.

Dates and times may vary by month.

Location

2238 Geary Blvd, 8th Floor SE
Topaz Conference Room

Walk-ins welcome. No registration required.

For questions or more information, please call
415-833-7036



Breast Cancer Support Groups

Please call to register before attending the support groups below.

| Support Group | Location and Contact |
|---|---|
| Bay Area Cancer Connections For the list of support groups, visit: https://bayareacancer.org/support-groups | For more information, call 650-326-6686 or email info@bayareacancer.org |
| UCSF Support Groups for patients and caregivers. For support group themes and schedule, visit: http://cancer.ucsf.edu/support/crc/support-groups | For dates and locations, visit the website or call the Patient and Family Cancer Support Center at 415-885-3693. |
| St. Mary's Medical Center Every Tuesday and Wednesday 5:00 p.m.—7:00 p.m. | 2250 Hayes Street, Level C Cancer Center Conference Room Contact: Diane Scott, PhD 415-387-3344 for information and registration |
| Calvary Presbyterian Church Every other Wednesday 5:30 p.m.—7:00 p.m. | 2515 Fillmore Street (at Jackson) Contact: Carol Kronenwetter, PhD 415-847-6046 |

The American Cancer Society is here to help.



We have programs and services in your community to help people with cancer and their families. Our programs offer **information**, **day-to-day help**, and **emotional support**. And best of all, our help is free.

Listed here are just a few examples of the help that the American Cancer Society offers. To learn more about these programs, call us 24 hours a day, seven days a week, at 1-800-227-2345 or visit us online at cancer.org.



Help Getting to and from Cancer Treatment

Road To Recovery®

Every day, thousands of cancer patients need a ride to treatment, but some may not have a way to get there. If finding a ride is a problem for you, we may be able to help. Our Road To Recovery program provides rides to and from treatment for people with cancer who do not have a ride or are unable to drive themselves. Volunteer drivers donate their time and the use of their cars, so patients can receive the lifesaving treatments that they need.



Help with Lodging during Cancer Treatment

Hope Lodge®

The American Cancer Society Hope Lodge program offers people with cancer and their families a free, temporary place to stay when their best hope for quality care may be away from home. By not having to worry about where to stay or how to pay for lodging, Hope Lodge guests can focus on getting well. Yet, Hope Lodge facilities offer so much more than just free lodging. They provide a nurturing, home-like environment where patients and caregivers can retreat to private rooms or connect with others who are going through similar experiences. For those cities where a Hope Lodge facility is not available, the Society can tell you if there are other resources offering free or low-cost lodging.



“tlc”™ magalog

The “tlc” magalog is the American Cancer Society’s catalog and magazine for women. It offers helpful articles and a line of products made for women fighting cancer. Products include wigs, hairpieces, breast forms, bras, hats, turbans, swimwear, and accessories. You can order by phone at 1-800-850-9445 or online at tlccatalog.org. All proceeds from product sales go back into the American Cancer Society’s programs and services for patients and survivors.



THE OFFICIAL SPONSOR OF BIRTHDAYS.®

cancer.org | 1.800.227.2345

The American Cancer Society is here to help.



Breast Cancer Support

Reach To Recovery®

Our Reach To Recovery program lets you talk one-on-one with a trained volunteer about your breast cancer diagnosis and treatment. The volunteers are breast cancer survivors, so they know the fear and worry that comes with a diagnosis.



Online Cancer Education

I Can Cope®

I Can Cope is a free online educational program for people facing cancer and their families and friends. The program is comprised of self-paced classes that can be taken any time, day or night. Take as few or as many classes as you like. Many topics are offered, such as information about cancer, managing treatments and side effects, healthy eating during and after treatment, communicating with family and friends, finding resources, and more. These free classes are available any time at cancer.org/onlineclasses.



An Online Community of Cancer

Survivors and Caregivers

Cancer Survivors Network™

The Cancer Survivors Network is a free online community created by and for people with cancer and their families. This online community is a welcoming, safe place for people to find hope and inspiration from others who have “been there.” Services include discussion boards, chat rooms, and personal Web space to tell your story, blog, post images, exchange private messages with members, and much more. Connect to the community any time at cancer.org/csn.



THE OFFICIAL SPONSOR OF BIRTHDAYS.®

Health Education Resources

All class fees are subject to change.

Please check your kp.org account, as more of our classes become available for online registration.

| PROGRAM | DESCRIPTION | FEES | REGISTRATION |
|-------------------------------------|---|--|--|
| <i>Life Care Planning</i> | | | |
| Life Care Planning | Life Care Planning begins with choosing someone to speak for you in the event that you are unable to speak for yourself. Your health care agent or family members are encouraged to attend. | No class fee | 415-833-3450, online via kp.org, or ask your provider to register/refer you |
| <i>Healthy Eating</i> | | | |
| Thrive Kitchen | Cooking is one of the most powerful tools you have to improve your health. It's also delicious and fun! Come cook in the Thrive Kitchen with physician and chef, Linda Shiue, MD in a small, hands-on class. | \$30 for members; \$40 for nonmembers | 415-833-3450 |
| <i>Flexibility and Movement</i> | | | |
| Recovering from Breast Surgery | Learn about healing, exercises, and resources related to breast surgery. | No class fee | 415-833-4325 |
| Gentle Yoga | Practice gentle and nurturing poses you can accomplish without strain. The poses are suitable for experienced yoga students, beginners, older adults, and most people with chronic pain or illness. | \$27 for members; \$39 for nonmembers | 415-833-3450 |
| Fitness for Women over 40 | This program combines fitness techniques to help members reap the rewards of a leaner body, more energy, and an overall sense of physical and mental well-being. | \$59 for members; \$92 for nonmembers | 415-833-3450 |
| T'ai Chi Chih: Joy Through Movement | Experience health, well-being, and stress reduction. These 20 simple yet powerful movements are easy and enjoyable to learn, and our course is suitable for both beginning and continuing students, regardless of your age, physical condition, or agility. | \$53 for members; \$77 for nonmembers | 415-833-3450 |
| Qi Gong | Learn to develop energy (qi) and balance your mind, body, and spirit. Help reduce your stress, pain, and symptoms of chronic ailments. | \$45 for members; \$75 for nonmembers | 415-833-3450 |

| PROGRAM | DESCRIPTION | Fee | REGISTRATION |
|---|--|---|---|
| <i>Emotional Wellness</i> | | | |
| Pathways to Emotional Wellness | A great starting point. Learn how your thoughts and emotions can affect your physical wellness. We'll help you learn simple techniques to help you relax, deal with anxiety, and recognize the signs and symptoms of depression. | This is a covered benefit for members; \$22 for nonmembers | 415-833-3450 or ask your provider to register/refer you |
| Managing Your Stress | Emotions, thoughts, and behaviors can affect your health. In this series, you'll learn to recognize the sources of stress in your life and how to manage stress-related symptoms and illnesses. | This is a covered benefit for members; \$110 for nonmembers | 415-833-3450 or ask your provider to register/refer you |
| Oncology Mindfulness & Stress Reduction | This 6-week class is designed to help oncology patients and cancer survivors manage psychological and physical symptoms related to illness and treatment. In this class, we utilize mindfulness and stress management techniques to increase our ability to meet challenges that often accompany a cancer diagnosis. | \$60 for members; \$90 for nonmembers | 415-833-3450 |
| Mindfulness-Based Stress Reduction | A healthy mind and spirit are powerful healing tools for the body. Come learn practices in mindfulness meditation and gentle movement that can help you manage stress, chronic pain, illness, anxiety, and depression. | \$135 for members; \$280 for nonmembers | 415-833-3450 |
| Understanding Anxiety | Learn to identify what triggers anxiety for you as well as ways to manage your symptoms. We'll help you explore your thoughts and compare your fears with reality. You'll also learn techniques to relax, reduce your response to triggers, and think and act assertively. | This is a covered benefit for members; \$110 for nonmembers | 415-833-3450 or ask your provider to register/refer you |
| Managing Depression | Depression is common, real, and treatable. This series explores the causes and effects of depression. You'll learn how to challenge negative thinking, reduce stress, and manage moods long after the class is over. | This is a covered benefit for members; \$110 for nonmembers | 415-833-3450 or ask your provider to register/refer you |
| Acupuncture | It is a method of inserting fine needles into the body at specific points to help promote natural healing, improved sleep, relaxation, and an improved sense of wellbeing. | This is a fee for service appointment. Call for more information. | 415-833-4414 or ask your provider to register/refer you |

Online Resources

| | | |
|---------------------|---|---|
| Cancer Action Guide | Developed by our Oncology providers. This self-care tool can help you manage symptoms and treatment side-effects. | Website Link |
| Cancer Care | Information and resources brought to you by the San Francisco Medical Center | kp.org/mydoctor/ sanfrancisco/cancer |
| Self-Care | Self-care tools, including mindfulness and meditation. | kp.org/selfcare |
| Nutrition | Access online resources and information about nutrition during cancer care. | kp.org/nutrition |
| Healthy Recipes | Access healthy recipes online. | kp.org/recipes |
| Healthy Lifestyle | Take the Total Health Assessment survey and access healthy lifestyle programs. | kp.org/healthylifestyles |
| Listen | Guided imagery programs to help you reduce stress. | kp.org/listen |
| Coping with Cancer | Cancer.net resources on coping with cancer. | cancer.net/coping-and- emotions |
| Guided Meditations | Guided meditations from UCLA. <i>Available in Spanish.</i> | uclahealth.org/marc/ mindful-meditations |

KP.ORG

Kp.org is a great way to stay connected to Kaiser resources and your care team wherever you go. Your kp.org membership gives you access to many tools and tips for healthy living such as podcasts, recipes, and articles.

Visit kp.org anytime, from anywhere, to:

- View most lab results
- Refill most prescriptions
- Email your doctor's office with nonurgent questions
- Schedule and cancel routine (non-specialty) appointments
- Print vaccination records
- Manage a family member's health care

To create an account, go to **kp.org** and click on **Register** in the top right corner. You will need to provide your Medical Record Number, your name, date of birth, phone number, email and mailing addresses. Once you register, download our mobile apps for more convenient access from your smartphone:

My Doctor Online



KP Meds



For assistance with kp.org or mobile apps, visit one of the locations below:

Health Education Department
2241 Geary Blvd
415-833-3450
sfhealthed@kp.org

Healthy Living Center
1600 Owens St.
415-833-3450

Technology & Wellness Center
2238 Geary Blvd, Lobby

Integrative Services

Acupuncture



Kaiser Permanente San Francisco Oncology Department offers an acupuncture program. This is a pilot program treating patients experiencing pain, neuropathy, nausea, and vomiting related to chemotherapy. Some secondary benefits from acupuncture are improved sleep, feeling more relaxed, and an improved sense of wellbeing.

Acupuncture treatments may be given before, during, or after your chemo infusion. During your visit, the Acupuncturist will insert fine needles (approximately as thin as a strand of hair) into various points on your body. After the needles have been inserted, you will be asked to sit and relax for approximately 20 to 25 minutes while the needles are still in place. Afterwards, your acupuncturist will remove and dispose of the needles. The procedure is usually painless, and immediately after treatment patients generally feel less symptoms.

If possible, please wear loose fitting clothes to your appointment, especially pants that can easily be rolled above the knees. Also, try to allot 30 minutes to rest after your treatment before returning to your daily routine.

Please speak with someone from your oncology care team for a referral.

General questions and information:

Please call 415-833-7805

We look forward to serving you!

Oncology Mindfulness and Stress Reduction



This 6-week class is designed to help oncology patients and cancer survivors manage psychological and physical symptoms related to illness and treatment. The goal of this class is to help people live more fully. In this class, we utilize mindfulness and stress management techniques to increase our ability to meet challenges that often accompany a cancer diagnosis, such as pain management, changes in self-image and identity, and the wide range of stressors that arise as a direct or indirect result of a change in health.

Dates and Time

Classes are held once a week for 6 weeks.
Dates and times vary by month.

Location

Kaiser Permanente Mission Bay Campus
1600 Owens St, 1st floor, Healthy Living Center
San Francisco, CA

Registration Required. This is a fee-based class.

For registration or more information, please call
415-833-3450 or email SFHealthEd@kp.org

Getting a Second Opinion

Some patients want a second opinion regarding their diagnoses, treatment options, or other cancer-related issues. You can get a second opinion with a Surgeon, Medical Oncologist, Hematologist or Radiation Oncologist at any Kaiser Permanente facility. Just ask your primary care physician, Surgeon, Oncologist or navigator for a referral.

Your Kaiser Permanente Medical Coverage does not cover the cost of an independently sought second opinion outside of the Kaiser Permanente network. You must self-pay.

For an independent second opinion to a non-Kaiser facility

It is important to find out exactly what medical information the facility will require. Often, they will want to review medical records, laboratory, pathology, radiology reports, along with diagnostic imaging (CT scan, X-ray etc) films, and CDs. There are strict Government rules, HIPAA, which prohibit Kaiser from releasing any medical information without a patient's permission. Signing a medical release form is required.

There is a free second opinion service called The Second Opinion. Call 415-775-9956, email mail@thesecondopinion.org, or visit thesecondopinion.org to find out more.

How to obtain medical records

Complete and sign an Authorization for Use or Disclosure of Patient Health Information form (also known as a Release of Information). You can get these forms from your doctors' office or the Release of Information Medical department.

Take the completed form to the Release of Medical Information department:

Geary campus – 2238 Geary Blvd, 7th floor, San Francisco, CA 94115

Mission Bay campus – 1600 Owens St, 6th floor, San Francisco, CA 94158

Phone #: 1-415-833-3778

Office Hours: Monday-Friday, 9:00am-4:30pm

For copies of diagnostic imaging (X-ray, CT scans) films/CDs

Take the completed authorization form, or a copy, to the Radiology File Room:

350 St Joseph's Ave, Room 23

Phone #: 1-415-833-4995

Open: Monday-Friday, 8:30am to 12:30pm & 1:30pm-4:30pm

For pathology slides

Take the completed authorization form, or a copy, to the Department of Pathology:

350 St. Joseph's Street, First Floor

Phone #: 1-415-833-3870

Office Hours: Monday-Friday, 8:30am-4:30pm



Nutrition and Breast Cancer

Making lifelong changes to follow a *plant-based* diet can reduce the risk of breast cancer development and lower the risk of breast cancer recurrence. No single food or food group can prevent cancer. Combining nutrition and lifestyle changes can lower your risk of breast cancer development or the recurrence of breast cancer.

Foods to eat

Fiber & Antioxidants

Natural fiber from fruit, vegetables, legumes and whole grain foods bind with carcinogens and toxic substances, which can then be eliminated from the body. A high fiber diet also helps bind hormones that may be involved in breast cancer progression.

When adding bread, cereal, rice and other starchy foods in your diet, choose less refined, fiber-rich options.

Aim to consume 25-35 grams of fiber from grains, cereals, legumes, fruit and vegetables every day:

- Choose breads and cereals with 3 grams or more fiber per serving.
- Include whole grains such as: sprouted wheat, oats, barley, quinoa and amaranth, brown rice and whole wheat pasta.
- Add dried beans and legumes to your diet. They are a good source of complex carbohydrates and low-fat protein.
- Fill $\frac{1}{2}$ of your lunch and dinner plates with non-starchy vegetables, such as kale, broccoli, tomatoes, etc.
- Consider including flax seeds to your diet for added fiber.
- If you have not consumed this much fiber in the past, gradually increase your fiber intake to prevent abdominal discomfort. Drink plenty of fluids when increasing fiber intake to prevent constipation.

Omega-3 Fats

These healthy fats play an important role in the formation of cell membranes, hormone-like substances, and your nervous system. They also regulate immune and inflammatory responses. Omega-3 rich foods include salmon, Atlantic herring, trout, mackerel, walnuts, and flax seeds.

Foods to limit or avoid

Refined Carbohydrates

Processed foods are high in refined carbohydrates and sugar can increase Insulin and Insulin-like Growth Factor levels in the blood, which seem to stimulate cancer cell growth.

- It's best to avoid white flour, white pasta, white rice, sugary baked foods, desserts, and alcohol.
- Remember to read food labels and avoid processed foods with ingredients like high-fructose corn syrup, sugar, brown sugar, and cane sugar listed as the first 4-6 ingredients on the ingredient list. These foods are generally high in refined carbohydrates.

Saturated Fat

Saturated fat is found in food from animal sources (meat, whole milk dairy products, butter, cheese, eggs, tropical oils such as coconut and palm oils). This type of fat is also associated with other chronic conditions such as heart disease.

Red Meat and Processed Meat

Studies show red and processed meat consumption is associated with increased risk of some cancers.

- Limit the intake of red meat (beef, lamb and pork) to no more than 12 oz per week, including beef, pork, and lamb.
- It's best to avoid processed meat altogether. Examples of processed meat are bacon, sausage, deli meat, etc.

Trans Fats

Trans fats play a role in some inflammatory responses in the body that lead to cell damage and the development of cancer. Avoid **hydrogenated fat and partially hydrogenated fat** found in margarine and fried foods, and some processed foods such as crackers, cereals, cookies and other baked goods.

Alcohol

Many studies support the fact that regular alcohol consumption may increase the risk of the development of breast cancer. The heightened risk was more pronounced in postmenopausal women and women at risk of developing hormone sensitive breast cancer.

It is therefore recommended that women with a history of breast cancer limit or avoid alcohol altogether.

Tips for fat in your diet

- Include moderate amounts of healthy fats in your diet: cold water fish, flaxseed, walnuts, soybeans, avocados, canola oil, olive oil and olives.
- Avoid foods that contain hydrogenated or partially hydrogenated fat in the ingredients list.
- Limit animal fat and whole milk dairy products, choose low-fat or non-fat milk, yogurt, cheese and cottage cheese.
- Avoid fried food.

Soy

Soy contains various healthful nutrients such as protein, fiber, calcium and B vitamins. It is a source of antioxidants and isoflavones.

Consuming moderate amounts of naturally occurring soy products such as edamame, tofu, tempeh, soy milk, and soy nuts combined with a low fat diet that includes plenty of fruit and vegetables is considered safe.

It is recommended that women at risk of developing breast cancer or for breast cancer survivors avoid high-dose isoflavone supplements or soy supplements, such as soy protein isolate.

Individuals with Estrogen Receptor Positive breast cancer should limit natural soy foods to 1-3 servings per day. 1 serving is:

- 1 cup soy milk
- 1/2 cup cooked soy beans or tofu
- 1/3 cup or 1 oz. soy nuts

Lifestyle and Nutrition Factors

Physical Activity

Research indicates that women who engage in regular physical activity have a reduced risk of breast cancer compared to women who are less active. Physical activity after the diagnosis of breast cancer may also reduce the risk of death from the disease. Women diagnosed with hormone receptor positive breast cancer appear to get greater benefit from regular physical activity.

Regular physical activity may play a role in cancer prevention as it improves insulin sensitivity and help with weight management.

Healthy Weight

Overweight and obesity has a strong association with an increased risk of breast cancer development in pre and postmenopausal women. There is a strong link between overweight and obesity at the time of diagnosis, weight gain after the diagnosis of breast cancer, and recurrence of breast cancer.

Obesity in general is associated with many other health problems such as diabetes and heart disease.

By achieving and maintaining a healthy weight, women can reduce their risk of developing these chronic conditions, breast cancer and reduce their risk of cancer recurrence if they have a history of breast cancer.

Antioxidants & Others

Vitamins A, C, E, Selenium, lycopene and beta-carotene are all antioxidants found in fruit and vegetables, which prevent oxidative damage in body cells. By including a variety of fruit and vegetables, nuts and seeds, soybeans and vegetable oils daily in your diet, you can optimize your intake of these nutrients.

Persons undergoing chemotherapy or radiation therapy are advised not to use high dose antioxidant supplements during the course of their treatment as these could potentially interfere with the efficacy of treatment.

Antioxidant consumption through food and a basic daily multivitamin supplement is considered safe.

Overview

Try to choose wholesome, minimally processed foods more often. A healthy and balanced diet should include the following:

- Vegetables: aim to fill ½ of your plate (lunch and dinner) with a variety of colorful non-starchy vegetables
- Fruits: aim to have 2-3 servings of fresh fruit per day
- Starches: choose whole grains such as brown rice, whole-wheat bread, pasta, oatmeal, and tuber vegetables
- Protein:
 - Choose plant-based protein such as beans, lentils, and tofu more often
 - When choosing animal protein, choose lean protein such as chicken without skin, fish and other seafood\
 - Limit red meat to no more than 12-18 oz per week
 - Avoid processed meat
- Dairy: choose low fat or nonfat dairy.

Try to avoid fast food and foods and beverages high in added sugar and fat.

Adapted from the Kaiser Santa Clara Diet and Breast Cancer Handout

Edited by Alyssa George, MA, RD, CNSC, RD III, updated by Eunice Y. Wong, MS RD CDE



Nutrition Clinic

Welcome to the Nutrition Clinic! We are staffed by a group of registered dietitians who have completed postgraduate training and are dedicated to serving members who need medical nutrition therapy or specialized nutrition advice.

A referral from a health care provider is required to schedule an appointment.

Our Location

Kaiser Permanente San Francisco
2241 Geary Blvd, 1st floor
San Francisco, CA 94115
415-833-3450

Office Hours

Monday – Friday 9am – 5pm
Closed for lunch 12:30pm – 1:30pm

Thrive Beyond Cancer: Nutrition



Have all your nutrition questions answered by a Registered Dietitian.
This class is designed for patients who have completed active treatment.

Topics

- AICR 10 Recommendations
- Sugar? Soy? Dairy? Organic?
- What About Antioxidants, Phytochemicals
- Plant-Based Diet
- New American Plate

Dates and Times

1st Tuesday of every month
4:00pm – 5:00pm

Location

2238 Geary Blvd, 8th Floor SE
Topaz Conference Room

Please call 415-833-6352 for registration.



Learning about Breast Cancer

Breast cancer starts in the breast. The breast lays on top of your chest muscles and is made up of:

- Fibrous and fatty tissues to keep your breasts filled out.
- Lymphatic system and lymph nodes to draw out and filter the fluid from the breast tissue and help fight infection.
- Mammary glands (lobules) to produce milk when breastfeeding.
- Ducts to carry milk to the nipple during breastfeeding.
- Blood vessels, connective tissue, and ligaments to provide blood and support to the breast.
- Nipple and areola

Cancer develops when normal cells in the breast change and grow abnormally.

In some cases, this cancer might spread to other area, such as:

- Blood vessels and lymph nodes in the chest and under the arms.
- Other parts of the body (metastatic cancer).

Treatment may include surgery, radiation therapy, chemotherapy, pills to block your hormones, and other methods. Your treatment plan is created just for you. It may be different than the plan for someone else with breast cancer.

By understanding what to expect, you can

- Make informed decisions about your care.
- Become familiar with how to cope with the disease.

We know a cancer diagnosis can be overwhelming. We're here to give you the best care possible.



Surgery

Surgery removes cancer from the breast. Types of breast cancer surgery include:

- Lumpectomy, to remove the cancer and some surrounding tissue as part of your breast conservation therapy (BCT).
- Mastectomy, to remove the entire breast.
- Sentinel lymph node biopsy or axillary lymph node dissection, to sample and remove lymph nodes that may have cancer and to help determine the stage of the cancer.
- Breast reconstruction.

Surgery is usually an important part of breast cancer treatment. We know facing surgery can be stressful. It can help to understand what to expect so you can make informed decisions about your care and have a successful recovery

Lumpectomy (breast-conserving surgery)

During lumpectomy, the cancer is removed from your breast. We also remove an area of normal tissue (called the margin) that surrounds the tumor.

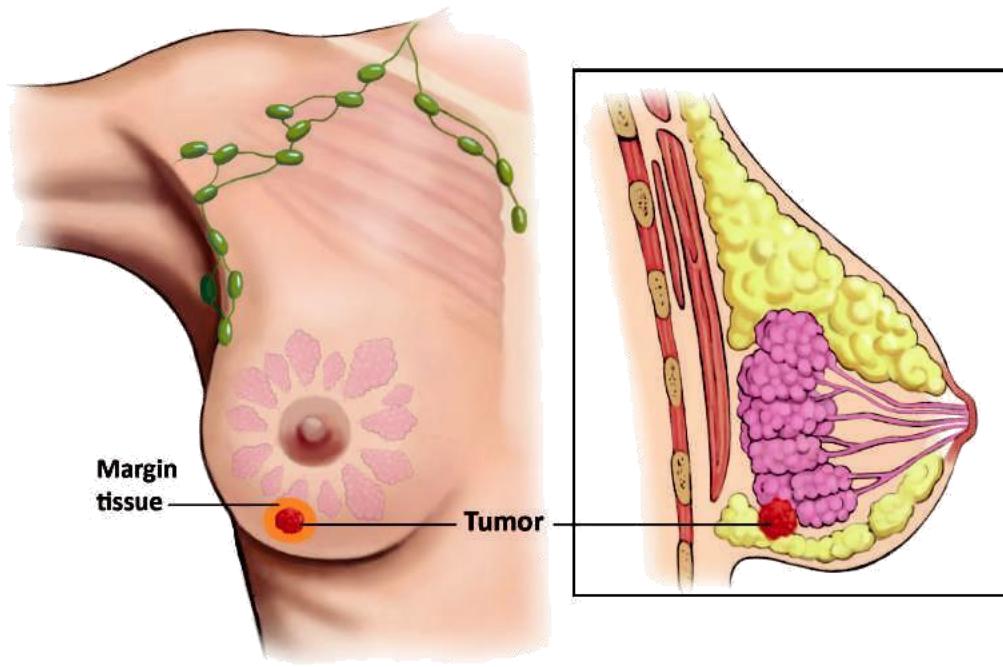
Often, breast cancer cannot be felt. If this is the case, a radiologist uses a mammogram or ultrasound to locate the tumor. They will mark the spot with an implanted device or thin wire that will be removed with the specimen.

During the lumpectomy, you will get medicine to make the operation as comfortable and safe as possible. Your options for the medicine include:

- Sedation and local anesthesia, to help you relax and to numb the surgical area.
- General anesthesia, to make you fall asleep completely.

You should be able to go home the same day you have surgery.

Learn more about lumpectomy at
kpdoc.org/lumpectomyemmi.



Margin tissue is the normal tissue that surrounds a tumor. A pathologist examines this tissue sample from your lumpectomy to see if there are cancer cells.

- Negative margins mean there is no cancer in the surrounding tissue.
- Positive margins show cancer cells. We might need to remove more tissue to get cancer-free margins at a second operation.

Sentinel lymph node biopsy (SLNB)

The sentinel lymph nodes are the first lymph nodes that drain the breast. These are the lymph nodes that a cancer might spread to after breaking away from the cancer in the breast. We identify these nodes by injecting blue or radioactive dyes into the breast. This dye flows to the lymph nodes, causing them to turn blue or radioactive.

These nodes are removed with a sentinel lymph node biopsy to determine if your cancer has spread.

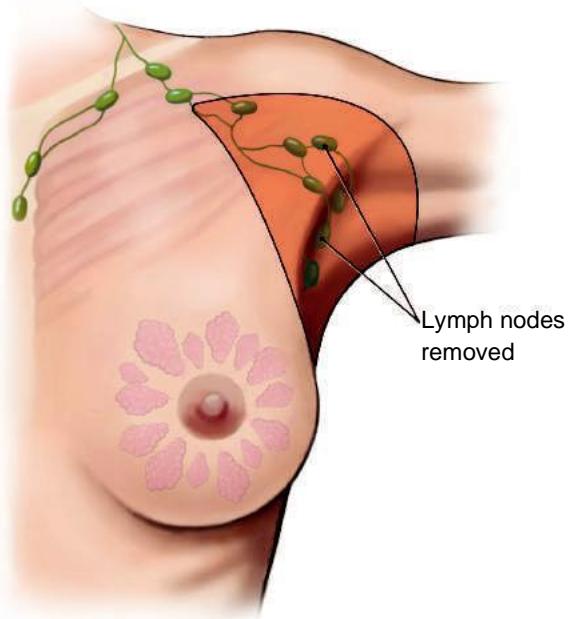
A sentinel lymph node biopsy can be done at the same time as a lumpectomy or a mastectomy.

It may be done through a separate incision under the armpit.

Axillary lymph node dissection (ALND)

If cancer has spread to a lymph node in your armpit, we may need to do an axillary lymph node dissection. This procedure helps us determine how many nodes are involved and the cancer stage. In an axillary lymph node dissection, we typically remove more than 10 lymph nodes from the fatty tissue in the armpit. We'll place a drain to remove fluid that collects in the area after surgery. You will go home with this drain.

An axillary lymph node dissection can be done at the same time as a lumpectomy or mastectomy, but may be done as a separate operation.



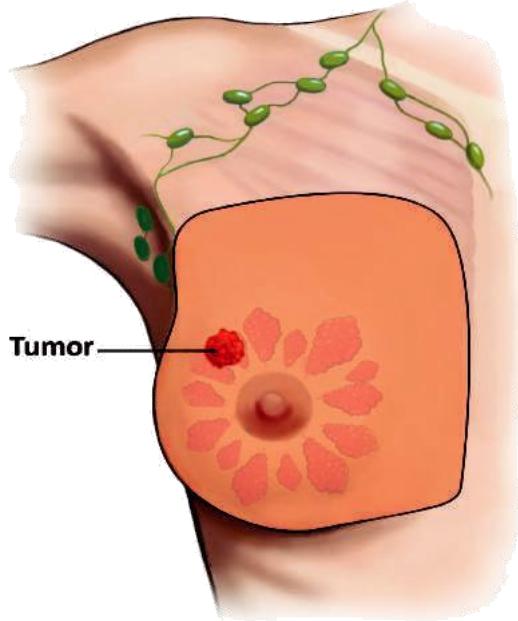
Mastectomy

Mastectomy is surgery to remove nearly all your breast tissue. A mastectomy might be recommended when you have:

- A large cancer
- Multiple cancers in a breast
- A large part of your breast affected by cancer
- A genetic change that places you at a high lifetime risk for developing another breast cancer

You might also choose to have this surgery after considering all of your treatment options. There are several types of mastectomies that differ on how much skin is removed. Your team will help determine which type may be best for you.

You will have general anesthesia during surgery. After surgery, you'll go home with a drain in place to remove excess fluid at the surgical site. Most patients go home the same day.



Prophylactic mastectomy

This surgery removes one or both breasts even when there is no evidence of cancer. You might choose this option to reduce your chance of developing future breast cancer, especially if you have a very high risk of developing another breast cancer because of your family history or genetic makeup.

It is important to understand that breast cancer does not spread from one breast to the other. Removing a normal breast does not guarantee you will not get cancer in the future. We encourage you to talk with your doctors before making this decision.

Learn more about mastectomy at
kpdoc.org/mastectomyemmi.

Breast reconstruction

If you decide to have a mastectomy, you will be referred to the plastic surgeons to discuss breast reconstruction. A plastic surgeon will rebuild your missing breast(s). It can be a positive step in improving self-confidence and reclaiming what you may feel you lost to cancer.

In clothing, your breasts will look similar. Without clothes, you may notice:

- Scars from surgery.
- Little to no feeling in the new breast. It might also feel different to others who touch your breasts.
- The shape is different than your original breast.

If your treatment requires radiation, it's important to know that radiation may limit the types of breast reconstruction that can be done and may affect the look of the breast after reconstruction, whether the radiation has been given before or after the reconstruction.

Types

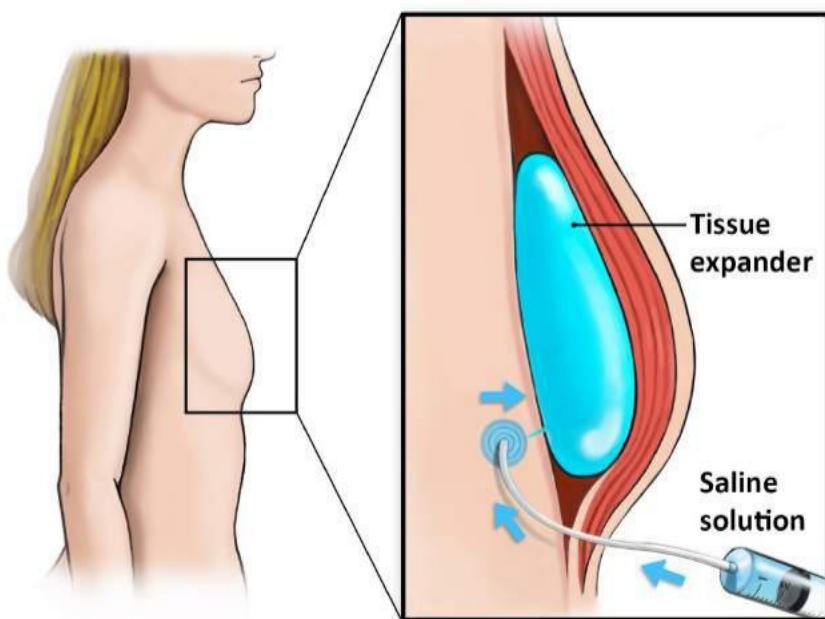
Breast reconstruction may include the following types.

A balloon-like device (tissue expander or breast implant). If an expander is placed under the mastectomy skin flaps, it will be inflated over time to stretch your skin. A few months later, it's replaced with a silicone gel or saline-filled breast implant. Sometimes, a saline or gel-filled breast implant can be placed under the mastectomy skin flaps, which doesn't require replacement.

Transfer of a flap. Skin with soft tissue and muscle is rotated from your abdomen or back to form the breast. Free flaps involve complete removal of skin and soft tissue from your lower abdomen, inner thigh, or bottom. It's reattached to your chest wall to create a breast mound, using microvascular surgery techniques.

Creation of a nipple and areola. This is usually performed using breast skin after the breast mound is reconstructed. While the appearance is similar to a nipple areolar complex, it won't match a normal nipple areolar complex nor have sensation, function, or the same kind of projection as a natural nipple. Sometimes we can save your own nipple and areolae. Talk with your breast surgeon and plastic surgeon and decide if this is a good option for you.

Dermal pigmentation, or a tattoo. This creates a more natural color for the reconstructed nipple areolar complex.



Side effects

People respond and recover differently from surgery. You may have one or more of the following side effects:

- Pain. You may need pain medicine for a few days or longer.
- Fluid buildup at the surgery site (seroma).
- Fatigue.
- Skin scars and discoloration.
- Firmness or hardening from scar tissue around the implant (capsular contracture).
This can result in the need for more surgery.
- Numbness.
- Breast symmetry problems with lumpectomy or even with breast reconstruction.
The reconstructed breast will not completely match the other breast and may not change with age and weight changes, unlike a natural breast.
- Difficulty accepting the appearance of your physical changes.

Talk with your care team if you have side effects. We're here to offer you helpful resources.

Making the choice

You don't have to decide about reconstruction right away. Sometimes we will recommend that you:

- Begin the reconstructive process at the time of mastectomy (immediate breast reconstruction).
- Delay reconstruction until later in your care (delayed reconstruction.)

Breast reconstruction can be done any time, even many years after your mastectomy. Plastic surgeons sometimes can work with your breast surgeon to optimize the results of lumpectomy (called breast conservation surgery or treatment). You may need multiple procedures over 1 year to complete your breast reconstruction.

It can be challenging to adjust to these changes. We encourage you to talk with your care team about your options. It can also help to share your feelings with your intimate partner before deciding.

Learn more about breast reconstruction at
kpdoc.org/breastreconstructionemmi.

Postsurgery garments

Women who have a mastectomy without reconstruction will usually receive:

- Breast surgery camisoles
- A breast prosthesis (artificial breast form)
- Prosthetic bras that hold the breast forms in place

Breast surgery camisoles are soft undershirts that can be worn immediately after surgery. They can be used to help with the adjustment period after surgery and before you're fitted for a breast prosthesis. They come with soft breast forms and pockets to hold the surgical drain.

If you choose to not have reconstruction surgery, you can use a breast form to create the appearance of a breast shape. There are many sizes, shapes, and weights of breast prostheses. They are made with silicone gel, foam, or fiberfill interior.

Your breast care coordinator will provide you with a prescription and a list of places where prosthetic breast forms and prosthetic bras can be purchased.

Recovering from surgery

With mastectomy or lumpectomy, you'll receive detailed postoperative care instructions. After your surgery, you'll have a postoperative appointment or phone call with your surgeon or a clinician working with your surgeon to:

- Check how your wound is healing.
- Review your pathology report.
- Discuss the next steps.

Our goal is to make sure you heal as quickly and painlessly as possible. Each person recovers at a different pace. You may be able to return to work in a few days or several weeks, depending on the kind of surgery performed, the work that you do, and your recovery. If you're instructed to limit arm movement, it's important to keep from moving or lifting with the affected arm, except for gradual, stress-free movement.

Lymphedema

Some women may develop lymphedema after having breast cancer surgery. Lymphedema is swelling in the arm or chest caused when the lymphatic system does not work properly. When lymph nodes are surgically removed or radiated, it is more difficult for the lymphatic system to do its job.

Lymphedema can develop at any time, shortly after your cancer treatment or later. Not every person develops lymphedema. It's important not to use your arm too much or too soon after surgery, as this may contribute to the development of lymphedema.



Watch for signs of lymphedema as you begin to use your arm, including:

- Swelling
- Heaviness
- Aching
- Fatigue
- Numbness
- Tingling

If you think you're developing signs of lymphedema, we'll refer you to a lymphedema physical therapist to help manage the symptoms. Lymphedema is managed with:

- Compression garments
- Manual lymphatic drainage
- Specific exercises
- Skin care

Post breast therapy pain syndrome

Some women experience pain after breast cancer surgery. This may go on for months or years after surgery. While bothersome, it's a normal part of the healing process as your nerves repair themselves.

You may feel aching, tingling, tightness, and burning. This can happen on the chest wall or in the remaining breast tissue. It can also radiate to the back, the shoulder, and down the arm. You may also experience a sharp pain that quickly comes and goes.

If you have these symptoms, let your cancer care team know. Pain relievers like nonsteroidal anti-inflammatories (ibuprofen or naproxen) and hot/cold compresses can help. Sometimes, we may prescribe an ointment, cream, or medication to help decrease the pain.



Sentinel Lymph Node Biopsy

Breast cancer surgery usually involves removal of one or more lymph nodes in the armpit (axillary) area. Some women require an axillary dissection, which removes the majority of the lymph nodes on the affected side. Others are candidates for a sentinel lymph node biopsy instead, a procedure in which only a few (usually 1-3) nodes are removed. The purpose of lymph node surgery is to determine whether cancer has spread to the lymph nodes, and to remove the cancer from the area if it has spread.

What are lymph nodes?

The lymphatic system is a part of the immune system and is composed of small round structures called lymph nodes, connected by channels called lymphatic vessels. Lymphatic fluid flows through these vessels and nodes. Lymphatic fluid bathes most of the cells of the body, providing oxygen and nutrients, and picking up waste products. Lymph nodes contain white blood cells called lymphocytes, which monitor for the presence of foreign substances, such as bacteria and viruses. Groups of nodes are located in the neck, underarms, chest, abdomen, and groin. The underarm, or axilla, typically has at least 20-40 lymph nodes.

What is a sentinel lymph node?

The sentinel node is the first node to which an organ drains lymphatic fluid. Because it is the first node, this is the node to which tumor cells are most likely to spread. Finding sentinel lymph node does not mean that they have cancer in them. There can be more than one sentinel node.

What is a sentinel lymph node biopsy?

A sentinel lymph node (SLN) biopsy is a surgical procedure to determine whether or not cancer cells have spread to the lymph nodes. On the day of surgery, a small amount of tracer is injected into the breast. This can either be blue dye or a radioactive substance, or both. The radioactive substance is usually technetium-99 and is safe even for pregnant women. This tracer travels through the lymphatic channels to the first node draining the breast, the sentinel node. During surgery, the surgeon makes a small incision in the armpit area, identifies lymph nodes that are either blue and/or radioactive, and removes the whole lymph gland.

If cancer is found in the SLN, the surgeon might need to remove more lymph nodes, depending on what other treatments are planned. The SLN biopsy is usually done at the same time as the breast surgery.

What is the purpose of removing lymph nodes?

Removing lymph nodes helps to obtain an accurate cancer stage, which is important for treatment decision and prognostic information. Additionally, if there is tumor in the axilla, removing it is important to prevent tumor from growing there. Although tests such as ultrasound, or even a needle biopsy of a lymph node may be performed before surgery, removal of the entire node is the most accurate method for detecting tumor.

What is the benefit of SLN biopsy?

Historically, most of the lymph nodes in the axilla were removed in a procedure called axillary dissection. SLN biopsy allows women to avoid axillary dissection if the SLN has no tumor.

What are the drawbacks of SLN biopsy?

SLN biopsy has a lower chance of complications than complete axillary dissection. However, all lymph node surgery can have adverse effects. The potential harmful effects include:

- Lymphedema, or tissue swelling. Disruption of lymphatic flow can cause swelling in the arm due to an abnormal buildup of lymphatic fluid. Physical therapy can help treat this, as can compression garments. When lymphedema occurs, it causes an increased risk of infection in the affected limb. Very rarely, chronic lymphedema can cause a cancer of the lymphatic vessels called lymphangiosarcoma. The risk of lymphedema with a sentinel node biopsy is 5-7%. The risk of lymphedema after axillary lymph node dissection is 20%.
- Seroma, which is a buildup of fluid at the site of surgery. This might require a procedure to drain the fluid.
- Numbness, tingling, or pain, which is usually temporary.
- Difficulty moving the affected body part.
- False negative biopsy result. Although uncommon, a SLN may appear to be negative even though there are cancer cells in the lymph nodes.
- Allergic reaction to blue dye.

What are some major research studies about SLN biopsy?

Krag DN et al. Sentinel lymph node resection compared with conventional axillary lymph node dissection in clinically node negative patients with breast cancer: overall survival findings from the NSABP B-32 randomized phase 3 trial. Lancet Oncology 2010.

Giuliano AE et al. Axillary dissection vs no axillary dissection in women with invasive breast cancer and sentinel node metastasis: a randomized clinical trial. JAMA 2011.

Source: <https://www.cancer.gov/about-cancer/diagnosis-staging/staging/sentinel-node-biopsy-fact-sheet>



Surgery Department

We provide a full range of services, which include comprehensive general surgery services and specialty skills in thoracic, vascular, plastic, colorectal, endocrine, and oncologic surgery. All surgeons within the department are board certified by the American Board of Surgery, with extensive training and experience to perform a wide range of procedures for a variety of conditions.

All members of the department team, including medical assistants, receptionists, registered nurses, licensed vocational nurses, and surgeons, are dedicated to providing quality surgical care tailored to the specific needs of each case.

Our Location

Kaiser Permanente San Francisco Medical Offices

2238 Geary Blvd, 2nd floor

San Francisco, CA 94115

Main Surgery line: 415-833-3385

Breast Care Navigator: 415-833-3320

Office Hours

Monday – Friday 8:30am – 5:30pm

Closed for lunch 12:30pm – 1:30pm

Prepare for Your Procedure

Now you can get answers to your questions about your surgery or procedure online.

Click on the video you would like to watch, and you will be redirected to the MyDoctorOnline website. Sign in using your kp.org log-in information or use the temporary access link.

“Prepare for Your Procedure” videos

Anesthesia

- [Anesthesia for an Adult](#)

Breast Biopsy

- [Surgical Breast Biopsy for Diagnosis](#)
- [Needle Breast Biopsy for Diagnosis](#)

Breast Surgery

- [Breast Reconstruction](#)
- [Lumpectomy](#)
- [Mastectomy](#)
- [Closed Bulb Drains](#)

Cancer Treatment

- [Chemotherapy](#)
- [Radiation Therapy](#)

Pain Management

- [Managing Pain at Home, Opioid Safety, Acute](#)
- [Managing Pain in the Hospital](#)

Hospital Stay

- [Patient Safety](#)
- [What to Expect During Your Hospital Stay](#)

Breast Cancer

- [Surgical Treatment Options for Ductal Carcinoma in SITU](#)
- [Treatment Options for Early Stage, Invasive Breast Cancer](#)

Other videos your doctor may recommend you to watch:

- [Breast Augmentation with Saline-filled Implants](#)
- [Breast Augmentation with Silicone Gel-filled Implants](#)
- [Breast Reduction](#)
- [Subclavian Venous Access Port](#)

Day of Surgery

Needle Localization

Mammography Department is located at 2238 Geary Blvd, 3rd Floor. This procedure will take 45 minutes to an hour. Numbing medication will be injected into the breast, and with the aid of mammography, the radiologist will insert a wire or marker internally. Mammography Department will provide instructions to the hospital, a map, and a shuttle schedule.

Hospital

Located at 2425 Geary Blvd. First, stop at the Security Desk in the lobby; tell them where you're going. Then, take a few steps to the admitting office.

Admitting Office

If you have not pre-registered, you'll sign consents, pay a co-pay, and they'll place an ID bracelet on you.

Nuclear Medicine

Located at the Hospital, 2nd Floor. This appointment will take about 30 to 45 minutes. Nuclear material will be injected into the breast. It will travel to the sentinel lymph node, which will be removed during surgery and biopsied. Nuclear Medicine uses a refrigerant spray to numb the breast prior to the injection. If this is not offered, ask for it.

Ambulatory Surgery Unit

- Located at the Hospital, 4th Floor. When you get off the elevator, turn right, look for the ceiling sign saying "ASU" at the end of the hallway. You can bring up to two family members with you. The nurse assigned to you will first ask your name, date of birth, Kaiser Permanente medical record number, and what surgery you're having. This is a safety precaution.

- You will put on a hospital gown and socks with treads on the bottom, so you don't slip. Your clothes will be stored in a secure locker. If you're chilly, ask for heated blankets. The nurse will start an IV in your arm opposite the surgery side: just fluids to keep you hydrated.

- When it is time for your surgery, your family can wait in the waiting area on the 4th floor and/or give their contact numbers to the ASU nurse, who will call them when your surgery is over.
- Some patients may be wheeled to the pre-surgery area, where they will meet the anesthesiologist who will be present through the whole procedure. If this applies to you, monitoring equipment, such as an EKG, automatic blood pressure cuff, and other equipment to watch vital signs will be attached. Before going into the operating room, the anesthesiologist will deliver medication into your IV line to help you relax. You might begin to feel sleepy and fall asleep. When you wake, the surgery will be over.

You'll wake up in one of the recovery rooms below:

PACU: Post Anesthesia Care Unit

The nurses here will monitor your vital signs every 15 minutes for at least an hour to make sure you're waking up in a timely manner. Visitors are allowed at the bedside for 5 minutes once an hour. When the nurse says you're ready, you will be taken to:

Ambulatory Surgery Unit

Family can be with you again. The nurse will have you sit elevated on the hospital bed or in a recliner chair. You will be asked to drink plenty of fluids. The nurse will continue to monitor you for the next 1 to 2 hours. The nurse will slowly remove the monitoring equipment one piece at a time. When you are ready to go home, the nurse will ask you to use the bathroom to urinate. This is why they wanted you to drink plenty of fluids. You will sit in a wheelchair and wheeled to the main hospital entrance, where you'll be picked up by an awaiting vehicle, with someone to take you home. If you are taking a taxi or App-supported ride, you must have someone accompany you, not just the cab driver.

Be prepared to be at Kaiser Permanente for 6 to 8 hours from the time you first arrive.

Your Hospital Room

Family can be with you again. The nurse will take care of your drain(s). You can have a family member or friend stay overnight with you. Discharge usually happens before lunch. You'll have to sit in a wheelchair and be wheeled to the main hospital entrance, where you'll be picked up by an awaiting vehicle, with someone to take you home. If you are taking a taxi or App-supported ride, you must have someone accompany you, not just the cab driver.

Breast Surgery After Care

If you had lumpectomy or mastectomy with breast reconstruction, please refer to “Before, During and After Plastic Surgery” on pages 60-63 for post-op instructions.

| Surgery | Activity | Wound Care |
|------------|---|---|
| Lumpectomy | <ul style="list-style-type: none">Apply an ice pack to prevent swelling for 5-10 minutes every hour for the first 24-48 hours. Cover the ice pack with a towel or cloth.Wear the post-op sports bra 24/7 for at least 1 week.Avoid activities with vigorous arm movements or bouncing (jogging, aerobics) for 2-3 weeks.Walking is encouraged to increase blood flow and help prevent pneumonia and constipation.Do not lift more than 10lbs (4.5kg) with your affected arm until cleared by your surgeon.Begin post-op arm exercises when approved by your surgeon. | <ul style="list-style-type: none">If you have gauze and Tegaderm dressing, shower daily. Remove outer Tegaderm dressing in 48 hours after surgery. Underneath the gauze, you have steri-strips (white tapes on incision). They will start to fall off on their own in 1-2 weeks.If you have surgical glue dressing, no shower for 24 hours, unless advised otherwise by your surgeon. <u>Do not peel surgical glue off</u>. Pat dry after shower.Do not soak your incision under water for 2-3 weeks. |



| Surgery | Activity | Wound Care |
|------------|---|---|
| Mastectomy | <ul style="list-style-type: none"> • Do NOT put ice or heat packs on your breast/chest wall. • Do not lift your affected arm over your shoulder until cleared by your surgeon. • Do not lift more than 10lbs (4.5 kg) until cleared by your surgeon. • Rest your affected area, with only gentle shoulder exercise and light normal activity. • Avoid activities with vigorous arm movement or bouncing (jogging, aerobics) for at least 4-6 weeks after surgery. • Your surgeon will let you know how soon you can start exercising after drain removal. • Gentle walking is encouraged to increase blood flow and help prevent pneumonia and constipation. • Do not drive until cleared by your surgeon. | <ul style="list-style-type: none"> • Empty drains twice a day and record the output. Bring this record with you to your next surgery appointment. • If surgical drain output is more than 30 mL per hour, call Surgery department 415-833-3385 or advice nurse line 415-833-2200. • If you have an Ace wrap, check with your surgeon for when to remove it. Do not keep it on for more than 48 hours. • Keep bandages and incision clean and dry. Getting bandages wet can result in a pool of fluid against the skin, which can then lead to complications. • Your surgeon will instruct you on when you can shower (generally after drain removal). • You may take a sponge bath without getting the bandages and incision wet. |

Breast Surgery After Care: General Guidelines

You may or may not be sore after breast surgery, but most people are relieved to find it is less painful than expected.

Here are some guidelines to prevent complications and help your healing.

- You may take Tylenol (Acetaminophen) 500mg or your prescribed pain medication as needed. Do not take more than 3000mg of Tylenol (Acetaminophen) within a 24-hour period.
- Sleeping on your back (flat or slightly elevated with a pillow) can help with swelling.
- Start walking the day of surgery. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Take 10 full deep breaths every hour you are awake to help prevent fluid build-up in the lungs
- Avoid direct pressure on your chest or rapid arm movements such as scrubbing.
- To avoid constipation after surgery, have plenty of fluid and fiber. You may take Colace, Miralax, milk of magnesia, or your prescribed constipation medication as needed.

Please call the Surgery Clinic or go to the Emergency Department as soon as possible if you have any of the following:

- Increasing swelling, redness, or pain in the breast
- Pus-like drainage from the breast
- Fever greater than 101°F (38.3°C)
- Excessive bleeding post-op (ie: bandages become soaked with blood)

Go to the Emergency Department right away, if you experience either of the following:

- Unrelenting pain in your arms and legs, especially the lower leg
- Shortness of breath

For any post-op questions please call:

- Surgery Clinic: 415-833-3385 (Monday – Friday, 9am – 5pm);
- Advice Nurse (24/7): 415-833-2200 or 415-833-8129 (TTY for the hearing/speech impaired)

If you think you have an emergency medical condition and you cannot safely go to a Kaiser Permanente hospital, call 911 or go to the nearest hospital. Emergency services are available at Kaiser Permanente Hospital Emergency Department 24 hours a day, 7 days a week.

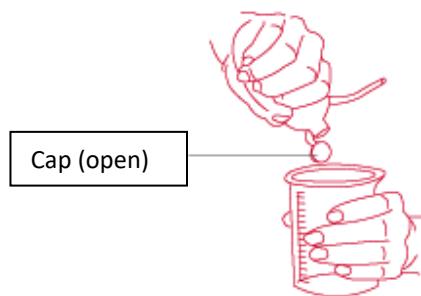
How to Empty Your JP Drain

After surgery, you will have a drain(s) called a Jackson-Pratt (JP) drain. This device suctions and collects fluid from your surgical area. The drain promotes healing, recovery and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. While you are hospitalized the nursing staff will care for the drain and teach you to continue to do so at home.

If you had breast surgery without reconstruction, your drain will be removed when the amount of fluid collected measures approx..25-30ml per 24 hours for 3 days.

If you had breast reconstruction, your plastic surgeon will advise you when the drain should be removed.

- **Wash your hands thoroughly with soap before emptying your drain (s).**
- **Have the plastic measuring cup from the hospital ready to collect and measure the drainage.**



- **Open the cap of the drain, turn the drain upside-down and squeeze the contents of the bulb into the measuring cup. Be sure to empty the bulb as completely as possible.**
- **Then squeeze all the bulb flat. While the bulb is flat, put the top cap back onto the bulb.**



Squeeze air out of bulb
before closing cap

- **Measure how much fluid is collected, write the amount on your drain chart. If more than 30ml per hour, call the Surgery Nurse line.**
- **Flush the fluid down the toilet.**
- **Wash your hands thoroughly with soap.**
- **You can clean the outside by wiping it with an alcohol wipe. Be sure to keep the cap closed when cleaning the outside.**
- **Do not clean the inside of the drain. The inside does not have to be cleaned.**

Watch the JP Drain Emmi video here:
<https://mydoctor.kaiserpermanente.org/ncal/healthtools/#/?id=1180116>



Please call the Surgery Department for questions or concerns **415-833-3385**

Jackson-Pratt Drainage Record

For any questions, please call Surgery Department at 415-833-3385.



Breast Reconstruction

The following pages provide general information related to breast reconstruction for informational purposes only. Patients should always consult with their plastic surgeon for medical advice and specific information related to treatment.

Breast reconstruction is an option for women who have had a mastectomy because of breast cancer. The procedure, done by a plastic surgeon, attempts to rebuild your breast and nipple to near its normal shape.

There are several reasons why a woman may want to have breast reconstruction including:

- Avoiding wearing an external prosthesis (bra insert).
- Having a natural-looking breast.

If you're considering breast reconstruction, your newly shaped breast can be formed with:

- A breast implant
- Your own tissue (called a flap)
- A combination of these

If you choose to have breast reconstruction, we'll discuss:

- When you can have surgery.
- Length of your recovery.
- Realistic expectations about the look and feel of your reconstructed breast.

You may be able to begin the reconstruction process at the same time (immediate) as your mastectomy, or it can be done later (delayed). You may also choose not to have surgery.

Most women can have breast reconstruction. However, it may not be the best choice if you are overweight (body mass index or BMI greater than 30), smoke, have diabetes or high blood pressure, are in poor health, or have advanced cancer.

If you have very large breasts and early disease, your care team may recommend a lumpectomy. If you're healthy, you might be a candidate for a breast conservation operation, which can be done with breast reduction.

Types

Types of breast reconstruction include breast implant and flap surgery. Breast implant surgery places a saline- or silicone-filled implant into your breast. Flap surgery takes tissue from another part of your body and uses it to create the outer form of a breast.

Implants

The most common breast implants have a round shape made from a silicone shell filled with saline (salt water) or silicone gel. Studies by the Food and Drug Administration have found both types safe. Your care team will recommend the best implant for you.

Breast implants may be placed at the time of your mastectomy (immediate) or later (delayed). Immediate placement may not be recommended if radiation therapy is part of your treatment plan. Radiation can cause the skin and tissue to become discolored or damaged.

Breast reconstruction with implants usually requires 2 operations:

- The first operation places a temporary breast implant called a tissue expander either under or over the chest muscle (pectoral).
- The second removes the expander and inserts the final implant.

You will also have multiple office visits over several weeks or months for gradual filling of the tissue expander with sterile saline solution. This process is similar to slowly inflating a balloon and is done by inserting a needle through your skin into a small valve in the expander.

Before choosing breast implants, you should consider these factors:

- Implants don't last a lifetime. You may require additional surgery to replace the implant.
- The sizes of both saline and silicone implants can be changed but may require additional surgery.
- Implants can break (rupture).
- Scar tissue may form around the implant, which can change its shape and cause pain.
- You may not like the appearance of your new breast.

When choosing between saline- and silicone-filled implants, you may want to consider the following:

- If rupture occurs, saline is absorbed by your body, while the silicone gel may be contained in the scar tissue or capsule around the implant or may leak out.
- Silicone usually has a more natural look and feel than saline.

Tissue flap

Flap procedures take tissue from one part of your body and use it to create a new breast shape more like your natural breast. The new breast can enlarge or shrink as you gain or lose weight. In addition,

unlike implants, there is no worry about replacement or rupture.

The 2 most common tissue flap procedures are:

- TRAM flap (transverse rectus abdominis myocutaneous) or DIEP (deep inferior epigastric perforator flap), which moves tissue from your abdomen.
- Latissimus dorsi flap, which uses tissue from your back.

The TRAM flap procedure uses the skin, fat, blood vessels, and muscle from the abdomen to create the breast. It may decrease the strength of your abdominal muscles and cause a tightening of the lower abdominal skin. The DIEP flap uses fat and skin from the same area (abdomen) as the TRAM flap, but with much less or no muscle.

The Latissimus dorsi flap uses skin, fat, muscle, and blood vessels from your midback that are placed under the armpit and the breast area. You may still need an implant with Latissimus dorsi flap to provide the breast size you are looking for.

There are other free flap procedures, which depend on the area and specific blood vessels used, including:

- Lower abdomen, or DIEP or SIEP/SIEA
- Buttock, or SGAP or IGAP
- Back, or TDAP
- Inner thigh, or TUG

All flap procedures are major operations that include increased operating times and involve staying in the hospital after surgery. They also include increased risk of complications, including failure of the transferred tissue to survive, and a longer recovery time than breast reconstruction with implants. We'll discuss with you if a flap procedure is right for you, and recommend which procedure is best.

Nipple and areola reconstruction

Nipple and areola reconstruction is optional and usually the final step in breast reconstruction. A separate procedure is done to make the reconstructed breast look more realistic. It can be done as an outpatient procedure under local anesthesia.

Generally, this is done several months after the reconstruction surgery, allowing your reconstructed breast time to heal.

Nipple and areola reconstruction attempts to match the appearance of the original breast. Tissue used to rebuild the nipple and areola may be taken from elsewhere on your body. A tattoo may be used to match the color of the nipple and areola.



Risks

Most women who have a breast removed due to cancer can have reconstructive surgery. However, like any surgery, some common risks of reconstructive surgery include:

- Bleeding
- Infection
- Poor wound healing
- A collection of fluid, perhaps requiring drainage
- Problems with anesthesia
- Possible need to reshape the opposite breast so they look more similar

Additional risks may occur if you have an implant procedure, such as:

- Breast firmness caused by scar tissue
- Implant rupture
- Need for future breast surgery to replace or remove the breast implant

Additional risks may also occur with flap surgery, including:

- Partial or complete loss of the flap
- Problems at the site where tissue was removed (donor site) on the body
- Abdominal wall hernia or weakness with TRAM flaps

Smokers may not be offered reconstructive breast surgery because they may not heal properly. Risk and complication rates are generally greater for smokers.

Removing the normal opposite breast for symmetry is seldom needed in women who don't have an increased genetic risk of developing cancer.

Source: www.mydoctor.kp.org/ncal/structured-content/#/Procedure_Breast_Reconstruction_-_Plastic_Surgery.xml

Before, During, and After Plastic Surgery

Before your surgery

Do not take aspirin, aspirin-containing products, ibuprofen (e.g. Advil, Motrin), naproxen (e.g. Aleve), fish oil, or Vitamin E for 2 weeks before or after surgery.

No nicotine of any type (no cigarettes, no vaping, no chewing tobacco, no gum, no patches) for 3 months before and at least 6 weeks after surgery. Avoid second-hand smoke. Nicotine increases the risk of complications such as infection, problems with wound healing, skin necrosis which may result in nipple loss in the case of nipple-sparing mastectomy, and loss of reconstruction requiring need for implant / tissue expander removal. If you smoke, vape, or use edible marijuana, please notify your plastic surgeon so they can review risks associated with breast reconstruction.

Please let your plastic surgeon know BEFORE the procedure:

- **If you are allergic to surgical glue products or Dermabond**
- If you will be getting a port placed for chemotherapy after your surgery; a short course of antibiotics may be prescribed around the time of the procedure

During Your Surgery

Breast reconstruction often involves more than one operation. The first stage creates the breast and is done while you are under general anesthesia. Breast reconstruction begins with a flap technique or placement of a breast implant and/or tissue expander.

We will use one of these methods:

- **Flap techniques.** These use your own skin, fat, and muscle from one part of your body to create a new breast. Sometimes a breast implant is also used to create the desired breast size.
- **Implants.** These are surgically placed to provide the form of a breast. They can be used with flap techniques, but when used alone usually require tissue expansion.
- **Tissue expansion.** The tissue expander is placed under the chest muscle so that healthy skin can be stretched to provide coverage for the breast implant. There is less recovery time for each procedure, but a second surgery is required to exchange the tissue expander for a permanent implant.

Many surgeons also place a human or animal membrane over the implants to protect and support them. These membranes are safe to use. The final step in breast reconstruction surgery is creating a nipple

and areola, which is optional. If desired, it can be done as an outpatient procedure under local anesthesia. Generally, this is done several months after the reconstruction surgery, allowing your new breast time to heal.

After your surgery

Patients generally do not need to stay overnight after mastectomies with reconstruction. If you have unmanageable pain or nausea/vomiting, then you may be admitted overnight and sent home the following morning.

Medications

You will be provided with medications at the time of discharge. This is subject to change, however, in general, you will receive:

- A narcotic pain medication – as needed
- An antibiotic - take as prescribed until ALL drains are removed in order to prevent infection.
- A stool softener - take twice daily as prescribed until your bowel movements are regular, at which point it is ok to stop taking them

Narcotic pain medications can cause constipation, so take the stool softener twice daily after surgery for as long as you are on narcotic pain medications. If your bowel movements occur regularly (or are loose), you can stop taking the stool softener. Oral pain medications should be taken with food to minimize stomach upset.

Please slowly wean yourself off the narcotic pain medication over the first week after surgery.

We will plan to transition you completely to Extra-Strength Tylenol after about 7-10 days following surgery, with no additional narcotic prescriptions. Please wait 2 weeks before taking aspirin, aspirin-containing products, ibuprofen (e.g Advil, Motrin), naproxen (e.g. Aleve), fish oil, or Vitamin E. Please always clear with your plastic surgeon when it is safe to take these medications.

Tissue expander

Especially in the early post-operative period, the ridges of the tissue expander will likely be noticeable under the skin. Depending on the size of your breast before surgery, you may also have some wrinkly skin early on. This will smooth out as you continue to fill the expander at each postoperative expansion visit. The expander is a placeholder and does not represent the final appearance of your reconstruction. The implant is much softer and more natural looking.

Visits to see Your plastic surgeon are frequent after tissue expander placement, in order to facilitate expansions. Plan on visiting the Plastic Surgery Clinic one time per week until expansions are complete. If there are no plans for post-operative radiation, you are free to spread your expansions out by 2 or 3 weeks at a time.

Activity

- After surgery, avoid heavy lifting over 10 pounds for 4 weeks. As long as your post-operative course is uncomplicated, you can slowly start lifting more at 4 weeks post-op, but this should be cleared with your plastic surgeon first.
- Do not raise your elbows over shoulder level for the first 2 weeks.
- No strenuous activity that will elevate your blood pressure for 2 weeks. Limit activity to walking only, although you can start walking faster and longer distances as the first post-operative month goes on. This is designed to prevent fluid collection and bleeding, and to reduce swelling.
- No vigorous cardiovascular exercise (elliptical, jogging, yoga, pilates, Zumba, etc) for 4 weeks. Expect to get back to normal activities by 4-5 weeks.
- No showers until cleared by your plastic surgeon. Sponge bathe ONLY until cleared by your plastic surgeon.
- Expect to sleep on your back only for 3-4 weeks after surgery. You may also choose to prop your back and head up on a few pillows or purchase a “wedge pillow” – this will help prevent you from rolling over onto your side unknowingly in your sleep. An alternative is to sleep in a recliner.
- Do not plan to drive for the first 2 weeks after surgery due to limitations in arm movements that may be required to ensure safe driving. Do not drive while taking narcotic pain medications or muscle relaxant medications (e.g. Ativan), or any other medications that may cause drowsiness such as Benadryl.
- Flying is safe with tissue expanders or implants in place. However, please inform your plastic surgeon if you plan any trips in the early post-operative period. We would not recommend any trips away from the Bay Area for 6 weeks to make sure everything is healing appropriately before being away.
- Expect to be off work for about 4 weeks, depending on your job requirements and flexibility. If you wish to return to work sooner, this may be possible – please discuss your specific situation with your plastic surgeon.

Surgical site care

- Apply dry gauze as needed for drainage. It is common to have drainage from around the drain sites.
- Do NOT apply ice to the breast or near the incisions. This can cause problems with wound healing.
- Check with your plastic surgeon if you need to wear your surgical bra or provided camisole. Sometimes, you will be asked to not put pressure on the surgical site. If needed, use surgical bra or provided camisole to hold the gauze in place so that you can avoid putting tape on your skin. There will also be Velcro hooks or pockets to hold the drains.

Drains

- You will have a drain (or two) placed during surgery to prevent excess accumulation of fluid. The hospital staff will instruct you and your family or caregiver in drain care before you are discharged.
- Keep track of the output over each 24-hour period and bring this information to your first clinic appointment.
- Expect the drains to stay in place for a minimum of 2 weeks but sometimes longer.
- Several women have liked using “The Recovery Pouch” to hold their drains after surgery. You can find more details on Amazon.

Normal Symptoms Following Tissue Expander/Implant Reconstruction

- **Fever in the first 2 days:** elevated temperatures for the first 2 days after surgery is very normal.
- **Pain:** Expect pain and soreness following surgery, however, the prescribed narcotic pain medications should make the pain manageable. After a few days, the pain will start lessening slowly. The expander will be sitting on top of the ribs, and, therefore, some patients experience a sensation of rubbing or pressure on one or more ribs. This is normal, and the feeling of discomfort lessens over time.
- **Bleeding/Drainage:** Expect some bleeding or clear drainage along the incision for 3-5 days after surgery, or drainage from around the drains for as long as they are in place. This will slowly lessen as the days go by.

Abnormal Symptoms Following Tissue Expander/Implant Reconstruction

- **Fever after first 2 days:** If you have an elevated temperature above 101.4 degrees after the first 2 days following surgery, please call the plastic surgery office at 415-833-7527.
- **Spreading redness:** A thin rim of redness along the incisions is normal after surgery. However, if this redness starts spreading across the breasts, especially if it is associated with fever or increasing pain, please call the plastic surgery office at 415-833-7527.
- **Significant swelling:** If you have significant swelling of one breast, much more than the other side, this could be a sign of bleeding or hematoma. If mild, call the plastic surgery office at 415-833-7527 to arrange an appointment to come in and be evaluated. If severe, please call the plastic surgery office at 415-833-7527 during business hours to talk to the on-call doctor. If after hours, please contact the 24/7 Advice Nurse line at 415-833-2200.

If you have any questions about the information above or postoperative concerns, please call the plastic surgery office at 415-833-7527. You may also email your plastic surgeon through your kp.org account for non-urgent questions. Please be aware, messages sent via kp.org may take up to 72 hours for a response.



Plastic Surgery Department

We provide comprehensive breast reconstruction care from immediate to delayed reconstruction at Kaiser Permanente San Francisco. We offer implant as well as flap reconstruction and work closely with general surgeons and oncologists to tailor breast reconstruction to meet each individual's needs. We offer oncoplastic breast reduction, which is a breast reduction performed at the time of lumpectomy as a joint surgery with the general surgeons. We also perform symmetry procedures for the opposite breast as needed.

Our Location

1635 Divisadero Street, 6th Floor

San Francisco, CA 94115

415-833-PLAS (7527)

Office Hours

Monday – Friday 8:30am – 5pm

Closed for lunch 12:30 – 1:30pm



Lymphedema after Breast Cancer

If you have been treated for breast cancer, you may be at risk for lymphedema, an abnormal accumulation of protein-rich fluid in the arm, chest wall, or breast. The removal of lymph nodes and radiation therapy increase the chance that lymphedema will develop. Lymphedema may first appear as a feeling of tightness or heaviness in the arm or hand on the surgical side. Swelling can develop soon after surgery or radiation treatment or many months or even years later. It is not possible to predict who will get lymphedema, or when, but recognizing it early and treating it promptly is the best way to manage it.

After surgery or radiation

Immediately after surgery, some swelling may occur in the affected arm or breast area. This swelling is usually temporary and will gradually disappear over the next six to twelve weeks. Radiation therapy may also cause or prolong the swelling in the arm or breast toward the end of the treatment.

Guidelines and precautions

Activity

- Resume normal activity without overexerting affected arm;
- Avoid heavy or repetitive activity with the affected arm for the first 6 weeks;
- Begin aerobic exercise as soon as possible
- Add shoulder range-of-motion exercise at 2 weeks or after post-surgical follow-up, unless given specific instructions by your surgeon.
- Gradually build up the length and intensity of any activity or exercise
- The goal is full range of motion and function at 6-8 weeks.
- Maintain a healthy body weight and avoid weight gain
- Check the limb during and after activity for any change in size, shape, texture, soreness, or heaviness
- Avoid repetitive movements and inactivity

Skin care and hygiene

- Keep skin of the affected area clean and well-moisturized
- Avoid scratches, bites, burns
- Avoid skin punctures and injections on the affected side
- Avoid constricting jewelry and clothing
- Have your blood pressure taken on the unaffected arm
- Avoid temperature extremes

Call your doctor right away if you develop signs of an infection in the arm or chest

Be alert for rashes, redness or streaks, sudden swelling, increased heat, pain, tenderness, or fever. These symptoms could signal an infection and may require antibiotics. It is essential to be treated immediately.

Exercise after Breast Surgery

The following two exercises will help restore and maintain range of motion after surgery. Your surgeon may recommend you begin these exercises 6 days after your operation or when the drain is removed. Because each patient is different, it is best to ask your surgeon for specific guidelines and precautions. If you have undergone breast reconstruction, please wait until you are cleared by your plastic surgeon before beginning these exercises.

As with any physical activity, don't extend yourself to the point of exhaustion or pain. Stay in your comfort zone.

Pendulum swing

Use a chair for support especially if you have low back pain.

1. Bend forward at the hips so that your arm hangs down freely.
2. Rock from your back foot to your front foot, letting your arm move in a slow relaxed circle, 5 times clockwise, then 5 times counterclockwise.
3. Do this for 1 minute.
4. Repeat this 3-5 times per day or more and before the "wall crawl" (below).

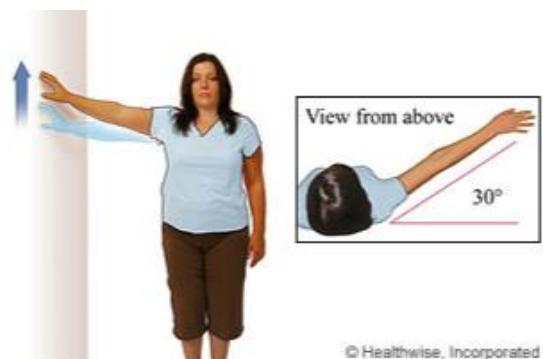


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Wall Crawl

Perform the "wall crawl" once before surgery and mark the wall with tape, so you know what your normal range of motion is.

1. Stand with your side to a wall so that your fingers are below your shoulder and can just touch the wall at an angle of about 30 degrees toward the front of your body.
2. Walk the fingers of your arm up the wall as high as pain permits. Try not to shrug your shoulder up toward your ear as you move your arm up.
3. Hold that position for a count of 15 to 20.
4. Walk your fingers back down to the starting position.
5. Repeat 5 times. Try to reach higher each time.
6. Repeat this 3-5 times per day.



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Consult with your physical therapist or doctor if you experience an increase in your symptoms with recommended exercises, or if you develop new symptoms of numbness, tingling or a spread of the pain. This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

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Oncology Physical Therapists

We provide short-term physical therapy to patients with musculoskeletal, orthopedic, neurological and post-operative conditions. Our staff of lymphedema-certified oncology physical therapists address rehabilitation needs following oncological surgeries and other impairments secondary to a cancer diagnosis.

New patients are seen **by referral** from your physician. Please dress in loose clothing for your appointment.

Our Location

Kaiser Permanente San Francisco
1635 Divisadero, Suite 300
San Francisco, CA 94115
415-833-4325

Office Hours

Monday – Friday 8am – 5pm

Recovering from Breast Surgery Workshop



**Presented by the Department of Physical Therapy
Kaiser Permanente in San Francisco**

Topics

- **Effects of Breast Surgery:** How to help the healing process
- **Shoulder Stiffness:** Why it occurs and exercises to improve shoulder motion
- **Exercise:** Is it safe? How much? When can I start?
- **Resources:** Learn about services available to breast surgery patients at Kaiser Permanente and in the community
- **Lymphedema:** What is lymphedema? Precautions, risk factors, skin care, management and treatment options

Dates and Times

2nd Wednesday of the month, 3 – 5pm

Location

Outpatient Physical Therapy 1635 Divisadero Street, 3rd floor, Room 300

Appointments are scheduled through the Department of Surgery
or by calling Physical Therapy at (415) 833-4325



Chemotherapy

Some women will benefit from chemotherapy. Chemotherapy is a drug used to kill cancer cells. It is usually given through intravenous (IV) infusion or as pills, depending on the type and nature of your cancer.

Typically, chemotherapy circulates throughout your entire body (systemic). It can destroy cancer cells that travel outside the breast.

Chemotherapy is given alone or along with other treatments, such as hormone-blocking or targeted therapies. When recommended, it is often given after surgery and before radiation to kill any remaining cancer cells in the body. However, we might recommend chemotherapy before surgery to help reduce the amount of surgery needed.

Chemotherapy is given in cycles. For example, you might receive 1 treatment every 2 to 3 weeks. Each treatment is called a cycle. Generally, chemotherapy is given over a few months and can often last 4 to 6 months.

Learn more about chemotherapy at
kpdoc.org/chemotherapyemmi.

Chemotherapy side effects

Chemotherapy targets cells that grow and multiply rapidly, such as cancer cells. It can also affect normal cells that happen to quickly grow and divide, which can cause side effects. The severity depends on the type and dose of the drug and the length of time it's given.

You may experience one or more common side effects, including:

- Fatigue
- Hair loss
- Nausea and vomiting
- Loss of appetite
- Mouth sores
- Low blood cell counts, increasing your risk of infections
- Easy bruising



In addition, if you have already had an immediate breast reconstruction, chemotherapy can increase the risks of wounds not healing and of infection around your reconstruction site(s).

Your team will work closely with you to prevent and manage any symptoms, such as controlling nausea with medicines.

Let us know if you develop any side effects. They usually go away when treatment ends.

As a woman, it can be difficult to lose your hair, but try to remember your hair will grow back after chemotherapy stops. In the meantime, you might want to wear a scarf, hat, or wig to feel better about the way you look. Covering your head also protects your skin from sun exposure. Your Breast Care Coordinator can help with suggestions, such as where to shop for wigs.



Hormone-Blocking Therapy

Most breast cancers have receptors for female hormones (estrogen or progesterone receptor). Hormone-blocking therapy can greatly reduce the risk of this type of breast cancer returning. Hormone-blocking therapy is often given after you have completed your surgery, chemotherapy, and radiation therapy.

Hormones are naturally produced by your body, primarily by your ovaries before menopause. After menopause, estrogen is produced mostly from the following sites:

- Enzymes in fat cells.
- Muscle, liver, skin, and other organs or tissues.

Hormone-blocking therapy is usually given for 5 years or longer.

- Before menopause, we may prescribe a hormone-blocking therapy (tamoxifen) to block the estrogen receptors on the cancer cells. We may also recommend therapy to block your ovaries from producing hormones.
- After menopause, we may prescribe a hormone-blocking therapy (aromatase inhibitor) to decrease estrogen production in cells outside of the ovaries like our fat cells.

Hormone-blocking therapy side effects

Hormone-blocking therapy can cause sudden menopause. You might have associated symptoms, such as:

- Hot flashes
- Sweating
- Vaginal dryness
- Hair thinning
- Mood swings
- Joint stiffness and pain

Side effects usually go away after hormone-blocking therapy ends, or effects may be better if you're on a different drug. We can help you manage side effects, so let us know if you have symptoms.

It's important that you continue treatment so that recurrence of the cancer is reduced. If you find it difficult to take a pill every day because of side effects, let your care team know so we can help you manage your symptoms or discuss other options.

HER2 Targeted Therapy

Targeted therapy uses drugs to attack specific parts of the cancer cell that help it survive and grow. High numbers of the HER2 receptors are found on the surface of certain breast cancer cells.

The most common HER2 targeted drug is trastuzumab. It affects the signal that tells the cancer to grow. It is usually given together with chemotherapy at first and then continued alone for a year. It is given through an IV catheter.

HER2 targeted therapy side effects

Because targeted drugs attack cancer cells, there is less damage to healthy cells.

Trastuzumab is well-tolerated by most people.

A small number of people may have problems with heart function. While you're on this drug, we'll monitor your heart function closely using echocardiograms or a special study called a MUGA. We may need to temporarily stop the targeted treatment if your heart function is affected. Most people's hearts will return to normal function and the therapy can be safely restarted.





Self-Care for Managing Side Effects

Your care team is with you every step of the way. We'll suggest ways to control any treatment side effects that you may experience. Remember, these usually go away after treatment ends, although it may take a little time.

To reduce fatigue:

- Get plenty of rest.
- Try light exercise every day.
- Use relaxation techniques like deep breathing or a simple meditation before bed to help you sleep better.

To control stomach problems:

- Drink plenty of water.
- Have someone else cook for you if preparing meals makes you feel ill.
- Eat bland foods (bananas, rice, or toast) to control diarrhea.
- Eat high-fiber foods (bran or fruit) to limit constipation.
- Eat small meals or snacks throughout the day, instead of 3 meals a day.
- Take medications for nausea.

To care for hair, skin, or mouth problems:

- Brush your teeth with a soft toothbrush after each meal.
- Rinse your mouth with half a teaspoon of salt or baking soda mixed in a glass of water.
- Use mild soaps when bathing.
- Apply thick lotions or creams daily over your entire skin to keep the skin moist.
- Avoid using products on the skin, including aloe gel or lotion, that contain alcohol.
- Take short (5 to 10 minute) low-temperature showers.
- Pat your skin dry, instead of rubbing. Avoid using washcloths.
- Protect your scalp by wearing sunscreen or a hat if you're losing hair. Hair usually grows back.

To reduce the risk of infection:

- Wash your hands often.
- Avoid contact with people who are currently sick, such as with a cold or flu.



Medical Oncology Department

The Cancer Care Team, specializing in oncology care, consists of medical hematologists, oncologists, RN case managers, nurse practitioners, physician assistants, registered nurses, pharmacists, dieticians, social workers, acupuncturist, physical therapist, medical assistants, and laboratory services. They are all located within the same building.

Team members are all here to help you. Whenever you have questions or concerns, please give us a call.

Our Location

Kaiser Permanente San Francisco Medical Building

2238 Geary Boulevard, 8th floor

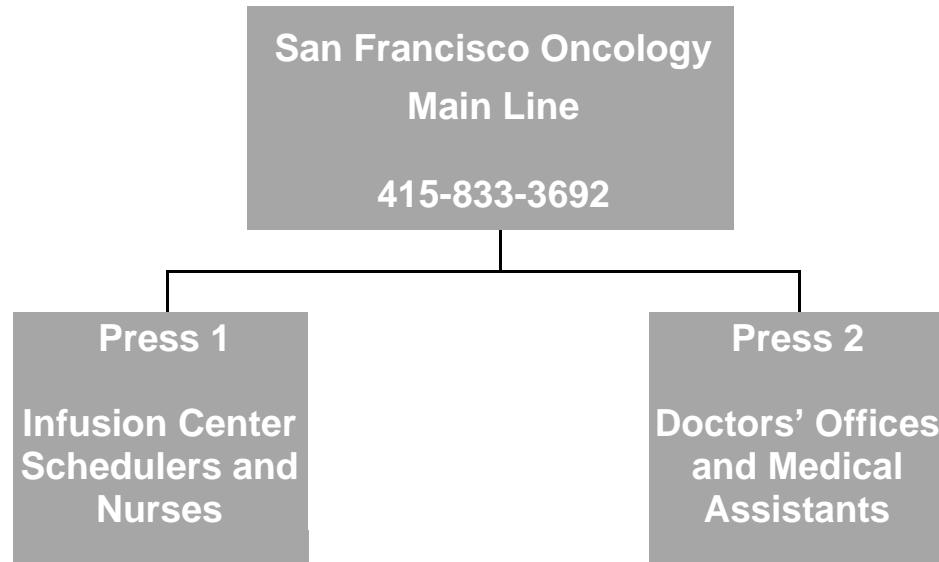
San Francisco, CA 94115

415-833-3692

Office Hours

Monday – Friday 8am – 5pm

Oncology: Who Should I Call?



Emergency

Call 911 or go to the nearest emergency room. Please ask the Emergency Room doctor to contact the “on-call” hematology or oncology specialist as soon as possible.

Do not email your doctor about urgent symptoms or side effects.

After Hours Advice Nurse

Monday—Friday after 5:00p.m., Weekends, and Holidays

415-833-2200

415-833-8129 (TTY for the hearing/speech impaired)

Chemotherapy Infusion Scheduling

Monday—Friday 8a.m. to 4:30p.m.

415-833-3692, opt. #1

Medical Social Workers

Monday—Friday 9:00a.m. to 4:30p.m.

415-833-7036



Fertility Options

Some types of chemotherapy and radiation therapy can cause infertility. Infertility means you haven't been able to achieve a successful pregnancy after trying for 12 months or longer with:

- Appropriately timed and unprotected sex (intercourse).
- Therapeutic donor insemination.

For a woman, infertility means you haven't gotten or remained pregnant. For a man, it means you haven't been able to get a woman pregnant. Infertility can last the rest of your life.

However, infertility caused by chemotherapy or radiation therapy depends upon a number of factors, including:

- The type, dose, and how long you have chemotherapy.
- The location on your body that receives radiation and how long you have radiation therapy.
- Your age during treatment.
- If you have other health problems.

Before you start chemotherapy or radiation therapy, let your medical provider know if you might want to have children in the future. Together, you can talk about your fertility options. They might also refer you to a fertility specialist.

For more information, visit https://mydoctor.kaiserpermanente.org/ncal/article/?article_id=521863



Clinical Trials

As you consider your options for treatment, we may also discuss opportunities for taking part in a clinical trial. Clinical trials are research studies that involve cancer patients. They discover new ways to prevent, detect, diagnose, or treat cancer. Those who take part in clinical trials have an opportunity to contribute to our greater knowledge about cancer, and to help in the development of improved cancer prevention and treatments.

Kaiser Permanente is nationally recognized as a leading research organization. We are part of the National Cancer Institute (NCI) Community Oncology Research Program.

We participate in more than 70 clinical trials available to patients at any given time. Because of this, our patients have access to cutting-edge treatment options and research.

We believe it's important for you to understand all of your treatment options, including being part of a clinical trial. If you're interested, talk with your care team.





Breast Cancer Survivorship

There are more than 2.5 million breast cancer survivors in the United States today. The good news is that there are many things you can do to enjoy a high quality of life and decrease your chance of recurrence.

What is Survivorship?

Survivorship begins at the time of a cancer diagnosis and continues throughout your life. Today more and more women are living longer after breast cancer. This is due to earlier detection and better treatments. As such, breast cancer is now recognized as a chronic condition. This means the focus has shifted to long-term care for survivors.

What are the issues?

The treatment of breast cancer continues beyond the active phase. However, many women are “lost” in the transition from patient to survivor. They may not seek additional assistance or support because their cancer treatment is over. Studies have shown that women have unfulfilled medical, psychological and social needs following active cancer treatment.

What can I do?

Lifestyle changes after breast cancer treatment can decrease the chance of recurrence and improve your quality of life. Consider, for example:

- **Body Mass Index (BMI)**

An elevated BMI is associated with an increased risk of breast cancer recurrence. If your BMI is greater than 30, it is important to talk with your doctor about weight loss.

- **Exercise**

Exercise is beneficial in improving quality of life, managing stress, reducing fatigue and increasing energy. Exercise also promotes a sense of well-being.

Many studies have shown exercise in breast cancer survivors can reduce the risk of recurrence and improve survival rates, regardless of age or menopausal status. Talk with your doctor before beginning any exercise program.

- **Stress Reduction**

Stress can cause health problems and decreased feelings of well-being. Ways to manage stress include exercise, social activities, support groups, and some complementary therapies. Ask your doctor about taking a stress management class.

- **Tobacco Use**

Tobacco use is linked to an increased risk of at least 15 types of cancers. If you smoke or use tobacco, quitting will improve your overall health. Ask your doctor about resources to help you quit.

- **Nutrition**

Eating a well-balanced diet is key to a healthy weight and lifestyle. Talk with your doctor about meeting with a registered dietitian.

- **Skin Care**

There is a known relationship between breast cancer and melanoma. Excessive UV exposure and lack of sunscreen use may increase your risk of developing skin cancer. Limit sun exposure, use sunscreen regularly, and wear protective clothing.

- **Caffeine use**

Many women use caffeine to help with the chronic fatigue that comes with breast cancer treatment. However, excessive use of caffeine may lead to sleep disturbances and an increase in anxiety levels. Use caffeine in moderation.

What can we do together?

Kaiser Permanente staff will review your diagnosis and treatment. We will monitor you for recurrence, go over your medications, and help you achieve a healthy lifestyle through the many programs that we offer.

When to call Kaiser Permanente

Contact your Survivorship Clinic or primary care provider if you develop any of the following symptoms:

- New lump in breast/chest wall
- Rash on breast/chest wall
- Nipple discharge
- Bone pain
- Chest pain
- Shortness of breath/difficulty breathing
- Persistent cough
- Abdominal pain
- Weight loss (unintended)
- Persistent headache
- Personality changes
- Seizure
- Loss of consciousness

Not all symptoms indicate recurrence.

Adapted from the Breast Health's "Breast Cancer Survivorship" handout. (c) 2012, TPMG. All rights reserved. Breast Health. This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor.

Radiation Therapy

Many women receive radiation treatment after breast surgery. Radiation treatments cause little to no physical discomfort. Most patients feel well and can work and continue their daily activities during treatment.

Most women need radiation therapy to the whole breast after a lumpectomy. Some women who have mastectomy will also need radiation therapy to the chest wall. Sometimes, radiation treatment is also given to nearby lymph nodes in the armpit, above and behind the collarbone, and behind the breast bone.

Radiation therapy uses high-energy radiation, such as X-rays, to kill cancer cells. The most common type (external beam radiation) delivers radiation from a machine outside the body. Treatment is given for a few minutes each day, for 3 to 6 weeks.

Your treatment uses modern technology to expose nearby normal tissues (like your lungs and heart) to the smallest amount of radiation possible.

For some, partial breast radiation may be appropriate. Partial breast radiation can be given with either:

- A single radiation dose during surgery (called intraoperative radiation therapy or IORT).
- A balloon and catheter temporarily implanted in the breast during the week after surgery (called high dose-rate brachytherapy or HDR).

These treatments are only offered in certain Kaiser Permanente locations. Your care team will give you further information if they're a good option for you.

Learn more about radiation therapy at
kpdoc.org/radiationtherapyemmi.

Radiation therapy side effects

The side effects of radiation therapy vary by person and by dose given. The most common effects are feeling tired and changes in the skin at the area being treated. Radiation therapy to the breast does not cause hair loss, vomiting, or diarrhea.

For external beam radiation, side effects usually appear about 2 to 3 weeks after treatment starts. They begin to improve 1 to 2 weeks after treatment stops. They may take a month or longer to completely resolve.

Long-term changes are possible and include breast discomfort and changes in breast size, shape, and color. More serious side effects are rare but can include arm swelling and effects on the lungs, heart, and bones. Most people find the long-term side effects of radiation therapy to be mild and tolerable.

Radiation can sometimes limit options for breast reconstruction after a mastectomy. If you have an immediate breast reconstruction at the time of mastectomy, radiation given afterwards can change the size or shape of the reconstructed breast. Talk to your plastic surgeon and radiation oncologist about how radiation may affect your plan of care.

Your radiation oncologist and care team will work with you to help reduce and manage your symptoms during and after treatment. Most people are able to continue all their usual activities during and after a course of radiation therapy.

Take care of your skin during and after radiation therapy. Your skin may feel tender, dry, and appear pink, red, tan, or brown. After your first treatment, apply lotion as instructed. Use sunscreen and cover the treated area with clothing to avoid sun exposure.





Radiation Oncology Department

The Radiation Oncology Department is located on Oyster Point Boulevard in the Cancer Treatment Center (CTC), approximately 3 miles from the main campus in South San Francisco. The CTC can be easily reached off of highway 101, just 0.4 miles east of the highway. The department incorporates modern linear accelerators, a CyberKnife Radiosurgery machine, and imaging technology for delivery of state-of-the-art radiation therapy.

Our Location

South San Francisco Cancer Treatment Center
220 Oyster Point Blvd.
South San Francisco, CA 94080
650-827-6500

Office Hours

Monday – Friday 8am – 5pm
Closed for lunch 12 – 1pm

Transportation Assistance

We realize some of our patients may need transportation assistance. We are here to discuss your options with you when you arrive for your first appointment. If you have questions prior to your first appointment, please feel free to contact our Social Worker at 650-827-6500.

This service is extended to those who are truly in need of assistance and have no other means of getting to their radiation treatment appointments.



Cancer Susceptibility Genes

Cancer is so common that most people have a history of cancer in the family. Most cancer can be explained by common risk factors like aging, lifestyle choices, and exposures in the environment. However, about 5 to 10% of breast cancers and 20% of ovarian cancers are linked to genetic changes (mutations) in a cancer risk gene.

What are cancer risk genes?

Genes are the instructions in your body that guide growth and development and help control how your body works. There are some genes that help direct cell growth. When one of these genes is not working normally, it raises the chance for cancer to develop. These genes are called cancer risk genes. You have two copies of each cancer risk gene - one copy from each parent. A person with a mutation in a cancer risk gene is more likely to develop cancer. Some cancer risk genes cause a high risk for breast cancer and ovarian cancer. These genes may also include a higher risk for other cancers as well.

How do these genes cause cancer?

Cancer risk genes help fix cells that have genetic damage or remove cells that cannot be fixed. If one of these genes has a mutation and does not work right, then a cell with genetic damage might stay in the body. This can eventually lead to cancer. But not everyone with a mutation in a cancer risk gene develops cancer.

Could I have a mutation?

Mutations in cancer risk genes have been found in families worldwide. There are certain risk factors that help identify who might have a mutation.

You might have a mutation in a cancer risk gene if you answer "YES" to any of these statements:

- I have had breast cancer AND ovarian cancer
- I have had breast cancer in both breasts
- I have had ovarian cancer
- I had breast cancer before age 45
- I had breast cancer before age 65 AND my ancestry is Ashkenazi Jewish
- I have had breast cancer AND I have a close relative with breast cancer or ovarian cancer
- I am a man who has had breast cancer
- I have had pancreatic cancer

What if I do not have any risk factors?

Testing is most useful for individuals who are at high risk. If your personal or family history of cancer does not have high risk factors, then you do not need genetic counseling or testing. However, you should still follow the routine screening recommendations for breast cancer.

What if I have one or more risk factors?

Talk with your medical provider about your concerns. Your provider can review your cancer history and may refer you to a genetic counselor. Genetic counseling is the first step to find out if a mutation in a cancer risk gene runs in your family.

How is a mutation identified?

A blood test checks for mutations in many cancer risk genes. Testing is most useful when your personal and family history of cancer shows a pattern of an inherited risk to cancer. It is easier to understand a result when there is a strong pattern of cancer in the family. Not all genetic changes have the same risk for cancer.

What do I need to think about before having genetic testing?

Deciding whether or not to have genetic testing is very personal. One important part of genetic counseling is exploring what a test result could mean for you and your family. There can be complex, and sometimes unexpected, emotional effects. Some results may lead to tough medical decisions. You will want to think carefully about how genetic testing results will help you.

What does it mean if the test is positive?

A positive result means a mutation has been found in one of the cancer risk genes. A person with a mutation has a much higher chance of developing cancer. The lifetime risk of developing breast cancer may be as high as 85% with some mutations. There may be a higher risk of ovarian cancer. Some cancer risk genes also have a higher risk for other cancers, such as male breast cancer, prostate cancer, pancreatic cancer, and melanoma. And any person with a mutation could pass the mutation to their offspring.

What are some of the benefits of testing?

Genetic testing may help explain the cancer history in your family and clarify your cancer risk. When a mutation is found, it can help guide your medical care. Cancer screening is recommended more often and starts at a younger age. There are also surgical options that can lower the lifetime risk of cancer.



What are some of the drawbacks of testing?

When no mutation is found, it may give some people the feeling that their risk for cancer is gone. They may not follow routine screening recommendations. For someone who learns they have a mutation, it can be stressful to deal with the result, especially if no clear plan of action is in place.

Are there ways to lower my risk of breast cancer?

Some risk factors for breast cancer cannot be changed, like biologic sex, age, and your genes. However, choosing a healthy, low-fat diet, getting regular exercise, limiting alcohol, and not smoking may lower your chance of developing cancer in general.

Screening for Breast Cancer

All women are at risk for breast cancer. Screening helps find breast cancer early, when it is easier to treat. There are screening steps you can take for yourself, regardless of your family history:

- Breast self-exams, to know the normal look and feel of your breasts
- Breast exam by a doctor or nurse, if you notice any changes
- Regular mammograms.

Mammograms are strongly recommended for all women who are between the ages of 50 to 74. If you are age 40 to 49, talk with your health care provider about when to begin regular mammograms. If you are considered high risk, your provider may suggest that you begin mammograms earlier.

Source: "Breast and Ovarian Cancer Susceptibility Genes: Should I be tested?" handout

Genetic Counseling

Genetic counseling is a process that gives individuals and families information about genetic conditions. When a genetic condition is diagnosed, genetic counseling includes recommendations for appropriate medical care. Genetic counseling also addresses the emotional impact of a genetic condition and the genetic risk for the family. Genetic counseling visits are tailored to the patient and are done in a non-directive and supportive manner. This lets families make medical decisions that reflect their personal values and cultural beliefs.

How to receive genetic counseling services?

Genetic referrals come from a health care provider or at the request of a patient. Sometimes a patient calls the Genetics department directly with questions about possible genetic issues.

What should I expect if I call the Genetics department to ask about my breast cancer risk?

You may be offered an informational class to start the process of genetic counseling. Our Inherited Cancer Risk class is available online at mydoctor.kpnvly.org/cancer-care/inherited-cancer-risk. The class provides general information about the cancer risk genes, family history, genetic testing, and cancer risk management. Information from the class can help you decide whether or not you want to learn more about your personal risk for cancer.

It may also better prepare you for a genetic counseling visit to discuss your family history and the possibility of genetic testing.

How do I prepare for a genetic counseling appointment?

Before contacting your local Kaiser Permanente Genetics Department, gather as much medical information as you can about your family. It is especially helpful to know the type of cancer and the age at diagnosis for anyone who has had cancer in your family.

- Use our Family History Form to help keep track of the information you learn.
- You may be asked to get medical records or death certificates on some of your family members. This can help determine whether or not genetic testing is useful for your family.

Who provides genetic counseling?

Genetic counselors and medical geneticists provide genetic counseling. Most genetic counselors have Master's degrees and are trained in genetic conditions and the emotional impact of these conditions.

They are certified by the American Board of Genetic Counselors and are licensed in the State of California. Genetic counselors often work with medical geneticists as a team. Geneticists are medical doctors with specialized training in human genetics and genetic diseases. These doctors know how to diagnose rare genetic conditions and make recommendations about medical care for these conditions. They are certified by the American Board of Medical Genetics.

What happens during a genetic counseling visit?

A genetic counseling visit might be scheduled as a phone appointment, a video visit, or an in-person visit. You are asked about all your relatives, including those with and without cancer. Your genetic risk for breast and ovarian cancer is determined. The potential impact of genetic risk on you and your family will also be addressed as part of genetic counseling. Genetic testing is routinely discussed as part of the genetic counseling visit but may not be appropriate for all families.

What can I expect after my appointment?

The geneticist or genetic counselor will write a report after your visit. This report is in your electronic medical record and is available to the doctor who referred you. You may request a copy of this report as well. If a follow-up test or evaluation was ordered, you will be told when to expect results and how the results will be provided to you. The geneticist or genetic counselor will let you know if or when another Genetics appointment is needed.

If you have any unanswered questions or concerns after your visit, please contact us by phone or secure email. We also encourage you to call us if there are any major changes in your medical or family history. It is important to know that not every condition can be identified or diagnosed at the initial genetics visit. However, new conditions and tests are identified over time, so staying in touch with your genetic provider could be helpful for the future.

Online breast/ovarian cancer support sites for individuals with inherited cancer risk:

- FORCE: Facing Our Risk of Cancer Empowered - www.facingourrisk.org
National non-profit dedicated to improving the lives of individuals and families affected by hereditary breast and ovarian cancer.
- Bright Pink - www.brightpink.org
National non-profit focused on prevention and early detection of breast and ovarian cancer in young women while providing support for high-risk individuals.

For more information, please visit the Genetics Department website at

genetics.kp.org



Genetics Department

The San Francisco Genetics Department is one of five sub-Regional Genetics departments that comprise the Northern California Regional Genetics Program.

We specialize in counseling, diagnosis and management of genetically-influenced conditions. Our clinical services include prenatal counseling and diagnosis, neonatal genetics consultation services, pediatric and adult genetic counseling and evaluation, hereditary cancer risk evaluation, and genetic screening.

Please visit our website genetics.kp.org for more information. We look forward to serving you and your family in our clinic.

Our Location

Kaiser Permanente San Francisco
2350 Geary Blvd, 3rd Floor
San Francisco, CA 94115
(415) 833-2998

Office Hours

Monday – Friday 8:30am – 5pm

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