



Understanding

Cancer of the Stomach

Caring for people with cancer



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National Cancer Helpline 1800 200 700
Open Monday to Thursday 9am–7pm; Friday 9am–5pm



Understanding cancer of the stomach

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

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



| | |
|----------------------|--------------|
| Specialist nurse | Tel: |
| Family doctor (GP) | Tel: |
| Surgeon | Tel: |
| Gastroenterologist | Tel: |
| Medical oncologist | Tel: |
| Radiation oncologist | Tel: |
| Radiation therapist | Tel: |
| Emergency | Tel: |
| Treatments | Review dates |
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If you like, you can also add:

Your name

Address

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

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The following sources were used in the publication of this booklet:

- *Cancer in Ireland: A Summary, 1994–2007*, National Cancer Registry Ireland, 2009.
- *A Strategy for Cancer Control in Ireland*, National Cancer Forum, 2006.
- *Gastric Cancer: ESMO Clinical Practice Guidelines for Diagnosis, Treatment and Follow-up*, European Society for Medical Oncology, 2010.
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First published by the Irish Cancer Society in 2004.
© Irish Cancer Society, 2004, revised 2007, revised 2011
Next revise: 2013



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ISBN 0-95323-690-1

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Introduction

This booklet has been written to help you understand more about stomach cancer. This cancer is also known as gastric cancer. By reading the booklet, you can learn what it is and how it is diagnosed and treated. We hope it answers some of your questions and encourages you to discuss them with your doctor and nurse too. We cannot advise you about which treatment to choose. You can only make this decision, along with your doctor, when all your test results are ready. But we can tell you about the ways to treat this cancer and side-effects that may happen when treatment is given.

This booklet also discusses some of the feelings you and those close to you may have when a diagnosis of cancer is made. At the end of the booklet you will find a list of books that are useful to read. There is also a list of websites and special groups to help and support you at this time.



Reading this booklet...

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

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freefone National Cancer Helpline on 1800 200 700. It is open Monday to Thursday 9am–7pm and Friday 9am–5pm.



National Cancer Helpline 1800 200 700

What does that word mean?

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

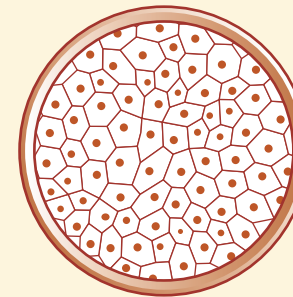
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|---------------------------------|---|
| Metastasis | The spread of cancer from one part of your body to other tissues and organs. |
| Nausea | Feeling sick or wanting to be sick. |
| Nutrients | Proteins, carbohydrates, fats, vitamins and minerals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

About stomach cancer

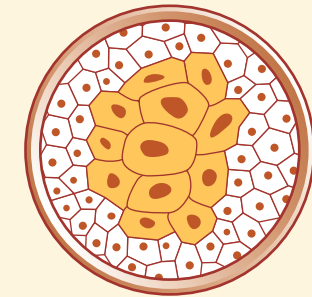
>>> What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example, skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

In your body, your organs and tissues are made up of tiny building blocks called cells. All cancers are a disease of the body's cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. With cancer, the cells do not behave as normal and keep on growing, even when there is no need.



Normal cells



Cancer cells growing

These groups of abnormal cells can form a lump or tumour. Tumours can be either benign or malignant. Benign tumours do not spread to other parts of your body and so are not called cancer. Malignant tumours are cancer cells that can spread from where they first grew. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to form a new tumour elsewhere in your body. This is called a metastasis or secondary tumour.

Lymph vessels are part of your lymphatic system, which helps your body defend itself against infection. Like your bloodstream, it carries waste material around your body. It is made up a network of tiny tubes that pass through most of the tissues in your body. These tubes carry a clear watery fluid called lymph. Along the network are hundreds of small glands and nodes.

What is the stomach?

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

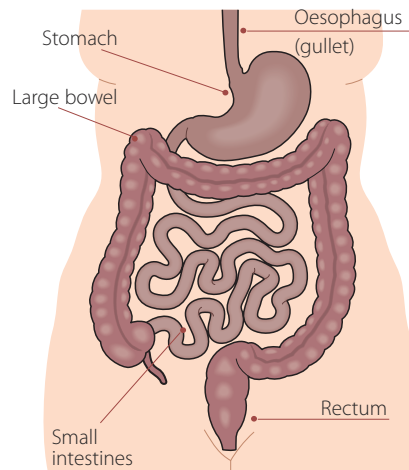
The lining of your stomach wall has four layers: the mucosa, the submucosa, a muscle layer, and an outer layer called the serosa.

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

Lymph nodes are also found near your stomach.

What is stomach cancer?

Stomach cancer is also known as gastric cancer. When cancer occurs, the cells in the lining of your stomach change to form a tumour. There are many types of stomach cancer and some are very rare. The most common type is adenocarcinoma, which is found in the gland cells (mucosa). Other less common cancers that affect the stomach are lymphoma, gastrointestinal stromal tumours (GIST), and carcinoid tumours.



The digestive system

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

How common is stomach cancer?

In general, stomach cancer is not common. About 475 people are diagnosed with it each year in Ireland. It affects more men than women. The use of refrigeration and better diet in the past fifty years has seen the rate of stomach cancer decline worldwide.

What causes stomach cancer?

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

- **Age:** It is more likely to occur in people over the age of 55.
- **Gender:** It is more common in men than women.
- **Smoking and alcohol:** If you smoke, you are twice as likely to develop stomach cancer. Alcohol may also increase your risk if you smoke as well.
- **Diet:** Your risk is higher if your diet is low in fresh fruit and vegetables and high in salt and preservatives.
- **Obesity:** If you are overweight or obese, you have a higher risk of stomach cancer. Your risk is also higher if you are physically inactive.
- **Helicobacter pylori infection:** If these bacteria in your stomach are left untreated, it could increase your risk of stomach cancer.
- **Family history of stomach cancer:** If a family member has had stomach cancer, it can increase your risk.
- **Genetic conditions:** If you are born with certain conditions that run in families, your risk of getting stomach cancer is higher. For example, if you have ulcers or small benign growths (polyps) in your stomach. These conditions are usually rare.

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

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

What are the symptoms of stomach cancer?

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

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

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

How is stomach cancer diagnosed?

Most people visit their family doctor (GP) first to get any symptoms checked out. If your GP has concerns about you, he or she will refer you to a hospital for further tests by a gastroenterologist. This is a doctor who specialises in treating diseases of the digestive system. At the hospital the doctor will ask you questions about your health before examining you. A blood test and a chest X-ray may be taken to check your general health. If there is blood in your stools, you may be asked to bring a sample to the hospital.

The following tests can diagnose stomach cancer:

- Endoscopy/endoscopic ultrasound
- Barium meal

Endoscopy/endoscopic ultrasound

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

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

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

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

Barium meal

This is a special X-ray of your gullet and stomach using barium. Barium is a white chalky liquid. When it is swallowed it shows the shape of your gullet and stomach on the X-ray screen. To get good X-ray pictures your stomach must be empty. For this reason, you must not eat or drink anything for 6 hours before the test.



Barium meal

In the X-ray department your doctor may give you a sedative to help you relax during the test. You may find the test slightly uncomfortable but it is not painful. You will be given the barium liquid to drink. Once you have taken it, you will be asked to lie on a couch. On an X-ray screen, your doctor will watch as the barium moves down into your stomach. During the test the lights are dimmed so that your doctor can get a clear picture. The couch may also be moved into different positions to let the barium flow through your stomach. Any growths will show up on the X-ray.

The test usually lasts about an hour. You can eat and drink normally afterwards and can go home straight away. Most people feel fine but some may feel a little sick afterwards. It can help to arrange for someone to travel home with you if possible.

For a few days after the barium meal you may notice that your bowel motion is white or chalky looking. This is common as all the barium does not leave your bowel straight after the test. You may feel constipated (unable to pass a bowel motion), so drink plenty of clear fluids such as water or fruit juice. You can also take a mild laxative for a couple of days. This will help you to have a bowel motion.

Further tests

If the tests show that you have stomach cancer, you may need more tests. These will show if the cancer has spread to other parts of your body. The results will help your doctor to decide on the best treatment for you. He or she may also do special blood tests to check your liver and kidneys and to see if you have any cancer markers.

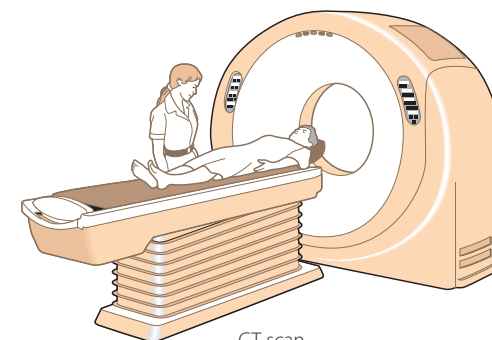
A cancer marker is a type of protein that is found usually in blood or urine when cancer is present.

The tests may include some or all of the following:

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

CT scan: This is a special type of X-ray that builds up a detailed picture of the tissues inside your stomach. The scan is painless. For some CT scans, you may have to fast for 4 hours beforehand.

For others, you may be given a special drink which helps to show up parts of your body on the scan. Before you take the drink or injection, let the radiographer know if you are allergic to iodine or have asthma. The injection may make you feel hot all over for a few minutes.



CT scan

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

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

Laparoscopy is usually done under general anaesthetic. For this you will need to be admitted to hospital. Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre. While you are asleep, your surgeon will make a small cut in your abdomen to place a mini-telescope called a laparoscope inside. By looking through the laparoscope, your surgeon can see your organs close to your stomach and check the lining of your abdomen for cancer.

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

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

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

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

PET scan: PET stands for positron emission tomography (PET). This kind of scan can give your doctor more information about cancer if

found in your body. PET uses a low dose of radioactive sugar to measure the activity in your cells. This sugar is first injected into a vein in your arm and travels to all the cells in your body. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found.

An hour after the injection, the scan is taken and can show if the cancer has spread to other tissues and organs. You may be told not to eat or drink for a few hours before the test. The scan itself might take up to 1 hour. PET is safe to use and there are no side-effects.

Waiting for results

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



To sum up

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

- Endoscopy/endoscopic ultrasound
- Barium meal

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

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

What are the stages of stomach cancer?

The stage of a cancer tells your doctor how far it has spread. Staging is important because it helps your doctor to decide the best treatment for you. After looking at your test results, your doctor will tell you the stage of your cancer. Sometimes you may need surgery to find out the exact stage.

There are four stages of stomach cancer, 1 to 4. They tell how far the cancer has spread through the various layers of your stomach lining and how many lymph nodes near or far are affected. In general, the lower the number, the less the cancer has spread.

Recurrent cancer is when the cancer comes back after a course of treatment. The stages can be hard to understand so do ask your doctor or nurse if you would like them explained in more detail.



Stage 1 – This is early stage cancer and is divided into stage 1A and 1B. Stage 1A means the cancer is in the inner lining of your stomach only. Stage 1B means it has grown through the lining and may be affecting nearby lymph nodes. Or the cancer may have grown into the muscle layer but no lymph nodes are affected.

Stage 2 – Stage 2A means the cancer has spread to the muscle layer of your stomach and nearby lymph nodes are affected, or the cancer has spread to the outer layer of your stomach (serosa), or the cancer is still in the lining of your stomach but that 7–15 lymph nodes are affected.

Stage 3 – Stage 3A means that cancer has spread to the muscle layer and between 7 and 15 nearby lymph nodes are affected, or the cancer has grown through your stomach wall but less than 7 nearby lymph nodes are affected, or it has grown right through the wall and into nearby tissues but no lymph nodes are affected. In stage 3B, the cancer has grown through your stomach wall and between 7 and 15 lymph nodes have cancer cells.

Stage 4 – Here the stomach cancer has spread to the inner layer, muscle wall or outer layer of your stomach and more than 15 nearby lymph nodes are affected, or it has spread through the stomach wall into body tissues next to your stomach and nearby lymph nodes have cancer cells, or it has spread to other body organs through your lymphatic system or bloodstream.

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

Treatment and side-effects

How is stomach cancer treated?

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

The type of treatment you have will depend on:

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

Types of treatment

Surgery: Surgery is the main treatment for stomach cancer. Different types of surgery can be done, depending on where the cancer is found. If it is not possible to remove the cancer fully, surgery can still be done to relieve symptoms such as pain, vomiting and blockage caused by the tumour. Your surgeon will discuss your treatment options with you and let you know which operation is best for you. See page 19 for more details on surgery.

Chemotherapy: Chemotherapy may be used after surgery to reduce the risk of the cancer coming back. This is known as adjuvant therapy. Research is being done to see if chemotherapy before surgery can shrink the tumour to make the operation more successful, mainly with larger cancers. Chemotherapy is also used to treat stomach cancer when surgery is not possible or the cancer has spread. Even though it will not cure the cancer, it may help to control symptoms and improve your quality of life. See page 29 for more details on chemotherapy.

Radiotherapy: Radiotherapy can relieve distressing or painful symptoms caused by stomach cancer. Sometimes both radiotherapy and chemotherapy are given after surgery as part of adjuvant therapy. See page 34 for more details on radiotherapy.

Deciding on treatment

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

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

It is not possible for your doctor to predict how well you will respond to your treatment. Every patient experiences different side-effects with each treatment and there is no way of knowing what you will experience. Remember that your doctors and nurses are aware of all the possible side-effects and will help to control them.

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

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

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

>>> Your doctor will discuss your treatment options with you.

Giving consent for treatment

You may be asked to sign a consent form saying that you give permission for the treatment to take place. No medical treatment can be given without your consent. Before treatment, you should know:

- The type of treatment you are advised to have
- The benefits and risks of the treatment
- Any other treatments that may be available
- Any major risks or side-effects of the treatment

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once.

Surgery

Surgery is the main treatment for stomach cancer. The aim of surgery is to remove all or as much as possible of the tumour. Nowadays the results of surgery are improving because cancer is often found and treated earlier.

The type of surgery you have will depend on:

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

Types of surgery

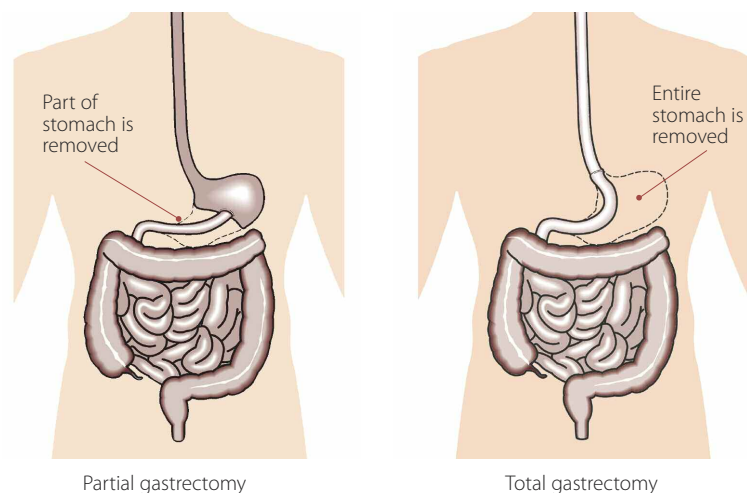
When deciding on the type of surgery, your surgeon will explain your options. Sometimes your surgeon may only find out the location and size of the tumour during surgery. As a result, he or she may not be able to do the operation that was planned beforehand. If this happens, after the surgery your surgeon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

The following options may be open to you:

- Partial gastrectomy
- Total gastrectomy
- Bypass surgery

Gastrectomy

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



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

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

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

Bypass surgery

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

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

Getting ready for surgery

It is natural to feel very anxious about the thought of surgery. Talk to your doctor or nurse about the way you are feeling. They will tell you what you can expect after the operation and help you find ways to cope. If there is anything that you do not understand, ask again. Your doctor or nurse will be happy to answer your questions.

Extra tests

Before the operation, you may have more tests to check that you are fit for surgery. These extra tests may include a chest X-ray, heart test (ECG), breathing tests and some more blood tests.

Smoking

If you are a smoker, it is best to give up smoking before your operation. By doing this you will improve the quality of your breathing and reduce the risk of a chest infection after surgery. There is help available if you smoke and would like to stop. The Irish Cancer Society offers support and assistance for smokers all over the country. Call the freefone Quitline 1850 201 203, Monday to Saturday, 8am to 10pm, for more information. Some hospitals have stop smoking clinics as well. Ask your doctor or nurse if there is one in your hospital.

Deep breathing and leg exercises

A physiotherapist will show you how to do deep breathing and leg exercises. These exercises will help to prevent you getting a chest infection or blood clot after your operation.

Your diet

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

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

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

Before surgery

You will not be allowed to eat or drink from the midnight before surgery. You may get an anti-clotting injection like heparin to prevent clots in your legs after surgery. Before you go to theatre, you may be given medication that will make you feel more relaxed and sleepy.

After surgery

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

- A drip will be put into a vein in your arm. You will be given fluids through this until you can drink again.
- A thin plastic tube may be up your nose. This is called a nasogastric tube and leads down into your stomach. By removing

the fluid in your stomach through this tube, your nurses can keep your stomach empty. This will stop you from feeling sick and let your wound heal. It is usually removed after 48 hours.

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

Pain

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

Eating and drinking

To allow your wound time to heal, you cannot eat or drink by mouth for at least 7 days after your operation. A feeding tube will be put in through your abdomen (tummy) and give you nutrition until you can eat again. Tube feeding can start the first day after surgery and continue for as long as you are fasting. You can also be fed into a vein with total parental nutrition (TPN). These two ways of feeding can give you all the calories and energy that your body needs until you are ready to eat and drink by mouth again.

Before you can start eating and drinking again, you must have a special X-ray to see if the wound inside is healing. This X-ray is usually done between 7 and 10 days after your operation. For this test you need to drink a special dye that will show if there is any leakage from the wound inside. If the X-ray shows that the wound is healing well, you will be allowed sips of water to drink. Over the following days you will be allowed to take more fluids gradually.

When you are ready, you will begin eating again by taking small amounts of light, soft food. Gradually the amounts of food that you can eat will be increased. You may feel full even after eating small amounts. This is a very common problem after surgery and your dietitian will advise you on ways to work around it. If you are on TPN or have a feeding tube in place, once you begin to eat and drink enough amounts these may be gradually reduced and then stopped altogether.

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

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

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

The dietitian will give you advice before you go home. For example, advice on the best foods to eat and how to prepare them. High protein drinks, which are available on prescription or can be bought from most pharmacies, can be used to supplement your diet. Smooth readymade soups, yoghurts and ice creams are more easily swallowed and can be served in small portions. See the centre of this booklet for useful snacks and meals to prepare.

Getting up and about

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

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

Going home

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

Mobility at home

If you live alone or have problems getting around the house, talk to your nurse or the medical social worker on your ward as soon as you are admitted to the hospital. The medical social worker will meet with you. He or she can organise community services you may need and also advise you about social welfare benefits or entitlements you can apply for.

Healthcare team

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

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

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

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



To sum up

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

Side-effects of surgery

The following are some side-effects of surgery:

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

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

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

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

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

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

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

Finding a pattern of eating and drinking that suits you may take time. It can help to keep a food diary if you are having problems. Write down what you eat and when. Also write down any symptoms you get and when they occur. After a few days, you may be able to notice which foods cause which symptoms. It is important to remember that being able to eat well will happen gradually. See page 36 for more about problems with eating.

If you have any queries about eating and drinking, call the National Cancer Helpline 1800 200 700 for advice and for the free booklet *Diet and Cancer*.



Tips & Hints – eating well

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



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

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

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

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

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

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

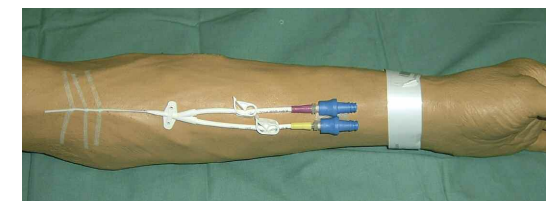
It also helps to cut down on sugary foods like sweets, chocolate and sugary drinks. Do make sure that you do not skip meals either.

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

Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. The treatment may be given before or after surgery. These drugs can be used on their own or with each other. They travel throughout your bloodstream to almost every part of your body. They are often given in cycles such as 4–5 days of treatment every 3 weeks with a rest period between treatments.

Chemotherapy may be given directly into a vein as an injection or through an infusion like a drip. It may also be given in tablet form. If your treatment is given



Giving chemotherapy into a vein

by infusion you may need to stay overnight in hospital. However, there are some treatments that may be given in day care.

Neo-adjuvant chemotherapy

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

Adjuvant chemotherapy

Sometimes even though the tumour and nearby lymph glands have been removed by surgery, there is a risk that tiny amounts of the cancer have been left behind or have spread to other parts of your body. These cells

may be too small to be seen on a scan. Your doctor may decide that you need chemotherapy after surgery. This is called adjuvant chemotherapy. It might help to reduce the chance of the cancer returning.

Chemotherapy for secondary cancer or advanced cancer

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

Side-effects of treatment

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

Side-effects may include:

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

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

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

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

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

If your mouth or throat becomes very painful, let your doctor or nurse know as soon as possible. Your doctor will prescribe painkillers or other medication to treat the infection if needed. You can also call the National Cancer Helpline on 1800 200 700 for a free copy of the booklet, *Diet and Cancer*.

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

Bruising: Blood cells called platelets may be reduced by the chemotherapy. If there are not enough platelets in your blood (thrombocytopenia), you may bleed or bruise more easily, even from a

minor injury. Let your doctor or nurse know straight away if you are bruising easily or notice tiny red spots under your skin that look like a rash. He or she will tell you what to do.

Nausea and vomiting: Not everyone feels sick (nausea) or gets sick with chemotherapy. It all depends on the drugs being given. But if you do, it can happen before, during or after treatment and may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick. This may be given as an injection or tablet. While on treatment, take all medication as advised by your doctor or nurse.

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

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

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

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

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

If you would like a hairpiece, try to organise it before your hair falls out. Your medical social worker or nurse will organise this for you. If your hospital does not have a medical social worker, ask if they have the name of a wig fitter that you could visit. Your local hairdresser may also be able to help. In most cases it is possible to get financial assistance towards the cost of a wig. Ask your medical social worker or nurse for more information. For some patients the amount of hair loss is small and a wig may not be needed. Call the National Cancer Helpline on 1800 200 700 for a free copy of the factsheet, *Hair Loss and Cancer Treatment*.

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

More information on how to deal with fatigue is available in a booklet called *Coping with Fatigue*. Call the National Cancer Helpline on 1800 200 700 for a free copy. See page 37 for more advice.

Other side-effects

If you have a side-effect or symptom other than those listed above and it concerns you, tell your doctor or nurse straight away. He or she will tell you what to do. For more information on chemotherapy, contact the National Cancer Helpline on 1800 200 700 and ask for a copy of the free booklet *Understanding Chemotherapy*.



To sum up

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

Radiotherapy

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

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

Giving radiotherapy

Radiotherapy is given as external beam radiation. This is where a beam of radiation is aimed at the cancer directly from a machine. A lot of preparation is needed before the actual radiotherapy can be given. Using a machine called a simulator, your doctors work out exactly where to aim the X-rays and mark your skin so that the beam goes to the same area each time you get radiotherapy. This is called the treatment area. The treatment itself only takes a few minutes and does not hurt. Your doctor and radiation therapist will tell you exactly when to come for treatment each time. Usually for stomach cancer it is a few short treatments.



External radiotherapy

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

If you would like more information on radiotherapy, call the National Cancer Helpline 1800 200 700 for a copy of the free booklet *Understanding Radiotherapy*.

National Cancer Helpline 1800 200 700

How can my symptoms be relieved?

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

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

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

Pain

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

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

What you can do

- If you are in pain tell your doctor or nurse about it straight away. Be honest about the level of pain that you are in. There is no need to suffer in silence or play down the amount of pain that you have. Taking care of pain is important. It will help you to feel stronger and to cope with your cancer.

- Try to describe the pain as clearly as you can. Is it a dull pain? A sharp sudden pain, a pain that is always there or one that comes over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may be helpful to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse – it may help to explain your problem.
- If you only have pain from time to time take the painkillers when you need them. But if the pain is there most or all of the time take your painkillers regularly. By doing this, you will help to keep your pain under control.
- Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up. Discuss this with your doctor or nurse. You can get extra medication to help with ‘breakthrough pain’.
- Some painkillers have side-effects, especially the strong ones. These side-effects may include constipation, feeling sick (nausea) and drowsiness. If you have constipation, it’s a good idea to take a laxative every day. This and drinking plenty of clear fluids such as water and fruit juice between meals will help keep your bowel habit regular. Your doctor or nurse will give you something stronger if your bowels have not opened for 2 or 3 days.
- If you are feeling sick (nausea), your doctor may give you anti-sickness tablets. These should be taken 30 minutes before your painkillers. This nausea often improves as you get used to your medication. Drowsiness may happen when you take a stronger painkiller. But it usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

Call the National Cancer Helpline on 1800 200 700 for a copy of the free factsheet on cancer pain.

Problems with eating

Some people with stomach cancer find it hard to eat well because of the cancer and the side-effects of treatment. Foods may taste different. Even if you can only manage to eat small amounts, you should try to eat food that is high in protein and calories. Eating well will help you to feel better and have more energy. A good nourishing diet may also prevent

further weight loss and help you to recover more quickly from the effects of treatment. If you have problems eating, talk to your dietitian. He or she will advise you on an eating plan most suitable for you.

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

What you can do

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

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

Fatigue

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

What you can do

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

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

A booklet called *Coping with Fatigue* is available from the Irish Cancer Society. If you would like more information or a free copy, call the National Cancer Helpline 1800 200 700.

Will treatment affect my sex life and fertility?

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

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

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

Fertility

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

Many doctors believe it is better for you or your partner not to get pregnant for 2 years after your chemotherapy ends. This period of time gives your body a chance to get over the effects of the cancer and its treatment. Sometimes your fertility can be affected by chemotherapy. You may not be able to have children in the future. Discuss this possible side-effect with your doctor or nurse before treatment starts.

Depending on your age, it may be possible to store sperm or freeze eggs for future assisted reproduction. Your doctor or nurse will give you more information about this. Sperm banking and egg freezing takes place at the HARI Unit in the Rotunda Hospital, Dublin. Call the National Cancer Helpline 1800 200 700 if you would like more information.

National Cancer Helpline 1800 200 700

What follow-up will I need?

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

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



Should I quit smoking?

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



How can I quit?

Like many others, you may find giving up smoking hard. But with the right information and support you can do it. If you would like advice or support on quitting, call the National Smokers' Quitline on CallSave 1850 201 203. It is open Monday to Saturday from 8am to 10pm.

If you would like further personal support locally, the helpline can put you in touch with the smoking cessation officer in your area. For more information on giving up smoking, see www.giveupsmoking.ie

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

NUTRITIOUS SNACKS

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



- Sandwiches
- Nuts
- Omelettes
- Quiche
- Muffins or scones
- Sausages
- Scrambled eggs
- Baked potatoes with beans, cheese, tuna
- Dips made with cheese or yoghurt



LIQUIDS



CLEAR LIQUIDS



- ❖ Water
- ❖ Fruit juices without fruit pieces
- ❖ Clear broth
- ❖ Consommé
- ❖ Ice pops
- ❖ Honey
- ❖ Clear fizzy drinks like flat 7-Up or Sprite
- ❖ Lucozade
- ❖ Sports drinks
- ❖ Strained vegetable broth



FULL LIQUIDS

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



SOFT DIET

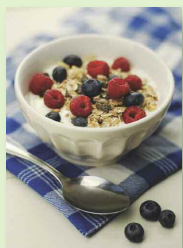
- ❖ Omelette or scrambled egg
- ❖ Baked egg custard
- ❖ Egg mayonnaise
- ❖ Creamed soups
- ❖ French toast
- ❖ Baked beans with grated cheese
- ❖ Tinned spaghetti with grated cheese
- ❖ Macaroni cheese
- ❖ Cauliflower with cheese
- ❖ Casseroles or stews
- ❖ Shepherd's pie or cottage pie
- ❖ Bolognese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



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

HOW TO INCREASE CALORIES

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



HOW TO INCREASE PROTEIN

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



>>> Research – what is a clinical trial?



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

Phases of research

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

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

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

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need to worry as you will be followed closely during and after the study.

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

If you would like more information, call the National Cancer Helpline on 1800 200 700 for a factsheet on clinical trials or visit our website www.cancer.ie.

Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Some people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country in which you live. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies.

Conventional therapies

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

Complementary therapies

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

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

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

Alternative therapies

Alternative therapies are generally treatments that are used **instead of** conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. The diet therapy in particular can often be restrictive. This means it does not allow you to eat foods that could be nutritious for you. Some restrictive diets can harm your health and may even cause malnutrition.

Most doctors do not believe that such treatments can cure or control cancer.



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



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

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

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



Coping and emotions

How can I cope with my feelings?

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



Common reactions include:

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

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

Shock and disbelief

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

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

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

Fear and uncertainty

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

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But nowadays many cancers can be cured or controlled with modern treatments.

Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers. You may also have fears that your experience of cancer will change who you are and that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look.

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

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

Loss of control

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

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don't know enough about your

illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will 'fall to pieces' or 'go crazy'. You may even lose hope.

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

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

Sorrow and sadness

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

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you've let down, and for any changes to your body due to treatment. Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

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

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

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

Anger

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

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

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

Resentment

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

It is natural that you might be resentful and unhappy – even jealous – because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have. You may resent your healthy relatives or having to change your lifestyle in some way. On the other hand, sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

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

Blame and guilt

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

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

Withdrawal and isolation

'I just need to be on my own.'

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

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? – Talking about Your Cancer*. If you would like a copy, call the National Cancer Helpline 1800 200 700.

Learning to cope

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

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



How can my family and friends help?

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



How to talk to someone with cancer



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

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

Be patient

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

Lost for Words: How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy.

How can I talk to my children?

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

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

Be honest

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

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

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

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

Coping with children's emotions

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

If you need some extra help in dealing with your children, talk to your nurse or medical social worker. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer. If you would like a copy, call the National Cancer Helpline on 1800 200 700.

What else can I do?

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

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

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

- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while to adjust to your new routine but keep an open mind. Change may bring new opportunities and blessings.
- **Keep an open mind:** Don't feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don't feel guilty about it, as it will pass.
- **Seek information:** Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor's instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones. Call 1800 200 700 for a free copy of *Journey Journal* to help you keep track of your cancer treatment.
- **Find what works for you:** It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable taking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it's not working, be open to finding a new way to cope.
- **Build a support network:** Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.

- **Seek professional help:** If you have any low moods or strong emotions talk to your close friends and family – or someone who is a good listener. If your emotions are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.
- **Spiritual care:** When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Prayer or meditation can help to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to take comfort and support from these practices. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.
- **Express yourself:** Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 if you would like a free copy.





Support resources

Who else can help?

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

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Support groups and cancer support centres
- Irish Cancer Society Helpline nurses

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

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

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

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

Community health services: When you go home, there are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as transport costs, financial worries, etc. All these people in community health services can provide advice and support. More information on the services is available either from the medical social worker in the hospital before you go home or at your local health centre.

Support groups: Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with stomach cancer. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. Cancer support centres and groups are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet.

Irish Cancer Society: The staff of the National Cancer Helpline will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information or practical advice about your financial matters. For example, getting life insurance.

Call 1800 200 700 for information about any of the services outlined above or for support services in your area.

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

Health cover

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

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



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

Hospital cover

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

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You may have to pay a prescription charge of 50c per item up to a limit of €10 per family per month.

To qualify for a medical card depends on a means test. If you are over 70 and your weekly income is €700 or less, you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical

appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible.

Drugs Payment Scheme

Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €132 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

Private healthcare cover

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

If you have private insurance, your tests might not get done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI and PET scans. Sometimes it might take 24–48 hours to get approval from your health insurer. In some cases health insurers may decide not to cover the cost of the scan.

Benefits and allowances

Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer's Allowance
- Carer's Benefit
- Carer's Leave
- Appliances
- Travel to hospital



For a free copy of *Social Welfare Support: A Guide for Cancer Patients*, contact the National Cancer Helpline 1800 200 700.

Illness Benefit

This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.

Disability Allowance

You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 66. For this allowance, you must satisfy a means test, live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year.

You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Invalidity Pension

This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Allowance

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your medical social worker and/or the Dept of Social Protection.

Application forms are available from your social welfare office or from the Carer's Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Benefit

If you are employed but wish to care for a sick relative full time, you might qualify for a carer's benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer's Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Leave

By law you may be entitled to unpaid temporary leave from your employment. Carer's leave allows you to leave your employment for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer's allowance or carer's benefit to apply for carer's leave. You must have worked for your employer for a continuous period of 12 months to be eligible to apply for carer's leave. The person you are caring for can be a partner or family member, friend or colleague. The family doctor (GP) of the person you are caring for will also need to fill in part of your application form.

You can work while you are on carer's leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection. For more information, contact the Carer's Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Appliances

For patients who have medical cards most appliances are free of charge. For example, if you receive chemotherapy and suffer from hair loss, you are entitled to 1–2 free or subsidised wigs or hairpieces every year.

Travel to hospital

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship.

See page 69 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information

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

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

For social welfare queries, contact:

| | |
|--|---|
| Dept of Social Protection – Information Service Oisín House 212–213 Pearse Street Dublin 2 | Tel: 1850 662 244 Leaflet line: 1890 202 325 Email: info@welfare.ie Website: www.welfare.ie |
|--|---|

If you have queries about health and social services, contact the HSE office in your area: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

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

HSE East Coast Area
[Co Wicklow, South East Dublin]
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 201 4200

HSE Northern Area
[North Dublin]
Swords Business Campus
Balheary Road
Swords
Co Dublin
Tel: 01 813 1800

HSE South Western Area
[Co Kildare, West Wicklow, South Dublin]
Oak House
Millennium Park
Naas
Co Kildare
Tel: 045 880 400

HSE Midland Area
[Counties Laois, Offaly, Longford,
Westmeath]
Head Office
Arden Road
Tullamore
Co Offaly
Tel: 057 932 1868

HSE Mid-Western Area
[Counties Clare, Limerick, Tipperary
North]
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

HSE North Eastern Area
[Counties Cavan, Monaghan, Louth and
Meath]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 928 0500

HSE North Western Area
[Counties Donegal, Sligo, Leitrim and
West Cavan]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 982 0400 / 1850 636 313

HSE South Eastern Area
[Counties Carlow, Kilkenny, Wexford,
Waterford, South Tipperary]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 778 4100

HSE Southern Area
[Counties Cork and Kerry]
Head Office
Wilton Road
Cork
Tel: 021 454 5011

HSE Western Area
[Counties Galway, Mayo and
Roscommon]
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131

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

Citizens Information Board (formerly Comhairle)

Ground Floor, George's Quay House, 43 Townsend Street, Dublin 2
Tel: 01 605 9000; Locall 1800 777 121
Email: info@ciboard.ie; Website: www.citizensinformation.ie

National Cancer Helpline 1800 200 700



If you have financial worries...

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



There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 69 for more details. You can also call the National Cancer Helpline 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 1890 283 438. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 70 for contact details

Irish Cancer Society services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres providing cancer information
- Cancer support groups
- Peer-to-peer support
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets
- Financial support
- Care to Drive transport project

Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline** is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The freefone helpline 1800 200 700 is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**
- **Message Board** is a discussion space on our website (**www.irishcancer.ie**) to share your stories, ideas and advice with others.
- The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.

Daffodil Centres providing cancer information

Daffodil Centres are located in a number of Irish hospitals. They were set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give enquirers a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 71 for more details.

Peer-to-peer support

Many patients find it helpful to talk to someone who has had a diagnosis of cancer and who has recovered. The Irish Cancer Society can put you in touch with someone who has been trained to give you emotional and practical support. All volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. If you would like to make contact with a volunteer, please call the National Cancer Helpline 1800 200 700.

Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Oncology liaison nurses

The Society funds oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.



Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid.

The Travel2Care scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling to a Rapid Access Diagnostic Clinic, you may qualify for the Travel2Care scheme.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society.

Financial Aid: For this kind of help, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society.

See our website for more information: www.cancer.ie

Care to Drive transport project

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected and trained. You, the patient, are collected from your home, driven to your appointment and brought back home again.



If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.



Useful organisations

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

Cancer Research Ireland
Website: www.cancer.ie/research/why.php

The Carers Association
Market Square
Tullamore
Co Offaly
Tel: 057 932 2933
Email: info@carersireland.com
Website: www.carersireland.com

Dept of Social Protection – Information Service
Oisín House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

HARI Unit (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

Health Promotion HSE
Website: www.healthpromotion.ie

All-Ireland Cooperative Oncology Research Group
Website: www.icorg.ie

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

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Freefone 1890 283 438
Email: helpline@mabs.ie
Website: www.mabs.ie

Health insurers

AVIVA Health
(formerly VIVAS Health)
PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.vivahealth.ie

Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Local: 1890 700 890
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
Tel: 01 872 4499
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups

ARC Cancer Support Centres
Dublin and Cork (see pages 72 and 73).

CanTeen Ireland
Young Peoples' Cancer Support Group
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Freefone: 1800 200 700
Email: canteen@oceanfree.net
Website: www.canteen.net

I've Got What?!
[Support for young adults affected by cancer]
c/o Cross Cause Charity Shop
Blackrock
Co Louth
Tel: 086 339 5690

Lakelands Area Retreat & Cancer Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Connaught support groups & centres

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080

Ballinasloe Cancer Support Centre
Society Street
Ballinasloe
Co Galway
Tel: 090 964 5574 / 087 945 2300
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre
2 Church Street

Belmullet
Co Mayo
Tel: 097 20590
Email: caraiorrais@gmail.com

CD's Helping Hands
Lakeview Point
Corporate Park
Claregalway
Co Galway
Tel: 091 799 749
Email: info@cdshelpinghands.ie
Website: www.cdshelpinghands.ie

Gort Cancer Support Group
The Hawthorn
Ennis Road
Gort
Co Galway
Tel: 086 312 4220

Inis Aoibhinn – Cancer Care West
Costello Road
University College Hospitals Galway
Tel: 091 545 000
Email: info@cancercareswest.ie
Website: www.cancercareswest.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: mayocancersupport@eircom.net
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: vitahouse@eircom.net

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

Tuam Cancer Care Centre

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

Leinster support groups & centres**ARC Cancer Support Centre**

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

ARC Cancer Support Centre

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

Arklow Cancer Support Group

25 Kingshill
Arklow
Co Wicklow
Tel: 085 110 0066
Email: arklowcancersupport@gmail.com

Balbriggan Cancer Support Group

74 Castleland
Parkview
Balbriggan
Co Dublin
Tel: 086 164 2234

Bray Cancer Support & Information Centre

36B Main Street
Bray
Co Wicklow
Tel: 01 286 6966
Email: bcsc@iol.ie
Website: www.braycancersupport.ie

Cuisle Centre

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

Dóchas – Offaly Cancer Support

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

Dundalk Cancer Support Group

Philipstown
Hackballs Cross
Dundalk
Co Louth
Tel: 086 107 4257

Éist – Carlow Cancer Support Group

5 Mount Clare Court
Carlow
Tel: 085 144 0510

Gary Kelly Support Centre

George's Street
Drogheda
Co Louth
Tel: 041 980 5100 086 195 9864
Email: services@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support

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

HOPE

Enniscorthy Cancer Support & Information Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie

Lakelands Area Retreat & Cancer Centre

Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Little Way Cancer Support Centre

4 Woods Way
College Road
Clane
Co Kildare
Tel: 045 902 996
Email: littlewayclane@eircom.net
Website: www.littlewaycancersupport.com

Little Way Cancer Support Centre

8 Stanhope Street
Athy
Co Kildare
Tel: 059 863 3725

Manorhamilton Cancer Support Group

(Leitrim)
Tel: Maura Farry 071 985 6220

Rathdrum Cancer Support Centre

34 Main Street
Rathdrum
Co Wicklow
Tel: 087 292 8660
Email: rathcan@gmail.com

Stillorgan Cancer Support

c/o Marsham Court
Stillorgan
Co Dublin
Tel: 01 288 5725

Tallaght Cancer Support Group

Millbrook Lawns
Tallaght
Dublin 24
Tel: 087 217 6486

Wicklow Cancer Support Centre

1 Morton's Lane
Wicklow
Tel: 087 691 4657 / 0404 32696

Munster support groups & centres**Cancer Information & Support Centre**

Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE – Cancer Support Centre

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

Cork ARC Cancer Support House

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

Kerry Cancer Support Group

Acorn Centre
47 Liosdara
Oakpark
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupport@live.ie
Website: www.kerrycancersupport.com

Listowel Cancer Support Group

Bedford
Listowel
Co Kerry
Tel: 068 21741 / 087 237 0766

Recovery Haven

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

Sláinte an Chláir: Clare Cancer Support

Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South East Cancer Foundation

7 Sealy Close
Earlscourt
Waterford
Tel: 051 876 629
Email: infosecf@eircom.net
Website: www.secf.ie

Suimhneas Cancer Support Centre

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

Suir Haven Cancer Support Centre

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

Youghal Cancer Support Group

161 North Main Street
Youghal
Co Cork
Tel: 024 92353

West Cork Cancer Support

Community Work Department
HSE Skibbereen
Co Cork
Tel: 027 53485 / 086 862 5417

Ulster support groups & centres**Cootehill Community Centre Support Group**

Cootehill
Co Cavan
Tel: 087 622 0000

Éist – East Inishowen Cancer Support Group

c/o Serenity House
2 Montgomery Terrace
Moville
Co Donegal
Tel: 074 938 2874

Gary Kelly Support Centre

Monaghan
Tel: 086 195 9864 / 041 980 5100

Living Beyond Cancer

Oncology Day Services
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 912 5888 (Bleep 674)

Solace – Donegal Cancer Support Centre

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

For other support groups or centres in your area, call 1800 200 700.

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

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

American Cancer Society

Website: www.cancer.org

Cancer Network Buddies

Website: www.cancerbuddiesnetwork.org

Cancer Research UK

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

Healthtalkonline

Website: www.healthtalkonline.org

Macmillan Cancer Support (UK)

89 Albert Embankment
London SE1 7UQ
Tel: 0044 207 840 7840

Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Support & Information Centre

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

Memorial Sloan-Kettering Cancer Center (US)

Website: www.mskcc.org

National Cancer Institute (US)

Website: www.nci.nih.gov

Royal Marsden Hospital Foundation NHS Trust

Website: www.royalmarsden.org

Ulster Cancer Foundation

40/42 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk



Helpful books

Free booklets from the Irish Cancer Society:

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



Cancer at Your Fingertips

(2nd edn)
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

Cancer Positive: The Role of the Mind in Tackling Cancers

Dr James Colthurst
Michael O'Mara Books, 2003
ISBN 1-85479-860-X

Challenging Cancer: Fighting Back, Taking Control, Finding Options

(2nd edn)
Dr Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1-85959-068-3

Taking Control of Cancer

Beverley van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

101+ Square Meals

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

44½ Choices You Can Make If You Have Cancer

Sheila Dainow, Jo Wright & Vicki Golding
Newleaf, 2001
ISBN 0-71713-222-6

Explaining cancer to children

Why Mum? A Small Child with a Big Problem

Catherine Thornton
Veritas, 2005
ISBN 1-85390-891-6

Questions to ask your doctor

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

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

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer

7

Answer

8

Answer



Notes



Acknowledgements

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

Roz Flaherty, Cancer Information Service Nurse

Aishling McHugh, Clinical Nutritionist

Jenny Moore, Oncology Nurse Specialist

Susan Rowen, Patient Education Editor

Barium meal image courtesy of Alamy Images

Radiotherapy image courtesy of Siemens Ireland

Would you like more information?

We hope this booklet has been of help to you. If you would like more information or someone to talk to, please call the National Cancer Helpline on 1800 200 700.

Would you like to be a patient reviewer?

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



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

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

Would you like to help us?

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

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

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The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.

