على الطريق الى الشفاء

معلومات للأشخاص الذين في طريق الشفاء من السرطان ولمقدّمي الرعاية لهم

معلومات عملية ودّعم

للحصول على المعلومات والدّعم، اتصل 131120
على الطريق إلى الشفاء. العربية

معلومات للأشخاص الذين في طريق الشفاء من السرطان ولمقدّمي الرعاية لهم.

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سيتم مراجعة كُتيب على الطريق إلى الشفاء كل ثلاثة سنوات تقريباً. تُخصّص تاريخ الطبع أعلاه أعلاه للتأكد من أن هذه النسخة من الكُتيب قد تم تحريرها. للحصول على نسخة حديثة، أتصل بـ Cancer Council على الرقم 20 11 13.

تقدير وشكر

لقد تألفت هذه المعلومات كجزء من مبادرة الحكومة الاسترالية وتم تمويلها من خلال Cancer Council و Cancer Survivorship Centre - A Richard Pratt legacy، Peter MacCallum Cancer Centre.

لقد قمنا بتطوير هذه المعلومات بعد التحدث إلى أناس من الخلفية العربية من الذين أُصيبوا بمرض السرطان و كذلك مع عائلاتهم و Cancer Council. معظم المعلومات في هذا الكُتيب تم تعديلها أو أعيد كتابتها و تصميمها من كُتيبات اللغة النكليزية التابعة لـ Peter MacCallum Cancer (مجلس السرطان) و من ضمنها 'living well after cancer' (العيش بصحة جيدة بعد السرطان) و كذلك الـ د. في دي المُعنون بـ 'فقط خذها يوماً بيوم: دليل التعايش مع الحياة بعد السرطان' من مركز بيتر ماك و مصادر مكتوبة من Australian Cancer Survivorship Centre - A Richard Pratt legacy و Australian Cancer Survivorship Centre - A Richard Pratt legacy.

نود أن نشكر جهود اعضاء لجنة قيادة المشروع، والمراجعين و المنظمات المجتمعية في المساعدة على تطوير هذا الكُتيب: Georgina Wiley, Australian Cancer survivorship Centre - A Richard Pratt legacy; A/Prof Michael Jefford, Peter MacCallum Cancer Centre; Prof Phyllis Butow, Psycho-oncology Cooperative Research Group; Fiona Douglas, Cancer Council Victoria; Linda Nolte, Australian Cancer survivorship Centre - A Richard Pratt legacy; Amanda Piper, Australian Cancer survivorship Centre - A Richard Pratt legacy; Dr Melanie Price, Psycho-oncology Co-operative Research Group; Jane Roy, Cancer Council Australia; Prof Penelope Schofield, Peter MacCallum Cancer Centre; Rosemary Kelada; و Arabic Welfare Inc; Simar Amad, و Faiz Samaan, Mandy El Ali, Noura Bawab.

نود أن نشكرهم جميعًا على مجهوداتهم في جعل هذه المعلومات قادرة على خدمة الأشخاص الذين يتلقون الرعاية.</p>
On the Road to Recovery, Arabic
Information for people recovering from cancer and their carers.

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On the road to recovery will be reviewed approximately every three years. Check the publication date above to ensure this copy of the booklet is up to date. To obtain a more recent copy, phone Cancer Council 13 11 20.

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Note to reader
Always consult your doctor about matters that affect your health. This booklet is a general introduction to the topic of recovering from cancer. It is not a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your own situation from appropriate health professionals. You may wish to discuss issues raised in this book with them. For further information about any of the topics raised in this booklet phone Cancer Council on 13 11 20. For information through an interpreter in Arabic phone 13 14 50.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

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This information is for people who have finished treatment for cancer. This might have included surgery, radiotherapy and/or chemotherapy.

For some people with cancer, finishing treatment can be a relief. Other people face challenges in the weeks, months or years after treatment has finished. Many people worry about cancer coming back; some people have unwanted effects from treatment (called ‘side effects’); others want to know what supports are available for them for example where and how to get help with emotions, body changes, finances and other things.

This booklet has practical information and suggestions to help you and your family and friends get through the challenges raised by cancer. It also suggests where you may be able to get further help.

If you or your family have any questions, call Cancer Council 13 11 20. We can send you more information and connect you with support services in your area. Turn to the last page of this book for more details.
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What is cancer?
Cancer is the name given to diseases where something goes wrong in the way cells normally grow and multiply. With cancer, the body’s cells become abnormal and divide without control. Cancer cells may spread to other parts of the body.

What causes cancer?
We do not know all of the risks for and causes of cancer. People get cancer for different reasons. These reasons may include exposure to tobacco smoke and air pollution, too much exposure to sunlight and some chemicals as well as poor diet or hereditary factors.

Not all cancers are due to these risk factors. Cancer can sometimes develop without any obvious cause. Cancer is NOT caused by injury or stress. Cancer is NOT contagious – you cannot get cancer by spending time with someone who has cancer.

The cause of your cancer may be due to a number of reasons (or may be unclear). Cancer is NOT caused by being a bad person and it does NOT mean that you or your family are bad people.

What to do if people judge you for having cancer
It is important to be aware that cancer is not caused by being a bad person or by bad spirits. A stigma may exist in your community about how cancer is caused and why people get cancer. This...
stigma can cause people to hide their diagnosis from friends and family and may delay them from getting treatment.

Cancer can be caused by a number of biological and environmental factors. The cause of your cancer may be due to a number of reasons (or may be unclear).

It is also important for people in your community to be aware that cancer is not contagious. If you are fearful that people don’t want to be around you because they think they may catch the cancer, direct them to call the Cancer Council on 13 11 20 to speak to a cancer health professional. For information through an interpreter in Arabic, phone 13 14 50.
It is normal to have a mixture of feelings and to have good and bad moments after finishing treatment. Some people want to return quickly to their usual routines, while other people need time to rest after they finish treatment. Some people say they don’t want people to make a fuss about them. With time, many people say they learn to appreciate things more and prioritise what is important in their lives.

Some people say that having had cancer can help them to look at their lives differently. It may encourage them to make positive changes to their lives, such as deciding to do more travelling, spend more time with family or make healthier choices.

It is important to remember that there is no right or wrong way to feel – just as there is no one right way to cope. Many people say that having cancer changes the way they feel about their life. Sometimes it takes time to return to normal life and some people may find that this life is now different to how it was before. Give yourself time to adjust. Some of the common feelings people have are listed below.

• Feeling alone or lonely - You may feel abandoned now that you don’t have regular medical appointments. You may also feel that friends and family don’t understand your situation or can’t offer you the help you need.

• Fear that the cancer may return - It is sometimes hard to separate normal pains and the effects of treatments from the fear of cancer returning. This fear is a common concern and it is natural to worry about the future.

• The fear of losing loved ones - You may find it difficult to think about the future and the possibility of losing loved ones.

• The fear of losing your job - You may worry about your ability to work and support yourself and your family.

• The fear of losing your independence - You may worry about your ability to live your life independently and make decisions for yourself.

• The fear of losing your identity - You may worry about how your illness will affect your self-image and self-esteem.

• The fear of losing your future - You may worry about how your illness will affect your future plans and goals.

• The fear of losing your hope - You may worry about losing hope and the belief that things will get better.

It is important to remember that these feelings are normal and it is natural to feel scared and uncertain. It is important to talk to someone about your feelings and to seek support from family, friends, and healthcare professionals. It is also important to take care of yourself physically and mentally by eating well, exercising, and seeking professional help if needed.

Common feelings after finishing treatment

مشاعر شائعة بعد الانتهاء من المعالجة

آنه من الطبيعي أن تتملكك خليط من المشاعر، وأن تنتابك لحظات جيدة وشائعة بعد انتهاء المعالجة. بعض الناس يرغبون بالعودة إلى النمط الطبيعى لحياتهم بسرعة، بينما يحتاج آخرون إلى وقت من الراحة بعد أن يتهوا معالجتهم. بعض الناس يقولون أنهم يرغبون أن يعمل الآخرين ضيماً ليشاركونهم. وبمرور الوقت، يقول العديد من الناس أنهم يتعلمون كيف تقييم الأمور أكثر، ويختارون الأولوية للأشياء المهمة في حياتهم.

بعض الناس يقولون إن إصابتهم بالسرطان قد ساعدتهم في النظر إلى حياتهم بصورة مختلفة. ربما شجعهم على القيام بتغيرات إيجابية في حياتهم، مثل القرار بالسفر بصورة أكبر، قضاء وقت أكثر مع العائلة أو العمل على القيام بخيارات أكثر صحية.

من المهم جداً التذكر بأن ليس هناك طريقة صحيحة للمشاعر أو أخرى خاطئة – كما لا يوجد هناك طريقة وحيدة وصحيحة للتحمل. يقول العديد من الناس أن الإصابة بالسرطان غزرت الطريقة التي يشعرون بها عن حياتهم، وتحتاج بعض الوقت للعودة إلى الحياة الطبيعية في بعض الأحيان، والبعض يمكن أن يرى أن هذه الحياة أصبحت مختلفة إلى أن عما كانت عليه من قبل. إعطي نفسك بعض الوقت للتئام. بعض المشاعر الشائعة التي تتطلب الناس مدرجة ادناه.

• الشعور وحيداً أو بالوحدة. يمكن أن نشعر بأنك قد هُجِرت الآن في الوقت الذي لم يعد لديك مواعيد طبية منتظمة. و يمكن أن نشعر أيضاً أن الأصدقاء والعائلة لا يقومون وضحك أو لا يستطيعون تقديم المساعدة التي تحتاجها.

• الخوف من عودة السرطان. من الصعب في بعض الأحيان فصل الألام العادية وتأثيرات المعالجة عن الفتق الذي ينتابك بخصوص احتمالية عودة السرطان. هذا تخوف شائع لدى العديد من الناس من الذين أصيبوا بالسرطان.

• الحزن والكآبة. إنه من الشائع أن تشعر بالحزن أو ‘الهبوط’ في بعض الأحيان.
worrying that the cancer has come back. This is a very common concern for many people who have had cancer.

**• Sadness or depression** - It is common to feel sad or 'down' on some days. This is often linked to fatigue after cancer treatment. If you have a low mood for most of the time, or have lost interest and pleasure in things for more than two weeks, you may have depression.

**• Low confidence** - Some people say they feel less confident and more vulnerable after they have had cancer. Your body and way of thinking may have changed after having cancer and it can take time to adjust.

**• Anxiety** - You may feel anxious or hesitant about planning for the future. This anxiety might be greater just before check-ups, on anniversaries of the cancer being diagnosed, or when you see something about cancer on television.

**• Relief** - You may feel relieved that the treatment is over.

### Coping with changes

Cancer is life changing. It can change the way people think about themselves, their bodies, and those around them. Some things will seem more important now and other things less important. People may seem to treat you differently than before you had cancer. Many people say having cancer is like a 'journey' involving a lot of change in their life. You may also feel a sense of loss of what you had planned or hoped for your life.
People learn to cope by:
• learning about the cancer and its treatment
• getting help from others
• looking after your health
• preparing for anniversaries and important dates
• understanding how relationships can change
• accepting and understanding that your life may change.

Fear of the cancer returning

The most common fear that people recovering from cancer have is the fear of the cancer returning.

For some people this fear may affect their ability to enjoy life and make future plans. For some people the fear lessens over time though for other people the fear remains. Some people say that they experience fear at certain times.

You may wonder how likely it is that your cancer will come back or how long people with your type of cancer live. If you are worried that your cancer may return, you should make an appointment to discuss this fear with your doctor.

The chance of the cancer coming back is different for each person. It depends on many factors including:
• the type of cancer you had
• whether or not the cancer has spread in your body
• the treatment you had
• the time since treatment.
Cultural and religious beliefs

Your cultural and religious beliefs are important. Talk your doctors and other health care providers about your beliefs, especially if your beliefs influence what you want and do not want from your health care. In most cases, health care providers can accommodate your requests. If health care providers feel requests related to your beliefs may compromise your treatment or care, they will discuss options with you and help you to make decisions.

Many people that we surveyed while writing this resource stated that their faith helped them while they were going through cancer treatment as well as after treatment had finished. Your sheik, pastor, priest or bishop should be available to talk to you and provide comfort and advice if needed.

If you would like more information, please call Cancer Council on 13 11 20. For information in Arabic through an interpreter, call 13 14 50.
Many people say that cancer changes them. After treatment, they may feel different, even though they look the same. With time, survivors often find a new way of living. Many call this ‘new normal’. It may take months or years to find a ‘new normal’.

It’s common for people to feel both excited and anxious when treatment ends. Many people say they need time to stop and reflect on what has happened before they can think about the future. This process may mean they re-evaluate and change their values, goals, priorities and outlook on life.

Many survivors feel a sense of loss for “the person I once was”, “the way things used to be”, and “the things I used to do”. Some survivors feel they should be happy because they survived, but instead feel guilty that this isn’t the case. Some people feel they need time to rest. Other survivors want to return to their previous life.

How you feel and cope will depend on the type of cancer and treatment you had, and what you’re like as a person. Any long-term side effects from your treatment will also play a big part.

Many cancer survivors have continuing health concerns because of the cancer or due to treatment. These may include fatigue, difficulty sleeping, pain and depression. The after-effects of treatment can make everyday life difficult.
Q: My family and friends think my cancer experience is over. Why do I feel like it isn’t?
A: Your family and friends care for you and it’s natural for them to want the distress of cancer to be behind you. They may not fully understand what you’ve been through, and might not realise that the cancer experience doesn’t necessarily stop when treatment ends. It may be helpful to allow yourself time to adjust to these changes, and to explain to your friends and family that you need their understanding during this period.

Q: Can cancer be a positive experience?
A: Many people find there are positive aspects to having cancer. Some even refer to the disease as a life-changing experience. Cancer may cause you to re-examine your life choices, and may motivate you to travel, take up new activities or make lifestyle changes (e.g. starting exercise or quitting smoking). This shift is often gradual, as even positive change can take time to implement.

Q: What if I don’t want to make changes after cancer?
A: Some people are happy with the way things were before the cancer diagnosis. This is okay; don’t feel pressured to make life changes if you don’t want to.

After treatment, some people want to help improve the cancer experience for others through advocacy or volunteer work. If this interests you, call Cancer Council 13 11 20 or contact Cancer Voices at www.cancervoicesaustralia.org.au.
After your treatment has finished, you may need regular appointments so that your doctor can check your health and well-being. How often you see your specialist depends on the type of cancer and treatment you had, and whether you are having any unwanted effects from treatment. Different people have different follow-up schedules.

You can ask for an interpreter or interpreting service to be used at your appointments.

Your treatment summary
Ask your oncologist or other cancer specialist for a written summary of your cancer type, treatment and follow-up care. Share this summary with your GP (local doctor) or any new health care providers you see.

This plan should include the following information:
- type of cancer
- date of diagnosis
- diagnostic tests performed and results
- pathology results: whether or how far the cancer has spread, its grade, the hormonal status, and results from any blood tests looking for evidence of cancer spread in the body
- treatment details (e.g. type of surgeries, where and how much radiation therapy you had, names and doses of chemotherapy and all other medications), results of scans and x-rays
- list of symptoms to watch for and possible long-term unwanted effects of treatment
contact information for health professionals involved in your treatment and follow-up care.

What do check-ups involve?
During check-ups your doctor will:
• see how you’re recovering
• ask how you’re feeling and coping with life after cancer
• monitor and treat any continuing unwanted effects of the cancer and treatment
• look for any signs that the cancer may be coming back
• investigate any new symptoms
• ask if you have any concerns
• discuss your general health and suggest things you can do to keep yourself healthy, such as good nutrition and regular exercise.

You may have blood tests and scans, depending on your cancer type and treatment. For example, women treated for breast cancer need mammograms and men treated for prostate cancer need regular blood tests.

Telling your doctors about your symptoms will help them manage any symptoms that are bothering you. For instance, you should let them know if you feel very low in mood or energy.
How often do I need check-ups?

How often you have check-ups depends on the type of cancer you have. Some people have check-ups every 3–6 months for the first few years after treatment, then less frequently thereafter. Talk to your doctors about what to expect. Sometimes your GP can do the follow-up. Your GP will be important to help you manage other issues as well.

If you need reassurance, you can visit your GP in between visits to talk about any concerns. It is important to find a GP who you are happy with rather than going to different ones. This way, your GP will be aware of your medical history.

Your GP may also be able to refer you to some health services that are free or low cost. Your GP can also refer you to other health professionals who can help with your care after cancer, such as a physiotherapist, psychologist or dietitian.

How to prepare for check-ups

Ask your doctor questions about anything you do not understand. If the doctor uses words you do not understand then it is important to ask for a simpler explanation.

It can help to write down questions before your visit. You may wish to take a trusted friend or family member with you to your appointments. It may also help to book a longer consultation so that you do not feel rushed.
Cancer treatment can cause unwanted effects as well as helping to treat your cancer. These are called ‘side effects’. Many people have some unwanted effects after treatment. Whether you get these can depend on:

- the type of cancer you had
- whether or how far the cancer has spread in your body (you may hear this called the 'stage' of the cancer)
- the treatment you had.

The side effects can be both physical and emotional. Your body will cope with the treatment and recovery in its own way.

Common side effects include:

- feeling very tired (fatigue)
- pain
- hair loss or other physical changes
- sleeping difficulties
- weight loss or gain
- low self-esteem and confidence
- feeling sad or depressed
- difficulty concentrating
- swelling in the limbs (lymphoedema)
- menopausal symptoms for women
- fertility problems
- changes in the way your bladder and bowel work (e.g. having diarrhoea)
- problems with eating or drinking
- mouth and teeth problems
- bone loss (osteoporosis), meaning an increased risk of fracture.
Any change in how your body looks, feels or functions can be very hard to deal with. These may include lack of feeling in the hands and feet, infertility, changes to your sexual life or developing another type of cancer.

Below are some common side effects people who have finished cancer may have, with suggestions on how to cope.

Fatigue
Fatigue is when you feel exhausted and don’t have the energy to do day-to-day activities. This is a common side effect of cancer treatment. Up to a quarter of people will have persistent fatigue after cancer treatment.

Signs of fatigue
People described fatigue after cancer treatment as overwhelming, debilitating and frustrating. Signs include:
- lack of energy – you may want to stay in bed all day
- difficulty sleeping (insomnia)
- finding it hard to get up in the morning
- feeling anxious or depressed, particularly if fatigue persists
- muscle pain – you may find it hard to walk or climb stairs
reduced mobility and loss of muscle strength (weakness)
• breathlessness after light activity, such as making the bed
• difficulty concentrating
• finding it hard to think clearly or make decisions
• having little or no interest in sex (low libido).

Many people worry fatigue is a sign that the cancer has come back or that it never really went away. This is usually not true.

Managing fatigue
Many cancer survivors don’t tell their doctor about fatigue because they think that nothing can be done about it. However, your treatment team may be able to help. For example, your fatigue may be caused by low red blood cells (anaemia), an underactive thyroid gland, depression or the side effects of medications. Your doctor may be able to suggest treatment for these side effects.

It is important to tell your doctor if:
• you get dizzy
• you feel a loss of balance when walking or getting out of bed or a chair
• you fall or hurt yourself
• your body aches
• you lack energy
• you find it hard to wake up or have trouble sleeping
• you have been too tired to get out of bed for 24 hours
• you have any breathing problems
• your fatigue becomes worse
• you feel confused or cannot think clearly.

Many people worry fatigue is a sign that the cancer has come back or that it never really went away. This is usually not true.
Suggestions for managing fatigue

- Set small, manageable goals. Focus on doing a little bit each day rather than a lot all at once.
- Ask for help. Get a friend to help with picking your children up from school, shopping or mowing the lawn.
- Plan your day. Make a task list and do the activities that are most important to you when you have the most energy.
- Take it slow. Work at your own pace and take regular breaks.
- Relax. Try calming activities like walking on the beach, spending time in the garden, having a long bath or listening to music.
- Leave plenty of time to get to appointments.
- Be realistic. Don’t expect to be able to instantly do everything you used to do. Your body is still recovering and it will take time for your energy levels to return.
- If you have children, sit down to play. Try activities like reading, board games, puzzles and drawing.
- Say no to things that you don’t feel like doing.
- Regular light exercise can boost energy levels and reduce fatigue. Try short walks, pilates or tai chi. A physiotherapist or exercise physiologist can develop a suitable rehabilitation program. Talk to your GP before starting a new exercise program.
- Smoking reduces your energy. If you smoke, talk to your doctor about quitting, call the Quitline on 13 QUIT (13 78 48) or visit www.quitnow.gov.au.
- Take it easy. Sit down to talk on the phone or do light chores. Do your shopping online. Talk to an occupational therapist for more ideas on reducing fatigue in specific daily activities.
Sleep disturbance

Difficulty sleeping is common among people who have had cancer. Sleep can be affected by symptoms related to the cancer treatment as well as environmental, physical and psychological factors. People who have pre-existing sleep problems can have additional sleep difficulties after their cancer diagnosis.

Managing sleep disturbance

- Only go to bed when tired.
- Get up at the same time each morning, including weekends.
- Do not take daytime naps.
- Reduce/eliminate the use of alcohol, caffeine, nicotine or food that might disturb your sleep (e.g. spicy food).
- Exercise regularly.
- Avoid looking at the clock throughout the night.
- Ensure the room is dark, quiet and a comfortable temperature.
- Set up a pre-sleep routine to help you relax.
- If medication interferes with your sleep, discuss alternatives with your doctor.

Swelling in the limbs (lymphoedema)

Lymphoedema is swelling from a build-up of lymph fluid. Lymph nodes are found all around the body, including the armpit, groin, stomach, chest and neck. Usually the swelling occurs in a limb, such as your arm, particularly for women after surgery for breast cancer.

الاضطراب في النوم

إن الصعوبة في النوم هي حالة سائدة بين الأشخاص الذين يصبحون بالسرطان. النوم يمكن أن يتأثر بالآفات المتعلقة بمعالجة السرطان وكذلك بالعوامل البيئية، الجسدية، النفسية. الناس الذين لديهم مشاكل مزمنة في النوم يمكن أن يختاروا سلوكيات إضافية في النوم بعد تشخيصهم بالسرطان.

السيطرة على الاضطراب في النوم

- أذهب إلى النوم فقط عندما تكون متعبا.
- انشق عن النظر في الساعة خلال الليل.
- تأكد من أن الغرفة مظلمة، هادئة ودرجة الحرارة مريحة.
- تتميز بروتين قبل النوم لمساعدتك على الأشرحة.
- إذا ما تعرضت الأدوية مع نومك، ناقش البدائل مع طبيبك.

التورم في الأطراف (اللورم اللمفي - الاديمة)

اللورم اللمفي أو الأديمة هو نوع ناتج عن تجمع السائل اللمفي. تتواجد العقد اللمفية في جميع أنحاء الجسم، بما تشمل الأفاف، الأطراف، المعدة، الكبد، الورقية. يحدث التورم عادة في طرف، مثل الذراع، خاصة عند النساء بعد جراحة سرطان الثدي.
Lymphoedema can take months or years to happen, though many people who have had surgery for cancer never get lymphoedema.

Improvements can be slow and this condition tends to happen again or linger. A physiotherapist or lymphoedema specialist can help to treat symptoms.

It is important to prevent infection in the affected area and to keep the skin moisturised. Avoid:
- sunburn
- cuts, burns and insect bites
- using blood pressure cuffs on the limb affected by lymphoedema.
- having injections into the limb affected by lymphoedema.

**Pain**

Some people have pain after cancer treatment.

Chemotherapy and surgery can injure nerves and cause pain and numbness in certain areas of your body. Your skin may be very sensitive in the area you had radiotherapy; this can last for a few months. Scars from surgery can also hurt for a long time.

Pain can stop you from doing the things you want to do. Controlling the pain may let you return to many of the activities you enjoy. There are usually many ways to manage pain. If your pain lasts for a long time or is there all the time, do something about it straight away, before it gets out of control.
Managing pain
Taking medication regularly and at the right dose is the best way to prevent pain from starting or worsening. It may mean you can use lower doses of pain relief medication than if you wait until the pain gets worse.

Will I become addicted to pain-relieving medications?
People taking pain-relieving medications at the levels necessary to relieve pain are not at risk of addiction, unless they have had addiction problems in the past. If you are concerned about becoming dependent on pain-relievers, talk to your doctor.

Common pain-relieving medications
Pain-relieving medications, called analgesics, treat different types and levels of pain. They include medications for:

Mild pain - These include paracetamol or non-steroidal anti-inflammatory medications, like ibuprofen or aspirin.
Moderate pain - These include mild opioids such as codeine.
Strong pain - These include opioids such as morphine.

Let your doctor know how pain is affecting your day-to-day life, as this helps your doctor plan the best treatment for you. Your pharmacist may also be able to suggest ways to relieve the pain.

السيطرة على الألم
تناول الأدوية بإانتظام و بالجرعة الصحيحة هي أفضل طريقة لمنع الألم من البدء أو أن يصبح أسوأ. قد يعني ذلك تستطيع أستعمال جرع أقل من دواء مخفف الألم بدلاً من الانتظار إلى أن يصبح الألم أسوأ.

هل سأصبح مدمناً على أدوية مخففات الألم؟
الناس الذين يستعملون أدوية لتخفيض الألم و بمستويات ضرورية ليسوا في خطر الإدمان، ما لم يكن لديهم مشاكل مسبقة على الإدمان في الماضي. إذا كنت لديك مخاوف بخصوص الإدمان على مخففات الألم، تحدث إلى طبيبك.

الادوية الشائعة لتخفيض الألم
الإدوية الشائعة المخففة لالألم والمسا أنتجيسيك والتي تعالج أدوية و مستويات مختلفة من الألم، وتتضمن هذه أدوية تستعمل لأعراض:

الألم الخفيف - وتشمل الباراسيتامول او الأدوية غير الستيرويدية مضادة للالتهاب، مثل إيبوبروفين أو الأسبرين.
الألم المعتدل - وهذه تشمل الأدوية الخفيفة مثل كوديين.
الألم القوي - وهذه تشمل الأدوية المخدرة مثل المورفين.

أخبر طبيبك كيف يؤثر الألم على حياتك اليومية، لأن هذا يساعد طبيبك على تحديد أفضل معالجة لك. وقد يكون الصيدلاني التابع لك أيضاً قادر على اقتراح طرق لتخفيف الألم.

Side effects of treatment
Will the pain-relievers make me drowsy?

If you take the medication as your doctor prescribes, this is not likely. You may feel drowsy at first, but this usually wears off within a couple of days. If it doesn’t, talk to your doctor. Your doctor may need to adjust your dose.

Other methods of pain relief

- Physiotherapy or occupational therapy can help with physical or practical problems that are making you uncomfortable.
- Complementary therapies such as acupuncture, massage and reflexology can help with well-being, getting control over pain, improving your mood, and lowering your stress and anxiety.
- Deep breathing, meditation or listening to your favourite music may help you sleep at night, give you more energy, reduce anxiety and make other pain-relief methods work better.
- Applying hot or cold packs to affected areas may provide relief.
- Focusing your attention on something other than the pain. For example, try listening to music or doing something creative, such as painting a picture.
- A small number of people may require surgery or nerve blocking (an anaesthetic injected where the pain is).

 هل لمخففات الألم أن تجعلني أشعر بالنعاس؟

إذا تناولت الدواء كما وصفه لك طبيبك، فهذا لا يكون محتملاً. قد تشعر بالنعاس في البداية، ولكن عادة ما يتبدد هذا خلال يومين. إذا لم يتبدد، تحدث إلى طبيبك. قد يحتاج طبيبك أن يقوم بتعديل الجرعة.

طرق أخرى من مخففات الألم

- العلاج الطبيعي أو أخصائي علاج الوظيفي يمكن أن يساعد في المشاكل الجسدية أو العملية و التي تشعرك بشعور الارتباك.
- العلاجات التكميلية مثل الوخز بالإبر، العدوى و ممارسة تطبيق الضغط على أجزاء معينة من الجسم أو ما يسمى ب رفيكسولوجي و التي تساعد على تعزيز فعاليتك ، التحكم بالألم، تحسين مزاجك و تخفيف الضغط النفسي و التوتر.
- التنفس العميق، التأمل أو الاستماع إلى الموسيقى المفضلة لديك قد تساعد في النوم في الليل، وتحتاج طاقة أكثر، تخفيف التوتر و تجعل مخففات الألم الأخرى تعمل بطريقة أفضل.
- وضع حزم حارة أو باردة على المنطقة المصدقة يمكن أن يوفر راحة.
Feeling sad or depressed

Many people feel sad or low after cancer treatment. Don't be surprised if you feel unhappy at times. You may worry about the changes to your appearance, feel anxious about planning for the future, or worry about your health. It is natural to feel worried or sad some of the time.

But there is a difference between feeling unhappy and being depressed. You may be depressed if you are in a low mood for most of the time, or have lost interest and pleasure in most things for more than two weeks. Depression often won’t go away by itself. Tackling it early may mean that you can deal with problems quickly and avoid symptoms becoming worse. Sometimes it may be hard to work out if you have fatigue or depression. Speak to your doctor if you are concerned about your symptoms. There are also many treatments for depression, such as medication and counselling.

Finding a counsellor who speaks your language

Many people say that speaking with a counsellor in their own language helps. If you or someone you know uses the internet, you can search for a counsellor in your own language through the Australian Psychological Society. Visit www.psychology.org.au> community information > find a psychologist. Use the advanced search tab to find your language.

You may be able to get some, or all, of the cost of speaking with a counsellor back through Medicare. Help to pay for up to ten counselling sessions is available through a GP Mental Health Plan. Speak to your local doctor about this.
Managing your mental health

• Take care of yourself. Eat a well-balanced diet with lots of fresh fruit and vegetables and drink plenty of water.
• Avoid alcohol.
• Set small goals that you can achieve. Don’t expect too much from yourself.
• Get regular exercise. Studies have shown that being active helps lift a person’s mood and gives you more energy.
• Share your feelings with someone close to you; this may help you feel less alone.
• Go out and do something you enjoy. Doing something different can often make you feel better. Spend time outside in the fresh air.
• Try massage, yoga, hypnosis, acupuncture or reflexology.

• List activities you used to enjoy and plan to do one of these activities each day.
• Write down how you’re feeling or express yourself in painting, drawing, music or singing.

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• Write down how you’re feeling or express yourself in painting, drawing, music or singing.
Problems concentrating, focusing and remembering things

After treatment, many people say they have difficulty concentrating, focusing and remembering things. This usually happens after chemotherapy. However, other treatments (e.g. hormone therapy and radiotherapy) and side effects, such as fatigue or depression, can also affect how well you can think and concentrate. This problem usually improves, but it may take a year or more.

Managing concentration & memory problems

• Use your mobile phone, a calendar or daily planner to keep track of tasks, appointments, social commitments, birthdays, etc.
• Plan your activities so you do things that require more concentration when you are more alert (e.g. mornings).
• Set calls to go to voicemail. Put aside time each day to answer calls and emails.
• If you are working and have your own office, close the door when you don’t want to be interrupted.
• Get plenty of sleep and exercise. Getting some physical activity every day will help you sleep better.
For some people side effects may continue for months or years ('long-term effects') or start a long time after treatment ends ('late effects'). If you are concerned about a new side effect, talk to your doctor.

Late effects will vary depending on the type and stage of your cancer as well as the type of treatment you had.

Late effects can happen years after treatment finishes. They can include:

- lung, heart and liver problems
- developing another type of cancer
- cataracts (clouding of the lens in the eye, which can cause difficulty with vision)
- infertility
- bowel problems
- thyroid problems (the thyroid is a gland in the neck that makes some types of hormones)
- tooth decay
- bone loss (osteoporosis), meaning an increased risk of fracture
- swelling in the limbs (lymphoedema)
- memory problems.

Ask your doctor whether you are at risk of developing late effects. Also ask about what you can do to prevent this and symptoms to be aware of.

It is important to remember not everyone who has cancer treatment will have long-term or late effects.
Fertility problems

Some cancer treatments can cause temporary or permanent infertility (inability to conceive a child). Although chemotherapy and radiotherapy reduce fertility, it may still be possible for women to become pregnant after treatment, or for men who have had treatment to father a child.

Your doctor may suggest you wait a certain period of time before trying to conceive. For example, some people wait for a year or two to give their body time to recover, and allow eggs and sperm to become healthy again. Some form of contraception must be used during this time.

If you are told you’ll be permanently infertile, you may feel a great sense of loss and grief. You might be devastated that you won’t have your own children or additional children, and you may worry about the impact of infertility on your relationship. Even if your family is complete, you may be distressed. Infertility may make you feel that you have lost control of what you wanted in your life. You may feel very angry, sad or anxious that the cancer and its treatment caused these changes to your body. Talking to a counsellor about how you are feeling might help.

Menopause

Menopause means a woman’s ovaries no longer produce eggs and her periods stop. When this happens, it means she can no longer have children. The average age for a woman to have natural menopause is 52.
Menopause after treatment for cancer may be for a short while, or forever. Either way, you may have menopausal symptoms. Cancer treatments that can cause menopause include:

- some chemotherapy medications
- radiotherapy to the pelvic area (below the hips)
- hormone treatment
- surgery to remove the ovaries.

Even if your family is complete or you didn't want children, you may have mixed emotions and worry about how it will affect your current or future relationships. Some women find menopause difficult because they feel it has taken away a part of their identity as a woman.

Symptoms
While natural menopause can be a difficult time for a woman, it may be more difficult if menopause happens suddenly because of cancer treatment.

Symptoms may be severe because the body hasn’t had time to get used to the hormone levels gradually reducing. You may get:

- hot flushes
- mood swings
• trouble sleeping
• tiredness
• vaginal dryness.

Many of these symptoms will pass with time, though it can take months or a few years. You are also at risk of bone loss (osteoporosis), meaning an increased risk of fracture. Ask your doctor how this can be prevented or managed.

Managing menopause symptoms

• Hormone replacement therapy can help reduce symptoms. However, this may not be recommended, especially in women who have had hormone-sensitive breast cancer.

• Talk to your doctor about medicines without hormones that might help with symptoms such as hot flushes.

• Use oestrogen in creams or pessaries to help with vaginal dryness. Moisturisers without oestrogen can also be used.

• Ask your doctor if you want advice about changing your diet or taking herbal remedies.

• Extra lubrication for the vaginal area may make intercourse more comfortable. Choose a water or silicone-based gel without perfumes or colouring (e.g. Sylk® or Pjur®).

• Take more time before and during intercourse to help the vagina relax and become more lubricated.
Cancer and its treatment may affect your relationships and intimacy in physical and emotional ways. Some people don’t feel any differently after treatment, but if you do, it can be hard to deal with. These changes may be temporary or ongoing. Anyone who has had cancer treatment may have concerns, but those most likely to experience long-term problems include:

- women treated for breast or gynaecological cancers
- women who have early menopause
- men treated for testicular or prostate cancer
- people treated for rectal or lower bowel cancer
- people who have a stoma because of their treatment.

Some people say they were not prepared for the changes caused by treatment. Other people say that they avoid all forms of intimacy including hugs, kisses and sharing feelings, in fear that it may lead to sex when they don’t want it. Some people worry that they will never be able to have an intimate relationship again. If the cancer treatment has affected your ability to have children, this may also change the way you feel about having sex.

Managing sex and relationship problems
You may not even be aware that you aren’t taking an interest in sex or being as intimate as you were before. If you have a partner, this can be confusing for them and it may make them feel uncertain about how to react. Talking to your partner about how you’re feeling can help. Let them know why you don’t want sex but reassure them that you love them.
Many cancer survivors adopt a healthier lifestyle after their cancer experience. These changes can help prevent a cancer recurrence and can also prevent other health problems.

**Diet**

Many people (including your friends and family) may turn to the internet for answers about diet. It is important to remember that there is no single food type that has been shown to prevent cancer. In the same way, there is no single food that has been shown to cause cancer. Be wary of advice that tells you to eliminate many types of food or whole food groups from your diet. You may like to consider the following advice.

**Maintain a healthy body weight**

A healthy body weight is important for lowering the chance of the cancer coming back. It can also improve survival. There are different techniques to measure a healthy body weight. The simplest way is to measure around your waist (waist circumference).

**Waist circumference and health risk**

Having fat around the abdomen regardless of your body size, means you are more likely to get conditions such as diabetes, heart attacks and certain types of cancer. Fat around the hips and buttocks doesn't appear to have the same risk. Men, in particular, often put on weight around their waist. If you have lost a lot of weight during treatment, you may have to regain some weight to return to a healthy weight. If you are very...
malnourished and are struggling to put on weight, it may help to visit a dietitian. If you are eligible, your local doctor can refer you to see a dietitian for free or at reduced cost.

**Losing weight**

- Make fruit and vegetables, wholegrain breads, cereals, pasta and rice and other low fat foods the basis of your diet.
- Choose lean cuts of meat and trim as much fat as possible before cooking.
- Limit your intake of red meat and processed meat, such as sausages.
- Remove the skin from chicken.
- Cook food in ways that use less fat – grill, steam, poach or bake.
- Use a non-stick frypan or a spray of oil when pan-frying.
- Try low-fat varieties of milk, yoghurt and cheese.
- Don't use butter or margarine, or use only a scrape.
- Limit the number of high-fat takeaways. For instance, avoid foods with a lot of coconut milk and fried foods.
- Avoid high-fat snacks such as crisps and biscuits.
- Have smaller portions.

### Recommended waist circumference

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 94 cm or more – increased risk</td>
<td>• 80 cm or more – increased risk</td>
</tr>
<tr>
<td>• 102 cm or more – substantially increased risk.</td>
<td>• 88 cm or more – substantially increased risk.</td>
</tr>
</tbody>
</table>

### محيط الخصر الذي يوصى به

<table>
<thead>
<tr>
<th>النساء</th>
<th>الرجال</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80 سم أو أكثر = زيادة الخطر</td>
<td>• 94 سم أو أكثر = زيادة الخطر</td>
</tr>
<tr>
<td>• 88 سم أو أكثر = زيادة خطر كبيرة</td>
<td>• 102 سم أو أكثر = زيادة خطر كبيرة</td>
</tr>
</tbody>
</table>

الوزن، قد يساعدك القيام بزيارة أخصائي التغذية. إذا كنت مؤهلاً يستطيع طبيبك المحلي تحويلك لمقابلة أخصائي التغذية مجاناً أو بكلفة أقل.
Eat slowly and listen to your body – only eat when you’re hungry and stop eating when you’re full.

• Eat at least two serves of fruit and five serves of vegetables each day.

Gaining weight

• Eat several small, frequent snacks throughout the day, rather than three large meals.
• Eat your favourite foods at any time of the day. For example, eat breakfast foods for dinner if they appeal to you.
• Eat every few hours. Don’t wait until you feel hungry.
• Eat your biggest meal when you feel hungriest. For example, if you are most hungry in the morning, make breakfast your biggest meal.
• Try to eat high-energy, high-protein foods at each meal and at snack times.
• Exercise lightly or take a walk before meals to increase your appetite.
• Drink high-energy, high-protein drinks like milk shakes and canned liquid supplements.
• Drink most of your fluids between meals instead of with meals. Drinking fluid with meals can make you feel too full.
• Try homemade or commercially prepared nutrition bars and puddings.

كلّ ببطء واستمع إلى جسدك ـ كلّ فقط عندما تشعر بالجوع وتوقف عن الأكل.

• تناول على الأقل قطعتين من الفاكهة وخمس قطع من الخضروات كلّ يوم.

زيادة الوزن

• تناول عدة وجبات خفيفة صغيرة ومتكررة خلال اليوم بدلاً من ثلاثة وجبات كبيرة.
• تناول أطعمنتك المفضلة في أي وقت من النهار. مثلاً تناول أطعمة الفطور للعشاء إذا حبذتها.
• كلّ كلّ ببطء ساعات. لا تتجرّب إلى أن تشعر بالجوع.
• تناول وجبتك الأكبر عندما تشعر بجوع أكبر. مثلاً، إذا كنت أكثر جوعًا في الصباح، أجعل الفطور وجبتك الأكبر.
• حاول أن تتناول الأطعمة الغنية بالطاقة والبروتين في كلّ وجبة وفي أوقات تناول الوجبات الخفيفة.
• قم بتمارين تمارين خفيفة أو قم بالمشي قبل الوجبات لتزيد من شهيتك.
• تناول المشروبات الغنية بالطاقة والبروتين مثل مخفوق الحليب وأنواع وقناني المكملات الغذائية من المرطبات.
• تناول معظم السوائل ما بين الوجبات بدلاً من خلال الوجبات. تناول السوائل مع الوجبات يجعلك تشعر بالإمتلاء.
• حجز قوالب التغذية وحلوى البوينغ المصنوعة في البيت أو التجارية منها.
Dietary supplements (vitamins and herbs)

People who have survived cancer often consider taking vitamins and herbs. You may find that your family give you lots of information and suggestions about dietary supplements that they find on the internet. This could include things like eating almond kernels, shark cartilage, drinking only juices, etc. Often these things can be very expensive. Often the claims are unproven and can make you sick.

Some believe that high-dose vitamin supplements strengthen the body’s immune system. However, there is minimal scientific evidence to support these claims. Some studies show that in high amounts, vitamin supplements may be harmful. Dietary supplements should never replace whole foods like fruit and vegetables, which are the best source of vitamins and minerals.

Even if you feel worried or embarrassed, if you plan to take vitamins, herbs and other dietary supplements, talk with your doctor or dietitian. They can tell you whether these things are safe, and if they will affect any treatments you have had.

Let your doctor know about any complementary therapies you are using or thinking about trying. Some therapies may not be suitable for you. For example, your doctor may advise against a strong, deep tissue massage if you had surgery or bone problems during treatment. Always let the complementary therapist know that you have had cancer.
Some people use complementary therapies (sometimes called natural therapies or Eastern medicine) to help them feel better after cancer treatment.

Types of complementary therapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meditation, relaxation</td>
<td>Help reduce stress, anxiety and depression, improve self-esteem and quality of life</td>
</tr>
<tr>
<td>Counselling</td>
<td>Help reduce stress, anxiety, depression and pain, and improve quality of life</td>
</tr>
<tr>
<td>Support groups</td>
<td>Improve quality of life, aid relaxation and expression of feelings</td>
</tr>
<tr>
<td>Art and music therapy</td>
<td>Help reduce stress, instil peace and improve ability to manage challenges</td>
</tr>
<tr>
<td>Spiritual practices</td>
<td>May help reduce pain, anxiety, depression, nausea and muscle tension</td>
</tr>
<tr>
<td>Massage</td>
<td>Aids relaxation and reduces anxiety</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>Reduces nausea, vomiting, and improves quality of life</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Improve quality of life, sleep, reduce stress, depression, fatigue</td>
</tr>
<tr>
<td>Yoga and physical activity</td>
<td>Helps improve fatigue, inflammation, mood disturbance and overall quality of life</td>
</tr>
</tbody>
</table>

Other therapies have been shown to help with some effects of cancer and its treatment:

- Meditation, relaxation: Help reduce stress, anxiety and depression, improve self-esteem and quality of life
- Counselling: Help reduce stress, anxiety, depression and pain, and improve quality of life
- Support groups: Improve quality of life, aid relaxation and expression of feelings
- Art and music therapy: Help reduce stress, instil peace and improve ability to manage challenges
- Spiritual practices: May help reduce pain, anxiety, depression, nausea and muscle tension
- Massage: Aids relaxation and reduces anxiety
- Aromatherapy: Reduces nausea, vomiting, and improves quality of life
- Acupuncture: Improve quality of life, sleep, reduce stress, depression, fatigue
- Yoga and physical activity: Helps improve fatigue, inflammation, mood disturbance and overall quality of life
Physical activity helps to protect against some types of cancer coming back. Exercise can also help:

- give you more energy
- reduce fatigue
- build your strength
- relieve stress
- reduce heart disease
- reduce anxiety and depression.

If you are unsure about whether you are well enough to exercise or if it will interfere with your recovery, talk to your doctor first. It may be hard getting started, particularly if you are fatigued after cancer treatments.

Start the activity slowly and increase gradually. Every person is different. The amount and type of activities will vary. Doctors usually recommend about 20–30 minutes a day of moderate physical activity. It may help to start with 5-10 minutes and work up from there.

Doing more exercise

- Walking is great exercise. Walk with a friend or join a walking group, walk to the corner shop instead of driving, or try walking in the water instead of swimming.
- Try activities such as tai chi, qi gong, guo lin qi gong.
- Spend time gardening.
- Do some simple stretching exercises while watching television.
- Take the stairs instead of the lift or escalators.
Do energetic housework such as vacuuming or mowing the lawn.
Get off the bus or train one stop earlier or park further away from your destination and walk the rest of the way.
Take your children or grandchildren to the park or kick a ball around the backyard.

Skin cancer is the most common cancer diagnosed in Australia. More than 1200 Australians die from skin cancer every year, yet it is almost totally preventable. Protect your skin from the sun and avoid other sources of UV radiation (such as solariums).

- Wear clothing that covers as much of your skin as possible, including the back of your neck. Shirts with sleeves and a collar, trousers, and long skirts or long shorts that cover a large part of your legs are ideal.
- Protect your face, neck and ears with a hat.
- Wear SPF30+ sunscreen when you go into the sunlight for periods longer than 15 minutes and reapply every two hours.
- Protect your eyes with sunglasses.
- Never allow your skin to burn. Avoid being in the sun between 10 am and 3 pm.
- Check the daily SunSmart UV Alert reported in weather forecasts across Australia.

For more information, or to check the SunSmart UV Alert, visit www.sunsmart.com.au
Smoking
There is no safe level of tobacco use. Tobacco smoke contains more than 7000 chemicals, including 69 known cancer-causing agents. By continuing to smoke tobacco either through cigarettes or hookah you are more likely to get another type of cancer. Many smokers find quitting difficult.

Call Quitline on 13 QUIT (13 78 48) to talk confidentially to a quitting advisor and request a free Quit Pack. They can arrange an interpreter if you need one. You can call them for the cost of a local call anywhere in Australia.

Alcohol
Alcohol is a risk factor for some cancers, particularly cancer of the mouth, throat, oesophagus, bowel, liver and breast. Having no alcohol or limiting your use of alcohol may also reduce the chance of the cancer coming back. To lower the chance of getting cancer, you should limit alcohol, or avoid it altogether. If you chose to drink, have no more than two standard drinks a day to lower the chance over your lifetime from alcohol-related disease or injury.

For further information on how to reduce your alcohol intake call the Cancer Council on 13 11 20. For information through an interpreter in Arabic phone 13 14 50.
After treatment is over, your family and friends may also need time to adjust. Carers often have high levels of distress, even when treatment has finished. Like you, they may be worried about the cancer coming back.

Let your family and friends know that you understand it is hard for them as well. Tell them how much you appreciate all they have already done to help you. Let them know if you still need their help. Often people say they do not want to worry their family by talking about their fears, or asking for more help. It may be confronting to lose some of your independence, but keep in mind that this is likely to be temporary. It is important to talk about what you need and listen to what your family says too.

People close to you can have a range of reactions when your cancer treatment ends. They may feel:

- relieved that you’re okay
- happy to focus on others and themselves
- exhausted
- confused, especially if your relationship has changed
- pleased they can catch up with family and friends without cancer dominating the conversation
- worried about what the future holds.

Communicating with family and friends

When treatment finishes, your family and friends may expect you to act the same as before the cancer. If you have changed, people close
to you may be disappointed, worried or frustrated. Friends and family may say things like “but you look fine,” “your treatment has finished now” and “the cancer has gone, hasn’t it?”. They may have difficulty accepting that some symptoms, such as tiredness, may persist for a long time. You may feel you’re expected to be grateful you’re still alive, despite having to deal with troublesome side effects. It’s natural for family and friends to want to leave the distress and disruption of cancer in the past. They care for you and want you to be well.

However, if you find their reactions difficult to cope with, you might need to talk to them about how you’re feeling. You may need to tell them that your recovery is continuing, and you need time to think about what you’ve been through. You might not be able to recover as quickly as they might want you to.

If you are finding it difficult to talk about your needs and concerns with your friends and family, ask a trusted friend, family member or counsellor to do it for you.

Will my family inherit the cancer?
Most cancers are not inherited. If cancer is caused by a faulty gene (which is the case, for example, for a minority of breast and bowel cancers), the faulty gene may be passed on to the next generation, which increases their risk of getting the cancer. Inherited cancers are relatively rare.

If you are concerned your cancer is inherited (e.g. if you have two or more close relatives on one side of the family who have had...
Your doctor may also refer you to a family cancer clinic or to a genetic counselling service. Here they will:

- ask you about other people in your family who have had cancer
- talk about the chances of it running in the family
- speak with you about what you can do next.

If you are concerned about your family history, call 13 11 20 for more information.
Financial hardship
Cancer treatment can be expensive. Stopping work, paying for treatment, buying medications and travelling to treatment may leave some people with financial problems. Talk with the hospital social worker before treatment finishes. He or she can give you advice to help with some of these concerns.

If you’re struggling with debts, ask your lender (e.g. your bank) if they can consider your situation.

If you are on a low income or unable to work because you have had cancer, you may be able to get payments. Talk to Centrelink as early as possible as there may be waiting periods. Visit the Centrelink website at www.humanservices.gov.au (select the tab at the top of the page for your language) or phone 131 202 to speak to someone in your language.

You can also see a financial adviser – visit www.financialcounsellingaustralia.org.au to find a counsellor in your area.

Insurance
Applying for new insurance (e.g. life, income cover, mortgage or travel) may be harder because you have had cancer. You will need...
to provide your medical history for many insurance policies and insurers may vary the terms and conditions, or charge higher premiums, if you have had cancer.

You should be able to claim on policies you had before diagnosis. You will need to tell your insurance company that you have been diagnosed with cancer.

It may be difficult to get travel insurance that covers medical problems related to the cancer, but you should be able to get a policy to cover basics such as lost baggage, theft and cancelled flights. It is best to shop around and read the conditions of each policy carefully.

Superannuation
Most people cannot access their superannuation before retirement age, but in some circumstances you can access your superannuation benefits at any age. These include:

- severe financial hardship
- specific compassionate grounds
- permanent incapacity
- an incurable medical condition.

If you are having difficulty meeting your expenses and would like find out about getting your superannuation benefits early, contact your superannuation fund. Some superannuation funds also include disability and death benefits, to which you may be entitled.
Working after treatment ends

Work is an important part of life for many people. Besides income, it can provide satisfaction and a chance to socialise. If you took time off work for treatment, you may choose to return to work or get a new job when you have recovered.

Your rights and responsibilities

Q: Do I have a right to return to my job?
A: Australian laws require an employer to take reasonable steps to accommodate the effects of an employee's illness (e.g. by giving you a supported chair or moving your workstation to the ground floor). If you are unable to carry out your previous role, your employer may offer a rehabilitation scheme to train you for another role. Your employer doesn't have to offer you a different job unless your cancer is work-related.

Q: Do I need to say I had cancer when applying for a new position?
A: While some people want to mention their cancer when they apply for a job, you don't have to tell a potential employer unless it is relevant to the position. If you'd prefer not to, and are asked about a gap in your work record, you might want to say that you had a health issue and it's now resolved.

A prospective employer can ask you about your ability to perform tasks that are essential to the job (e.g. lifting heavy boxes). If something is a problem for you because of the cancer or treatment, it's best to mention it at the interview.
Q: What if I can no longer work?
A: If treatment has made it impossible to return to your previous work, then rehabilitation and retraining programs can prepare you for another job. Your employer may have a rehabilitation scheme.

Q: Where can I get more information?
A: Cancer Council has more detailed information about employment and cancer. Visit www.cancercouncil.com.au to download a free copy of Cancer, work and you. This resource is in English.

**Discrimination at work**

Some people are treated differently at work after a cancer diagnosis. Employers and colleagues may doubt your ability to work, or think you need more time off. Anyone who has had cancer is protected by the Disability Discrimination Act. This prevents employers from discriminating against people with disabilities in the workplace. If you need advice, speak to a social worker or solicitor with an interpreter present. They can refer you to the right organisation that can deal with your concern.
Many people need information and advice after treatment finishes. Services may or may not be available in the area where you live. Some, but not all, services are provided free of charge.

Community education programs
Some areas offer free community education programs. These may be held at treatment facilities or community centres, or as online webinars. These programs present information about cancer and its treatment, as well as practical information about life after treatment. They are usually open to carers, family, friends and work colleagues. You may find it helpful to share suggestions and ideas with other participants.

Home help and childcare
You may need help with housework or looking after young children. The chance to help you can make your loved ones feel as if they are being useful.

Your local council may also help with house cleaning, gardening and child care. Contact them for more information. You can usually find their number on your rates notice or by looking them up in your local directory or on the internet.

Talk to someone who’s been there
Getting in touch with other people who have had similar experiences to you can be helpful. You may find that you
are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest in these supportive settings because they aren’t trying to protect their loved ones.

There are many ways to connect with others for mutual assistance and to share information. They include:

- **face-to-face support groups**, which are often held in community centres or hospitals
- **telephone support groups** facilitated by trained counsellors
- **peer support programs** that match you with someone who has had a similar cancer experience (e.g. Cancer Connect)
- **online forums**, which allow you to connect with other people anywhere and at any time (see www.cancerconnections.com.au).

These services are all free. To get more information phone Cancer Council 13 11 20. For information in Arabic through an interpreter, phone 13 14 50.
The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

- **Cancer Council Australia**  
  www.cancer.org.au

- **Cancer Australia**  
  www.canceraustralia.gov.au

- **Australian Cancer Survivorship Centre - A Richard Pratt legacy**  
  www.petermac.org/cancersurvivorship

- **Health Translations Directory**  
  www.healthtranslations.vic.gov.au

The websites below have information available in your language. The Victorian site also provides access to the multilingual appointment card and free health sessions.

- **Cancer Council NSW**  

- **Cancer Council Victoria**  
  www.cancervic.org.au/languages
This checklist includes the kinds of questions you may want to ask your doctor about living well after cancer treatment.

- Can I have a copy of my cancer treatment summary?
- Am I at risk of getting a different type of cancer or another serious health problem due to the cancer or its treatment?
- Are my children at risk of inheriting my type of cancer?
- How can I manage the fear of the cancer coming back?
- What can I do to reduce the chance of the cancer returning?
- How likely is it that my cancer will come back?
- What symptoms/problems should I watch out for?
- Am I at risk of developing late effects? What might these be? What can I do to prevent this?
- Am I likely to have long-term problems with pain? How can I control the pain?
- Where can I get help for dealing with my feelings? Can you refer me to a professional counsellor or psychologist?
- What sexual changes are likely to be the short term and what changes are likely to be long term? Who can I speak to about this?
- Did the cancer and treatment affect my fertility?
- What advice do you have about returning to work?
- Is there anything I can do to improve my health?
- Where can I get further information about my follow-up care?
- Are there any support services you can refer me to?
Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn’t just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our cancer nurses are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

Cancer Council services and programs vary in each area.
13 11 20 is charged at a local call rate throughout Australia (except from mobiles).
قد يُولّد تشخيص الإصابة بالسرطان شعوراً ساحقاً. هنا في نتفهم أن الأمر ليس متوقفاً فقط على المعالجة و التنبؤات بعدها. الإصابة بالسرطان تؤثر على نمط عيشك و عملك و طريقة تفكيرك. قد تؤثر أيضاً على العلاقات الأكثرة أهمية بالنسبة لنا.

عندما يحدث الإختلال و التغير في حياتنا، فإن التحدث إلى شخص يتفهم قد يُحدث تغييراً كبيراً. يعمل Cancer Council المتأثرين بالسرطان منذ أكثر من 50 عاماً.

إن الاتصال بالرقم 13 11 20 يمكن من الحصول على معلومات جيدة بالثقة ومتعلقة بحالتك. ممرضاتنا من المختصات بالسرطان يتواجدن للإجابة على أسئلتك و القيام بوصولك بالخدمات في منطقتك، مثل التنقل، والأوامر المساعدة المنزلية. تستطيع أيضاً أن نقدّم المساعدة في أمور أخرى مثل النصيحة القانونية والمالية.

إذا وجدت الأمر صعباً للتصفح خلل نظام الرعاية الصحية، أو أنك تحتاج فقط أن تستمع شخص ما إلى الأمور الطارئة التي تقلقك، اتصل على الرقم 20 11 13 و اكتشف كيف تستطيع أن تقدّم الدعم لك، و لعائلتك و أصدقائلك.

تختلف الخدمات و البرامج التي يُقدمها Cancer Council من حقل إلى آخر.

ويمكنك البحث المكالمات على الرقم 20 11 13 بكلفة المكالمة المحلية في جميع أنحاء استراليا (عفا الاختلاص من الهاتف الخلوي).

إذا كنت أصم، أو لديك إعاقة في السمع أو التحدث، أتصل بنا من خلال خدمة التجاوب الوطنية.

إذا كنت تحتاج إلى معلومات بلغة أخرى غير الإنجليزية، فإن خدمة الترجمة متوفرة.

اتصل على الرقم 14 13 50.
Cancer Council 13 11 20

For information and support about cancer-related topics, call 13 11 20 Cancer Council.

For information about cancer, call 13 14 50.

This service is confidential.

This publication is a collaboration with:

Australian Government
Cancer Australia

Australian Cancer Survivorship Centre
A Richard Pratt Legacy

Cancer Council ACT
actcancer.org

Cancer Council NSW
cancercouncil.com.au

Cancer Council NT
nt.cancer.org.au

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
cancersa.org.au

Cancer Council Tasmania
cancertas.org.au

Cancer Council Victoria
cancervic.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council Australia
cancer.org.au