

Body image and cancer



About this booklet

This booklet is about how cancer and its treatment may affect your body image. This is the way you think and feel about your body.

Treatments like surgery, chemotherapy, radiotherapy, hormonal therapy and other anti-cancer drugs can change the way your body looks, works or feels. People affected by cancer are often worried about their body image. There are things you can do to improve your body image, and ways to get help and support.

This information is for anyone who is worried about changes to their body caused by cancer or cancer treatment. We hope it helps you deal with some of the questions or feelings you may have.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 84 to 91, there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have had body image concerns caused by cancer or cancer treatment, which you may find helpful. The quotes are from people who have chosen to share their story with us. To share your experience, visit [macmillan.org.uk/shareyourstory](https://www.macmillan.org.uk/shareyourstory)

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit [macmillan.org.uk](https://www.macmillan.org.uk)

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit [macmillan.org.uk/otherformats](https://www.macmillan.org.uk/otherformats) or call **0808 808 00 00**.

Contents

Cancer and changes to your body image	5
---------------------------------------	----------

Manage changes	25
----------------	-----------

Taking control	61
----------------	-----------

Further information	77
---------------------	-----------



Cancer and changes to your body image

Body image	6
Cancer and body changes	8
How body image concerns may affect you	13
Getting used to the changes to your body	17

Body image

Body image is how we think and feel about how our body looks and works. These thoughts and feelings can affect our behaviour, and how we believe others see us.

Body image is important as it can be linked to feelings of self-worth. It can also affect our mental and physical health.

Cancer and its treatments can change how the body looks and works. Because of this, body image concerns are common in people affected by cancer. Anyone can be affected, including people:

- who have had any cancer treatment, or combination of treatments
- of all ages
- of any gender.

Changes to your body may be temporary or permanent. They can include changes that:

- can be seen by others, such as hair loss or weight changes
- are not always seen by others, such as a scar that is usually covered up
- are not visible, such as tiredness (fatigue) or infertility.

We have more information about some of these changes in our booklets:

- **Coping with hair loss**
- **Coping with fatigue (tiredness)**
- **Cancer and fertility.**

We also have information on our website you may find useful:

- [macmillan.org.uk/hair-loss](https://www.macmillan.org.uk/hair-loss)
- [macmillan.org.uk/fatigue](https://www.macmillan.org.uk/fatigue)
- [macmillan.org.uk/fertility](https://www.macmillan.org.uk/fertility)

Body image concerns are different for everyone. Some people may feel uncomfortable or less confident about their bodies. Others may feel anxious and avoid going out or socialising. Concerns about your body may make you feel less feminine, less masculine or insecure about your gender identity.

Not everyone will have body image concerns. If you do have them, these concerns can get better over time. Some people might eventually feel good about how their bodies got them through treatment. They may become more aware of their bodies and how they are feeling. Or they may make changes towards a healthier lifestyle. Everyone's experience is different. There is no right or wrong way to feel.

If you do have concerns, there are things you can do to improve your body image (pages 70 to 75). There are also different ways to get help and support (pages 84 to 91).

You can order our booklets and leaflets for free.

Visit orders.macmillan.org.uk or call **0808 808 00 00**.



Cancer and body changes

Cancer and its treatments can cause changes to your body that may make you worry about your body image. Body changes can affect how your body looks, works and feels.

Possible body changes

We do not list all the possible body changes here. Some people may be coping with more than 1 change.

Common changes that are visible to you, and maybe others, include the following.

Hair loss

Some people may lose some or all the hair from their head, and sometimes their eyebrows, eyelashes, or facial and body hair. This is usually a side effect of chemotherapy. Radiotherapy to the head also causes hair loss. Hormonal therapy and some immunotherapy and targeted therapy drugs may cause hair to become thinner, or cause hair loss. Some treatments, such as targeted therapies, might cause hair to change texture or colour.

Scarring or changes from surgery

Some people may have scarring from surgery. Or they may lose a part of the body, such as a breast, testicle or limb. They may decide to wear an artificial body part (prosthesis) to replace the part of the body that has been removed.

For example, if you had a mastectomy, you may choose to have breast reconstruction. We have more information in our booklet **Understanding breast reconstruction** (page 78).

Changes after surgery

Surgery can change how the body works. For example, some people have part of the bowel or bladder removed, and have a stoma made. This is an opening on the tummy that stools (poo) or urine (pee) pass out of and into a bag. Some people have their voicebox (larynx) removed. They breathe and speak through an opening (stoma) in their neck.

Losing weight or gaining weight

The effects of treatments or the cancer may cause weight loss. Some chemotherapy drugs, steroids and hormonal therapies can cause weight gain.

Skin changes

Rashes, dry skin or acne can be side effects of different cancer drugs, such as chemotherapy, targeted and immunotherapy drugs, hormonal therapies or steroids. Some cancer drugs also make skin more sensitive to sunlight. Certain drugs can cause a side effect called palmar-plantar or hand-foot syndrome, which affects the palms of the hands and soles of the feet. Radiotherapy can affect the skin colour in the treated area, or cause broken veins to appear later.

Nail changes

Nails might become brittle or discoloured. Sometimes they become loose or fall out. Nail changes can be a side effect of chemotherapy. They can also be caused by some immunotherapy and targeted therapy drugs.

Swelling

You may have swelling of an arm, leg or other part of the body. This is called lymphoedema. We have more information in our booklet **Understanding lymphoedema**.

Speaking and eating

Cancer or certain treatments may change the way you speak. For some people, it can also cause changes to the way they eat or breathe.

Mouth changes

Some cancer types and treatments can cause changes to the inside of the mouth. These may include tooth loss or other changes.

Movement

Some people are affected by changes to their movement. This could also include changes to balance or co-ordination.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.



Other changes

You may have other body changes that cannot be seen. Some of these may include:

- infertility or having an early menopause
- reduced sex drive or difficulties having sex
- feeling tired and weak, or being unable to do activities you did before treatment
- changes in the way the bladder or bowel work, caused by late effects of treatment.

We have more information about these changes on our website and in our booklets:

- **Cancer and fertility**
- **Cancer and your sex life**
- **Managing the bladder late effects of pelvic radiotherapy**
- **Managing the bowel late effects of pelvic radiotherapy**
- **Managing the late effects of bowel cancer treatment.**

Radiotherapy or surgery to the head and neck area around the ear may cause some hearing loss. Sometimes this is permanent. Some chemotherapy drugs can cause hearing problems, but this is usually temporary.

You may experience changes in sensation. For example, you may have numbness in a part of the body after surgery. Or you may have tingling in the hands and feet after chemotherapy. This is called peripheral neuropathy.

12 Body image and cancer

Some people may experience a change in the way the body smells. For example, they may have a tumour growing under the skin that breaks through the skin's surface. This is called an ulcerated cancer wound. This may have an unpleasant smell. These types of wounds are rare. But if this happens, tell your nurse or doctor straight away.

Some people may become aware of a certain smell that makes them feel anxious about being around other people. Talk to someone from your cancer team about how you feel. They can often reassure you or talk to you about what can help. We have more information on what may help (pages 42 to 51).



How body image concerns may affect you

Body image concerns may begin before treatment, during treatment or after treatment ends. How much they affect you is different for everyone. You may feel more self-conscious about your body but find it manageable. Or you might think about your concerns a lot and find that it affects your daily life.

You may feel:

- less confident
- anxious about other people's reactions to you
- as if you have lost a part of yourself or that you are not the person you used to be
- that you cannot trust your body any more
- worried about your relationship or about starting a new relationship
- less feminine, less masculine or insecure about your gender identity.

These feelings can affect your behaviour and your quality of life. For example, you might feel anxious about wearing certain clothes, taking part in activities you previously enjoyed, or going out and meeting people.

You may also feel angry, anxious or sad. These are normal feelings when you are coping with cancer and changes to your body. You may also feel a sense of loss or even grief. We have information you may find useful in our booklet **Your feelings after cancer treatment** (page 78).

Talking openly with people you trust about how you feel can be helpful. This could be your family or friends. Or it could be your cancer doctor, specialist nurse or another healthcare professional from your cancer team. Or you could speak to a trained counsellor.

Talking to another person who has been through something similar can also help. There are different types of support to help you to cope. You may find our online community helpful. Visit [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

Some people may come to appreciate how their bodies have coped with cancer and its treatment. They may see their changes as signs of their survivorship, and value what their body can do more than how it looks.

“ Being able to vent frustration and express my fears amongst people going through similar things was incredibly helpful to me, and it was an opportunity to laugh as well as cry! ”

Penny, diagnosed with breast cancer

If you are trans or non-binary

If you are transgender (trans), non-binary or both, you may be coming to terms with physical changes caused by cancer and its treatments. These changes may affect your gender identity and make you feel less like your true self.

The UK Cancer and Transition Service (UCATS) provides holistic care and support with both your cancer and gender-affirming care (page 91). Your healthcare team can refer you to this service or you can self-refer by filling out a form on its website.

We have more information about cancer and trans and non-binary people in our booklet **LGBTQ+ people and cancer** (page 78). We also have more information at **[macmillan.org.uk/trans-and-non-binary](https://www.macmillan.org.uk/trans-and-non-binary)**



Getting used to the changes to your body

It takes time to get used to the changes to your body. Sometimes it can take months or even years. Try to allow yourself time for this to happen, and practise being kind to yourself.

Before treatment, someone from your cancer team will explain what to expect. This might be:

- your cancer doctor
- a specialist nurse
- a radiographer, if you are having radiotherapy
- a pharmacist.

Depending on your treatment, you might also meet with other healthcare professionals who are part of the cancer team. For example, this might be a physiotherapist, dietitian or a speech and language therapist. Understanding more about treatment side effects and how to manage them can help you feel more prepared and less anxious. Our booklet **Side effects of cancer treatment** has information you may find useful (page 78).

If you have a visible body change, such as a stoma, your specialist nurse will show you how to manage it. If you would like to talk about how changes to your body are making you feel, they can help you get the right support.

There are support organisations that can usually put you in touch with someone who has been through a similar experience. Talking to someone who has some understanding of what you are going through can be reassuring for some people. Or you could look for support online (pages 83).

It can be difficult to look at body changes that are more visible, such as scarring or a stoma. But it can be helpful to look at it as soon as you can, rather than avoiding it. You might consider doing this with someone you trust, your specialist nurse, your cancer doctor, or another healthcare professional in your cancer team. Do not be afraid to ask others for support when you look at it for the first time.

Delaying this often makes it more difficult to accept the change. At first, you may feel shocked and upset. This is normal. These feelings can lessen as you begin to get used to the change.

It may help to look at your body change in stages. For example, you could use the following steps:

- Start by looking at the area when it is covered.
- Move on to looking at it uncovered. You might look at part of it when it is slightly uncovered and gradually look at the whole area.
- Slowly build up to touching the area.

You might find it helpful to use a mirror when you start to look at the change in your body. Try to keep your breathing slow and steady as you do this. If you find it is not getting easier, always ask your cancer doctor or specialist nurse for help.

Anxiety

It is common to feel anxious when you have body image concerns. You may worry about people's reactions to how you look, or how your relationships may be affected.

Everyone feels anxious at times. But it becomes a problem when it affects your daily life.

When we feel threatened, it is a normal reaction for our bodies to experience the 'fight or flight' response. Our bodies release a hormone called adrenaline. This causes the physical symptoms we get when we are very anxious. These include:

- feeling breathless, or breathing quickly or deeply (hyperventilating)
- feeling that your heart is beating too fast
- tight, aching muscles
- feeling faint, dizzy or shaky
- a dry mouth
- sweating more than usual
- needing to go to the toilet more often
- a tummy ache or feeling sick
- racing thoughts.

You may try to avoid situations or things that make you feel anxious. This may be a relief in the short term. But it can make things more difficult in the long term. You may keep feeling anxiety and fear for longer. This continues the cycle of stress. It can also mean you miss out on good times and activities. Avoiding things means you do not give yourself the chance to find out whether facing your fears is as difficult as you think.

You may find that you are:

- avoiding looking at or dealing with a body change
- not going out or socialising
- avoiding looking in a mirror or wearing certain clothing
- not getting involved in situations that may lead to being intimate with someone
- not doing activities that involve communal changing rooms, such as going to the gym, swimming pool or clothes shopping.

There are different ways to help you cope with anxiety and avoidance. There are things you can do for yourself, with the support of family or friends. Or you may feel you need further help from a doctor, nurse or other healthcare professional from your cancer team.

Getting help to understand your fears and working towards taking back control can help reduce them. You may also realise that other people see you in a different and more positive way than you imagined.

There are different resources that give advice on managing anxiety. The NHS has information on stress and anxiety (page 88). Anxiety UK also has information and booklets, DVDs, CDs and podcasts to help guide you at home (page 88).

“ The effects of treatment and surgery had profound effects on my body and my body image. ”

Penny, diagnosed with breast cancer

Sadness and depression

It is natural to feel sad and low at times when you are coping with cancer and changes to your body. For most people, feelings of sadness lessen or go away. But for some people, a low mood may continue or get worse.

When a low mood continues for weeks or months, or gets worse, you may be experiencing depression.

Sometimes other people may notice it first and talk to you about getting help. However, it is helpful to recognise symptoms yourself.

Symptoms of depression can include:

- feeling low or sad most of the time
- crying a lot, or feeling unable to cry
- getting little pleasure out of life or things you used to enjoy
- feeling very tired
- being unusually irritable
- having difficulty concentrating or making decisions
- finding it difficult to sleep, waking up early or sleeping more than usual
- having a poor appetite or losing weight
- low sex drive (loss of libido).

We have more information about depression and your emotions in our booklet **How are you feeling? The emotional effects of cancer** (page 78).

These are only some of the symptoms of depression. They will be different for each person. If you think you might be depressed, talk to your GP or someone from your cancer team. This might be your cancer doctor, specialist nurse or another healthcare professional involved in your care. They can listen and refer you for professional support from a counsellor or psychologist. They may talk to you about also taking prescribed drugs to help treat depression.





Manage changes

Managing anxiety, low mood and other difficult feelings	26
Dealing with other people's reactions	33
Sexuality, intimacy and body changes	39
What can help	42
Make-up, clothing and accessories	53

Managing anxiety, low mood and other difficult feelings

There is support available to help you manage anxiety, low mood and other difficult feelings. There are also things you can do to help yourself.

Talking to other people

You could try talking to people you trust and feel comfortable with. This could be your family or friends. Or it could be your cancer doctor, specialist nurse or another healthcare professional. Putting your concerns into words may help you feel less distressed and more in control. It can also help you to make more sense of your situation and put things into perspective.

Sometimes people try to reassure you too much or tell you not to worry. Although they usually mean well, this is not always helpful. Explain to them that what you need is someone to listen and acknowledge what you are going through. They do not need to try to make it better in that moment.

Healthcare professionals can offer help and support, including:

- giving you information and practical advice on coping with your feelings
- helping you find different ways to manage these feelings
- referring you to a counsellor or psychologist
- prescribing medicines to help if you need them.

You could also talk to someone from a support group or online forum (page 83), or a support organisation (pages 88 to 89). These give you a chance to talk to other people facing similar challenges.

What you can do

Some of the following suggestions may help you feel less anxious and distressed:

- Drink less caffeine and alcohol (page 75).
- Try to get enough sleep (page 74). If you have difficulty sleeping, ask your GP or someone from your cancer team at the hospital for advice. Sleepio is a free app that offers a 6-week sleep improvement programme to help you sleep better if you have increased worries (page 89).
- Do regular physical activity. This can help reduce stress and anxiety. Activities like yoga combine physical activity with controlling your breathing (page 72).
- Practise exercises that involve learning to relax your breathing or your body (page 72). Your GP may be able to refer you to a healthcare professional who can show you these techniques.
- Use a picture in your mind (visualisation) of a place and time you felt relaxed and happy. Concentrating on how you felt at that time may help you feel less anxious in the present.
- Meditation or mindfulness may help you calm your mind and focus on the present moment (page 32).
- Complementary therapies, such as massage, aromatherapy, reflexology or acupuncture may help some people to relax. These may be available for free at your local cancer centre. We have more information in our booklet **Cancer and complementary therapies** (page 78).

Relaxed breathing exercises

Breathing exercises can help to reduce anxiety and distress. You can do these lying down, sitting in a chair or standing up. To begin with, try to practise them when you are not feeling anxious or distressed. This will help you learn the techniques.

Your breathing should be slow and gentle but not deep, as this can make you light-headed.

Step 1: Make sure your shoulders, head and neck are relaxed and supported, if you are sitting or lying down.

Step 2: Place 1 hand on your chest and the other just below your ribcage.

Step 3: Slowly and gently breathe in through your nose. Feel your tummy (abdomen) move out.



Step 4: After a full breath, pause for a moment. Then slowly and gently breathe out through your mouth.

Try doing this for 5 minutes, once a day. Then gradually try to build it up to 3 times a day.

There are many different breathing techniques you can try. You can find more information through the NHS (page 88).

Writing things down

It can help to write about how you feel in a journal or diary. For example, you may find it helpful to use the Hopes and fears tool on the opposite page. There is space for you to think about the next steps you could take to help you manage your concerns.

 Hopes	 Fears

Next steps

Support organisations

Different resources give advice on managing anxiety, low mood or depression. The NHS has content on managing these feelings (page 88). There is also information available from Mind and Anxiety UK, which have booklets, DVDs, CDs and podcasts to help guide you at home (pages 88 to 89).

Facing your fears

When you are coping with changes to your body, it is common to avoid situations that make you feel anxious or distressed.

Here is an example of how facing your fears can sometimes reduce anxiety and help you feel more confident.

Anita's hair was growing back after treatment, but it was still very short for her. She planned to meet a friend for lunch. But she felt anxious about going out for the first time without her wig. She chose a quiet hotel and agreed to meet her friend in the reception area.

Anita did not know that there was a big event at the hotel that day, and that people she knew would be there. When she realised, her first reaction was to leave straight away due to feeling embarrassed about her hair. But she did not want to let her friend down, so she stayed and waited anxiously.

To her surprise, her anxiety quickly passed as people she knew came up to her and were clearly happy to see her. They did not seem to notice her hair, and the people she did not know just carried on as usual.

When you may need help

If your body image concerns are difficult to cope with, talk to someone from your cancer team. Tell them if you feel anxious or upset a lot of the time, or think you may be depressed. These are normal reactions. But if they do not improve or are overwhelming, it is important to get help.

You may need help if you:

- find it hard to look at yourself after treatment
- avoid socialising or doing hobbies or sports you did before because of body changes
- feel very unhappy with your appearance or spend a lot of time 'fixing' your appearance or wearing specific clothing
- are having difficulties in your intimate relationships.

Your doctor or specialist nurse can refer you to a counsellor or psychologist. They usually refer you for a type of talking therapy. This can help you understand your feelings better and learn new ways of managing your problems. They may also prescribe medicines to help.

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is a talking therapy that helps you understand how to change your thinking. It helps you to identify and challenge unhelpful thinking patterns and behaviours.

You learn to replace unhelpful thoughts with more realistic balanced ones. You develop skills to help you react more positively in situations that make you feel anxious, helpless or depressed. This can help you to cope better and stay calm. It can be a helpful therapy for people with body image concerns.

There are online CBT services approved by the NHS that you can do yourself. CBT and other forms of therapy are also available on the NHS. Check online NHS information services in your area to discover what is available (page 88).

But if you are struggling with difficult feelings, it is best to talk to your doctor or nurse for advice. They can refer you to a psychologist or counsellor trained in CBT. A psychologist will talk to you about what might help and set goals with you.

Mindfulness

Mindfulness helps you become aware of your thoughts and feelings, without judging them or becoming overwhelmed by them. It uses techniques like meditation, breathing exercises and yoga to help you focus on the present moment.

Mindfulness-based cognitive therapy (MBCT) uses the techniques of mindfulness with CBT. Some hospitals may offer MBCT classes on the NHS (page 88).

Dealing with other people's reactions

If you have visible changes to your appearance, you may worry about how other people will react.

You may find that some people look at you for longer. This is usually because they are curious, not because they want to upset you. For example, if you have lost your hair and are not wearing a wig, people you know may not be used to seeing this.

Sometimes people may make insensitive remarks or unwelcome suggestions. Children can be curious and may directly ask about your appearance. But you will probably find that most people take much less notice than you expected.

Learning how to cope with social situations in advance can build your confidence. This will help you gradually get back to things you did before, such as work, sports or hobbies.

It is important to remember that how your body looks does not define you. You are more than your scars.

Being assertive

Assertiveness means facing situations that worry you with confidence instead of avoiding them. Learning to be assertive can help you communicate better with other people. It means giving your point of view, being able to ask for help and knowing you have the right to:

- be treated with respect
- say what you need
- make a request
- be honest.

Responding to awkward questions

Being assertive can help you to manage situations where people ask questions.

People may want to ask questions to see how you are, or to understand what has happened. It can help to think about the questions they may ask you. You cannot know exactly how a conversation will go. Try to think about what you want to say and the best way of saying it. You could rehearse this with a friend or by yourself.

What you tell other people depends on:

- how much you want to say
- how you feel about the changes to your body
- your relationship with the other person
- where you are and whether other people are around.

You can think of different responses to help prepare you. You might want to talk about the subject yourself at the right time in a conversation. This can help you feel more in control.

Or you could say you do not want to talk about it. You could smile and reassure them you are fine – even if you do not feel like it. Most people ask questions because they are concerned, so this is a good way of stopping the conversation without causing tension.

You could give a short response and distract the person by asking them a question or changing the subject. This can sometimes be helpful when answering questions from children.

Keep what you want to say clear and to the point. You do not need to give long explanations. Look at the other person, stand or sit upright and keep a calm tone of voice.

Here are some examples of things you could say:

- Thank you for asking, but I would rather not talk about it at the moment. Don't worry, I'm doing fine.
- I had an operation to remove a cancer a few weeks ago and I'm recovering well. How are you? What have you been doing lately?
- I have lost my hair because I'm having chemotherapy. It will grow back when my treatment is finished.
- You may have noticed my weight has changed. It's a side effect of some drugs I'm taking for my cancer treatment.
- I had my operation to remove the cancer and I'm getting used to the changes, but it will take a while.



Using social skills

Social skills can help you take control of difficult situations and deal with other people's reactions. If you are feeling anxious or low, it can be hard to appear confident and sociable. Practising something that makes you nervous until you are used to it can help you overcome anxiety.

Try these approaches:

- Engaging with people – making eye contact, smiling and nodding tells people you are approachable.
- Posture – standing with your shoulders back and head up makes you look confident and assertive, even if you do not feel that way.
- Presentation – the way you present yourself shows other people how you feel about yourself. Try wearing clothes and accessories that make you feel more confident and comfortable in yourself.

These skills are not difficult to learn, but you may need to practise them. They can gradually help you become more confident in managing social situations.

Responding to staring or negative comments

If someone is staring at you, it can feel uncomfortable or upsetting. They are more likely to be staring because they are curious than because of any negative feelings towards you. They may not even be aware they are staring.

It is okay to let them know that you are aware of it and want it to stop. Try these approaches. If one approach does not work, move on to the next:

- Look back, smile at them or nod – most people smile back and look away.
- If it continues, maintain eye contact. For example, try raising your eyebrows or giving an assertive look or nod to help them to realise.
- Ask a direct question – for example, 'Can I help you?' This usually makes them aware of what they are doing and makes them stop staring.
- Tell them in a simple, assertive way that you would like it to stop. You could say something like 'Can you please stop staring at me? It's only a scar.'

If you are in a situation where you cannot leave and do not want to draw attention, distract yourself by reading a book or newspaper. Holding it up in front of you can help stop the staring. Children sometimes ask blunt questions out of curiosity. Try giving them a simple explanation they can understand. This is usually all you need to do.

Changing Faces supports anyone with a visible difference in their appearance, including people who have experienced changes to their body due to cancer and its treatment (page 84). It has some more useful tools and tips to help you cope with other people's reactions.

Sexuality, intimacy and body changes

Changes to your appearance and how your body works after cancer treatment might affect your confidence or ability to have sex. This could:

- cause difficulties with a partner, if you have one
- delay you having sex again after treatment
- affect new relationships
- prevent you from enjoying your own body sexually.

Concerns about your sex life and intimate relationships are normal. If you are in a relationship, you may worry your partner will compare things to how they were before. Or you may worry they no longer find you attractive. But how attractive they find you is linked to different things, not to how a part of your body looks.

If you are not in a relationship, you may worry about how a new partner might react to the changes to your body. Many people with cancer go on to have close and intimate relationships in the future.

You usually need time to recover and adapt to body changes before you feel comfortable about having sex. How long this takes depends on the treatment you had and what feels right for you and a partner, if you have one.

Partners may also have concerns. They may avoid physically touching you because they worry this might risk hurting you. Talking openly with each other can have a positive effect on your relationship. It can make you feel more comfortable with each other.

Even if you do not feel like having sex, you may still want to be close to your partner. Focusing on non-sexual intimacy can help you feel close to each other. This could be spending more time together, holding hands, hugging, kissing or giving each other a massage. This intimacy can help you slowly get back to having sex again.

If difficulties with your sex life do not improve, talk to your cancer doctor, specialist nurse or GP. Try not to feel embarrassed. They are used to giving advice on intimate problems. They can give information on how to improve sexual difficulties. Or they can give advice about different ways of looking at problems. They can also refer you to a psychosexual therapist or counsellor if needed.

We have more information in our booklet **Cancer and your sex life** (page 78).

“ For a few months I felt really unattractive – especially when I looked into the mirror and saw how thin or pale I was. So didn't feel very sexual at all. After treatment I started to gain my confidence again. ”

Michael, diagnosed with leukaemia

If you are LGBTQ+

If you identify as LGBTQ+, you may worry about being treated insensitively by your healthcare team. Sharing your sexuality or gender identity with the team may help you feel better supported, as they can give you the right information and advice.

We have more information in our booklet **LGBTQ+ people and cancer treatment** (page 78). Or visit [macmillan.org.uk/lgbtq-cancer](https://www.macmillan.org.uk/lgbtq-cancer)

Fertility

Some cancer treatments can affect fertility in different ways. For example, surgery to remove the womb or cervix, chemotherapy, or radiotherapy to the pelvis may affect a person's ability to get pregnant or to make someone pregnant.

If you are worried or have questions about fertility, make sure you get the information you need about your situation. Some decisions about fertility have to be made before cancer treatment starts. If being able to start a pregnancy is important to you or might be in the future, talk to your cancer doctor or specialist nurse early on.

If your fertility has been affected by cancer or cancer treatment, you may have lots of different emotions. You may feel sad, frustrated, lonely, guilty, angry or inadequate. It is important to get the right support for you and your partner, if you have one.

Your cancer doctor, GP, specialist nurse or radiographer (if you are having radiotherapy) can give you information about counselling and support networks that can help you to cope with difficult feelings. You can talk to them at any stage before, during or after cancer treatment.

We have more information in our booklet **Fertility and cancer** (page 78). Or you can visit [macmillan.org.uk/fertility](https://www.macmillan.org.uk/fertility)

What can help

If you are struggling with the changes to your body, it is important to get support from your healthcare team, friends and family.

There are some practical ways to help you manage your body changes and improve your body confidence. You will need to talk to someone from your cancer team about some of these things. You can do other things with support from family or friends.

You will need time to recover from treatment and to adapt to the changes to your body, especially if they are more permanent. There are ways to help you to manage these changes and develop a more positive body image.

Taking care of yourself and your body is important. It may help you develop a more positive body image.

“ Seeing the effects of the treatment on my body was emotional. Sometimes it was hard to see family and go to social events as my changed looks made me feel that I stood out so much. ”

Penny, diagnosed with breast cancer

Getting information

Before treatment, your cancer team should give you information to prepare you. They will tell you how the treatment is likely to affect you and what your recovery might involve. They will also explain different treatment options that will change your body in different ways, such as reconstructive surgery (page 44).

Your cancer team can help you make decisions. They can also:

- tell you about possible side effects and what may help, such as cold cap treatment that may help reduce hair loss caused by chemotherapy
- refer you to other members of the team – for example, occupational therapists, physiotherapists or speech and language therapists (SLTs)
- refer you for services such as counselling, if you think that would be helpful
- arrange for a second opinion about your treatment, if you feel this would be useful.

We have more information about getting a second opinion in our booklet **Making treatment decisions** (page 78). We also have more information on our website. Visit [macmillan.org.uk/second-opinion](https://www.macmillan.org.uk/second-opinion)

Always ask your cancer doctor or specialist nurse any questions you have and let them know if you have body image concerns during or after treatment. There are different ways they can help and support you.

Reconstructive surgery

You may choose to have reconstructive surgery after some types of surgery to remove cancer. For example, you may choose to have reconstructive surgery after having a breast removed (mastectomy). Another example is when a surgeon replaces tissue or nerves removed during treatment for head and neck cancer or skin cancer.

Reconstructive surgery may help you feel more confident about your appearance. Before you decide whether to have it, it is important to have realistic expectations about the outcome. Your cancer doctor or specialist nurse will explain the possible benefits and disadvantages of reconstructive surgery in your situation.

Reconstruction is often done straight away. But if you have a breast removed (mastectomy), you might decide to have reconstruction years later. Your cancer doctor or breast care nurse will talk to you about this. They can refer you to a specialist surgeon.

Treatment for scars

How scars feel and look usually improve in the months after surgery. They gradually fade and become softer.

Sometimes people are unhappy because of how a scar looks, or if it feels tight and uncomfortable. This may cause concerns about your body, and affect relationships and how you feel about being physically intimate with another person.

Tell your cancer doctor or specialist nurse how you feel about the scar.

After surgery, some people might have a scar that overgrows and becomes larger than the original wound. This is called a keloid scar. They can affect anyone but are more common if you:

- have black or brown skin
- had surgery to your upper back, shoulder or chest – this is because of the way the skin stretches across these areas.

There are different treatments that might help reduce scarring, including keloid scars.

Your doctor may prescribe creams or gels to help a scar heal, make it feel softer or lighten its colour. If a scar is uncomfortable and stiff, physiotherapy may help to soften it and make it more comfortable. Steroid injections may be used to soften and flatten certain types of scars.

It may also be possible to have surgery to make a scar less noticeable. Doctors call this scar revision. A surgeon can do this under a general anaesthetic, or sometimes under a local anaesthetic. You may have to wait up to a year or sometimes longer after your first operation to have this done.

You can also use skin camouflage make-up to help make a scar less noticeable (page 55).

Wearing a prosthesis

A prosthesis is an artificial body part. If you wear any type of prosthesis and do not feel confident, talk to someone from your cancer team. This might be your specialist nurse, cancer doctor or another healthcare professional. If you wear a prosthetic limb, your physiotherapist or occupational therapist may be able to help.

The prosthesis may not be the right fit or type for you. This could be because it was not correct to begin with or because it is now damaged. Or it could be that your body weight or shape has changed since it was fitted. If you have black or brown skin, you may not have been offered a prosthesis that is the right skin colour match for you.

Even if your prosthesis is still in good condition, your cancer doctor or specialist nurse can arrange for you to be reassessed. If you have had the prosthesis for a while, there may be new, improved types available. Or there may be a prosthesis available that is a better match for your skin colour.

Breast Cancer Now has information about breast prostheses and the different suppliers you can get them from (page 84). If you have a facial prosthesis, Changing Faces has more information (page 84).

Managing weight changes

Some cancer treatments may cause you to gain or lose weight. This can be upsetting and cause body image concerns.

For example, steroids are often given with chemotherapy or hormonal therapy, and can cause weight gain. But you will gradually stop gaining weight after treatment ends. Ask your specialist nurse or dietitian for advice.

It is not recommended that you try to lose weight on purpose during cancer treatment. After treatment, if and when you feel ready, you can review ways of managing your weight by:

- eating a healthy, balanced diet
- being more physically active.

Some people lose weight because of cancer symptoms, treatments or side effects of treatment. If you have lost weight, it is important to get advice from a dietitian. There are different ways to add calories to food. Nutritional drinks and powders can help build up your weight.

We have more information in our booklets:

- **Healthy eating and cancer**
- **Physical activity and cancer**
- **The building up diet.**

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.



Managing mouth problems

Radiotherapy to the head and neck area can cause side effects, such as:

- dry mouth
- inflammation of the lining of the mouth (mucositis)
- infections.

It can also make tooth decay more likely. Chemotherapy and some targeted therapy and immunotherapy drugs also increase the risk of mouth problems. They can also increase the risk of tooth loss, but this is rare.

Depending on your treatment, your cancer doctor might advise you to visit your dentist before it starts. Your dentist can check your teeth and gums, and carry out any dental work you need. Your cancer team will give you advice on looking after your teeth and gums during treatment.

If you are having radiotherapy to the head or neck, you might need to have any decayed or unhealthy teeth removed before treatment.

Tooth loss or damage to your teeth because of cancer treatment can be upsetting. It can affect your confidence and how you feel other people may react. If you have lost teeth, you may be referred to a restorative dentist. They specialise in replacing damaged or missing teeth. They can talk to you about ways to restore your natural look, shape and feel. This can include using dentures, bridges or crowns.

There are things you can do to look after your teeth and gums during and after treatment. Always follow the advice from your cancer team and visit your dentist regularly.

We have more information about:

- keeping your mouth healthy during and after treatment at [macmillan.org.uk/mouth-problems](https://www.macmillan.org.uk/mouth-problems)
- mouth care after head and neck cancer treatment at [macmillan.org.uk/dry-mouth](https://www.macmillan.org.uk/dry-mouth)

Managing body smells

You might feel you have a different body smell after cancer treatment. This might make you anxious about being around other people. Talk to someone from your cancer team about how you feel. They can often reassure you or talk to you about what can help.

Some people who have surgery may have wounds that take a long time to heal or become infected. This might cause the wound to smell. If the cause is infection, then treating it with antibiotics will improve this. There are also different wound dressings and treatments that can help to reduce smell. This may help to make you feel more comfortable and confident. Your specialist nurse can give you more information about this.

Some people become more aware of body smells after certain cancer treatments – for example, if you have had bowel surgery and had a stoma created. Most stoma bags have a filter that minimises odour. There are also different products available to manage any smell when you change a stoma bag. This includes air fresheners, drops and gels. Colostomy UK has more information about these products (page 85).

After cancer treatment to the head or neck, some people develop a dry mouth or thick, sticky saliva that is like mucus. The mucus may build up in the mouth and throat or become discoloured. This may be caused by an infection.

Changes to your saliva or infection can cause bad breath (halitosis). If you have an infection, it can be treated with antibiotics or antifungal medicine. Brushing your teeth regularly and using a sodium bicarbonate mouthwash may help clear thick saliva. Ask your specialist nurse for advice about the type of mouthwash that is best for you, and how to prepare it.

If you are distressed about bad breath that does not improve with better oral hygiene, speak to your doctor. They can check if you have an infection and advise you how to manage this.

We have more information about managing dry mouth and saliva changes during and after radiotherapy to the head and neck. Visit **[macmillan.org.uk/dry-mouth](https://www.macmillan.org.uk/dry-mouth)**

Managing late effects of treatment

Late effects of treatment often affect body image. This can include:

- lymphoedema
- bladder or bowel changes
- late effects after head and neck cancer.

There are usually things that can be done to improve and manage them so that you feel more confident.

Lymphoedema is swelling in the arm, leg or other part of the body that develops because of a build-up of lymph fluid in the body's tissues. It can develop months or even years after cancer treatment. If you are having problems with lymphoedema, contact your lymphoedema specialist nurse or physiotherapist. If you do not have one, ask your cancer doctor or specialist nurse to refer you.

If you have bladder or bowel late treatment effects, it is important to talk to your cancer doctor, GP or nurse. They can refer you to other healthcare professionals for advice and possible treatments.

We have more information about these late effects in our booklets:

- **Understanding lymphoedema**
- **Managing the bowel late effects of pelvic radiotherapy**
- **Managing the bladder late effects of pelvic radiotherapy**
- **Managing the late effects of head and neck cancer.**

You can order our booklets and leaflets for free.
Visit orders.macmillan.org.uk or call **0808 808 00 00**.





Make-up, clothing and accessories

You may feel more confident if you cover up changes to your body. Different people can help you with this. This includes your healthcare team, who can:

- refer you to Changing Faces for advice about camouflage make-up (page 84)
- advise you about clothing and accessories – for example, using a scarf to cover up hair loss
- make sure you have the most suitable and least visible product – for example, a speaking valve after surgery to remove the voicebox (larynx)
- refer you for a new replacement part, such as a breast prosthesis.

Managing hair loss

If you choose to cover your head, there are lots of ways you can do it. You could use wigs, hats, turbans, scarves or bandanas.

Some chemotherapy drugs make you lose all your body hair, eyelashes and eyebrows. No7 Boots Macmillan Beauty Advisors can help you draw on eyebrows or use false eyelashes (page 84). Ask your chemotherapy nurse or doctor first if it is okay to wear false eyelashes. If your lashes are already thinner, you do not want to use something that might pull more out. Some people may be sensitive to the glue used.

Some people choose to have permanent or temporary tattooing (microblading) to create new eyebrows. This should not be done during treatment. You should speak to your cancer doctor before having this done to make sure it safe for you. We have more information in our booklet **Coping with hair loss** (page 78).

Your hair will usually start to grow back over a few months after treatment ends. You will probably have a full head of hair after 3 to 6 months. It may seem slow at first and the hair may seem very fine. It may regain its texture as it grows back. Hair can grow back a different colour, or your hair may be straighter or curlier than it was before. This may change as it gets longer.

For some people, it can take years for their hair to grow back to the length it was before. Afro hair (type 4 coily hair) tends to grow more slowly and can be more fragile as it is growing.

For some people, facial and head hair are important parts of their identity. Or it may be important for cultural or religious reasons.

Some online companies, make-up shops or theatrical shops sell moustaches or beards. Some of these can be made specially for you, but this can be expensive.

Camouflage make-up

A skin graft is skin taken from another part of the body that is placed over the area where the cancer was removed. If you have had skin grafts, the colour may not match your surrounding skin. Or you may have visible scars you would like to cover up. In these cases, using camouflage make-up can help.

Changing Faces has trained skin camouflage practitioners. They can find the best colour match for your skin tone (page 84). They can also teach you how to apply the specialist waterproof cover creams and powders. You can get these on prescription. Changing Faces runs clinics across the UK.

If you wear a prosthesis and it does not match your camouflage make-up, go back to the person who supplied it. They can usually match the colour to your camouflage make-up.

Managing skin and nail changes

Changes to your skin and nails depend on the cancer drug or treatment you are having.

Your cancer doctor, specialist nurse or pharmacist can advise how to look after your skin. If you are having radiotherapy, your radiographer can also give you advice. They may prescribe gels or creams to apply to the affected areas. These can help relieve dry skin, a rash or itching. They may also tell you about products you should use or avoid. It is very important to follow their advice.

We have more detailed information about looking after your skin and nails in our booklet **Feel more like you** (page 78).

Make-up and beauty treatments

Using make-up and having beauty treatments can be creative. It may help you to feel better about yourself, especially during and immediately after treatment. This is when you are likely to have temporary changes to your appearance.

Some make-up and beauty treatments may not be suitable for you. For example, if you are having radiotherapy to your head or neck, it may be best to avoid exfoliating facial treatments. If you are unsure, talk to the person giving you your radiotherapy (therapeutic radiographer).

If you choose to use make-up and beauty products, it is important to get the right advice.

No7 Boots Macmillan Beauty Advisors

These advisors are specially trained by Macmillan and Boots. They give you face-to-face advice about caring for your skin, nails and hair during treatment. They show you how to use products to:

- disguise skin changes
- draw on eyebrows
- emphasise certain features.

Visit [boots.com/storelocator](https://www.boots.com/storelocator) to find your nearest No7 Boots Macmillan Beauty Advisor (page 84).

Look Good Feel Better (LGFB)

Look Good Feel Better (LGFB) runs free workshops for people coping with cancer treatment. It has trained volunteer beauty professionals who offer practical advice and support. Workshops are available in over 80 hospitals and specialist cancer centres across the UK. Ask your cancer doctor or specialist nurse for a referral or visit lookgoodfeelbetter.co.uk to find a workshop in your area (page 85).

Clothing

You can use clothes to feel comfortable and as a way of expressing yourself. If you choose to, you can also use clothing to cover up certain body changes.

Look at the clothes you already have to find what is suitable. Or ask a family member or friend to help you.

Depending on the body change you have, you can get advice on clothing from support organisations:

- Breast Cancer Now (page 84)
- Changing Faces (page 84)
- Colostomy UK (page 85)
- Ileostomy and Internal Pouch Association (page 85)
- National Association of Laryngectomy Clubs (page 85).

Online forums are also a good place to get advice (page 83).

Here are some tips that might help:

- If you have had surgery to the tummy area, have swollen legs or have put on weight, trousers with drawstring or elasticated waists, or flat-front trousers can be more comfortable.
- Long skirts, with or without slits, or wrap skirts can be a good alternative to trousers.
- If you have had a mastectomy and used to wear lower-cut dresses before, try wearing a vest or camisole top underneath.
- High V-neck shirts help if you want to cover a scar or central line in the chest area.
- High band collars or polo necks help cover up your neck area.
- Patterned shirts draw attention to the pattern and away from other areas.
- Bell-shaped sleeves are good if you have a swollen arm.
- Accessories help give different looks to one outfit. They can also draw attention to certain areas and away from others.

“ I developed a new style of dressing, which made me feel more in control. I also started wearing “statement” glasses to draw attention away from my lack of eyelashes or eyebrows. ”

Penny, diagnosed with breast cancer



Taking control

Helping you take control

62

Developing a better body image

70

Helping you take control

When you feel ready to start taking control of your situation, there are different approaches that may help.

These include:

- setting goals
- problem-solving
- challenging unhelpful thinking.

Setting goals

If you have body image concerns, you may avoid social activities or doing things you enjoy because of your anxiety or low mood. Setting goals can help you overcome these feelings and help you do things that are important to you. Here are some ways to help you decide which goals to set and how to achieve them.

Each goal should be:

- personal – important to you
- realistic – you feel ready or able to deal with it
- achievable – you know you can achieve it
- measurable – you will know how and when you have achieved it
- specific – you have thought about the details that will help you achieve it.

It can be helpful to break your goal into short-term, mid-term and long-term goals. Here is an example.

John was anxious about going out in public and had been avoiding his friends. His treatment had slightly affected his speech and he was worried about being misunderstood. But he wanted to go to a family wedding in 6 months' time. So he made short-term and mid-term goals to help him work towards this long-term goal:

- short-term goal – go for a coffee with a friend
- mid-term goal – go for a meal with a group of friends
- long-term goal – attend the wedding in 6 months' time.

To begin with, John focused on smaller steps to help achieve his short-term goal of going for coffee with a friend. He repeated each step until his anxiety reduced and he felt comfortable enough to move onto the next step.

Step 1

Phone a few friends to find out if anyone is available to go for a coffee. Ask the friend to come to his house so they can walk to the coffee shop together. Go at 10am, when the coffee shop is quiet.

Step 2

Walk to the coffee shop alone at 10am and meet a friend outside.

Step 3

Walk to the coffee shop alone at 10am and meet a friend inside.

Step 4

Walk to the coffee shop alone at a busy time and meet a friend inside.

Repeating each step before moving on to the next one helped him gain confidence in managing his anxiety.

John went through a similar process with his mid-term goal. He gradually built his confidence by going out for a meal in smaller, quieter restaurants, then in more challenging, busier places. These steps made it easier for him to achieve his long-term goal of going to the wedding.

Problem-solving

Struggling and worrying about problems can make you feel more anxious and stressed. Dealing with them in a structured way can help make them more manageable.

You can do this through a series of steps.

Step 1

Identify the problem as specifically as possible and write it down.

Step 2

Think of possible solutions and write down ones that may help. Think about what has helped you solve problems before. Try to write down all the ideas you can think of at this stage. You might decide to ask someone you trust to help you to think of some examples.

Step 3

Look at each possible solution. Think about the benefits and disadvantages of each idea to help you choose the best one. Choose the solution that seems best to try at this time. You can always go back and try others later.

Step 4

Break the solution down into smaller steps. This will make it easier or more manageable. Plan what you have to do and what support you might need.

Step 5

Try it out and follow the steps at your own pace. If it does not work well, review what happened to help you think about what went wrong. Also remember to think about what went well. If you need to, go back to steps 3 and 4 to choose another solution to try.

Dealing with 1 problem successfully can help you overcome bigger problems.

Here is an example of problem solving.

Ari had problems swallowing because of a dry mouth caused by radiotherapy. They were worried about not being able to eat out, which they had always enjoyed.

Instead of avoiding going out, Ari thought about different solutions. They decided to phone the restaurant to check the menu. They found there were things on the menu that they could eat. They also asked if they could have a smaller portion and extra sauce. The restaurant told them this would be okay. After that, Ari felt less anxious and more confident about going out with their family for a meal.

You may want to identify a problem and think of the solutions that can help you overcome it using a structure similar to the following:

- **Problem:**
- **Possible solutions and their benefits and disadvantages:**
- **Best solution:**
- **Steps:**
- **Review:**

Challenge unhelpful thinking

Thoughts go through our minds all the time. Often, we are not even aware of it. They can be influenced by our past experiences or imagining things that might happen in the future. They might be based on incorrect assumptions or inaccurate facts.

It is not unusual to have negative thoughts, particularly when you are coping with cancer and changes to your body. But if this becomes a usual way of thinking, it can affect your mood. It can make you feel less confident and more anxious. You may ignore positive things about yourself and believe that all your negative thoughts are true.

Becoming more aware of your thoughts and beliefs can help you discover unhelpful patterns. You can then see the negative effects they have on your feelings and behaviour. This is the basis for cognitive behavioural therapy (CBT) – page 32.

Recognising unhelpful thoughts can help you challenge them and think in a more positive, balanced way. Try asking yourself the following questions:

- Is what I am thinking definitely right? What is the evidence for and against my thinking? When thinking about evidence, focus on the facts, such as things you can see or have heard.
- Am I jumping to conclusions or getting things out of proportion? Am I seeing the negative and overlooking the positive?
- How might someone else think about this situation? What would I say to a friend in a similar situation?
- Does it help me to think this or say this to myself?
- What would be the effect of thinking about things less negatively?
- What can I do to change my situation? Am I overlooking possible solutions to problems?

There are different unhelpful thinking patterns. We have included some examples of these and how you can change them into more balanced, positive thoughts.

Over-generalising

When something has gone wrong in our lives, we may see it as a sign that everything else will now go wrong:

- **Negative thought:** Everyone will stare at me if I go to the pub.
- **Balanced, helpful thinking:** Some people may stare, but probably out of curiosity. But I will have my friends with me for support.

Taking things personally

When we feel anxious or low, it is easy to make assumptions. For example, you may think everything is related to your appearance or body change:

- **Negative thought:** I didn't get the job because of my appearance.
- **Balanced, helpful thinking:** I didn't get the job because there was someone better suited to it.

Mental filtering

This is when we focus on the negative and ignore the positive:

- **Negative thought:** The woman in the shop didn't understand me because my speech is so poor now.
- **Balanced, helpful thinking:** Although the woman didn't understand me the first time, she did when I repeated it. So, I can make myself understood.

Jumping to conclusions or mind-reading

This is when we think we know what someone else is thinking, without checking that we are right:

- **Negative thought:** My partner thinks I'm unattractive because of the changes in my body.
- **Balanced, helpful thinking:** I have many attractive qualities that my partner loves about me.

Black and white thinking

This is when we think in extremes of all or nothing, with no grey area in between:

- **Negative thought:** If I can't eat a full meal, there is no point in going to a restaurant with my family.
- **Balanced, helpful thinking:** It would be nice to go out with my family and I can ask for a small portion of food.



Developing a better body image

You will need time to recover from treatment and to adapt to the changes in your body, especially if they are more permanent. Even if your body looks or feels different, you can feel proud about it getting you through treatment. You may find that you appreciate what it does for you every day.

Take time regularly to do nice things for yourself, to remind yourself that you appreciate your body. This could just be having a relaxing bath, going for a massage, or spending time somewhere you find peaceful.

The following suggestions may help your confidence and your relationship with your body:

- Be kind to yourself. You have been through a challenging time. If you catch yourself saying something unkind to yourself, stop and think about how you might encourage a friend.
- Spend time with people who support and encourage you.
- Write down what you like about yourself. This might include things about your personality and interests. Consider asking your partner, family or friends what they like about you.
- Write down the ways in which you appreciate your body. Think about what it allows you to do every day and what it has done for you over your life.
- Take part in activities that involve gentle movement, such as going for a walk with a good friend.

Artistic tattoos

Some people choose to get an artistic tattoo after surgery that has changed their appearance. For example, this could be after breast surgery such as a mastectomy, or other types of surgery. They may choose to get a tattoo to cover a scar or to do something special that honours what their body has been through. It may make them feel more confident and help them reclaim their body.

Before you consider getting a tattoo, it is important to talk to your cancer team. You need to know whether there are concerns about the skin in the area. Your operation sites need to be completely healed. This may take up to 1 year, but it can be longer. You should have also finished any chemotherapy or radiotherapy treatment.

Breast Cancer Now has more information about artistic tattoos after breast surgery (page 84).

Making healthy choices

Eating healthily, getting enough sleep and being more physically active are ways of taking care of your body. Stopping smoking and not drinking more than recommended levels are also important. These are positive ways of looking after your body. They may help you feel more in control and improve your body image.

Being more active

Regular physical activity can help you appreciate what your body can do. It can make you feel less tired and helps release chemicals called endorphins. These lift your mood and lower the levels of stress hormones. Regular physical activity also helps keep your heart and bones healthy.

Being active before treatment starts may mean you have fewer side effects, or that they are less severe. It can also help you feel more in control and mentally prepared for treatment.

Some physical activity during treatment will help you maintain your fitness, strength and bone health.

Doing exercise after cancer treatment may help reduce the risk of certain cancers coming back. It may also help you manage and reduce the risk of:

- late effects of treatment
- changes in weight
- other health problems, such as heart disease.

You can begin with gentle movement, such as stretching, and work your way up gradually. It can be a chance to start doing a new type of activity you might not have thought of before. There are lots of different activities you can get involved with. Short walks that you build up slowly can often be a good start.

Some areas across the UK run physical activity programmes for people with cancer. Ask your healthcare team or check online for advice and to find out what is available in your area.

We have more information you may find useful in our booklet **Physical activity and cancer** (page 78).



Eating a balanced diet

A healthy, balanced diet gives you more energy, which allows you to do more things. It also makes you feel better.

Try to eat:

- plenty of fruit and vegetables – at least 5 portions a day
- some protein-rich foods, such as lean meat, poultry, fish, tofu, soya mince, nuts, eggs and pulses (beans and lentils)
- plenty of starchy foods (carbohydrates) – choose wholegrain types such as wholemeal bread, chapatis and pittas, rice, pasta, noodles and couscous, as well as yams and potatoes
- some milk and dairy foods such as cheese and yoghurt
- less saturated fat and sugar (including cakes, pastries and fried foods)
- less red and processed meat.

A balanced diet reduces the risk of other diseases, such as diabetes and heart disease. Drinking plenty of water also has benefits, such as helping to look after your kidneys.

We have more information about eating a balanced diet in our booklet **Healthy eating and cancer** (page 78).

Sleeping well

We all feel better after a good night's sleep. Cancer treatment can make you tired for weeks or sometimes even months after it has finished. Feeling anxious or down can also stop you sleeping. Lack of sleep can make you feel worse. This can be a difficult cycle to break. If you are having problems sleeping, ask your cancer team for advice.

Sleepio is a free app that offers a 6-week sleep improvement programme to help you sleep better if you have increased worries (page 89).

Stopping smoking

If you smoke, stopping is the best decision you can make for your health. Smoking is a major risk factor for smoking-related cancers and heart disease.

We have more information about stopping smoking at [macmillan.org.uk/stop-smoking](https://www.macmillan.org.uk/stop-smoking)

Drinking sensibly

It is important to stay within the recommended guidelines for alcohol. Drinking too much can make you more anxious or depressed. It can also affect your physical health and stop you sleeping well.

NHS guidelines suggest:

- not regularly drinking more than 14 units of alcohol in a week
- spreading the alcohol units in a week over 3 or more days
- trying to have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary strength beer, lager or cider, one small glass (125ml) of wine, or a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at [drinkaware.co.uk](https://www.drinkaware.co.uk)

If your doctor has advised you to stop drinking, it is important to follow this advice.

It can be hard to stop smoking or drink less alcohol when you are feeling anxious and stressed. Ask your doctor or nurse for advice. There is lots of different support to help you.



Further information

About our information	78
Other ways we can help you	80
Other useful organisations	84
Your notes and questions	92

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **[macmillan.org.uk/support-line](https://www.macmillan.org.uk/support-line)** to chat online and see the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **[macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **[macmillan.org.uk/community](https://www.macmillan.org.uk/community)**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Body image and cancer support organisations

No7 Boots Macmillan Beauty Advisors

www.boots.com/storelocator

No7 Boots Macmillan Beauty Advisors are trained to give free, face-to-face advice to help you cope with the visible side effects of cancer treatment.

Breast Cancer Now

Helpline **0808 800 6000**

www.breastcancernow.org.uk

Provides information and support for anyone affected by breast cancer. Specialist breast care nurses run the helpline.

Changing Faces

Helpline **0300 012 0275**

www.changingfaces.org.uk

Offers support and information for adults and children with a visible difference: a mark, scar or condition that makes them look different. Can arrange consultations with skin camouflage specialists who can teach people to self-apply specialist cover creams.

Colostomy UK

Helpline **0800 328 4257**

www.colostomyuk.org

Supports people who have had, or are about to have, a colostomy. Provides information and advice on bladder and bowel symptoms.

Ileostomy and Internal Pouch Association

Tel **0800 018 4724**

www.iasupport.org

Provides support and information for people who have an ileostomy or internal pouch.

Look Good Feel Better (LGFB)

Tel **0137 274 7500**

www.lookgoodfeelbetter.co.uk

Offers free skincare and make-up workshops across the UK to help people manage the visible side effects of treatment, and boost their confidence and well-being.

The National Association of Laryngectomee Clubs (NALC)

Tel **0207 730 8585**

www.laryngectomy.org.uk

Offers support and information to people who have had a laryngectomy, and their families and friends.

General cancer support organisations

Cancer Black Care

Tel **0734 047 1970**

www.cancerblackcare.org.uk

Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**

www.cancerresearchuk.org

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**

www.maggies.org

Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family and friends.

Penny Brohn UK

Helpline **0303 300 0118**

www.pennybrohn.org.uk

Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus

Helpline **0808 808 1010**

www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Drinkaware

www.drinkaware.co.uk

Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net

Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk

The UK's biggest health information website.
Has service information for England.

NHS 111 Wales

111.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**

www.nhsinform.scot

NHS health information site for Scotland.

Emotional and mental health support

Anxiety UK

www.anxietyuk.org.uk

Provides help, information and support for people with anxiety, stress and anxiety-based depression.

Mind

Helpline **0300 123 3393**

www.mind.org.uk

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**

Email **jo@samaritans.org**

www.samaritans.org

Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Sleepio

www.sleepio.com/nhs

A 6-week clinically proven programme used to treat insomnia. It is available free on the NHS and uses guided cognitive behavioural therapy (CBT) techniques to help improve your sleep.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Support for older people

Age UK

Helpline **0800 678 1602**

www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**

lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk

A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

UK Cancer and Transition Service (UCATS)

www.wearetransplus.co.uk/uk-cancer-and-transition-service

Provides support for anyone in the trans and non-binary community who has cancer or a history of cancer. This service helps anyone who feels treatment has or may interact with their gender-affirming care.

Support for carers

Carers Trust

Tel **0300 772 9600**

www.carers.org

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**

www.carersuk.org

Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by members of Macmillan's Centre of Clinical Expertise.

With thanks to:

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Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact informationproductionteam@macmillan.org.uk

Sources

Below is a sample of the sources used in our information about how certain cancer treatments can cause changes to your appearance. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

Asfour L, Montgomery K, Solomon E, Harries M. PS08: The psychological impact of hair loss and the role of psychological interventions. *British Journal of Dermatology*. 2021; 185(S1): 172–173. Available from: www.doi.org/10.1111/bjd.20356 [accessed September 2023].

Brook I. Early side effects of radiation treatment for head and neck cancer. *Cancer/Radiothérapie*. 2021; 25(5): 507–513. Available from: www.doi.org/10.1016/j.canrad.2021.02.001 [accessed October 2023].

Elad S, Cheng KKF, Lalla RV, Yarom N, Hong C, Logan RM, et al. MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy. *Cancer*. 2020; 126(19): 4423–4431. Available from: www.doi.org/10.1002/cncr.33100 [accessed September 2023].

Riopel L. Goal setting in counseling and therapy (incl. examples). *PositivePsychology.com*. 2019. Available from: www.positivepsychology.com/goal-setting-counseling-therapy [accessed October 2023].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer.

They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

2. Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. Give money

Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to macmillan.org.uk/donate



Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

This booklet is about how cancer and its treatment may affect your body image. This is the way you think and feel about your body. It is for anyone who is worried about changes to their body caused by cancer or cancer treatment.

This booklet gives suggestions on how to manage certain changes to your body and advice on coping with some of the feelings you may have.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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Patient Information Forum