

Episode 24 – Your Irish Cancer Society Resource Toolkit

(Intro) Rosie: Do you have an upcoming surgery? Are you feeling a little overwhelmed? Then this is the podcast for you. Welcome to Operation Preparation. You are listening to Pre-Anaesthetic Assessment Clinic podcast or PAAC for short from St. James's Hospital, Dublin. Here we put together a series of short episodes to help you, your family and your loved ones learn more about your upcoming perioperative experience.

Rosie: Hi everyone and welcome back to the final episode of Season 4 of Operation Preparation. My name is Roseann Murray, I'm one of the Clinical Nurse Specialists here and with me is our Consultant Anaesthesiologist, doctor Aislinn Sherwin. So St. James's Hospital is Ireland's first comprehensive cancer care centre which was designated by the Organisation of the European Cancer Institute in 2025. So today we have a very special episode telling you all about the Irish Cancer Society. We have two very special guests joining us today, Amy Nolan, Director of Clinical Affairs, Irish Cancer Society and Anna, a breast cancer survivor. So Amy, to start us off, tell us and the listeners a little bit about yourself and your role at the Irish Cancer Society.

Amy: I'm Amy Nolan, I'm the Director of Clinical Affairs at the Irish Cancer Society and I've worked with the Irish Cancer Society for over four years. Previously, I was a Clinical Oncology Nurse in St. James's Hospital and my role now as Director of Clinical Affairs means that I'm responsible for making sure our work, which supports people who are affected by cancer, is evidence-based and truly meets people's needs. It can be our CAYA services for children, adolescents and young adults, our night nursing services, they provide end-of-life care to people in their homes and supporting the 221 Plus group who are directly affected by failures in the cervical check screening programme. My job is to make sure that the support we provide is really effective and compassionate.

Aislinn: Thanks Amy. Can you tell us a bit about the scale of cancer in Ireland? How many people are affected each year by cancer?

Amy: Well, about 44,000 people are diagnosed with cancer every year in Ireland and we know that every three minutes someone in Ireland hears those three life-changing words, you've got cancer. It's predicted that one in two of us will hear this news in our lifetime and really cancer doesn't discriminate, like there isn't a family in Ireland that hasn't felt the devastating impact of a cancer diagnosis. Some of the more common cancers are skin cancer, prostate cancer, breast cancer, lung cancer and bowel. They're really the most common ones in Ireland.

Aislinn: And I'm sure everybody listening in today has had somebody close to them or themselves or somebody in their family who's been affected and I would hope that people are very familiar with the work of the Irish Cancer Society and many might have used it for their own experiences. But what, Amy, is the purpose of the organisation?

Amy: The Irish Cancer Society is truly a community. It's a community of patients, survivors, volunteers, supporters, health and social care professionals and researchers and we are really working towards a future where nobody in Ireland will die from cancer. The society

was first set up in 1963 and in those years since we've evolved to respond to people's needs and changes in the cancer landscape. Our mission is that we won't stop until fewer people receive a cancer diagnosis, until everyone who does survives it and until everyone who needs it receives world-class care and support.

Rosie: That's really inspiring. But how is all of this funded?

Amy: We generally only receive 5% of our income from the government. So days like Daffodil Day, which turns 40 years old next year, are what allow us to continue to be there for every child and adult and their families affected by cancer in Ireland. We rely on fundraising and the generosity of the public, really, to provide services like our transport service, which brings patients to and from their treatments to the hospital nationwide. Our night nursing service, which provides end-of-life care, allowing people to die at home surrounded by their loved ones in the familiarity of their own surroundings. It also funds our Daffodil Centres nationwide and we have 13 different daffodil centres across Ireland, who provide information to our cancer patients and support. They do really incredible work and one example is our LACES programme, which is Life and Cancer Enhancing Survivorship programme. It's a workshop that helps people to take back control of their health and wellbeing in the future.

Rosie: That's really amazing and it just proves how important the donations are to such a worthy cause. I know you have some great numbers to share with us too.

Amy: Yes, and I'd love to share some numbers with you now from 2025 to show some examples of the important services that are available to patients, supported by the generosity of the public. More than 29,800 free lifts, transport, to bring cancer patients to and from their treatment was provided in 2025 and that's our Irish Cancer Society transport service. It's a voluntary service and there are more than 14,300 free counselling sessions to those affected by cancer, again across the country. Many of those are provided through cancer support centres across the country. 5,900 nights of night nursing care to allow cancer patients to die at home, surrounded by their loved ones. And there were more than 26,700 supportive and comforting conversations with people affected by cancer and their families through the Irish Cancer Society support line and Daffodil Centres nationwide. Also 179 families availed of the Irish Cancer Society Children's Fund, which is a €3,000 grant for children under the age of 18, which is non-means tested and it really helps families to deal with the cost of a childhood cancer diagnosis. We have so many services that can support people and their families in the diagnosis and treatment of cancer. It really is an overwhelming time for people and if they're wondering what type of care and support that they can get from us, really the best thing to do is to call our support line, which is 1800 200 700 or alternatively visit our website. We really can make a huge impact and it's really thanks to people's fundraising and support.

Aislinn: So those are some really astounding numbers there. That's a huge amount of help within a very small country in comparison globally. So Amy, can you tell us when Daffodil Day happens every year so we can go all in for Daffodil Day and maybe a little bit about your work and the services that the Irish Cancer Society provides?

Amy: Daffodil Day is at the end of March every year. Another aspect that is so important for the Irish Cancer Society and actually to improve cancer trajectory for patients across Ireland is funding our research. The Irish Cancer Society has invested more than 30 million in cancer research over the past 10 years and we really have seen real life impact for the funds raised by the public.

Aislinn: Amy, what are your key messages for any patients who are facing into their cancer journey and what resources would you recommend for them?

Amy: If you're going through a cancer diagnosis and I often find with patients who are diagnosed with cancer and the only treatment modality required is surgery, they don't get referred to the Irish Cancer Society. It's really common. So I really urge people to, if you're a healthcare professional, refer your patient to the Irish Cancer Society. If you are a patient, you know, use our resources, our support line. Our booklets are actually, you know, with specific cancer diagnosis are really the first port of call for many of our cancer patients and that information is all evidence based. We have editors who work with expert clinicians across the country for their expert input and they are reviewed every two to three years. So the evidence and the information is really up to date. We have really key books like on emotional effects of cancer, which are really popular. And one of the most popular ones is how to talk to your children about cancer because many people who are diagnosed with cancer have children or have nieces or nephews or grandchildren. And so how to break this news or talk to children about cancer is really one of the top issues for cancer patients. To say as well, we have daffodil nurses through 13 centres across the country and they provide amazing advice and support and additional advice and support to what you receive from your healthcare professionals. They educate patients on the side effects of the treatments that they may undergo. They can refer people to counselling services, to our transport services. And they're not just for patients. They are for families and carers of patients because the impact of a cancer diagnosis, goes across the whole family. In fact, the whole community. So our daffodil nurses and support line nurses are there for everybody. Some of the support centres, we provide funding for their counselling. So our cancer support centres are also a fantastic resource because they provide counselling. They provide support groups for people. Getting that support is so important. They provide counselling for adolescents, young adults also. Lovely therapeutic procedures like acupuncture, reflexology. And it's just an oasis of a place where you can go for additional support. Another area is exercise. And we all know that exercise is so important. Prehabilitation prior to your cancer surgery and after your cancer surgery and through your treatment. And the Irish Cancer Society provides eight free sessions with Exwell Medicine, who are all around the country, again, and they work with people who have had a cancer diagnosis to do these exercise sessions. There is so much research out there now that shows that if you continue to do exercise, you actually can help to prevent a recurrence of cancer too, as well as the fact that you get back to your own well-being. You know, even to maintain or to get back to your previous exercise level is really important.

Aislinn: Can you tell us some good news in cancer?

Amy: Yeah, I can tell you some good news. So more people are surviving cancer than ever before. And thanks to early detection, improved care and targeted treatments, more people

are surviving cancer. So today there's more than 220,000 cancer survivors in Ireland. We want more cancers to be detected at an earlier stage so that they can be treated earlier and the person has a better chance of survival. And that's why screening is so important, as well as awareness of cancers and being aware of any symptoms and really attending to them early.

Rosie: Thanks so much, Amy. And so what would your message be for anyone who's listening?

Amy: If you need support or you have any questions about cancer, please reach out to us. And our free phone support line number is 1800 200 700. And our website is cancer.ie.

Rosie: Thanks so much, Amy. And we'll include all of those details in the show notes again as well for anyone who wants to check them out. So now we're going to chat to Anna from Cork. Anna is a mother of two, black belt martial artist and a breast cancer survivor. In August 2023, Anna went to get the over 50 breast check mammogram and the doctors found something that they wanted to investigate further. She underwent more tests, including a biopsy and an ultrasound. And without any signs or symptoms, Anna was diagnosed that November with breast cancer. One of her lymph nodes were removed in December '23. And the following February, Anna had one surgery with two different surgical teams. She had a single mastectomy on the right side of her body or a removal of the breast and had a reconstruction surgery in the same breast using skin, fat and blood vessels from her lower abdomen. After almost a year of recovery, infections, physiotherapy and tests, Anna had final surgery in December 2024 for wound corrections. So with the recovery of surgery, this IT professional was out of work for almost 12 months. And Anna says, I went back to the same jobs, the same team with whatever changes happened in 12 months. But you're not the same person because you've had such a trauma. I'm slightly more open now. And when people ask me how I am now, I tell them.

Aislinn: Anna, your story is so inspiring. Can you tell us a bit about your experience with cancer?

Anna: Thanks, Aisling. In December 2023, I had my first of three surgeries. So this was post diagnosis. I had a surgery to remove intestinal lymph node from my right arm. Depending on the results of this removal would have decided what my treatment options were and what was available to me. So this was a day procedure. So I didn't have a huge amount of preparation or thinking to do. But what I hadn't considered was that a day procedure really means you need to recover from the surgery at home rather than recovering in the hospital. This wound was quite deep and it took a bit of attention and recovery. But it gave a bit of reality, I guess, to the diagnosis and started a lot of the thought processes for me. So my second and my main surgery was in February 2024. So this was my main surgery. My cancer care team fully removed my right breast, including all the cancer cells, which was confirmed afterwards, thankfully. And then my reconstruction team recreated my right breast using tissue and blood vessels from my stomach. This preparation for this one was more intensive. I had a lot of help from the support nurses. And I had a checklist of all of my questions on the day. And I did add some Anna particular things on the day. When I was checked in by the team in the morning, I came in fasting and nervous. And I had the standard list of

questions about, you know, why you're here. You know what's going to happen today. You know, the risk of surgery. This definitely led me to having a panic attack in the waiting room in the morning. So I had decided, no, I'm going home. I don't need this done. So thankfully, the nurse who was on hand and my husband were there, talked through me again, calmed me down. And we did go ahead and everything was done, thankfully. And equally, when I moved then to the anaesthetic team and I worked with those to their magic, while they were talking through and trying to give me the medication to help me to sleep, I actually fainted and fell off the bed, hit my head. So then they needed to wake me up so that they could put me back to sleep and make sure I didn't have a concussion. And then thankfully, all that went fine. I had my third and final surgery in December 2024, which again was a day procedure with two minor corrections just to the wounds from the earlier surgeries.

Aislinn: And Anna, can I ask you, did you go to an anaesthetic pre-assessment before your surgeries? And what sort of information did you take from that or find useful?

Anna: So I did have pre-assessment for my first surgery. I had an on-person one in the hospital, mainly with a nurse. So she did all of my medical history, everything from top to bottom, took blood, took my wound, took my weight, my height. She gave me a lot of advice about what to do before and what to expect, all of which was very useful. She had a lot of small health hints and tips for me as well, including I have low blood pressure, as you see from my fainting and a couple of events. So she gave me advice about what to eat the night before and about pre-fasting and the night before to keep my salt content up and things like that, which were really beneficial to me for that day and equally for the second one. And then for my second surgery, because it was only six to eight weeks later, I had a phone consultation.

Aislinn: Did you find you were less nervous coming in for the second surgery when you knew what to expect the first time around?

Anna: Yes, I did. Until I had the actual discussion with them where I went, no, and had a panic attack and went home. But other than that minor blip, yes, I definitely did. And it helped to have been in the hospital before and to have been in the same environment and both calls in person and on the phone were with the same nurse, which was really useful.

Aislinn: That's great. And I know that we sometimes say that it's very normal for us, but it's not normal for you. And, you know, that's potentially your first or second time in hospital. It is very alien place to be as a patient. So would you have any advice for health care professionals on how to make you feel a bit more at ease?

Anna: I guess both of them, the anaesthesiologist I met on the day and the nurse, both, I think they did pretty much everything they could have done. They did a lot of the medical terms in plain English. And so it was easy to figure out you're here for this and you'll do that. And then we move from A to B and B to C. And definitely when I met the anaesthesiologist, he explained it was the first time someone explained in plain English. When you walk into the theatre, what you're going to see, which was very useful for me because I obviously had never been in the theatre before.

Rosie: That's great. And it's great to hear about your preassessment and how you got all those tips from the nurses and what you went through. As we've said before, the pre-anaesthetic assessment clinic, it's an individualized risk assessment and a health optimization. And for anyone who's interested, episode two goes through all about pre-assessment and why we do it. But how did you feel after the surgery, both physically and mentally?

Anna: Okay, so when I when I woke first in the recovery ward, it took me a while to figure out where I was and why. And once those kind of bits, I had because I had two surgeries, I had a lot of recovery to do, but I needed to lie on my back and it isn't a natural position to sleep in. And equally, because I had had the opportunity of having reconstruction at the same time, which was a fabulous opportunity for me and meant I didn't have to deal with a lot of the mental side of not having a right breast or seeing myself without a right breast. This definitely helped. But from a recovery point of view, I guess I hadn't expected day one, day two, day three. So day one for me meant because so many of the blood vessels in my stomach had been individually taken apart and reconstructed into the breast form. I had every 30 minutes I had a mini ultrasound to make sure none of them were leaking, that they worked okay. And then every hour I had heat packs on my legs to increase the blood flow, to help all of everything survive. I had injections to avoid blood clotting. And equally, I had a focus to make sure that I was able to get out of bed on day two and that I could stand and move and that I didn't have clots and to keep the recovery starting as soon as I was able. But equally, because I have low blood pressure, when I did manage to get out of bed day two, I equally fainted. I can visibly remember there was a nurse standing across the room from me and I couldn't remember her name and that was all I could focus on. So instead of saying help or please somebody catch me, I couldn't remember her name. So I fainted and fell. And then I had that to add to my recovery. But I think all of the help and all of the advice of the people, everybody covered as much as they could. I got the right advice and the right people at the right time. And all of my recovery, even with my couple of hiccups and fainting and things was really well managed.

Aislinn: So I know some patients say when they go through a cancer journey, Anna, that it's really a full time job looking after your health and attending appointments. And you mentioned earlier that it took a year nearly to recover from surgery. What did that road to recovery look like and were there setbacks and how did you manage them?

Anna: So there were a couple. I guess one thing I can still remember is certainly three or four days, there might have been seven days after surgery. I went back to the consultant to get the result of the biopsy from the cells that are being removed on the day. And while I was absolutely looking forward to it and a little bit terrified to get the result. But for me, it's a 40 minute drive from home to the hospital to receive the results. So the worry of the results is one thing. But because I've been through surgery by day seven, a lot of the pain meds have been removed, which is good. But to sit in a car and to not be able to wear seatbelts because of two wounds seven days after, but to have to wear seatbelts because I'm in the car, even that physical drive, I was going, do I have to go and why do I have to go? And how long will it take? And how will that upset? So that was obviously made much easier by the fact that the results were so good. But that's definitely when I would still remember that first journey and having to sit in the car and the pain that came with it. But equally, the

relief afterwards and it suddenly realised, oh, I can actually leave the house. I am actually okay. So that's definitely one. And earlier I mentioned because I had fainted and things. So some of my recovery was delayed in the hospital. And then equally, when I came home, I had some wound healing problems with my stomach wound, which delayed my physiotherapy. And I had learned to walk with a slight hunch leaning forward to protect the wound on my stomach. But by the time I met a physio, then I had to absolutely recover all of that. So as well as having to do physio and recover my core from the surgeries, I then had my back and my shoulders and my neck that I had inadvertently caused some issues to. So those ones I would definitely say to people to keep an eye on. You're not going to come back and go straight into exercise. Absolutely not. But small things are very important. One of the nurses gave me a great hint. She said every hour, stand up from where you are, whether you're in a bed or a couch, stand up, walk around your kitchen table and sit back down. But that amount of exercise keeps your muscles active and keeps you moving. And it's the start to the recovery.

Rosie: Fantastic, Anna. But what kind of support did you find helpful, either practical or emotional?

Anna: Okay, so the most practical support, I guess, was my family and friends. So my long-suffering husband and my two children absolutely were a great support to me, day to day from everything, from the getting out of bed in the morning, from the getting dressed for the first few weeks when I actually couldn't shower on my own. Those practical tips were great and I would definitely be lost without the three of them. I am also lucky that I have a large Irish family. So I have a lot of people living near me who were turned up in the morning with random smoothies. And eventually I had to tell people to stop bringing cake. Please bring something healthy. My medical teams absolutely were the greatest support. Any question was too small and I absolutely would say to anybody, ask the question. There is always someone who knows the answer. There is always somebody who has done it before you. As well as my big family, then I have a lot of friends and work colleagues who were really good to check in. And I found great advice from one of my colleagues who said on your bad days, you need to get out of bed. That's all you need to do. But on your good days, it is as important to not overdo it. Those things definitely did. And I had a lot of support, I guess. I had an individual nurse when I was assigned the cancer care team and I found it amazing that it wasn't a team of nurses or it wasn't a random number that I was ring. It was an actual person at the end of the phone who could answer my questions. And on a week when I didn't ring her, she would have rung me. So those supports and knowing she was there made a huge difference to me. And equally, a lot of the cancer, there were a lot of cancer support groups on social media. So I joined a couple of those and I found lots of advice from people who had been through this before. You quickly realise you're not on your own. There are a lot of people who've gone through it and there were a lot of people who can help. And this is definitely where I found about the fan, which we'll talk about later, which was a big difference, a big help to me. And I guess I have two unusual support groups. The first one is absolutely my martial arts group. So I have the privilege of training as part of Kuk Sool Won Cork. So Kuk Sool Won is a Korean martial art. And before my surgery, I was training to become a black belt. So I was two tests away from my final grading. And then I took a year out from training. I went back in February, 2025, which was a year after surgery. I went back to training. For my year in the absence, the stretches and the exercises that we

do were a great part that worked really well with the physio when we were doing those. So it was a great help to me. And the people in the community that we train with, they would have called, they would have taken me for coffee, they would have chatted, they would have listened, which was a huge support and help. And then when I went back to training in February, so last October, I earned my black belt. I did my final testing and I travelled with Team Ireland to Rotterdam. So we went to the European Championships there and I earned two European Championship medals. I got to perform with Team Ireland and received my black belt. And I am very proud of myself for doing it. I'm very proud of them for working through it with me. My husband and my children are black belts as well. So it was a fabulous support and community to me. And it still is. We still train several times a week. It's fabulous. And the last, I suppose, piece I would add to it is I also have an active online community. So I am an online gamer. So I play World of Warcraft online all the time. And when you have sleepless nights and your other support groups are primarily daytime based, I definitely found them a huge help to me as well. That when you don't sleep, I definitely recommend people to get out of bed. Possibly not online gaming. It's not for everybody. But to get out of bed, to change the room, change your mindset and come back to bed. It really helps with your sleep and your sleep patterns.

Aislinn: Wow, Anna, that's an amazing achievement there. And I don't think anybody can say, in this room anyway, that we've earned two medals at European Championships having gone through such a lengthy cancer journey. So well done to you for that. It's very aspiring for our listeners. Just in terms of financial implications, could you tell us a little bit about how you found that during your journey?

Anna: Thanks, Aislinn. I'm lucky to work for a company for a long period of time that my work, my salary and the social welfare was able to cover this. So I was able to take the time I needed to recover from this diagnosis.

Aislinn: And Amy, do you have any resources that would help patients in this area?

Amy: Yeah, well, one of the biggest concerns of anyone who's diagnosed with cancer, once they kind of understand what their treatment plan is, the financial impact is actually really huge because people usually have a mortgage to pay. They may have childcare costs. Some of them may be renting and may not be supported by their employers. And so they're really, really vulnerable. We have a welfare and support team who help to navigate some of those issues and help to signpost people and really help them to get through this really difficult time.

Aislinn: That's great. So back to you, Anna, then. What advice or tips would you give to somebody else who's preparing to go through surgery? And is there anything specific you would like to have known beforehand?

Anna: I guess, like I said earlier, I have a big support circle. So I found once I received a diagnosis, did some tests, I was caught in a cycle of medical decisions that were taken out of my hands, which was great. But the other supports, you don't realise till post the surgeries and your brain has time to catch up to realise that the mental preparation is very important. I'm not sure I gave myself enough time to process the diagnosis. I quickly focused on what

was happening and when and why and treatment and what about my family and what about my job. So I definitely advise people to stop, take a breather, think about what's happening and give yourself enough time to process it. That means I definitely would. Food, food is very important. I would say don't be too good, but be slightly good, but treat yourself, but don't treat yourself too much. Keeping this little bit of food and exercise going in the build-up will absolutely stand you to afterwards. The same way taking the food and the exercise a little bit less seriously, but more so afterwards to keep it going. I would definitely advise people to talk, talk, talk and keep talking and equally crying is okay. I did a lot of crying and it kind of leads us nicely to the fan. So when I found when I woke up in the hospital, I had disorientation. I had a lot of pain, a lot of recovery, but it was hot. Hospitals are hot, but I was intentionally hotter to keep the blood flow and so much of it was out of your control and so much of the recovery is difficult. I had a portable fan that one of the cancer support groups had mentioned bring a fan to the hospital. You could plug it in to charge it and I found it was a lifeline. I could hold it. I could turn it on when I wanted to and I could turn it off when I wanted to. Gave me back a little bit of control. I could have the air when I wanted. It was a really small thing like bringing a pillow from home or bringing a blanket from home. You don't want to bring a huge amount of clutter to a hospital with you, but one or two things are enough to make a difference and to help and afterwards I think again when you're at home, be good to yourself. Things are okay, but don't take on too much. I found once or twice in the 12-month recovery, I was invited to social events with the best of intentions and I kind of felt myself the pressure to go, but from self-pressure. So when you feel like not doing something, take the hint from your body and don't do it and when your body is telling you I don't want to do anything, pull it up and do a little bit, but those things definitely help and I think it's similar to what we mentioned earlier. What I would say is ask the question. Ask the question of anybody. Ask it of family. Ask it of friends. Ask it of nurses. There are support groups. All those small questions that can pray on your head. Just ask the question because there is support available everywhere.

Rosie: That's brilliant Anna, thank you so much for sharing such an amazing story. There's just so much fantastic information there and throughout the whole episode. And thank you everyone here today. So you've been all listening to the final episode of season 4 of Operation Preparation all about the Irish Cancer Society and just again a huge thank you to Amy Nolan, here with us today, and our breast cancer survivor, Anna, as well. So thank you for listening today and stay tuned for season 5 coming later this year.

(Outro) Aislinn: You have been listening to Operation Preparation, Pre-Anaesthetic Assessment Clinic podcast from St. James's Hospital, Dublin. Don't forget to subscribe and check out our website, links and abbreviation in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email us at operationpreparation@stjames.ie. Thank you for listening. Until next time.