

# Separating truths from myths

ACCORDING to Dr Azlina Firzah Abdul Aziz, consultant breast surgeon at ParkCity Medical Centre, the general awareness about breast cancer, from the importance of self-exams to identifying symptoms, has increased over the years.

“However, the fact remains there are still numerous misconceptions that stop women from seeking treatment, even if they find themselves having the symptoms,” she opines.

One misconception is that undergoing a biopsy would accelerate the growth of the tumours, but Dr Azlina explains, “Biopsies are an important part of breast cancer diagnosis, along with mammograms and ultrasonographies. While a mammogram and ultrasonography can identify the presence of tumours, a biopsy helps detect if the tumours are cancerous and thus assist in identifying the type of breast cancer.”

Recognising the type of breast cancer in each patient is crucial to the process of treatment since some types of breast cancers are more aggressive than others. In this context, Dr Azlina mentions another misconception that women have, that the only treatment for breast cancer is the removal of the breast (mastectomy).

She elaborates, “Healthcare



Dr Azlina Firzah Abdul Aziz.

professionals decide on the course of treatment based on the type of breast cancer a patient has. For instance, if there is just one large cancerous tumour, chemotherapy can be performed to reduce the size of it so that the breast can be saved by only removing the lump (lumpectomy). On the other hand, if there are numerous small tumours located in different areas of the breast, a mastectomy may be done before or after chemotherapy.

“Breast saving surgeries are performed wherever possible. However, even if someone does need to go through complete breast removal, reconstruction surgery can be done right away or later on,” assures Dr Azlina.

The third misconception that stops women from seeking proper

treatment for breast cancer is alternative treatment.

“People sometimes confuse complementary medicine with alternative medicine. While the former is used along with ongoing treatment to relieve symptoms, the latter is usually done by completely stopping medical treatment.

“For example, if someone undergoes acupuncture to help with knee pain while undergoing treatment for osteoarthritis, it is considered complementary healing, but when that person stops treatment and undergoes acupuncture only, then it becomes alternative treatment,” elucidates Dr Azlina.

She stresses that taking complementary medications such as supplements is not advisable, and neither is stopping mainstream treatment for alternative treatment as it can do more harm than good.

“Some alternative treatments can actually accelerate the growth of tumours and sometimes, even if one chooses to switch to regular treatment from alternative treatment, they may have to undergo a waiting period since some herbs, such as ginseng, can interfere with certain procedures, including biopsies,” warns Dr Azlina.

She also reveals that there are patients who put faith in alternative healing practitioners because they are convinced these

methods can heal them while also eliminating the need for invasive procedures such as biopsies and surgery.

### Life is precious

According to Dr Azlina, the survival rate of breast cancer is high if it is detected at an early stage and treated properly. Unfortunately, when most patients decide on consulting a healthcare professional, it can already be too late.

“This fear is a big barrier that women need to overcome. It does not help that there are currently less than 55 breast surgeons (in both public and private hospitals)

in Malaysia, and several states don't have breast surgeons. Patients may end up visiting doctors too late because of the drawn-out referral process in public hospitals or a misdiagnosis,” she says.

Although there are many awareness campaigns and increased consciousness, women need to also understand the repercussions of not getting treated early and differentiate between myths and truths.

To find out more, look up the National Specialist Register at [www.nsr.org.my](http://www.nsr.org.my).

■ For more information, call 03-5639 1212.



# When common is not necessarily normal

AS our bodies age, we start noticing changes in our body functions that may not be life threatening but could present slight inconveniences in our lives. Urinary incontinence in women is one such condition and occurs in approximately 30% of women aged between 30 and 60 worldwide.

However, Dr Pauline Pue Leng Boi, consultant obstetrician and gynaecologist at Subang Jaya Medical Centre, stresses that the notion of urinary incontinence as a normal part of ageing is untrue. While you may notice your pre- and post-menopausal peers experiencing the same condition, urinary incontinence should not be ignored and is treatable with simple procedures.

### Getting to the root of the condition

According to Dr Pue, there are two common types of urinary incontinence in women – stress incontinence and urge incontinence. While both types can cause a woman's bladder to leak involuntarily, the first occurs when she coughs or sneezes, while the second inflicts an unavoidable, constant need to visit the toilet.



Dr Pauline Pue Leng Boi.

The causes of urinary incontinence are multifactorial. Some examples that cause the weakness of the muscles that support the urethra in stress incontinence are:

- Trauma, usually from vaginal birthing
- Low hormone levels, especially in post-menopausal women
- Familial collagen disorders, which can be hereditary, despite the woman having none of the other risk factors
- Chronic increased pressure in the abdomen, sometimes present in obese women, chronic

constipation, manual labour and those with chronic coughing, such as smokers or people with poorly controlled asthma.

### Taking quality of life into your own hands

Dr Pue says the causes for urge incontinence are largely unknown and are thus unavoidable. However, urge incontinence can still be treated, with a fairly high success rate of between 60% and 70%. For stress incontinence, there are various forms of prevention and treatment methods.

To reduce the risk of stress incontinence, women can opt for an elective caesarean delivery to protect their pelvic floor muscles. Another way is to make sure they are not overweight or obese.

For women already experiencing urinary incontinence, Dr Pue says they can choose between lifestyle changes or surgery depending on the severity of the condition. Examples of lifestyle changes are:

- **Monitoring fluid intake** – There is the possibility that urinary incontinence is caused by excess fluid intake in comparison with body size.
- **Maintain a healthy weight** –

Obesity increases the pressure on the abdomen.

- **Reduce caffeine intake** – Caffeine causes an overactive bladder.

- **Practise pelvic floor muscle exercises (Kegel exercises)** – Muscle strength is determined by how much you use the muscle

Dr Pue assures patients that they should not fear the surgical procedure for urinary incontinence and explains, “It is a minimally invasive surgery where we insert a sling below the urethra. This sling will support the pelvic muscles every time the patient coughs, thus preventing leakage.”

She adds that the success rate for this surgery is very high at 80% to 90% and has a relatively easy recovery. Dr Pue adds that it is a permanent procedure, and over time, the sling will blend with your muscle tissue.

### Break the silence

There is nothing to fear when getting your urinary incontinence treated. Dr Pue says some patients may fear surgery because they are unaware that it is minimally invasive. Some defer treatment because it is not life-threatening.

Nevertheless, she encourages treatment as it can increase your quality of life.

Her advice to Malaysian women is: “Women should not suffer in silence from urinary incontinence because this condition is very much treatable. As for women who do not have this condition, start Kegel exercises before menopause to prevent this condition.”

■ For more information, call 03-5639 1212.

