Breast Awareness

Being breast aware means getting to know how your breasts look and feel normally so you can feel confident about noticing any changes. Knowing what your breasts look and feel like, and checking them regularly, can help you detect when something's wrong. There's no right or wrong way to check your breasts - remember, everyone's breasts look and feel different. Breast examination ideally should be done the week after your menstrual period has finished. If you don't have periods any more, then choose a particular date in the month, and repeat the examination on that date on the subsequent months.

Not all changes are a sign of breast cancer. Some women have lumps or thickening of the breast tissue, which may not be related to cancer. The appearance and feel of breasts can change at different times of the menstrual cycle. The milk-producing tissue in the breast becomes active in the days before a period starts. In some women, the breasts at this time feel tender and lumpy, especially near the armpits. In ladies who have had a hysterectomy (removal of the womb) but have retained their ovaries, the breasts usually show the same monthly changes until the time when natural menopause would have occurred.

There are different ways for examining your breasts. Changes to look for include:

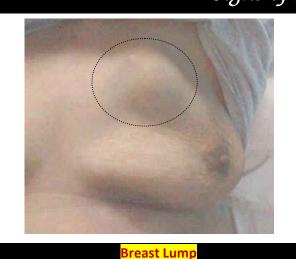
- any new lumps, thickening or bumpy areas in one breast or armpit, which differs from the same part of the other breast and armpit
- changes in the outline or shape of the breast, especially those caused by arm movements or by lifting the breast
- changes in the look or feel of the skin, such as puckering or dimpling
- blood stained discharge from the nipple
- moist, red areas on the nipple that don't heal easily
- any change in nipple position, such as pulled in / retracted / inverted
- a rash on or around the nipple

(Signs of Breast Cancer - see pictures below)

Report any of the above changes to your doctor without delay. Also, talk to your doctor if you have one or more <u>close relatives</u> affected with BREAST or OVARIAN cancer.

Presentation of breast cancer:

- Most patients present having felt a lump (20% as a painful lump).
- 10% of patients present with nipple change.
- 3% of patients present with nipple discharge (especially bloody discharge).
- 5% of patients present with skin contour changes.
- Breast pain (mastalgia) alone is a *very uncommon* presentation.

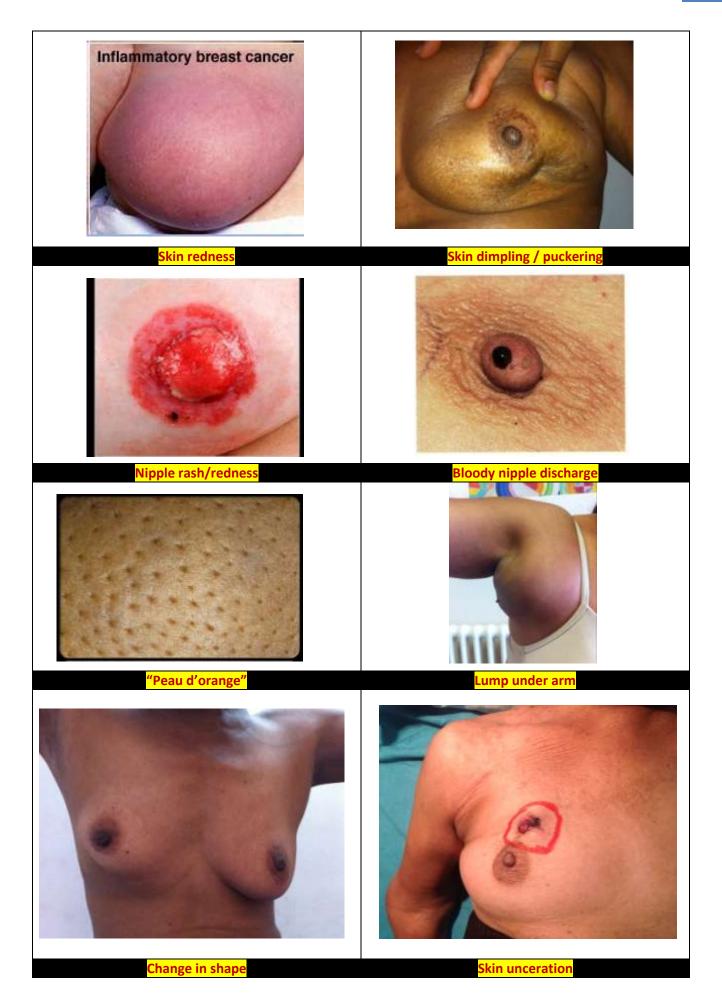


Signs of Breast Cancer



Nipple Retraction

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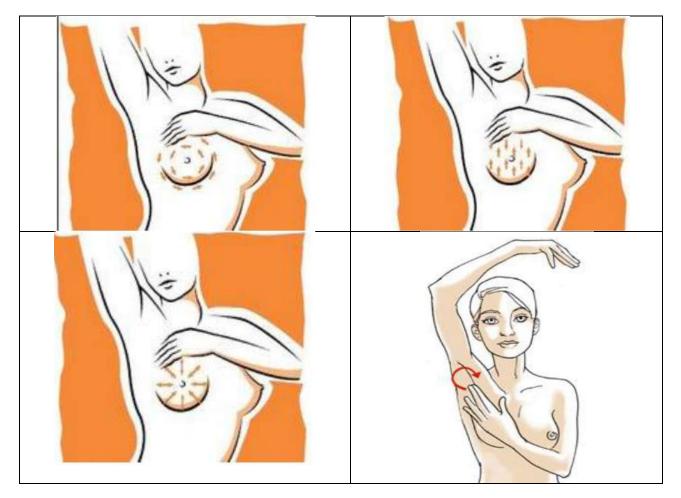


→ Technique for palpation of the breast

After careful inspection of the breasts, you should feel both breasts to detect any abnormality. Different people have different techniques and, whilst the following is recommended here, it is by no means the only acceptable technique.

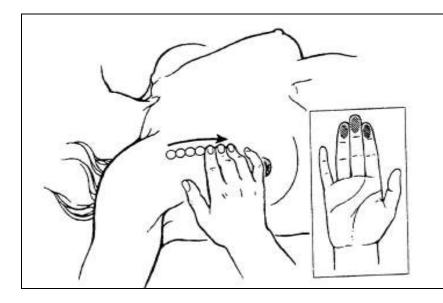
You should lie flat with your hands above your head. Use your **right hand** to examine the **left breast** and vice versa. Examine the whole breast from the collar bone (clavicle) to the lower edge of the breast and from the breast bone (sternum) to the armpit (axilla). Also examine the axilla for enlarged lymph nodes. Be aware that the majority of breast tissue is found in the upper outer quadrant and under the nipple **(Figure A)**.

- Examine with the flat of the hand to avoid pinching up tissue. Use the second, third and fourth fingers held together and moved in small circles see pictures below.
- Begin with light pressure and then repeat the same area using medium and deep pressure before moving to the next area.
- DO NOT pinch the breast tissue between index finger and thumb, as this way it is very easy to pinch up suspicious lumps.
- **DO NOT** squeeze the nipple If there is a history of liquid discharge from the nipple, your doctor will perform the appropriate tests.



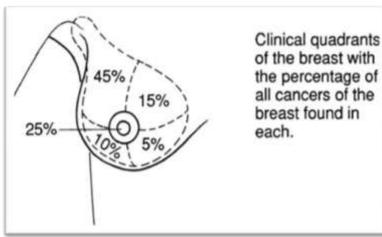


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Use pads of index, third and forth fingers – make small circular motions

Figure A: Breast tissue in the upper outer quadrant and underneath the nipple and areola should be thoroughly examined as these are the two most common sites where breast cancers arise.



NOTE:

Breast cancer in men:

- ▶ Is rare (especially under 50 years old).
- Can present as a mass behind the nipple (with or without nipple distortion or associated skin changes).

→ Clinical Breast Examination (CBE)

A **CBE** is a thorough examination of the breast and the underarm area by **trained healthcare professional** to check for abnormalities.

Why a CBE is done?

A CBE may be done if a woman finds a lump or change in her breasts. It may also be done as part of a woman's regular physical examination.

How a CBE is done?

There is usually no special preparation for a CBE. The woman removes her clothing from the waist up. A sheet or gown covers her while she is on the examination table. First, the healthcare professional looks at the breasts. This should be done with the person sitting and then lying down. The healthcare professional looks for:

- changes or differences in the shape of the breasts
- areas of fullness or thickness in only one breast
- differences in skin colour, temperature and texture in the breasts, such as redness, increased warmth or dimpling of the skin

- visible lumps or swelling
- nipple discharge (fluid leaking from the nipple)
- nipple changes, such as pointing inward (inverted) or scaling especially if these are new

Then the healthcare professional feels (palpates) the breast and the lymph nodes in a similar fashion as explained above.

What happens if a change or abnormality is found?

The healthcare professional will discuss the findings of the CBE with you and suggest if further tests are needed or not. Some tests that might be done (even if no change or abnormality is found during CBE) include:

- mammography
- ultrasound
- biopsy
 - fine needle aspiration for younger patients or if the lump is fluid-filled
 - > core needle biopsy (or tru-cut biopsy) if the lump is solid or suspicious

Read more:

http://screening.iarc.fr/breastselfexamination.php

Animated Video of Breast Awareness and Diagnosis:

http://www.youtube.com/watch?v=hChztwQPfUI (IN FRENCH)

http://beyondtheshock.com/learn/4/3#4/3

Date Created: June 2016

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