

Assessing Breasts and Axillae

Dr. Gary Mumaugh – Physical Assessment

Objectives

- Differentiate between breast examination & breast self-examination
- Enumerate the indication of breast examination
- List important objectives & purposes of breast examination
- List the essential preparation for assessment breasts and axillae
- State the elements of history taking
- Determine the aspects of assessment in examining breasts and axillae
- Discuss the normal findings in examining breasts and axillae
- Determine deviation from normal
- List the proper positions for assessment breasts and axillae
- Describe the techniques used to assess breasts and axilla

Definitions

- Breast Examination
 - It is the technique by which a thorough inspection & palpation of the breast is made to collect data about the breast condition
- Breast Self-Examination (B S E)
 - The regular examination (done monthly) of breast performed by a woman in a systemic manner for the purpose of early detection of lesions

Purposes

- To assess the breast size , shape and symmetry
- To assess nipples for its type ,size and secretion
- To assess areola
- To check the breast tissue for presence of lump or mass
- To detect and treat early any abnormalities or complications

Preparation

- Verify the client's identity
- Induce self
- Explain the procedure
- Hand washing
- Provide client privacy

Questions to Ask

- History of breast masses and what was done about them
- Pain or tenderness in the breasts and relation to the woman's menstrual cycle
- Discharge from the nipple
- Inquire if the client performs breast self-examination, technique used, and when performed in relation to the menstrual cycle
- Estrogen replacement therapy may be associated with the development of cyst or cancer

Questions to Ask

- Medication history (e.g., oral contraceptives, steroids, and diuretics) may cause nipple discharge
- Risk factors (e.g., mother, sister, aunt with breast cancer, alcohol consumption, high fat diet, obesity, use of oral contraceptives, menarche before age 12, menopause after age 55, age 30 or more at first pregnancy)
- The most important question is **FAMILY HISTORY!!!**



Assessing Breasts and Axillae

- Assessment
 - Inspect the breasts for Size, Symmetry, Shape
 - While the client is in a sitting position
- Normal Findings
 - Female - rounded shape, slightly unequal in size, generally symmetric
 - Male - breasts even with the chest wall, if obese may be similar in shape to female breasts
- Deviation from normal
 - Recent change in breast size, swelling, marked asymmetry

Look at Shape and Symmetry



Assessing Breasts and Axillae

- Inspect for
 - Skin changes
 - Redness
 - Visible bumps
 - Nipple crusting
 - Symmetry

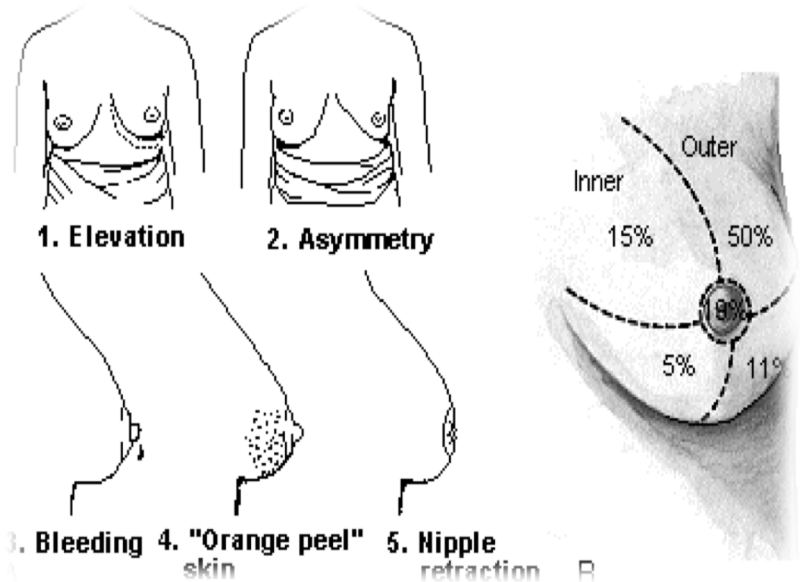
Assessing Breasts and Axillae

- Assessment
 - Inspect the skin for localized hyperpigmentation, retraction or dimpling, localized hypervascular areas, swelling or edema
- Normal Findings
 - Skin uniform in color and skin is smooth and intact
 - Striae, moles and nevi
- Deviation from normal
 - Localized discolorations or hyperpigmentation
 - Retraction or dimpling

- Unilateral localized hypervascular areas
- Deviation from normal
 - Swelling or edema appearing as pig skin or orange peel due to exaggeration of the pores

Assessing Breasts and Axillae

- Assessment
 - Emphasize any retraction by having the client:
 - Raise the arms above the head
 - Push the hands together, with elbows flexed
 - Press the hands down on the hips
- Normal Findings
 - Breasts should rise evenly
 - Watch for dimpling or retraction



Assessing Breasts and Axillae

- Assessment
 - Inspect the areola area for size, shape, symmetry, color, surface characteristics, and any masses or lesions
- Normal findings
 - Rounded or oval bilaterally the same,
 - Color varies from light pink to dark brown
 - Irregular placement of sebaceous glands on the surface of areola
- Deviation from normal
 - Any asymmetry, mass, or lesion

Assessing Breasts and Axillae

- Assessment
 - Inspect the nipples for size, shape, position, color, discharge, and lesions
- Normal findings
 - Rounded, everted and equal in size
 - Similar in color, smooth, soft, both nipples point in same direction
 - No discharge, except from pregnant or breast feeding females
 - Inversion of one or both nipples that is present from puberty.
- Deviation from normal
 - A symmetrical size and color
 - Presence of discharge, crusts, or cracks
 - Recent inversion of one or both nipples

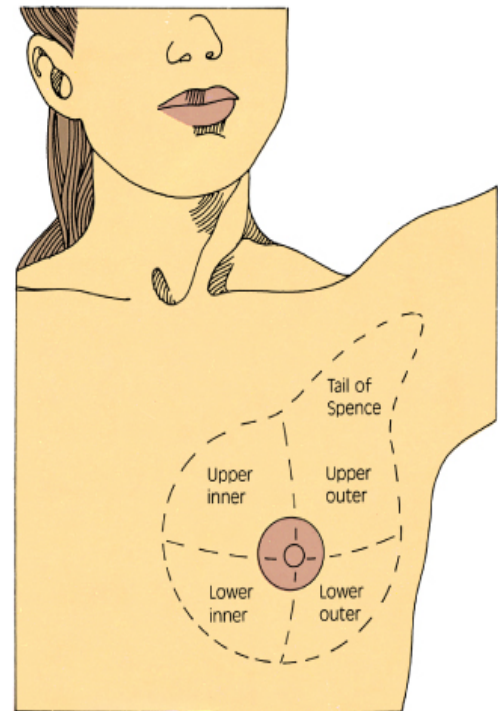
Palpation of Breast

- Assessment
 - Palpate the breasts for masses, tenderness, and any discharge from the nipples
 - Client position: supine
 - Rationale: The breasts flatten evenly against the chest wall, facilitating palpation
- Normal Findings
 - No tenderness, masses, nodules, or nipple discharge
- Abnormal palpation findings
 - Tenderness, masses, nodules, or nipple discharge
 - If a mass was detected, record the following data:
 - A-Location and distance from the nipple in cm.
 - B-Size: the length, width, and thickness of the mass in cm.
 - C-Shape: round, oval, lobulated, indistinct, or irregular.
 - D-Consistency: hard or soft mass.
 - E- Mobility: movable or fixed
 - F-Skin over the lump: is reddened, dimpled, or retracted
 - G-Nipple: whether it is displaced or retracted
 - H-Tenderness: whether palpation is painful

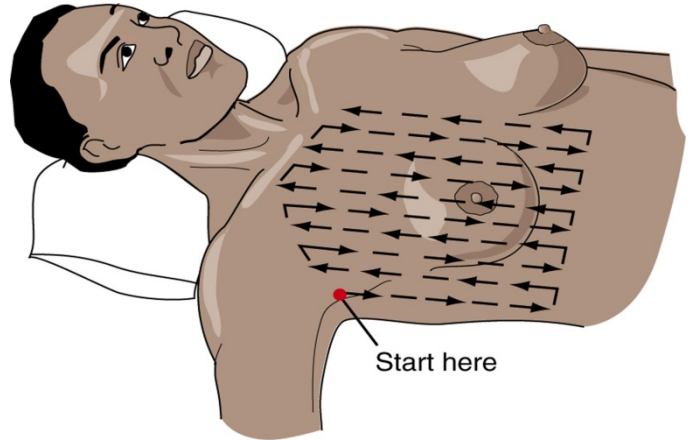


High Risk Patients

- For client's who have a past history of breast masses, who are at high risk for breast cancer, examination in both a Supine and a Setting position is recommended
- If the client reports a breast lump, start with the "normal" breast to obtain baseline assessment
- For palpation choose one of three patterns:
 - Concentric circles
 - Hands-of-the-clock or spokes-on-a-wheel
 - Vertical strips
 - Start at one point for palpation, and move systematically to the end point to ensure that all breast surfaces are assessed.



Location of assessment findings of the breast are identified by quadrant.



Assessing Axillae

- Palpate the axillary, subclavicular, and supraclavicular lymph nodes
- Client position: sits with arms abducted and supported on your forearm
- Use the flat surfaces of all fingertips to palpate the four areas of axilla
 - The edge of the greater pectoral muscle
 - The thoracic wall in the midaxillary area
 - The upper part of the humerus
 - The anterior edge of the latissimus dorsi muscle along the posterior axillary

Self-Examination

- Feel for Lumps
 - Raise the arm
 - Feel with opposite hand
 - Feel for a “marble in a bag of rice”
- Use the Middle of Your Fingers
 - Fingertips are too sensitive (all breasts are somewhat lumpy)
 - Palm is too insensitive
 - Middle portion of fingers is just right

Self-Examination

- Move your hand in small circles
 - Stay in one place
 - Press in while circling with your hand
 - Feel for thickenings the size of a marble
- Feel the Armpit
 - Use the same circular motions
 - Feel for breast lumps and lymph nodes
 - Normal lymph nodes cannot be felt
 - Enlarged lymph nodes are about the size of a pencil eraser, but longer and thinner
- Try to Express Nipple Discharge
 - Strip the ducts towards the nipple

- Normally, one or two drops of clear, milky or green-tinged secretions
- Should not be bloody or in large quantity, squirting out or staining the inside of a bra