Clinical Breast Examination
Aim

- To perform a thorough breast examination on a female patient whilst preserving patients' modesty and identifying abnormal findings

Objectives; SSBAT

- Describe indications, contraindications & complications associated with a CBE
- Describe the steps used to perform the CBE
- Describe abnormal findings.
Information

- The incidence of breast cancer has been increasing steadily from an incidence of 1:20 in 1960 to 1:7 women today.

- The National Breast Cancer Foundation estimates that each year approximately 1,700 men will be diagnosed with breast cancer and 450 will die each year.  
  (The Breast Cancer Site, 2009)

- 60% of victims now survive due to CBE & mammography  
  (Dehn & Asprey, 2007)
Historically

- It resulted in automatic radical mastectomy, & prognosis considered poor
- Not talked about therefore hard to know re Family Hx
- Risk factors were nor clearly described
- Chemotherapy not available until late 20th Cent
Risk Factors

- Age older than 50yrs
- Family history of breast cancer (1\textsuperscript{st} & 2\textsuperscript{nd} degree relatives)
- Young age at menarche (<12yrs)
- Older age at first birth (>30yrs)
- Nulliparity
- HRT/ oral contraceptives
- Societal, demographic and medical trends also have a marked increase

(Saslow et al, 2004; Dehn & Asprey, 2007)
Indications

The American Cancer Society recommend:

- CBE every 3 years between menarche & 40 years.
- And annually from 40 years onwards.
- Yearly if have a strong family hx from a younger age.
- Risk of abnormality being detected increases with age & risk factors.
- CBE discovered a small amount of cancers missed by mammography

(Elmore, 2005)
Contraindications

- There are no medical contraindications to the performance to this procedure.

Complications

- There are no reported complications reported with the performance of CBE.
  
  (Dehn & Asprey, 2007)
Legal complications may arise from;

- Inadequate informed consent is not obtained
- When the exam is omitted or improperly conducted or documented.
- Not having a chaperone if required in your area of work.

**Note;** The single most important determinant of examination is the duration of the procedure ensuring no area is overlooked.
Anatomy & Physiology

- Most breast feel ‘lumpy’ on palpation due to; glandular tissue, fibrous tissue, supporting ligaments & fat
- The Nipple extends outwards from the areola.
- Nerves, blood vessels & lymphatic structures contained within the breasts
- Lymphatic drainage provides the primary pathway for the spread of cancer
- Often unequal in size (Left often larger)
- Change in size during maturation, pregnancy & menstrual cycle
Patient Preparation

- Inform patient as many unaware of length of time required to perform CBE.
- Conduct in a bright room that ensures privacy.
- Patient must be relaxed for an adequate CBE.
- Pillows promote comfort & positioning
- Introduce yourself to patient.
- Explain procedure and obtain the patient's consent.
Inspection & Palpation

- Inferiorly from the clavicle or 2nd rib to the 6th rib
- Laterally from the sternal boarder to the mid axillary line.

(Saslow et al, 2004)

The tail of the breast extends into the axilla & must not be omitted
Inspection

- Symmetry
- Edema
- Erythema
- Scars
- Dimpling/ Retraction
- Nipple changes

(Saslow et al, 2004)

Perform palpated inspection as on procedure handout
Types of Benign Lumps.

- Cysts – fluid filled, tender, benign.
- Lypoma.
- Fibroadenoma – firm, nontender, freely moveable but solid masses.
- Fibrocystic disease.
Malignant Mass

Classic presentation of breast cancer is a hard, irregular fixed mass.

Metastatic Disease presents as enlarged, fixed, hard lymph nodes in the axilla.

(Dehn and Asprey, 2007)
Follow-Up Care

- Clearly document the performance of the CBE, a CBE not documented is not performed.
- Ensure further diagnostic or screening studies are carried out if warranted.
- Patients who do not keep appointments should be followed up.
- Educate patient re CBE and re prevalence & risk factors.
Follow Up Care for Abnormal CBE

- Medical management of probable benign condition.
- Referral to breast specialist.
- Imaging (ultrasound, mammography, magnetic resonance imaging)
- Aspiration.
- Biopsy.
References


Recommended Reading