Breast Assessment

Introduction

Breast examination is a crucial aspect of diagnosing, detecting, and monitoring breast diseases. Current guidelines for the frequency of female clinical breast examination are outlined below. Patient reports of breast pain, lumps, nipple discharge, skin changes, or gross changes in the size or shape of the breast warrant a clinical examination of the breast.

Focused breast assessment in males and females begins with a detailed health history. While doing so, observe for nonverbal cues of discomfort or pain. The order of examination is performed as inspection followed by palpation. Explain the procedure to the patient and include a chaperone due to the intimate nature of the examination, per your organization's policy.

Guidelines for Clinical Breast Examination

Note that the following recommendations are for the clinical breast examination (inspection and palpation) in average-risk females and don't include recommendations for mammography, breast ultrasound, or breast magnetic resonance imaging (MRI).

The National Comprehensive Cancer Network screening guidelines suggest that women between 25 and 40 years old who are asymptomatic and have no special risk factors for breast cancer undergo a clinical breast exam every 1 to 3 years. Women older than age 40, women with increased risk factors for breast cancer, history of breast cancer, and/or symptomatic patients are recommended to receive more frequent clinical breast exams (Bevers et al., 2018).

The American Congress of Obstetricians and Gynecologists recommends offering a clinical breast exam for average-risk women aged 25 to 39 every 1-3 years, and an annual breast exam to women aged over 40 years (Pearlman, 2017, reaffirmed 2024).

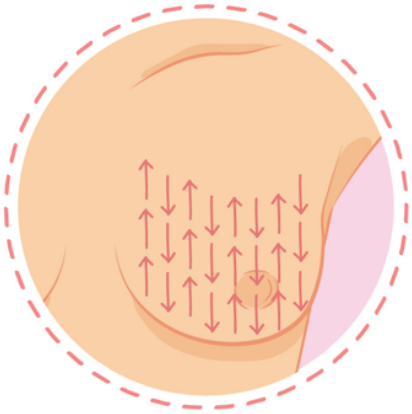
The American Cancer Society (ACS) does not recommend regular clinical breast exams for cancer screening for women in any risk group, as the research has not proven any concrete benefit from completing these exams. ACS does, however, note that all women should pay attention to the typical appearance and texture of their breasts and report any changes to their health care provider right away (American Cancer Society, 2023).

Optimal Patient Gowning/Positioning

- Patient should be provided privacy to change into an open-front gown, with a large drape or sheet to assist with appropriate coverage.
- Breasts should only be exposed as necessary. For instance, both are required to be visualized for symmetry, but when examining the right breast, the left breast should be covered for patient comfort.
- Examine the patient first in a seated position, and then in the supine position.

Exam methods

- **Breast inspection**
  - With the patient seated and arms at sides, visualize both breasts, noting the skin color, any rashes or lesions, skin thickness, size, and symmetry. In males, gynecomastia may be identified.
  - Observe breast contour, including dimpling, masses, or flattening.
  - Inspect the nipples and areolae for discharge, size, shape, inversion, or lesions.
  - Ask the patient to raise their arms over their head, place their hands on their hips, and lean forward to observe for any dimpling or change in contour.
- **Breast palpation**
  - Examine the patient in a supine position with the ipsilateral arm raised to rest on the forehead or behind the patient's head.



  - A vertical strip pattern is the best technique for evaluating breast masses. Palpate using the pads of the second, third, and fourth fingers, keeping the fingers slightly flexed, in small concentric circles, applying ascending pressure to each area. Starting at the axilla, work in a vertical pattern, moving inward to the midline. Once the nipple line is reached, the patient should place the ipsilateral hand on that same shoulder with the elbow at the level of the shoulder for best positioning, as the assessment continues to the medial breast. It is important to be systematic.
  - The examiner should note the consistency of the tissues, tenderness, lesions, or nodules. Location of any nodules or masses should be described in a clock pattern or quadrant.
  - Palpate each nipple, noting the color, consistency, and quantity of any discharge and exactly where it appears.
- **Axilla inspection and palpation**
  - While patient is supine, inspect the axilla for excoriation, lesions, or rashes.
  - Palpate for masses, nodules, and lymphadenopathy. The patient's arm should be relaxed at his/her side, and the examiner cups their fingers, reaching as far into the axilla as possible, reaching behind the pectoral muscle to palpate the lymph nodes. To do so, use your right hand to examine the left axilla, and the left hand to examine the patient's right. The patient should be advised that this examination may be uncomfortable.

PEARLS

- Female breasts contain hormonally sensitive tissue, with uneven texture known as physiologic nodularity. Male breasts lack the development of ductal branching and lobules, making it difficult to distinguish from pectoral muscle tissue.

- Palpating the breast tissue while the patient is supine is helpful as this flattens out the tissue.
- While performing the breast assessment, teach and reinforce the importance of breast self-exams. Remind the patient of the importance of being familiar with their anatomy and what feels "normal" to them, and to see their medical provider if any abnormalities develop.

References:

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