

# TITLE OF SKILL

## BREAST EXAMINATION

### INTRODUCTION (RATIONALE):

The purpose of breast examination is that every student should know the correct technique of clinical examination of breast.

Breast examination is the key step and cornerstone component of triple assessment in diagnosis of benign and malignant disease of breast, further it also provides the important information in management of many disease of breast.

### LEARNING OBJECTIVES:

At the end of session, every student should be able to,

- Know the components of breast examination
- Importance of axilla in breast disease
- Identify the nipple and aerola changes
- Discriminate between malignant and benign disease of breast

### CLINICAL METHODS:

- After fulfilling the pre-requisites of examination like:
  - Introduce yourself
  - Introduction and permission for examination
  - Assure the privacy.
  - Exposure
- Position correctly, Inspect the breast in sitting position, arms at sides, arms overhead, arms pressing her hips and lift up the breasts and inspect the undermined skin
  - Stand squarely in front of the patient during inspection.
  - For palpation keep the patient in semi recumbent position (45 degrees).
  - Ask to point the site of pain or lump.
  - Feel the breast with palmer surface of fingers(hand flat).
  - Use rotatory motion to gently press the breast tissue against the chest wall.
  - Get on level with patient.

## SKILLS OF BREAST EXAMINATION.

### LOOK.

- Size, Symmetry and contour of both breasts
- Skin. Puckering, peau d orange, nodules, discolouration and ulceration
- Presence of both nipples, if absent one or both
- Inverted, retracted, destroyed or flat nipples
- Cracking or eczema
- Gross deviation of nipple
- Discharge from nipple
- Duplication of nipple
- Any lump in axillary tail

### FEEL

- Feel the normal side first.
- Feel whole of the breast and axillary tail (upwards and laterally over the edge of pectoralis muscle).
- Examine the breast systematically covering whole cone of the breast tissue using one of the following three methods,
- Zigzag. Zigzag up and down 2. Concentric, Divide the breast in quadrants and examine from periphery toward nipple. 3. Circular, Starts to examine at periphery and ends at nipple and areola.
- Use one or two hands to elicit the lump.
- If you find a lump check for, temperature, tenderness, site, size, shape, surface, margins, consistency and relation of lump to overlying skin and underlying muscles.
- Check for skin fixity and skin tethering.
- Check the fixity of lump to underlying muscles, to rest her hands on her hips with the arms relaxed, lump that is attached to underlying muscle can be moved when muscle is relaxed but immobile when the disease is spread through muscles to bony chest wall.
- Now ask the patient to press her hands against her hips to contract the pectoralis major muscle and re estimate the mobility of lump, if lump is less mobile it must be tethered or fixed to the muscle. Less the movement more likely the lump is fixed rather than tethered.
- PALPATE THE NIPPLE AND AEROLA.
- Feel the breast deep to nipple if there is lump, check for nipple retraction.
- Check for nipple discharge, find source by gently pressure on each segment of breast and areola.
- Discharge: bloody, serous, pus, brown, green, black or milk.

## THEORITICAL KNOWLEDGE MUST KNOW BY THE STU

- Anatomy, embryology and physiology of breast.
- Blood supply and lymphatic drainage of breast.
- Anatomy of axilla and axillary lymph nodes.
- Examination of axilla, supraclavicular fossa and arms.
- Examination of chest, abdomen and lumber spine.

## INDICATIONS OF BREAST EXAMINATION:

- Breast pain
- Skin changes
- Nipple discharge
- Breast lump
- Gross changes in size or shape of breast
- Self breast examination for breast cancer screening.