

## INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

ISSN: 2395-6429, Impact Factor: 4.656 Available Online at www.journalcmpr.com Volume 4; Issue 6(A); June 2018; Page No. 3356-3359 DOI: http://dx.doi.org/10.24327/23956429.ijcmpr20180461



## **BREAST SELF EXAMINATION**

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#### **ARTICLE INFO**

#### ABSTRACT

#### Article History:

Received 15<sup>th</sup> March, 2018 Received in revised form 9<sup>th</sup> April, 2018 Accepted 20<sup>th</sup> May, 2018 Published online 28<sup>th</sup> June, 2018 Breast cancer is now the most common cancer in most cities in India and second most common in the rural areas. Breast cancer accounts for 25% to 32% of all female cancer in all cities. Lack of awareness of breast cancer and lack of screening are the major causes of early diagnosis of the disease. Breast self-examination is the simple method to detect early breast cancer at home itself. Women must feel that doing this is important to their health which can be done every month regularly and the breast abnormalities can be detected.

#### Key words:

Breast Cancer, inverted nipple, lumps, dimpling, tumors

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## **INTRODUCTION**

A breast self exam is a screening technique can do by self at home to check for breast lumps. A breast self exam can help to screen for tumours, cysts and other abnormalities in the breast. Breast self exam helps to familiarise yourself with the shape, size and texture of your breasts. This is important because it can help you to determine what your feeling is normal or abnormal.

#### Advantages of Self Breast Self Examination

- 1. Women can use BSE to assess their breast. When they perform BSE properly and regularly, they can seek for further evaluation if they found any abnormal changes.
- <sup>2.</sup> 90% of the breast cancer is found by women themselves.  $5^{(J)}$
- 3. When women discover lumps in their breast at early stage, surgery can save 70 80% of proven cases.

#### Preparation for Self Breast Self Examination

- The best time to do the BSE is a few days after the monthly menstrual cycle ends. Hormonal changes can affect the size of your breast. So, it is best to perform the exam when your breasts are in their normal state.
- Women those who do not menstruate, should choose a certain day to perform the exam such as the first of the month or at the end of the month.
- We can keep a note pad to record any changes if you have noticed in your breast.

# Assessment Interview (Performed By Health Care Professionalist)

#### Sexual Health History

- Are you currently sexually active?
- Do you have difficulty with sexual desire? Arousal? Orgasm? Satisfaction?
- Do you have experience any pain with sexual interaction?
- Do you expect your sexual functioning to be altered because of your illness?
- What is your partner's concern about your future sexual functioning?
- Do you have any other sexual question or concerns that have not been addressed? <sup>6(W)</sup>

#### **Breast History**

- ask the client about breast pain or tenderness and its occurrences in relation to menstrual cycle
- Ask whether the woman has had in the past or currently has breast lumps or masses. if a lump is present, ask the woman to describe its location, onset, size and whether it is painful
- determine whether the lump has changed shape, size, consistency, or degree of redness since it was first noticed
- Ask about the nipple discharge, which is abnormal in women who are not pregnant or lactating. if there is a discharge, determine the colour, consistency, amount and odour.

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- ask whether the woman perform BSE regularly
- Note whether the woman include axillary nodes in BSE.
- Ask for her HISTORY of breast cancer in her bloodrelated FEMALE relatives - mother, sisters, maternal grandmother or maternal aunts. It indicates an increased risk of breast cancer if she has any family history of breast cancer.<sup>2(1)</sup>

#### Identifying Clients at Risk

- Altered Body Structured or function due to trauma, pregnancy, recent childbirth, anatomic abnormalities of genitals or disease
- physical, psychosocial, emotional, or sexual abuse; sexual assault;
- Disfiguring conditions, such as burns, skin conditions, birth marks, scars (e.g, mastectomy) and ostomies.
- specific medication therapy that causes sexual problems
- temporary or long term impaired physical ability to perform grooming and maintain sexual attractiveness
- value conflicts between personal belief and religious doctrines
- loss of partner
- lack of knowledge or misinformation about sexual functioning and expression <sup>2(W)</sup>

## Procedure for Self Breast Self Examination

#### Inspection: Before the mirror

Palpation: Lying down / sitting / standing / in the shower

Step 1:

- Stand and face the mirror with your arms relaxed at your sides or arms resting on your hips, then turn to the right and left for a side view look.(look for any flattening in the side view)
- Bend forward from the waist with arms raised overhead.

Inspect for

- →changes in size, shape, or symmentry
- $\rightarrow$ redness, soreness, rash or swelling

→visible bumps

→nipple crusting

→dimpling, puckering and inverted nipples

 $\rightarrow$ asymmetrical ridges at the bottom

Step 2:

- Stand straight with arms raised over the head and move the arms slowly up and down at the sides. (look for free movement of the breasts over the chest wall)
- Press your arm firmly together at the chin level while the elbows are raised to shoulder level.

Watch for

 $\rightarrow$ dimpling or retraction

→breast should raise evenly

Step 3:

• Place a pillow under your right shoulder and place the right hand behind the head. This position distributes breast tissues more evenly on the chest.

## Circles

#### Breast

- Use your right hand to feel your left breast and the left hand to feel the right breast.
- Use the finger pads (tips) of the three middle fingers (held together) on your left hands to feel the lumps.
- Work your way around the breast in a clockwise fashion, using small circles of the hand as you go. Make sure the entire breast is felt. <sup>4(W)</sup>

#### The tail of the breast

- Breast is not perfectly round.
- A "Tail" of the breast tissue normally extends into the armpit.
- Make sure to feel for the lumps in that portion of the breast.

#### 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.

#### Lines

Start in the underarm area and move your fingers downward little by little until they are below the breast. Then move your fingers slightly toward the middle and slowly move back up. Go up and down until you cover the whole area.

#### Wedges

Starting at the outer edge of the breast and move fingers toward the nipple and back to the edge and continue to check the underarm area and the upper chest.

Step 4:

## 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 standing the inside of a bra.

Step 5:

## Check the other side

- Follow the same maneuvers.
- Raise the arm above your head.
- Feel for lumps or masses.

## Findings of Breast Self Examination

Normal findings	Abnormal findings
BY INSPECTION	BY INSPECTION
• Symmetrical, full, rounded, smooth in all portion, without	• Changes in the size, shape or symmetry.
dimpling, retractions or masses.	• Redness, soreness, rash, or
• Faint, even vascular pattern and	swelling.
straie are noted.	Dimpling
<ul> <li>Nipples everted.</li> </ul>	<ul> <li>Inverted nipples</li> </ul>
<ul> <li>Axillae without masses or rash.</li> </ul>	Nipple crusting
	• Asymmetrical ridges at the
	bottom of the breast.
BY PALPATION	BY PALPATION
• Firm and without masses, lumps,	Lumps
local areas with warmth or	Crusts

tenderness.	Tumours	Stage III
<ul> <li>Nipples should heve no discharge</li> </ul>		Breast Mass locally extensive; axillary supraclavicular and
• Axillae should be smooth and nodes are non-palpable.		internal mammary nodes positive
NIPPLE DISCHARGE	NIPPLE DISCHARGE	
• Normally, one or two drops of clear, milky or green tinged secretions.	• Should not be bloody or in large quantity, squirting out or standing the inside of a bra.	Stage IV Distant Metastasis such as bones,soft tissues and internal
		organs

#### Warning Signs of Cancer

- Elevation of the breast
- Asymmetry of the breast
- Bleeding from the nipple
- orange peel skin
- nipple retraction
- Atypical fullness/puckering<sup>1(J)</sup>

#### Causes for Non-Cancerous/Benign Tumor

Besides cancer, breast lumps can be caused by:

- Adenofibroma: A benign tumor of the breast tissue.
- Fibrocystic breast disease: Painful, lumpy breasts caused by hormonal changes. 5(J)
- Intraductalpapilloma: A small benign tumor of the milk ducts.
- Mammery fat necrosis: Lumps formed by bruished dead or injured fat tissue.

#### Women are screened for breast cancer in 3 ways

- Mammography- roentgenography of breasts without 1 injection of contrast medium.
- Clinical Breast Examination clinical breast exam is 2. an examination by doctor or nurse, who uses his or her hands to feel for lumps or other changes.
- 3. Breast self exam A breast self exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm(armpit).
- 4. Biopsy - It is a medical test involving the removal of cells or tissues for examination to identify benign or malignant tumors. <sup>3(W)</sup>

#### After Care of Breast Self Examination

- 1. Record normal / abnormal changes found during breast self examination.
- 2. If you find a lump or abnormality don't panic. The majority of the breast abnormalities turn out to be benign or non-cancerous.
- 3. Identify any signs of breast cancer such as elevation, asymmetry, bleeding, orange peel skin and nipple retraction which can be notified to health care professionals as early as possible for diagnosis and treatment. 4(J)

#### Classification of Breast Tumors and Preferred Method of Treatment

Clinical Anatomic	Treatment
Observation	
Stage I Breast Mass Localized; all	<ul> <li>Radical mastectomy preferred by surgeons.</li> </ul>
nodes negative	• Some prefer simple mastectomy preferred with or without postoperative irradiation.
Stage II Breast Mass Localized; Axillary nodes positive	• Radical mastectomy preferred with or without postoperative irradiation.

Variable depending on extensiveness:

· Simple mastectomy with radiation · Simple mastectomy with excision of large

axillary nodes · Radiation therapy alone if tumor is fixed to the chest wall

Variable depending upon nature of metastasis, such as bone ,soft tissue, etc.

- · Radiation therapy to primary lesion or metastasis
- Hormonal therapy, hypophysectomy, adrenalectomy
- Chemotherapy
- Oophorectomy

#### Recommendation

- All women age 20years and older perform BSE on a monthly basis. Beginning in their 20's, women should be told about the benefits and limitations of breasts self examination. The importance is prompt reporting of any new breast symptoms to a health professional should be emphasized.
- All women ages 29 to 39 should have clinical examinations every 3 years preferably be part of a periodic health examination.
- All women ages 40 years and older have regular (every 1 to 2 years) mammograms.
- Asymptomatic women ages 40years and older should continue to receive clinical breast examination preferably be part of a periodic health examination annually.
- Women with breast problem, family history of breast cancer must have regular mammograms annually.3(J)

#### **Prevention of Breast Cancer**

- 1. Exercise seems to protect against breast cancer.
- Minimize radiation exposure from screening tests 2 (because of ionising radiation can cause DNA mutation in cells).
- 3. Limit hormone therapy (oral contraceptive pills).
- 4. Breast feeds: (women who breast feed for 6 months have a 10% reduced risk of death from cancer).
- 5. Eat right foods: (Antioxidants) (women who had the highest carotenoid levels in their blood had a 19% lower risk of breast cancer -carotenoids are found in fruits and vegetables such as leafy greens, carrots, and red pepper. The ACS recommends eating 5 or more servings of fruits and veggies a day and limiting red meats, and choosing whole grains helps reduce risk of all type of cancer).
- Screening for breast cancer is mandatory for women 6 with family history of breast cancer. 1(W)

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### How to cite this article:

Sathiyalatha Sarathi (2018) 'Breast Self Examination', International Journal of Current Medical And Pharmaceutical Research, 04(6), pp. 3356-3359.

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