Assessment of Breast
Myung-Hee Pak RN, MSN, CNS

Learning Objectives
• Identify the structures and functions of the Breast
• Discuss how the nurse focus and prioritize subjective/objective data collection
• - pt safety issues
• Identify normal and abnormal findings
• Identify teaching opportunities for health promotion and risk reduction r/t the breast
• Demonstrate application of the knowledge: Think like Nurse & Act like Nurse: Pulling it ALL together: Reflection and critical thinking

Anatomy of the breast
• Composed of:
  • Muscles
  • Ligaments
  • Glandular tissue
  • Fatty tissue
  • Lymphatic tissue:
    • [Link to anatomy video]

Structure and Function
Surface anatomy
• Location of breasts on chest wall
• Axillary tail of Spence
• Nipple and areola

Structure and Function (cont.)
Internal anatomy
• Glandular tissue
  – Lobes, lobules, and alveoli
  – Lactiferous ducts and sinuses
• Fibrous tissue
  – Suspensory ligaments or Cooper’s ligaments
• Adipose tissue
Four quadrants of the breast
Lymphatics
- Axillary nodes
  - Central
  - Pectoral (anterior)
  - Subscapular (posterior)
  - Lateral
- Drainage patterns

Assessing: Subjective Data
- History of Breast Disease and or Surgery
- Lumps or thickening
- Discharge/Rash
- Swelling/Trauma
- Pain
- Does pt. perform self breast exam monthly
- Axillary tenderness, lumps swelling, rash

Assessing: Objective Data
- **Inspection** - patient sitting, disrobed to waist
- Note symmetry, size and shape
- Skin normally smooth and even in color.
- Observe the axillary and supra clavicular areas for any bulging, discoloration or edema
Screen for Retraction

- Ask patient to:

  - Lift arms slowly above head. Both breast should move up symmetrically
  - Push hands into hip.
  - Push palms together
  - Lean forward.

Inspect and Palpate Axillae

- While patient is sitting, lift and support the arm so patient’s muscles are relaxed
- Use the right hand to palpate left axillae
- Reach fingers high into axillae
- Move fingers firmly down in four directions:
  - Down the chest wall, along the anterior and posterior borders of axillae and around the inner aspect of the arm
- Move arm through ROM to have access to areas.

Breast Palpation

- Supine position with small pad/pillow under side to be palpated
- Arm raised over head
- Use pads of fingers and make gentle rotary movement on breast
- Use a pattern of concentric circles or laterally, like spokes of wheel.
- Palpate all areas of breast, clockwise fashion
- Make sure to include tail of Spence
Bimanual Breast Palpation
• For pendulous breasts
• Patient sitting, leaning forward
• Support inferior part of breast with one hand.
• Use other hand to palpate breast tissue against supporting hand.

Examination of Nipples
• Performed after breast palpation.
• Palpate nipple, noting any indurations or mass.
• Use thumb and forefinger to apply gentle pressure to note any discharge.

Characteristics of Breast Lumps
• Location- use breast as clock face to describe distance from nipple in centimeters (use diagram to locate).
• Size- in centimeters
• Shape:oval, round, lobulated or indistinct
• Consistency:soft, firm, or hard
• Movable:freely movable, fixed to chest wall
• Tenderness
• Nipple:displaced, retracted, dimpled?

Teaching BSE
• Assist patient to establish a schedule
• Regular monthly exams
• Majority of women never get breast cancer, majority of lumps are benign
• Early detection is important.
• In non-invasive cancer, survival is close to 100%

Self Breast Exam
• Teaching positions:
• 1. Standing in front of mirror
• 2. In the shower – soap and water assist palpation
• 3. Supine
• Keep teaching simple
• Demonstrate to patient and use return demonstration

Breast Quadrants
The Male Breast

- Examination can be abbreviated but not omitted.
- Inspect the chest wall noting skin surface and any lumps or swelling.
- Palpate nipple area for lumps or enlargement.
- Normal male breast has a flat disc of undeveloped breast tissue beneath the nipple. Should be even with no nodules.
Documentation: Female
• S- Denies breast pain, lump, discharge, rash, swelling, trauma. Denies past history of breast disease or surgery. States performs monthly breast exams.
• O- Inspection: Breasts symmetric. Skin smooth with even color. No dimpling or retraction elicited. No nipple discharge. No lesions.
• P- Palpation: Breast contour and consistency firm and homogeneous. No masses or tenderness. No lymphadenopathy.

Documentation: Female
• A- Healthy breasts bilaterally with no S/S of abnormalities
• P- Reinforce BSE (patient performs BSE monthly), follow up with MD for referral for mammogram

Summary
• Assessing the breast includes:
• Take into account developmental level
• Remembering to assess both females and males
• Inspecting & palpating breasts, nipples, lymph nodes and axillary
• Teaching BSE