

King Saud University

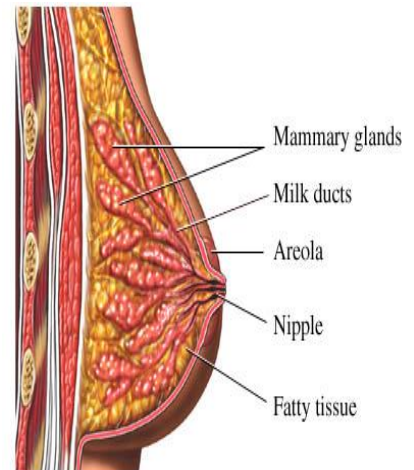
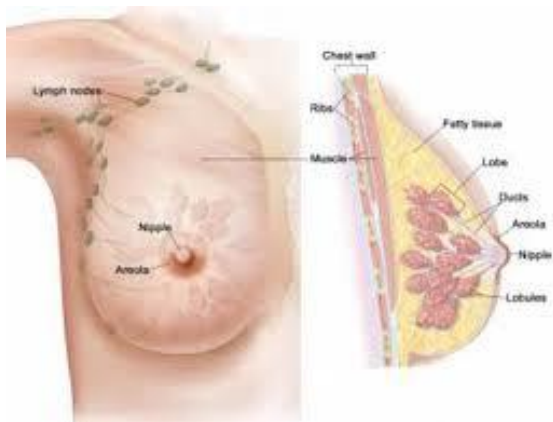
Collage of Nursing

Reproductive Health nursing NUR 325

Physical Examination of Breast and Axilla

Overview of anatomy:

- The breast also called mammary glands in women .lie on anterior chest wall.
- They are located vertically between the second or third and sixth ribs over the pectoralis muscle and horizontally between the sternal border and the midaxillary line
- Each breast has centrally located nipple of pigmented erectile tissue ringed by an areola that darker than tissue



Purpose of breast examination:

- ✓ To early detection and screening of breast cancer
- ✓ To prevent breast cancer prevalence
- ✓ To improve prognosis of breast cancer
- ✓ To evaluate plan of care for breast cancer patient

1-Obtain health history:

Chief complains	Includes breast pain, nipple discharge, rash, lump, masses& other changes
Present history:	Age, day of menstrual cycle appears symptom, changes in underarm area axilla , tenderness , lump , or swelling , rash
Past history:	LMP(Last menstrual period) , Delivery and pregnancy, breast feeding, history of breast disease, history of surgery or biopsy
Family history	Breast cancer, breast disorder , other types of cancer
Medication	Oral contraceptive pills
Nutritional:	High fat diet , caffeine
Habits	Smoking, alcohol
Self care behavior and psychological status	Perform breast self examination

2- Physical Examination

✓ Equipment needed:

1. Small pillow
2. Ruler marked in centimeter
3. Pamphlet or teaching aid for breast self examination
4. Mirror

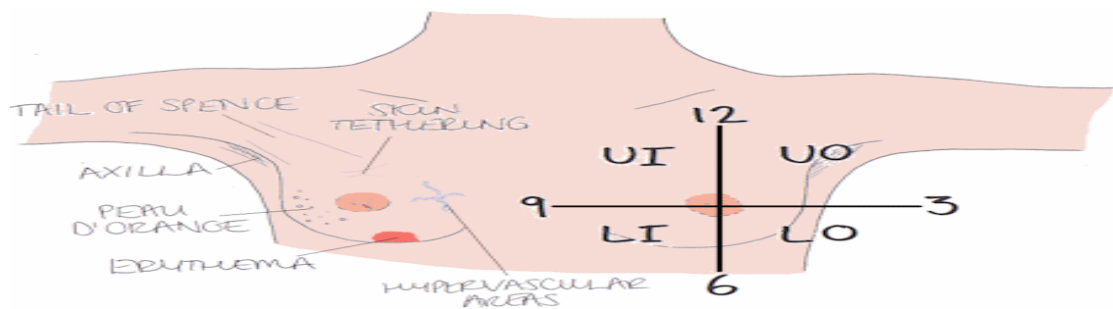
✓ Prepare Patient:

1. Explain procedure
2. Provide privacy
3. Room well light



4. Make her in comfort position
5. Keep both breast uncovered

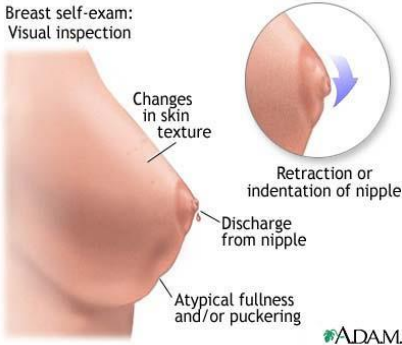

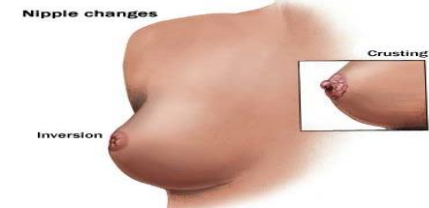
Establish landmark and visualize the anatomy to describe clinical finding :




- ✓ **Method I:** Divide the breast into **four quadrants** by **imaginary horizontal and vertical lines** intersecting at the nipple. Describe findings according to:- Appropriate quadrant
- ✓ -The distance in centimeters from the nipple
- ✓ **Method II-**Think of the breast as a clock with the nipple in the centre. Describe findings according to:-Location according to time - The distance in centimeters from the nipple


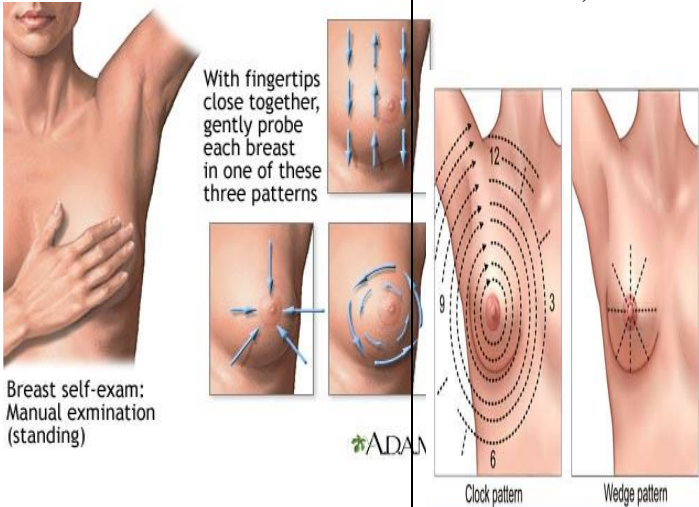


Remember: The upper outer quadrant of breast is the site of most breast tumors.

Technique Examination	Normal Finding	Abnormal Finding
Inspection of the breast Position the client in sitting position <ul style="list-style-type: none"> 1- General appearance: Symmetry of size and shape 	It is common to have a slight asymmetry in size, often the left breast is slightly larger than the right	A sudden increase in the size of one breast signifies inflammation or new growth of tissue
1- Skin features for: Color , texture, vascular network, edema and contour	1-The skin is smooth 2-A fine blue vascular network is visible normally during pregnancy 3-No edema 4-Contour: no bulging or dimpling	1-Hyperpigmentation, localized redness and heat with inflammation 2-Unilateral dilated superficial veins in non pregnant women 3-Edema exaggerates the hair follicles giving a orange-pee look  4-Bulging or dimpling 
2- Inspect Nipple & Areola <ul style="list-style-type: none"> Location 	-The nipples is located just below the center of the breast -Nipple and areola are symmetrically placed - The nipple is rough round, wrinkled and intended with tiny openings	Deviation of nipple

<ul style="list-style-type: none"> ■ Size,Color& skin changes ■ Shape  <p>Breast self-exam: Visual inspection</p> <p>Changes in skin texture</p> <p>Retraction or indentation of nipple</p> <p>Discharge from nipple</p> <p>Atypical fullness and/or puckering</p> <p>ADAM</p> <ul style="list-style-type: none"> ■ Discharge 	<p>-Nipples usually protrude, although some are flat and some are inverted</p> <p>Normal nipple inversion may be unilateral or bilateral and usually can be pulled out (not fixed)</p> <p>The areola is circular and surrounds the nipple for 1-2cm,has small elevated glands, nipple and areola are darker in color than the rest of the breast</p> <p>No discharge</p>	 <p>-Dry scaling , fissure, ulceration</p> <p>-Recent nipple inversion signifies acquired disease</p>  <p>Nipple changes</p> <p>Crusting</p> <p>Inversion</p> <p>© Mayo Foundation for Medical Education and Research. All rights reserved.</p> <p>Bleeding or other discharge Except in pregnancy and lactation If any discharge appears, note its color, odor and consistency</p>
<p>Inspect breast & Nipple for retraction:</p> <p>Instruct client to perform the following maneuvers while you check the breasts for skin retraction signs.</p> <p><u>Positions of patients:</u></p> <p>a-sitting position arms at sides</p> <p>b- sitting position arms raised overhead</p> <p>c-sitting position hands pressed on the hips or push her two</p>	<p>Both breasts should move up symmetrically</p> <p>Symmetrical free-forward movement of both breasts</p>	<p>Retraction signs are due to fibrosis in the breast tissue, usually caused by growing neoplasm</p> <p>Dimpling indicates retraction</p> <p>Fixation to chest wall</p>

<p>palms together.</p> <p>d-sitting position and leaning forward.(For women with large pendulous breasts)</p> <p>e- supine with a pillow under the shoulder of the breast being examined.</p>  <p>BREAST SELF EXAM -- OBSERVATION</p>  		
<p>Inspect the axilla region:</p> <ul style="list-style-type: none"> ■ Bulging ■ Discoloration ■ Rash ■ Edema 	<p>Free from bulging, discoloration, rash and Edema</p>	<p>Bulging ,edema indicate cancer</p>
<p>Palpation of Axilla for</p> <ul style="list-style-type: none"> ■ Central node or axillary nodes <p>- Examine the axilla while the women is sitting</p> <p>- use your right hand to plapate the left axilla and your left hand to palpate the right one</p> <p>-Ask the client to relax her arm</p>	<p>- Central nodes may or may not be palpable .</p> <p>-One or more may be palpable</p> <p><u>Nodes are :</u></p> <ul style="list-style-type: none"> - Soft -small(less than 1 cm) -mobile -non tender nodes 	<p>Central nodes are enlarged(bigger than 1 cm)firm ,matted together or fixed indicated of cancer breast</p>

<p>-Lift the arm and support it yourself ,so that her muscles are loose and relaxed</p> <p>-Cup your fingers and reach high into the axilla downward and inward to chest wall</p>		
<p>Palpate the breast for:</p> <p>1- Consistency, tenderness and mass</p> <p>-Help the woman to a supine position , place a small pillow under the side to be palpated and raise her arm over her head.</p> <p>-Use superficial then deep palpation using gentle rotator motion</p> <p>Palpation technique of breast:</p> <ol style="list-style-type: none"> 1- Parallel line 2- Clock pattern <div data-bbox="147 1129 841 1633">  <p>With fingertips close together, gently probe each breast in one of these three patterns</p> <p>Breast self-exam: Manual examination (standing)</p> <p>ADAM</p> <p>Clock pattern Wedge pattern</p> <p>© Mayo Foundation for Medical Education and Research. All rights reserved.</p> </div> <p>Remember :</p> <ol style="list-style-type: none"> 1- Any pattern of palpation you choose , make sure examine every square inch of the breast 	<p>The non pregnant female breast is normally firm, smooth and elastic</p> <p>-During the 3-4 days before menstruation the breast feel full, tight, heavy and occasionally sore</p> <p>-On days 4 to 7 of the menstrual cycle the breast volume is smallest(this is the best time to perform breast examination)</p>	<p>Signs of inflammation(heat, redness, swelling and tenderness)</p>

<p>2- Move in clockwise direction</p> <p>3- Don't forget to palpate the tail of Spence</p> <p>Palpate Nipple for:</p> <ul style="list-style-type: none"> ■ Thickness ■ Elasticity ■ Discharge <p>By using gently squeezing the nipple between your thumb and index</p>	<p>Nipples are :</p> <ul style="list-style-type: none"> -Soft -Elastic -Not tender -Free of discharge 	
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If you feel a lump or mass , not the following characteristics :

- 1- **Location :** Using the breast as a clock face , describe the distance in centimeters from the nipple
- 2- **Size :** judge in centimeters in three dimensions
- 3- **Shape :** Oval, round , lobulated
- 4- **Consistency :** if the lump soft, firm or hard
- 5- **Mobility :** freely movable or fixed
- 6- **Number :** Solitary or multiple
- 7- **Tenderness :** tender to palpate