



Risk Factors

- ³ History of neoplasm, especially prior to age 45
- ³ Family history-first degree relative
- ³ Early menarche
- ³

Breast Examination

- L Use a well-lit examination room
- L Inspect patient in 4 positions:
 - 3 Arms at sides
 - 3 Arms over head
 - 3 Hands on hips
 - 3 Leaning forward
- L Inspect both breasts noting any abnormalities and differences.

Suspect malignant lesion if:

- 3 New nipple retraction
- 3 Dimpling of skin
- 3 Bloody nipple discharge
- 3 Unilateral nipple discharge
- 3 Ulceration on the areola (R/O Paget's)
- 3 Erythematous plaque with or without ulceration

Lymph Node Palpation

- L Palpate the areas above and below the medial aspects of the clavicle; note any nodules or masses.
- L Place tips of digits into the apex of the axilla and gently palpate all surfaces of the the anterior and posterior walls. Note any nodules or masses.

If node is palpable, document:

- 3 Texture-soft, rubbery, hard
- 3 Mobility
- 3 Tenderness
- 3 Location
- 3 Size, in centimeters

Breast Palpation

- L Position patient in supine, relaxed position with arm over head and breast exposed.
- L Palpate the breast tissue using the palmar pads of the middle three digits; use a gentle rotatory motion and at each palpation site use three levels of pressure intensity: shallow, medium and deep.
- L Overlap each site using the vertical strips pattern.
- L Cover all areas within these borders:
 - 3 The clavicle superiorly
 - 3 The sternum medially
 - 3 The mid-axillary line laterally
 - 3 Rib beneath the breast inferiorly.
 - 3 "Tail of Spence".
- L Gently palpate the subareolar area and the nipple.
- L Examine the other breast using same procedure. Note any differences.

If a lump is detected, document:

- 3 Size, in centimeters
- 3 Location: quadrant/subareolar
- 3 Mobility
- 3 Texture: soft/hard
- 3 Texture: smooth/irregular
- 3 Associated skin changes