

C4.4 – ABNORMAL BREAST FINDINGS

Policy

Despite a lack of definitive data for or against clinical breast exams, they do have the potential to detect previously undetected breast masses. Patients should be informed there is not enough evidence to balance the benefits and risks of screening. However, if a client presents with concerns, the following should be considered. If a client requests a clinical breast exam, it should be performed. An August, 2019 USPSTF report recommends using an assessment tool (like the Ontario Family History Assessment Tool) for women with a personal or family history of breast, ovarian, peritoneal, or tubal cancer or those with ancestry associated with BRAC 1/2. Routine genetic assessment and testing is not indicated in women who don't meet the above criteria.

Procedure

Abnormal Breast Mass

<p>Subjective</p>	<ul style="list-style-type: none"> ● “Lump” felt during a self-exam. ● Enlarging breast mass with no cyclic changes. ● Maternal history of breast cancer. ● History of nipple change, discharge or bleeding. ● Breast pain. ● History of previous mastitis, papillomas or fibroadenomas. ● Recent postpartum breast-feeding.
<p>Objective</p>	<ul style="list-style-type: none"> ● Uneven nipple line on breast exam. ● Palpable, fixed, unilateral, hard mass. ● Orange peel appearance. ● Unilaterally enlarged or tender axillary and/or supraclavicular lymph nodes. ● Galactorrhea. ● Nipple discharge. ● Reddened and/or warm area on breast. ● Pain on palpation ● Fever > 38°c (100.2°F)
<p>Assessment</p>	<p><i>Suspicious breast mass or mastitis.</i></p>
<p>Plan</p>	<p><i>Order appropriate testing or refer to appropriate Clinical Services Provider. If lesion is not suspicious and the client is on oral contraceptives, may continue for 1-2 cycles pending evaluation. If lesion is suspicious, discontinue combined oral contraceptive and offer an alternate birth control method pending evaluation.</i></p>
<p>Patient Education</p>	<p><i>Stress importance of immediate follow-up evaluation.</i></p> <p><i>If mastitis is suspected, instructions include:</i></p> <ul style="list-style-type: none"> ● Use heat to area. ● Continue nursing or use breast pump if breastfeeding. ● Rest and hydration. ● Complete course of antibiotics if ordered. ● Good hygiene and attentive breast care.

Fibrocystic Breast Disease

Subjective	<ul style="list-style-type: none"> ● Increased “lumpiness” of breasts. ● Multiple masses (may or may not be cyclic). ● Breast tenderness.
Objective	Multiple, non-fixed masses, usually bilateral.
Plan	Order appropriate testing or refer to appropriate Clinical Services Provider.
Alternative Treatment	Re-check after menses if patient is premenstrual and exam is suspicious.
Patient Education	<ul style="list-style-type: none"> ● Reinforce self-breast exam as desired. ● Stress importance of follow-up. ● Advise patient of the following: <ul style="list-style-type: none"> ○ Consider limiting or eliminating caffeine if symptoms are associated, although medical studies of caffeine's effect on breast pain and other premenstrual symptoms have been inconclusive. ○ Heat or cold compresses may decrease pain. ○ Breasts should be well supported. ○ Mild analgesics may be helpful. ○ Wear a firm support bra, fitted by a professional if possible. ○ Wear a sports bra during exercise and while sleeping, especially when your breasts are extra sensitive. ○ Decrease the fat in your diet to less than 20 percent of total calories, which may decrease breast pain or discomfort associated with fibrocystic breasts.

Galactorrhea

Subjective	<ul style="list-style-type: none"> ● Nipple discharge, bilateral or unilateral. ● History of recent pregnancy. ● History of recent use of: <ul style="list-style-type: none"> ○ Marijuana. ○ Tranquilizers and antipsychotics (e.g., Phenothiazines such as Chlorpromazine, Thioridazine, Trifluoperazine, Thiothixene Hcl, and Haloperidol). ○ Tricyclic antidepressants (e.g., Amitriptylines, Tofranil). ○ Narcotics (e.g., Morphine, Codeine, Methadone). ○ Antihypertensives (e.g., Methyldopa, Reserpine. Verapamil). ○ Oral contraceptives/Depo-Provera. ○ Cimetidine, Metoclopramide. ● History of breast stimulation. ● Recent change in headache patterns.
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	<ul style="list-style-type: none"> • Recent change in peripheral vision. • Symptoms of Hyperthyroidism, Acromegaly, Cushing’s syndrome.
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Other Breast Discharge

Subjective	<ul style="list-style-type: none"> • Bloody, purulent or greenish discharge, bilateral or unilateral. • History of breast stimulation. • History of pain or redness. • History of fever. • History of previous ductal papillomas or other.
Objective	<ul style="list-style-type: none"> • Bilateral or unilateral bloody or purulent discharge. • Reddened and/or warm area on breast. • Pain on palpation.
Assessment	Other breast discharge.
Plan	Order appropriate testing or refer to appropriate Clinical Services Provider.

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html Title X Program Handbook https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf
Additional Resources	The United States Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC) - https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm?s_cid=rr6503a1_w