

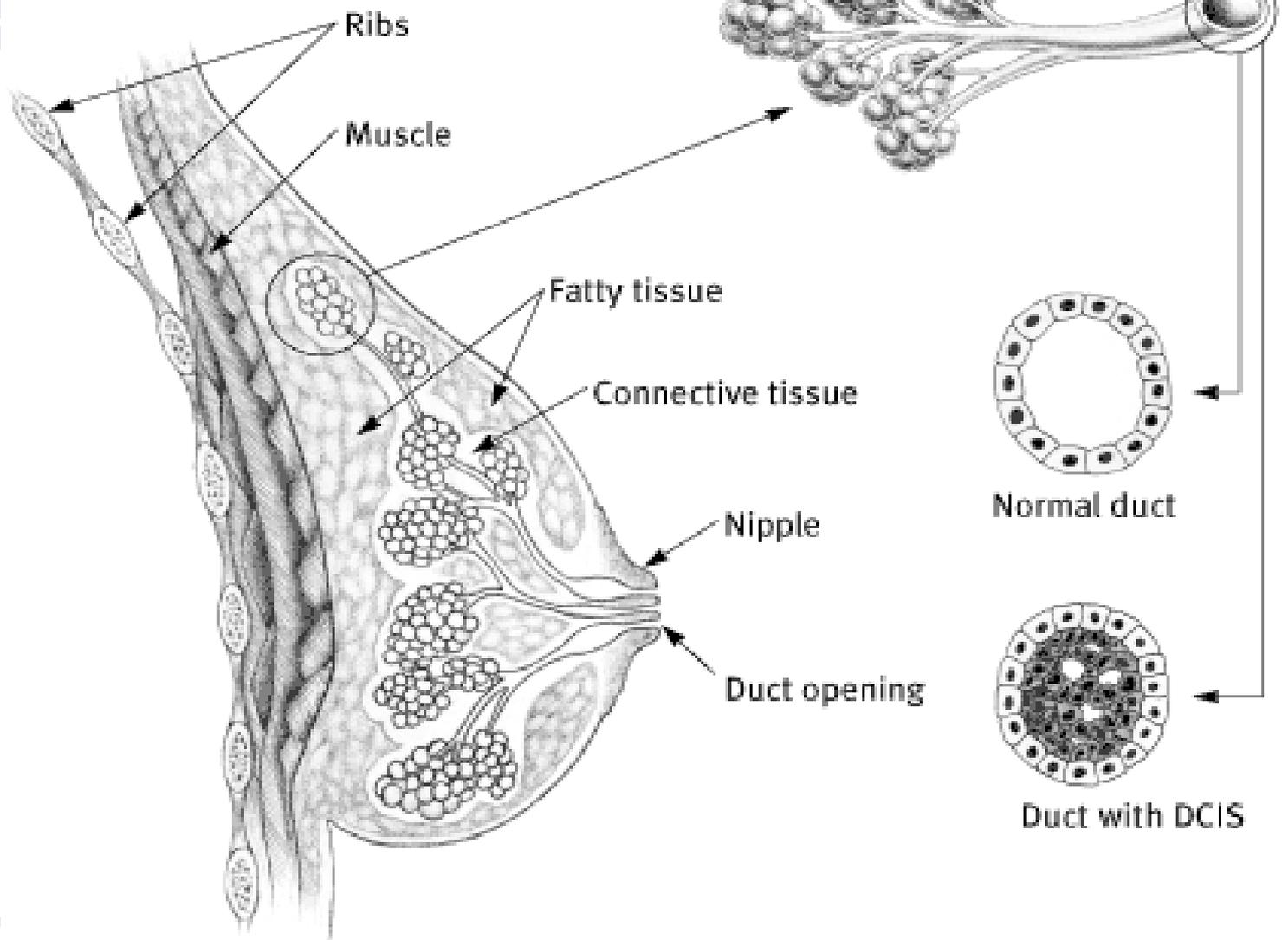
Breast Disorders

Kelli Duriex MSN,RN
Instructional Module 3

Instructors, please see note



THE BREAST (cross section)



Assessment of Breast Disorders

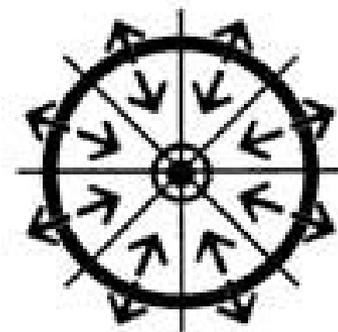
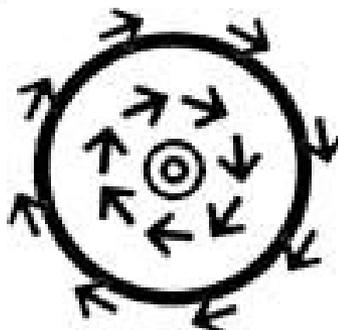
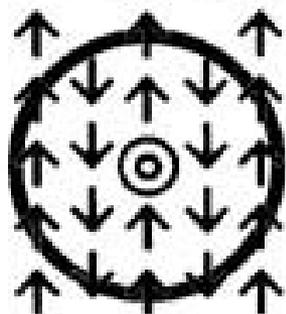
- Breast Self Exam (BSE)
 - >20 years of age
 - Perform after menstruation
- Mammography
 - Every year after age 40
 - Visualize internal structures



Breast Self Exam



BSE Patterns



Breast self-exam:
Manual inspection
(standing)



ADAM

Diagnosis

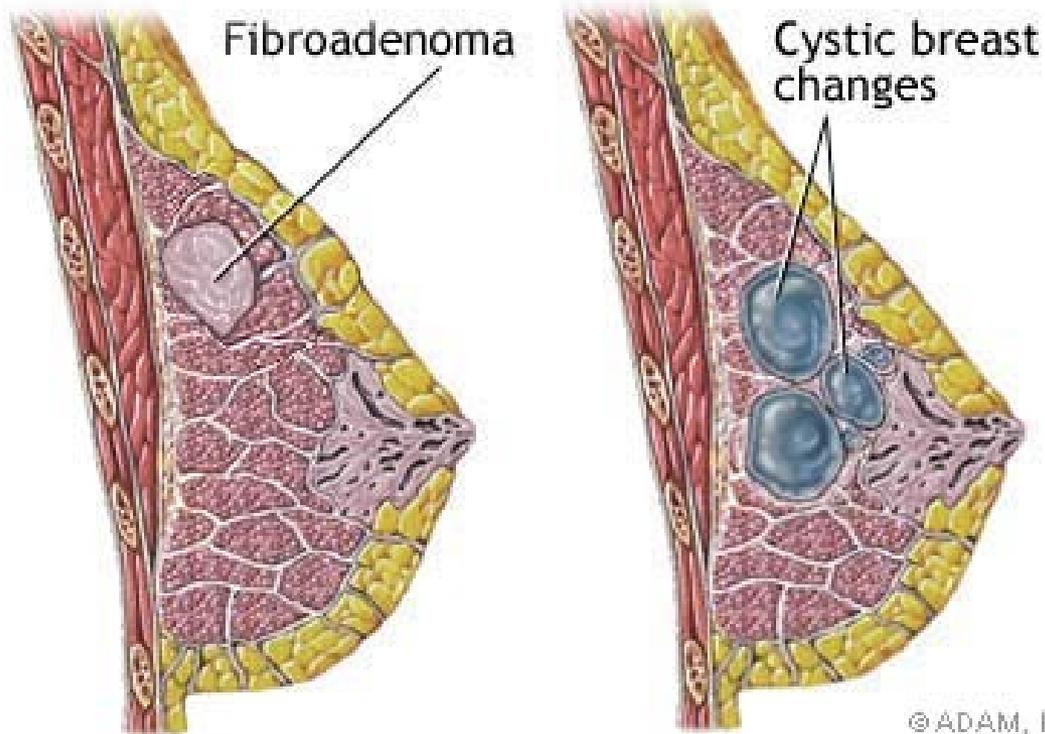
- Ultrasound
 - Consistency of breast masses
 - (cyst or dense mass?)
- Biopsy
 - Aspiration
 - Incisional
 - Excisional

Fibrocystic Disease

- Most common
- 90% of all women
- Onset 30-50 years of age
- Fluid filled, moveable, round, and well circumscribed
- Caused by heightened responsiveness to estrogen & progesterone

Fibrocystic Disease

Common benign causes of breast lumps

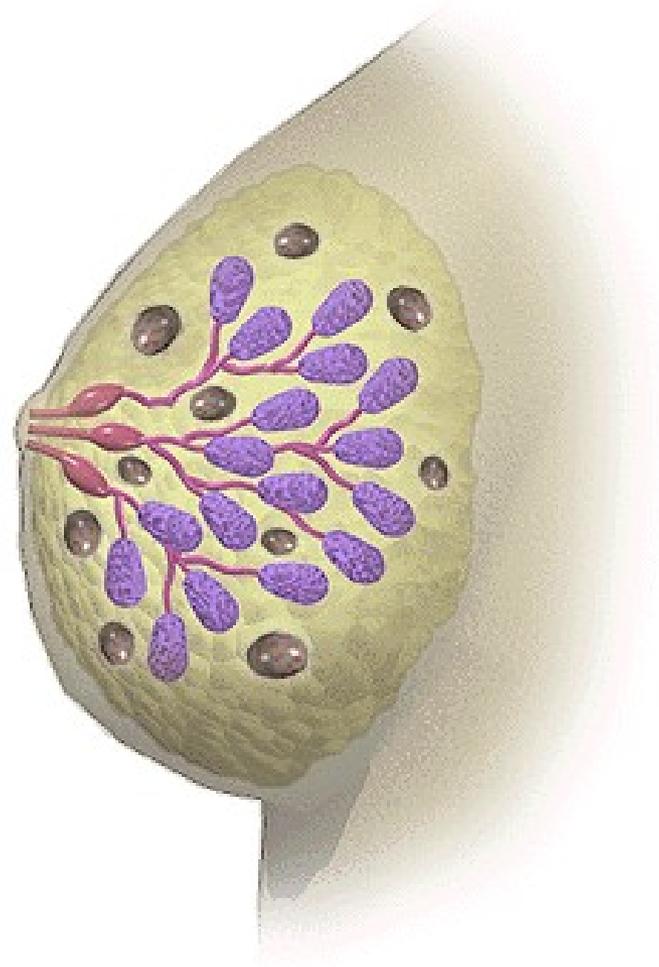


Cause

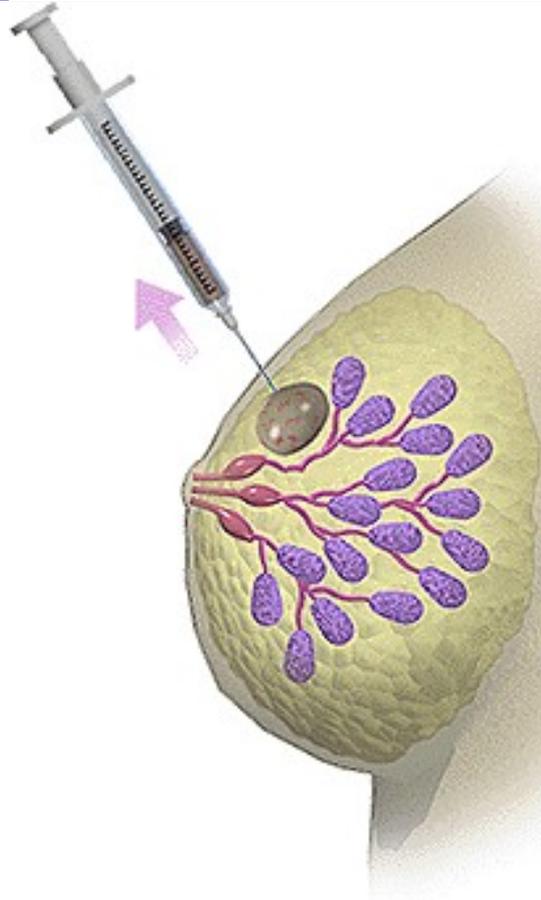
- Breast tissue responds to monthly changes in the levels of estrogen and progesterone
- As a result of repeated hormone stimulation, there is an increase in firmness of tissue and cysts
- Increased fibrous tissue

Assessment

- Breast discomfort
- Cysts
- Lumps
- Tender on palpation



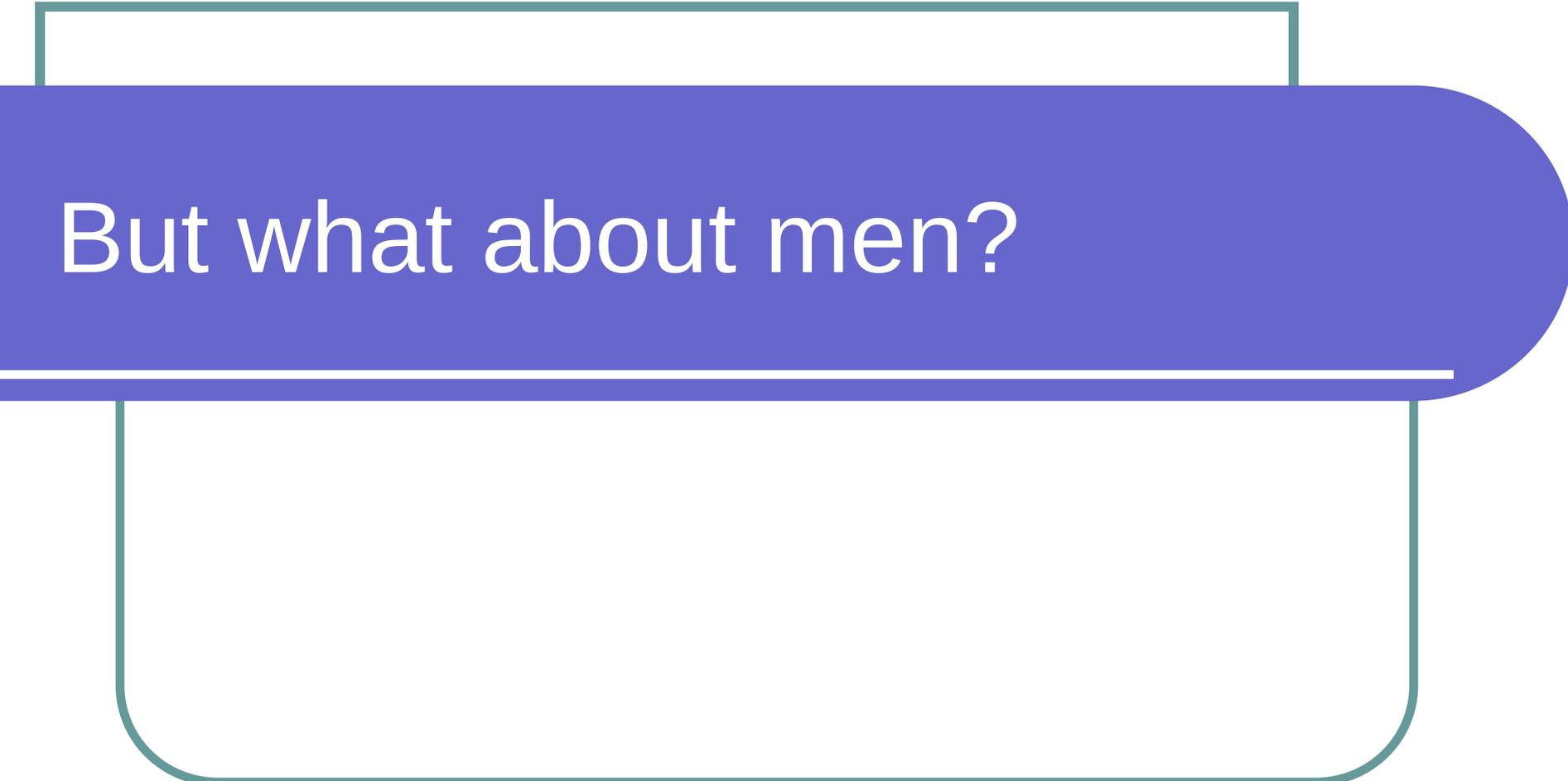
Treatment



- Aspiration
- Excision
- Danazol
- Diet changes, vitamin E

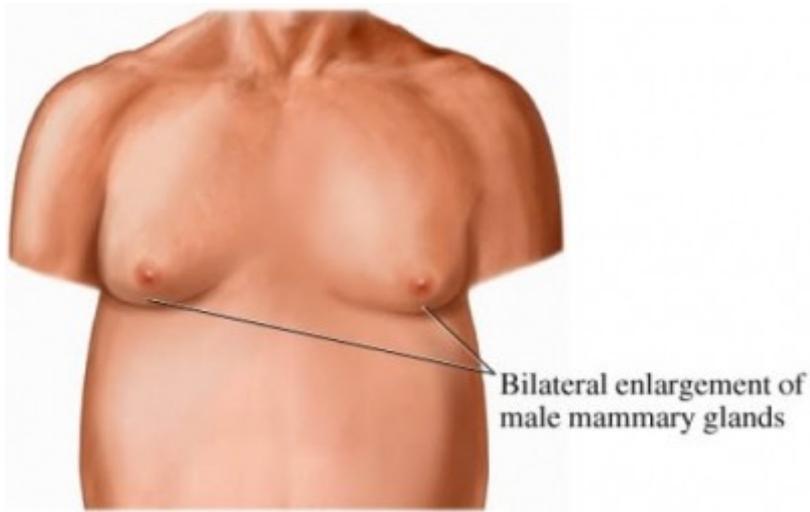
Patient Teaching

- Support bra
- Warm or cool compresses
- Mild analgesics
- Reduce or eliminate methylxanthines
- Keep written chart of location of lumps to better detect changes



But what about men?

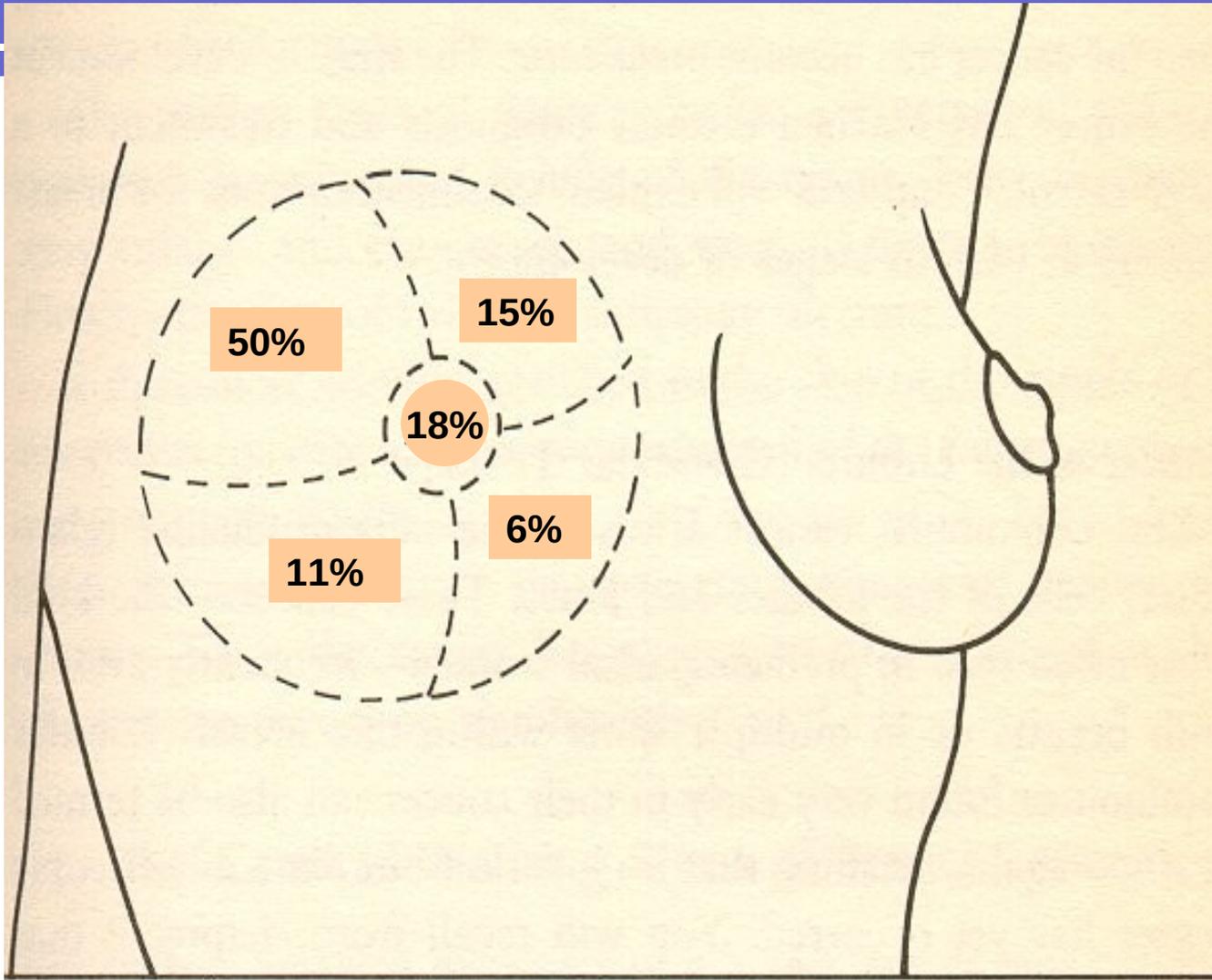
Gynecomastia



- Abnormal enlargement of one or both breasts in men
- Common among elderly men
- Usually temporary and benign
- Can be a sign of something more serious.
- More common in patients with Klinefelter's syndrome

Breast Cancer

- Risk factors
 - Gender
 - Increasing age (40+)
 - Early menarche/late menopause
 - Family history
 - High fat diet
 - Obesity



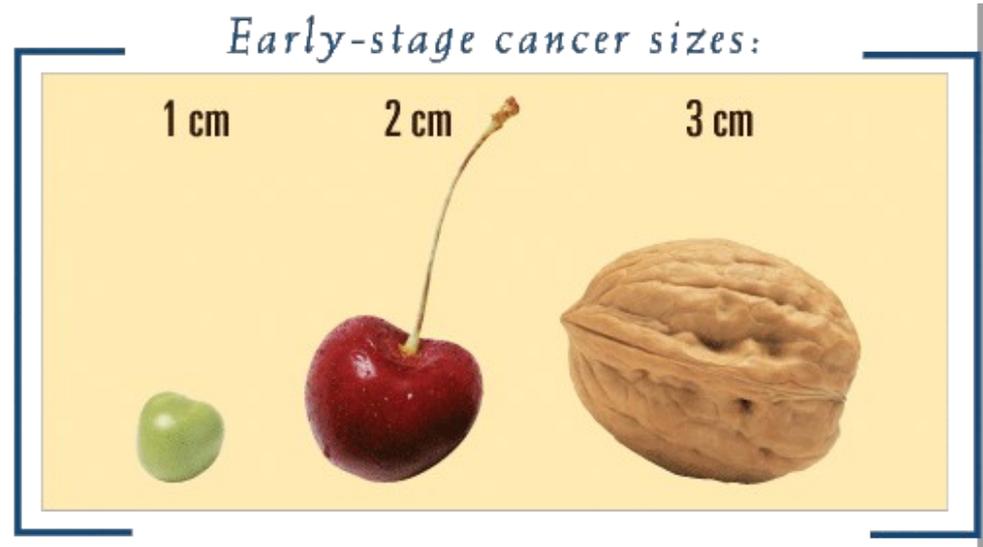
Signs & Symptoms

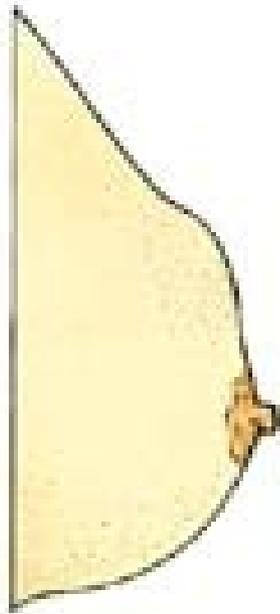
- Mass or thickening in breast or axilla
- Non-tender lump
 - Non mobile
 - Most often in upper outer quadrant of breast
 - Usually just one breast is involved



S & S Continued...

- Change in size, contour, or texture of breast
 - Skin dimpling, puckering
 - Nipple discharge, retraction
 - Peau d'orange
- Late signs
 - Pain
 - Ulceration
 - Cachexia





Change in breast contour,
such as a swelling



Change in direction
of the nipple



Dimpling or
puckering of
the skin



"Orange-peel"
appearance of
breast skin

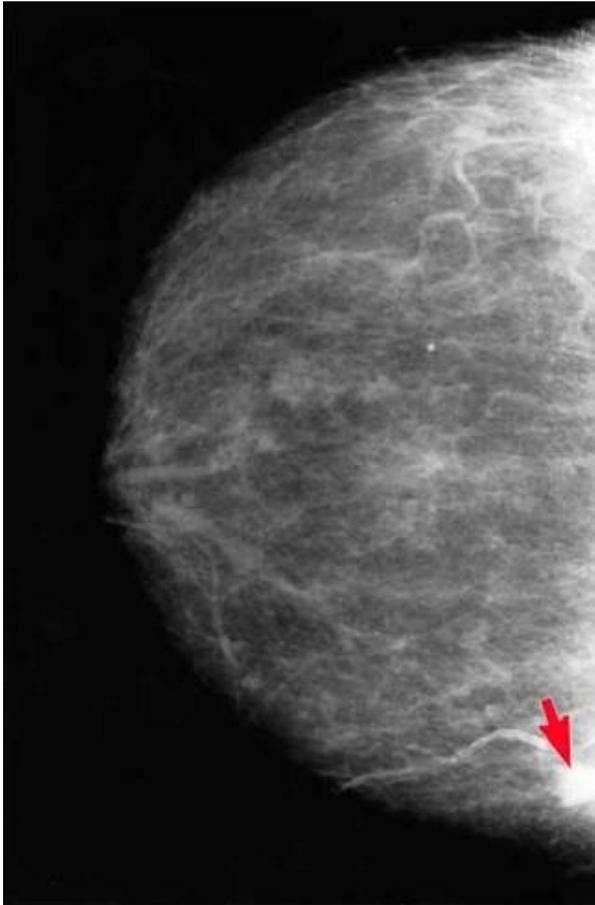
Symptoms of breast CA

- Painless breast mass
- Painful breast mass
- Nipple discharge
- Local edema
- Nipple retraction
- Nipple crusting

Screening

- Annual physical exam with breast exam (CBE)
- Mammography
- Monthly BSE

Diagnosis



- BSE
- Clinical exam
- Mammography
- Biopsy
- Axillary lymph node status
- Ultrasound scans
- Diagnostic tests
 - BRCA -1 or BRCA 2
 - HER-2
 - Estrogen & progesterone receptors

Types of Breast Ca

- Carcinoma in Situ
 - Confined: has not invaded other tissue
 - Lobular carcinoma in situ
 - Begins in lobules, does not penetrate the walls
 - Ductal carcinoma in situ
 - Cells inside the ducts do not spread through the wall of duct
- Invasive Carcinoma
 - Has spread into surrounding tissues

Most Common

- 80%- Infiltrating/invasive ductal carcinoma
- 10-15%- Infiltrating/invasive lobular carcinoma

Others

- Medullary carcinoma
- Colloid carcinoma
- ***Inflammatory = most malignant form of breast cancer
 - Systemic disease
 - Skin is red, warm, may thicken like an “orange peel”

Inflammatory Breast Cancer



National Cancer Institute

http://www.youtube.com/watch?v=3s9_UrVtc6c

Treatments - Surgery

- Simple excision
- Simple mastectomy
- Modified radical mastectomy
- Radical mastectomy
- Reconstructive surgery

Treatments - Radiatio

- External
- Radium implants

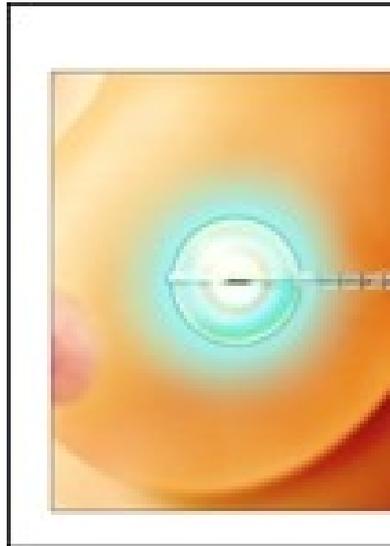


FIGURE 1



This patient has had an early skin reaction to whole breast irradiation.

FIGURE 2



In this photograph, the skin reaction has progressed to dry desquamation.

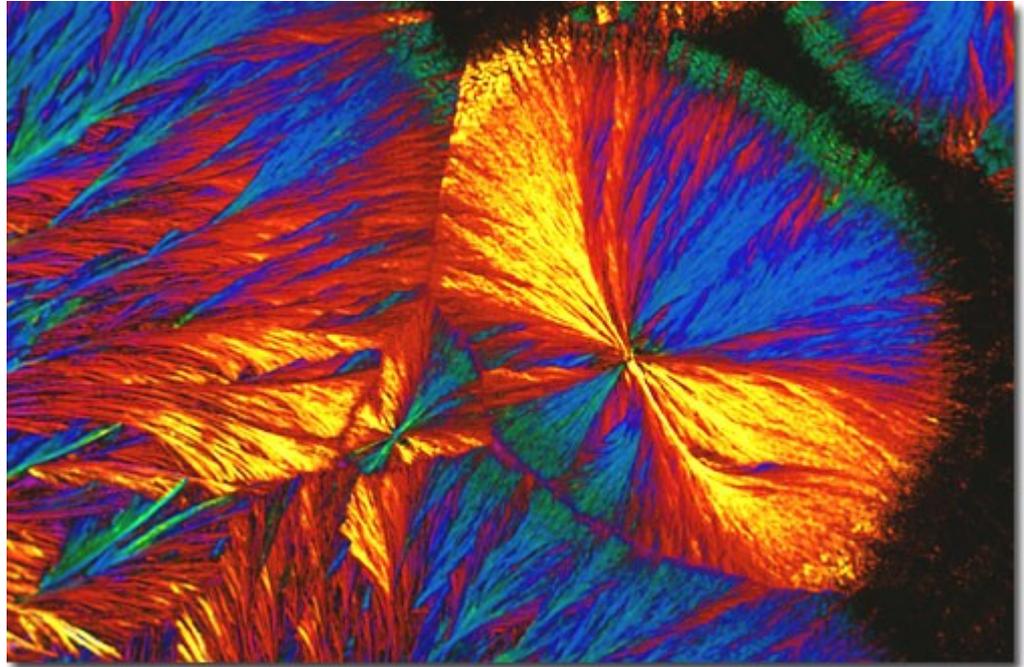
FIGURE 3



This image shows a later skin reaction, with mild moist desquamation.

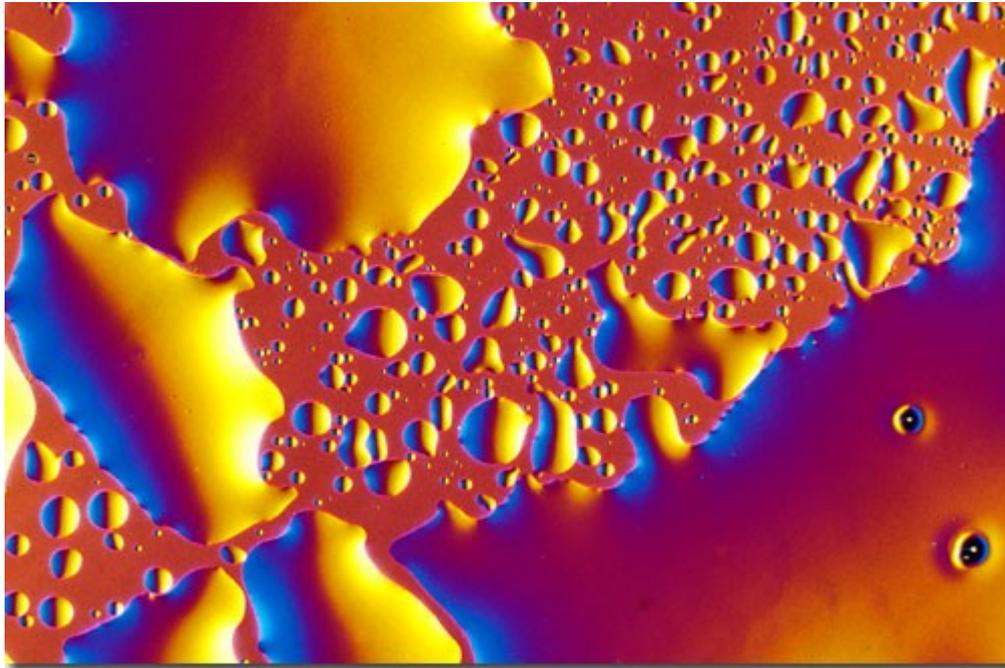
Treatments - Hormone therapy

- Tamoxifen
- Megace
- DES



Treatments - Chemotherapy

- FAC (Fluorouracil, Adriamycin, Cytosoxan)
- Taxol



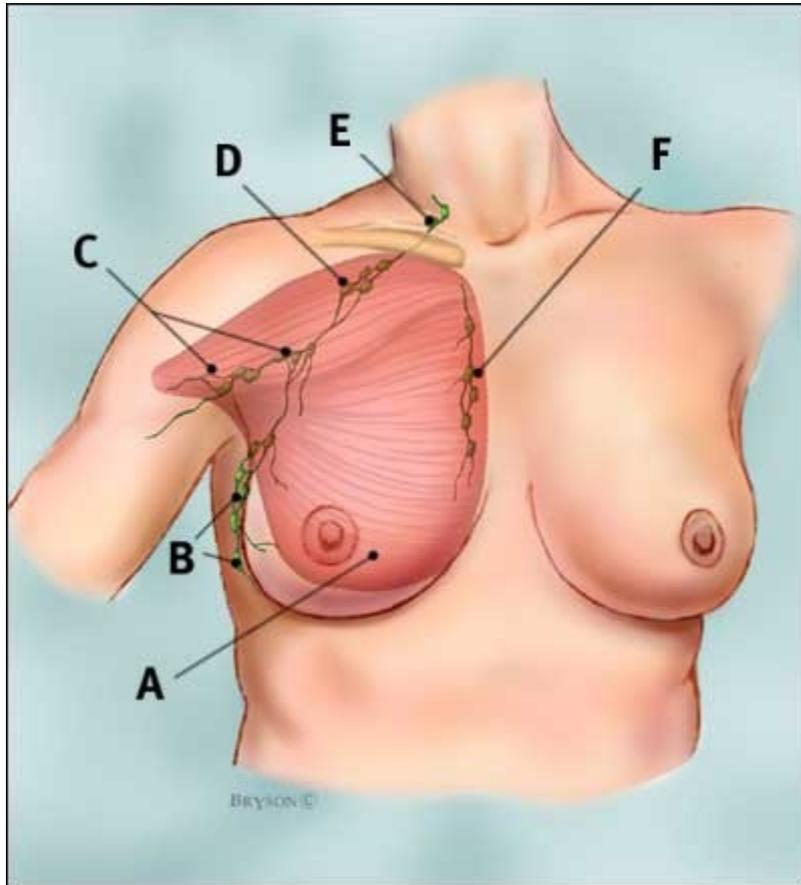
Pre-Operative Care

- Emotional support
- General preop teaching
- Specific training

Complications

- Lymphedema of the arm
 - Lifelong potential complication
 - Prevention
 - Elevation, ROM, ADLs, protect
 - Treatment
 - Intermittent compression sleeve, manual massage, elevation, diuretics
 - Importance of follow up

Lymphedema, How it occurs



- **Lymph nodes in and around the breast area**
- **A** pectoralis major muscle
B axillary lymph nodes: levels I
C axillary lymph nodes: levels II
D axillary lymph nodes: levels III
E supraclavicular lymph nodes
F internal mammary lymph nodes

Lymphedema



Case study

- http://www.austincc.edu/adnlev2/rnsg1443online/reproductive_female/Karen_Gardner.htm

Tutorial on breast cancer

- <http://www.nlm.nih.gov/medlineplus/tutorials/breastcancer/htm/index.htm>

Resources and References

- Lewis, S.M., Dirkse, S.R., Heitkemper, M.M., & Bucher, L. (2010). *Medical-Surgical Nursing: Assessment and Management of Clinical Problems* (8th ed.). St. Louis: Mosby.

Questions?



October

**National Breast Cancer
Awareness Month**

Schedule your exam!