

# Breast Examination

## Intro

- Wash hands, Introduce self, ask Patient's name & DOB & what they like to be called, Explain examination and get consent
- Get **chaperone**
- Expose patient (sitting first, then at 30°)

## General inspection

- **Patient:** age, cachexia

## Look with patient sitting

Look for: asymmetry, local swelling, skin changes (erythema, dimpling, peau d'orange, scars), nipple changes (Paget's disease of the breast, inversion)

In 4 positions:

- **Arms relaxed**
- **Hands rested on thighs**
- **Hands actively pressed into hips** (tenses pectorals)
- **Hands behind head** (to expose whole breast and accentuate dimpling)

Also lift the breast to look in the submammary fold.

## Feel with patient lying

Position patient at 30 degrees. The patient's hand on the side of the breast being examined should be placed behind the patient's head. Check pain first and start on normal side.

- Examine using both hands, massaging the breast with your hand flat to the skin. Use the whole of all 4 fingers.
- Move your hands in step-wise increments around breast in a systematic manor (e.g. a spiral motion from outside in).
- Examine the axillary tail between your first two fingers and thumb.
- Describe any lump (SSSCCTTT): Site, Size, Shape, Consistency, Contours, Colour, Tenderness, Temperature, (Transillumination)
- Ask the patient to gently massage each nipple to attempt to express any discharge.

## Lymph nodes

Put on gloves. Lymph nodes are palpated while lying first, then while sitting.

- **Axillary lymph nodes:** e.g. to examine the right: ask the patient to hold your right biceps while you support the weight of their right arm at their elbow with your right hand. Now place your left arm over your right and place your left hand into their axilla. Now palpate the apical, lateral, medial, anterior and posterior lymph node groups by pressing the soft tissues (hard) and rolling them over the underlying harder tissues.
- **Supraclavicular lymph nodes:** feel with your finger tips pressed into the supraclavicular fossae from the front.

## Summary

- Thank patient and cover them
- Summarise and suggest further investigations you would do after a full history
  - Triple assessment:
    - Examination
    - Imaging (ultrasound if <35y or mammogram if >35y)
    - Tissue sampling (FNA if cystic or core biopsy if solid)



**Paget's disease of the breast:**  
malignant cells infiltrate the nipple skin giving the appearance of nipple eczema