

Breast History and Physical Examination

History

1. History of a Lump:

1. **Where** is it?
2. **When** did you first notice it? **How** did you notice it?
3. Does it produce any **symptoms**? (*Fever, weight loss, night sweats, loss of appetite, pain, interferes with movement*)
4. Any **changes** size/color since it was first noticed?
5. Does it come and **disappear**?
6. Do you have **another** lump?
7. What do you think the **cause** is?

2. Special to breast:

- Any mid-cyclic changes/pain? – *Fibrocystic change*.
- Are you breastfeeding? – *Mastitis*.
- Any hx of trauma? – *Fat necrosis*.
- Any blood/discharge? – *Ductectasia*.

3. Hormonal Hx:

1. **Menses**: Age of menarche? Age of menopause? How regular the cycle is and quantity of blood?
2. **Pregnancy**? Number of pregnancies? Age of first full pregnancy? Changes in breast during previous pregnancies?
3. Children were **breast-fed** or not? Any abnormalities during previous lactation period?

PMH

Breast or ovarian cancer.

PSH, Blood transfusion

Medication history and Allergies

OCPs, HRTs, exposure to radiation.

FH

Breast cancer, ovarian cancer.

Social history

Smoking, alcohol, exercise.

Systematic review

Physical examination

Positions: sitting, laid on a bed at 45°.

Exposure: full trunk, down to the waist.

General

1. WIPER.
2. ABCDE.
3. Ask for a chaperone.
4. Start with the normal one to know the architecture of the breast.

1. Inspection

Any obvious masses, asymmetry?

Skin changes – scars, skin lesions/dimpling, pigmentations, areolar color.

Nipple changes – retraction / discharge / deviation / spontaneous discharge.

2. Maneuvers

1. Arms above head.
2. Hands on hips. (*Ask patient to place hands on their hips & push inwards to tense pectoralis major*)
3. **Repeat inspection again, observe for any masses & evidence of tethering.**
4. Palpate the lymph nodes in the axillary area and don't forget the supra and infraclavicular ones. (*both sides always*).

3. Palpation

1. Position the patient at 45° with their arms relaxed by their sides.
2. "I'm repeating my inspection to make sure there's no differences".
3. Begin palpating:
 - Tail of the breast.
 - Breast tissue (*with for finger pads, outer to inner aspect towards the nipple (زبي الشمس)*), then comment on any lumps with details.
 - Areola complex. (*if hx says discharge, ask the patient to squeeze*)
 - Nipples. (*using two fingers: index and middle finger*)

End your exam with:

1. Examination of spine. (*by pressing with your thumb on it*)
2. Auscultate lung bases.
3. Palpate abdomen. (*looking for any signs of organomegaly or ascites*)

References:

- Notes on Dr. Awadh Alqahtani surgery BST session.
- <http://geekymedics.com>

Good luck,

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