

UNDERSTANDING BREAST CHANGES



Marie Keating

FOUNDATION

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Breast Care Information

Breast changes are common even though the vast majority are benign, they can be a concern. This booklet is designed to help you with these concerns. It will help you to be aware of your breasts and explain the various types of breast changes that women experience.

Each breast has 15 to 20 sections called LOBES each with many LOBULES. Lobes and lobules are linked by thin tubes called DUCTS. These ducts lead to the NIPPLE, which is centred in a dark area of the skin called the AREOLA. The spaces between the lobules and lobes are filled with fat. There are no muscles in the breast but muscles lie under each breast and cover the ribs. These normal features can sometimes make the breasts feel lumpy especially in women who are thin or who have small breasts.

In addition, from the time a girl begins to menstruate her breasts undergo regular changes each month. Many doctors believe that nearly all breasts develop some lasting changes, beginning when the woman is about 30 years old. Eventually, about half of all women will experience symptoms such as lumps, pain or nipple discharge. Generally these disappear with the menopause.

Some studies show that the chances of developing benign breast changes are higher for a woman who has never had children, has irregular menstrual cycles, or has a family history of breast cancer. Benign breast conditions generally involve the glandular tissue of the breast and is usually more of a problem for the women of child bearing age, who have more glandular breasts.

Types of Benign Breast Changes

Common benign breast changes fall into several broad categories. These include generalised breast changes, solitary lumps, nipple discharges and infections and/or inflammation.

Generalised Breast Lumpiness

Generalised breast lumpiness is known by several names including fibrocystic changes and benign breast disease. Such lumpiness, which is sometimes described as “glandular”, “nodular” or “ropy” can often be felt in the area around the nipple and areola and in the upper outer part of the breast.

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Lumpiness such as this may become more obvious as the woman approaches middle age and the milk-producing glandular tissue of her breasts increasingly gives way to soft fatty tissue. Unless she is taking hormone replacement therapy, this type of lumpiness generally disappears for good after the menopause.

Menstrual Cycle

During the menstrual cycle many women experience swelling, tenderness and pain before and sometimes during a period. At the same time, one or more lumps or a feeling of increased lumpiness may develop, because of the extra fluid collecting in the breast tissue. These lumps normally go away by the end of the period.

Pregnancy

During pregnancy your breasts may feel lumpier than usual as the milk producing glands become swollen. Benign breast conditions also include several types of distinct solitary lumps. Such lumps which can appear at any time, may be large or small, soft or rubbery, fluid-filled or solid.

Cysts

Cysts are fluid-filled sacs. They occur most often in women between the age of thirty five to fifty. They often enlarge and become tender and painful just before the menstrual period. They can be found in both breasts. Some cysts are so small they cannot be felt. They show up clearly on ultrasound and are usually treated by fine needle aspiration.

Fibroadenomas

Fibroadenomas are solid and round benign lumps that are made up of both the structural and glandular tissues. Usually these lumps are painless. They feel rubbery and can easily be moved around. They are most often seen in women in their late teens and early twenties. They can enlarge with pregnancy and breast feeding.

Fat Necrosis

Fat necrosis is the name given to painless, round, and firm lumps formed by damaged and disintegrating fatty tissue, it develops in response to a bruise or a blow to the breast, even though women may not remember the specific injury. Sometimes the skin around the lump looks red and bruised.

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Some benign or harmless breast conditions **produce a discharge from the nipple** since the breast is a gland, discharges from the nipple of a mature woman are not unusual e.g. small amounts of discharge may occur in women taking birth control pills or certain other medications, including sedatives and tranquillisers. If the discharge is being caused by a disease it is more likely to be benign than cancerous.

Nipple Discharge comes in a variety of Colour and Textures.

Nipple discharge is not very common and only rarely means there is a serious disease. The type of discharge often gives a clue as to its cause. One of the most common reasons for a bloody or sticky discharge is an **intraductal papilloma**, a small “wartlike” growth that projects into breast ducts near the nipple, any slight bump in the area of the nipple can cause the papilloma to bleed. Single intraductal papillomas usually affect women nearing menopause. If the discharge becomes a concern the diseased duct can be removed surgically, without damaging the appearance of the breast.

Many women who have children continue to have a slight milky discharge from both sides which may continue for months after stopping breast feeding.

Any discharge which is yellowish and sticky, blood stained or watery should be reported to your doctor.

Some benign breast conditions are characterised by **infections** and or **inflammation**.

Mastitis

Mastitis, sometimes called “Postpartum Mastitis” is an infection most often seen in women who are breast feeding. A duct may become blocked allowing milk to pool causing inflammation and setting the stage for infection by bacteria. The breast appears red and feels warm, tender and lumpy. In its earlier stages, mastitis can be cured by antibiotics, if a pus containing abscess forms, it will need to be drained or surgically removed.

Mammary Duct Ectasia

Mammary duct ectasia is a condition where the ducts become inflamed and can become clogged. Mammary duct ectasia can be painful, and it can produce a thick and sticky discharge that is grey to green in colour. Treatment consists of a warm compress, antibiotics, and if necessary surgery to remove the duct.

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Inverted Nipples

Inverted nipples are quite common, the nipple lying flat on the breast rather than protruding from it. **If it has always been** like this there is nothing to worry about, however, if a nipple which normally stands out from the breast appears to flatten and become drawn in rather than out, this might indicate disease in the breast and you should seek your doctor's advice.

Most Breast Lumps are not Cancerous – Nine out of Ten Breast Lumps are Benign or Non-Cancerous.

Breast Cancer

Breast cancer is uncommon under the age of 35 and very rare under 25. From around 40, it does get more common. Women are encouraged to have regular mammograms between the ages of 50 and 64. You are well-advised to be aware of your breasts if there is any cause for concern you should see your GP sooner rather than later either for reassurance that there is nothing seriously wrong, or to get prompt treatment.

A Mammogram is an X-Ray Examination of the Breasts.

The radiographer usually takes two images or pictures of each breast, one from the top and one from the side. In order to get a good image, your breast must be flattened or compressed. This may be uncomfortable, but it will not harm your breasts in any way and is extremely important for getting a clear image. Compression of the breast is also beneficial because it results in a lower dose of radiation.

When the radiography examination is complete the films will be examined by the radiographer and if satisfactory, shown to the radiologist (Specialist's doctor who reads the mammogram). The results will usually be forwarded to the referring doctor.

Ultrasound Examination

This is a technique whereby high frequency sound waves, too high to be heard by the human ear are passed through the body. Distortions in the waves, caused by their passage through the tissues are picked up by special recording equipment and converted into an ultrasound scan. In younger women, where breast tissue is more dense, ultrasound scans give a clearer picture than mammograms. Gel is applied over the breast and the ultrasound transmitter is rolled over it. A radiologist watches on the screen and takes permanent pictures as required. Other than being cold and sticky, it is a painless procedure.

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Fine Needle Aspiration (FNA)

The doctor may need to remove cells from a lump or lumpy area in the breast using a fine needle and a syringe and have the cells examined under the microscope. It is called fine needle aspirate because the cells are sucked up into a syringe. Having an FNA may be quite painless or very uncomfortable depending on whether your breast is tender or not.

Biopsy

The surgeon/doctor often may need to remove your lump or a portion of your lump to make certain of the diagnosis. There are two main ways of getting a sample of your lump to examine under the microscope:

- A small core of tissue can be removed under local anaesthetic using a hollow needle. This is called a **tru-cut biopsy**, or **core biopsy**.
- The surgeon may decide to remove the whole lump, this is called an **excision biopsy**, it normally takes a few days for the result to come through.

Breast Awareness

It makes sense to be aware of your breasts and to know what is normal for you.

Breast Changes for which medical advice should be sought:

- A change in the size or shape of your breast
- Change to the nipple, such as crusting, ulceration, redness or inversion.
- Dimpling of the skin of the breast
- A rash (like eczema) affecting the nipple
- A nipple discharge
- A swelling or lump in the armpit.

Pain in the breast is not usually a symptom of breast cancer, in fact many healthy women find that their breasts feel lumpy or tender before a period.

Nine out of ten breast changes are not due to cancer, always see your doctor to be sure. If you find a breast change that is new or unusual for you see your GP without delay.

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A Word of Caution:

If you find a lump or other change in your breast, don't use this booklet to try and diagnose it yourself you must seek your doctor's advice.

There is NO substitution for a doctors evaluation.

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Who we are

Following their mother Marie's death in 1998 Ronan Keating and each member of the Keating family promised that they would do everything they could to bring an end to breast cancer. They committed to provide all women and their families with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was **"making cancer less frightening by enlightening"**. The Marie Keating Foundation is the realisation of a family's dedication – it is a promise to themselves in action.

Through its community information service our Foundation's dedicated nurses have enlightened over 100,000 people of the causes and risk factors of breast and other cancers. The Foundation is continuing to expand its awareness campaigns on each of the key cancers, at local level through its community outreach approach as well as through national campaigns.

The Foundation finances other areas of need in cancer care. Monies raised help to refurbish hospital oncology waiting rooms in making them more comfortable for patients. A limited comfort fund for those in financial difficulty as a result of their illness provides immediate assistance, when required.

The Foundation is committed to raising awareness among young people in schools of cancer and its prevention and to this end, has successfully developed a Cancer Awareness Programme for schools, which will be delivered to all second level senior cycle students.

After only eight years in operation, the Marie Keating Foundation is well established and facing a wealth of opportunities and claims on its services and resources.

On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us.

We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.

Take care.

The Keating Family



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