

The Breast Examination

With the correct approach, this examination should not be uncomfortable for either the patient or the examiner. In general, it is important for the examiner to be gentle, courteous, objective, and alert to each patient's level of comfort. Respect for the patient's dignity is most important.

Required Equipment:

No additional equipment is required for this examination.

Examination Techniques:

Inspection – visual assessment of the breasts, nipples, and axillae.

Palpation – examination of the breast, nipple-areolar complex, and lymph nodes.

Female Breast Examination

Patient, in a gown, seated on examination table. *Examiner stands in front of the patient.*

A. Lymph Node Exam. Patient seated

General technique: Use the index and middle fingers, press firmly and move the skin over the underlying tissue in a rotary motion.

Note: tenderness
enlargement

1. Palpate cervical nodes.

Examiner stands in front of the patient. Palpate lymph nodes of cervical region.

2. Palpate axillary nodes
 - a) Place patient's ipsilateral arm on your shoulder. With fingers of opposite hand, reach as high as possible towards the apex of the axilla. Bring your hand down the axilla palpating anteriorly along the edge of the pectoralis, and posteriorly along the latissimus (forming a triangle, with the apex at the top). One or two soft, small (<1 cm) nodes may be felt, especially in thin patients.

Repeat for the other axilla.

3. Step around behind patient and palpate for supraclavicular nodes.

The Breast Examination

B. Inspection

Ask patient to lower gown to her waist.

1. Visually inspect both breasts from front and sides.

Note: size and symmetry (some variation between breasts is normal)

shape and contour (flattening, masses or dimpling), skin (color, edema, thickening, venous pattern), scars (from previous surgery)

Inspection of the skin and contour of the axilla should be done at this time as well, noting rashes, unusual pigmentation, scars, bulging.

2. Repeat instruction with each of these maneuvers, (*examiner may demonstrate for the patient*)
 - a. Ask patient to raise both arms over head.
 - b. Ask patient to place both hands on waist and press elbows forward.
 - c. Ask patient to lean forward, bending at the waist with arms extended in front for balance. (Examiner may hold patient's hands for support.)

C. Palpation

1. Bimanual palpation

Patient remains seated (gown to waist). Examiner stands to patient's right.

- a. Place one hand above and one hand below the patient's right breast. Gently, using the pads of the fingertips of both hands, compress the breast tissue between the fingertips. Examine the entire breast in this manner. (Certain breast changes can be identified with this technique that may not be detected on the supine exam.)

Note: consistency
nodules
masses
tenderness

- b. *Repeat for left breast*

The Breast Examination

2. Supine examination of the breast. *Ask patient to lie back on the exam table (pull out foot rest). Examiner stands to patient's right.*

Ask patient to remove right arm from gown and place arm behind head, this helps to stretch the breast tissue against the chest wall. Uncover the right breast. (If necessary, in patients with large or pendulous breasts, use a pillow placed at the side to support the breast during this exam.)

- a. Palpate the right breast.

Use the palmar surface of the first three fingers of both hands with a rotary motion, compress the breast tissue gently against the chest wall. Move around the breast in a radial or spiral pattern. Examine the entire breast with a systematic and uniform technique. Include palpation of the axillary tail.

Note: tissue consistency and elasticity

induration nodules
tenderness masses

- b. Inspect and palpate right nipple.

Inspect right nipple.

Note: size and shape

inversion
rashes or ulceration
discharge
scaling, crusting, or eroding

Gently compress nipple between the thumb and forefinger.

Note: elasticity flattening masses
discharge inversion
retraction areolar edema

Patient lowers right arm to side, replaces gown.

Repeat exam on left breast (examiner may stand on either side of table).

The Breast Examination

Male Breast Examination

May be brief but should not be omitted. *Patient seated on the examination table. Examiner stands facing patient.*

A. Inspection

Visually inspect both breasts, nipples and areolae.

Note: swelling
ulceration
discharge

If breasts appear prominent or enlarged determine if this is due to:
soft fatty enlargement
glandular enlargement

B. Palpation

1. Palpate the areolae and breast tissue of the right and left breast
Note: nodules
2. Lymph node examination
(See female breast examination, section A)

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