Breast Examination

Statement of Goals

Know how to perform a complete examination of the breast and axilla.

Learning Objectives

A. Describe the anatomic location and components of the breast, and the location of lymphatics (axillary, infraclavicular and supraclavicular.)
B. Describe the quadrant and "clock" approaches to locating breast findings.
C. Position and drape an adult female for an examination of the breast and axilla, chest lung and heart.
D. Describe and demonstrate inspection of the breast with arms at sides, overhead, and against hips (tensing the pectoralis.) Include skin, nipple, areola, symmetry.
E. Describe and demonstrate palpation of the breast, using a systematic approach that ensures complete examination, including the subareolar area, the nipple, four breast quadrants, and the tail extending toward the axilla.
F. Describe and demonstrate examination for nipple discharge.
G. Describe and demonstrate additional techniques for inspection and palpation of large, pendulous breasts.
H. Describe and demonstrate inspection of the axilla.
I. Describe and demonstrate palpation of the lymphatics of the axilla and chest: Central, pectoral, lateral, subscapular, infraclavicular and supraclavicular.
J. Perform a complete examination of the breast and axilla, in an adult female or male, in a manner that maximizes patient comfort.
K. Describe the unique aspects of the breast examination in the pediatric population.
L. List usual biological changes of the aging process and how they affect physical findings for the breast exam.
M. Document the breast examination in the format of a medical record.

Student’s Preparation for the Unit

Special Instructions: Small group will be a workshop with a Standardized Patient, so you will have the opportunity to practice. Dress professionally and wear your white coat. Be prepared to perform a complete examination of the breasts.

Students should focus on learning the appropriate draping technique for this examination

Curriculum Comments

Bates covers the anatomy and techniques of the examination.
**Objective F:**

Assessment for discharge from the nipple may be done using the index finger (as shown in Bates) or by compressing the areola / nipple between the index and forefingers with an upward motion. Patients with a history of nipple discharge may feel comfortable demonstrating the problem to the physician.

**Objective G:**

For women with large, pendulous breasts additional techniques may be helpful. Add inspection of the breasts while the woman leans forward from the waist. Add bimanual palpation of the breast in the sitting position.

**Objective J:**

The sequence of the examination (i.e. palpating axillary nodes before or after palpation of the breasts) may vary among examiners. In many clinical circumstances it may be appropriate to use a chaperone during the clinical breast exam.

There is significant variation in normal female breasts. Distinguishing normal from abnormal requires a great deal of practice, so you should anticipate working on this skill throughout medical school.

Clinicians often incorporate patient education about self breast examination during this portion of the physical examination.

**Objective K**

A female child may begin breast development as young as six to seven years of age. This is one of the early signs of puberty. The breasts may display asymmetry as they develop because of their different rates of development. About one third of boys will develop a small amount of breast tissue during puberty that generally resolves in a few years. Breast tissue may also transiently be palpated on normal newborns secondary to the effect of maternal estrogen.

**Objective M:**

Documentation of a breast exam as part of the medical record can be found in Bates pp. 20 and 354. Another example of a normal breast examination is as follows:

**Breasts:** Large size, left breast slightly larger than right. No dimpling noted. Granular consistency palpated bilaterally. No masses noted. Nipples - everted, no discharge. No axillary or supraclavicular nodes.

Your documentation will vary based on the patient's physical findings.
Apply Your Skills

If possible, observe and practice the clinical breast examination. Your opportunity to do so this year will depend on your preceptorship setting. Additional opportunity to practice will occur next year. If you are with a pediatric preceptor, note the different stages of breast development of patients in the practice. Ask your preceptor about breast development in children and adolescents and breast development in male adolescents.

Breast Examination Checklist

☐ Appropriate draping for all aspects of the exam (apply same draping for female chest, lung and heart exam)
☐ Appropriate guidance given to the patient throughout the exam
☐ In sitting position, inspect both breasts with arms at sides.
☐ Inspect both breasts with arms overhead.
☐ Inspect the axillae.
☐ Inspect both breasts with hands pressed against hips.
☐ In standing position, inspect both breasts as patient leans forward (if indicated.)
☐ In sitting position, palpate both breasts bimanually (if indicated.)
☐ In sitting position, palpate the lymphatics of the axillae: central and pectoral from an anterior approach, lateral and subscapular from a posterior approach.
☐ Palpate the lymphatics of the chest: infraclavicular and supraclavicular.
☐ In supine position, position arm to flatten breast tissue (on forehead for lateral breast and above shoulder for medial breast). Utilize the vertical strip pattern to palpate the breast in a systematic fashion. Palpate the subareolar area and the nipple. Assess nipple for discharge. Use the same technique to examine the opposite breast.

Study Questions:

1. Can you describe the anatomy of the breast including lymphatic drainage?
2. How do you record the location of the breast findings?
3. How should you position and drape a woman for a breast, chest, and lung exam?
4. Can you describe and perform a breast exam? What is the vertical strip pattern? What additional techniques would a physician use to evaluate a patient with large breasts?
5. What are Tanner stages?

6. What is the best technique for evaluating axillary lymph nodes?