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Breast self examination: a healthy approach: teaching manual

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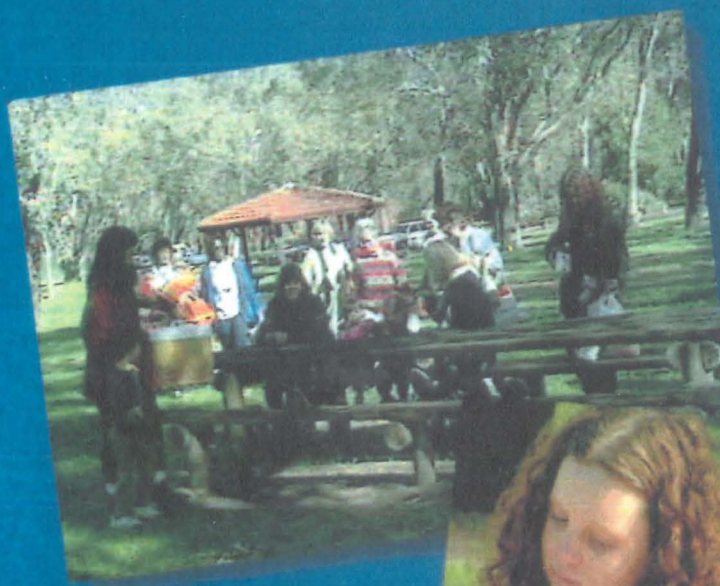
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Breast Self Examination: A Healthy Approach

A Healthy Approach

Teaching Manual



EDITH COWAN
UNIVERSITY
PERTH WESTERN AUSTRALIA



WOMEN'S HEALTH CARE
HOUSE

BREAST SELF EXAMINATION: A HEALTHY APPROACH

**Breast Care Teaching Package
Resource Development**

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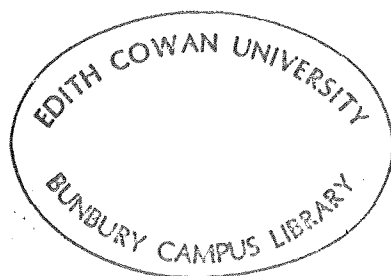
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Project Funding

**Primary Health Care Committee
Edith Cowan University**

Women's Health Care House

Published 1995



BREAST CARE TEACHING PACKAGE

INTRODUCTION

This manual has been designed to complement the video *Breast self examination: A healthy approach* and is part of a health teaching package for use by health professionals.

The theme of this health teaching package is breast care with an emphasis on step-by-step instruction for breast self examination. The package has been designed to guide health professionals in the facilitation of workshops and discussion groups promoting breast care for women. Materials included in the manual may be adapted to suit audience requirements.

The overhead transparencies have been provided in the package. They are intended as a guide, you may use them as they are, alter them, or omit those not relevant to your presentation. Make your own and add them to the package!

Teaching breast self examination is made easier when the video is viewed prior to a practical demonstration of the technique. Visual resources such as breast lump displays and breast models will be useful. Women will benefit from practising on the models in a group situation. The *Group Breast Model*, the *Breast Vest* and the *Breast Lump Display* are available at a reasonable cost and will certainly enhance your presentation (see page 15) for available resources.

Show overhead 1

Goal

To promote breast awareness and increase early detection of breast cancer in order to reduce mortality and morbidity associated with breast disease.

Objectives:

To provide women with information on breast cancer ; it's associated risk factors and signs and symptoms.

To provide women with information on breast care which includes;

- step-by-step instruction on BSE
- mammography screening
- yearly examination by a doctor.

Breast self examination is one positive way for women to take responsibility for their own health. Breast self examination is easy to learn and takes approximately 10 minutes every month. By practising regular breast self examination women become familiar with their own breasts and can identify changes at an early stage.

Group discussion (prior to viewing the video)

Resource list

- white board/markers
- blackboard/chalk
- butcher's white paper/pens

Women frequently say they don't practise BSE, feel uncomfortable with the technique, or are unsure about what they are feeling.

Avoid focusing on individuals who may be uncomfortable during the discussion.

Suggested discussion points

If you don't practise BSE?

- Why not?
- Are you scared you'll find cancer?
- Are you unsure of the technique?

Who regularly practises BSE?

- If you felt a lump would you know what to do?

View video (approximately 14 minutes)

ASSOCIATED RISKS

Breast cancer is the most common cancer affecting Australian women. Current statistics indicate that 1 in 13 women will develop breast cancer at some time in their lives.

The cause of breast cancer is generally unknown.

There are two main risk factors:

- being a woman (1% of all breast cancers occur in men).
- getting older (70% of breast cancer occurs in women over the age of 50 years).

Breast cancer is more common in women over the age of 40. The average age for detection and diagnosis is 55 years, however, **any** woman who detects a persistent change is potentially at risk. Breast cancer does occur in younger women.

Statistics Related to Breast Cancer

- There is no known risk factor in 70% of cases.
- A **true** genetic link accounts for less than 5% of cases.
Current research indicates that three genes are associated with the development of inherited breast cancer. It is thought that the BRCA 1 gene accounts for 4% of inherited breast cancer, while a further 1% is accounted for by other genes (BRCA 2 and p 53).
- Family history accounts for about 10% of cases. This means a **strong** family history, such as, mother, sister or daughter who have breast cancer.

Show overhead 2

Other factors which appear to increase the risk of breast cancer include:

- previous personal history (an increase of 1% per year)
- diet high in animal fat
Statistics suggest women in western countries have an increased incidence of breast cancer. This has been associated with a higher intake of animal fat. (It has been noted that Japanese women living in Japan have a lower incidence of breast cancer compared with Japanese women living in the USA. Dietary factors are thought to be responsible)
- increases in weight
- having your first child at an older age (>30 years)
- not having children (no break in menstruation)
- smoking (associated with many types of cancer)

Other factors which may have some significance:

- hormone replacement therapy (HRT) (if used for more than 5 years)
- early menopause
- late menopause
- early age of menarche
- alcohol

Group discussion

The diversity of the associated risk factors highlights the need for **all** women to be breast aware (there is no known risk factor in 70% of cases).

Suggested discussion point

Do these statistics surprise anyone in the group?

BREAST CARE

Show overhead 3

Monthly BSE

BSE is simple.

It only takes 10 minutes and should be done every month around the same time.

When to examine

Menstruating women

- day 5-7 of the cycle when hormonal influence on the breast tissue is minimal.

Non menstruating women

- select the same day each month so that its easier to remember, such as favourite number or birth date.

Emphasise that with regular correct examination breast awareness will be promoted. Women will become more familiar with their breasts, and be able to detect persistent changes.

Yearly breast examination by the general practitioner

A yearly physical examination by a doctor is a good preventative health strategy and will also encourage the development of a good relationship with the general practitioner. Doctors are able to examine the deeper structures of the breast, can answer any queries regarding anatomical variations in the breast tissue, and provide reassurance regarding the technique.

Mammography

For women over fifty it has been shown that regular two yearly mammography screening (breast x-ray) can decrease the death rate from breast cancer by about 30%. For an individual woman in this age group, regular two yearly screening can decrease her chances of dying from breast cancer by about 50%.

All women over fifty are encouraged to have regular screening. The average age for detection and diagnosis is 55, with 70% of breast cancers occurring in women over the age of 50.

Mammography can detect cancers that are still so small they cannot be felt on breast examination. Regular screening can identify changes as small as a grain of rice. Approximately 10% of breast cancers are not detected by mammography.

For younger women mammography screening has not been shown to decrease the death rate from breast cancer. This has been attributed to screening being less accurate in younger denser breasts and for other reasons that are not fully understood.

For this reason it is important for women of all ages to practise regular breast self examination, become familiar with their breasts, know what is normal for them, and have any persistent change assessed.

For women with a **strong** family history or previous personal history of breast cancer yearly mammography is recommended.

When a **strong** family history exists (mother, sister or daughter) it is advisable to commence screening ten years before the age when the relative was diagnosed.

Western Australian mammography screening centres

(Health professionals in other Australian states or territories will need to include their own information in this section)

There are six urban mammography screening clinics located in Cannington, Fremantle, Midland, Mirrabooka, Perth city, and Joondalup. The service is free and women need only ring **132050** to make an appointment. Women 50 years and over who live in the catchment area of each clinic will be given priority, however, any woman over 40 years will be screened where possible.

For rural women the mobile screening clinics are available and visit each rural region at 2 yearly intervals. There are three units and they offer statewide coverage. The mobile clinics visit the major towns and larger centres. Prior notice is given so that as many women as possible can take advantage of the screening service.

The service is free, call **132050** for information and appointments.

Women with abnormalities in the breast detected during routine mammography screening can be referred directly to one of the Breast Assessment Centres.

There are four Breast Assessment Clinics in the Perth metropolitan area where a comprehensive range of radiological, pathological, and surgical diagnostic services are available. The centres have a multi-disciplinary team approach to the diagnosis of breast disorders. Recommendation regarding further management is made to the referring doctor.

The centres are located at

- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- St Anne's Mercy Hospital
- The Mount Hospital

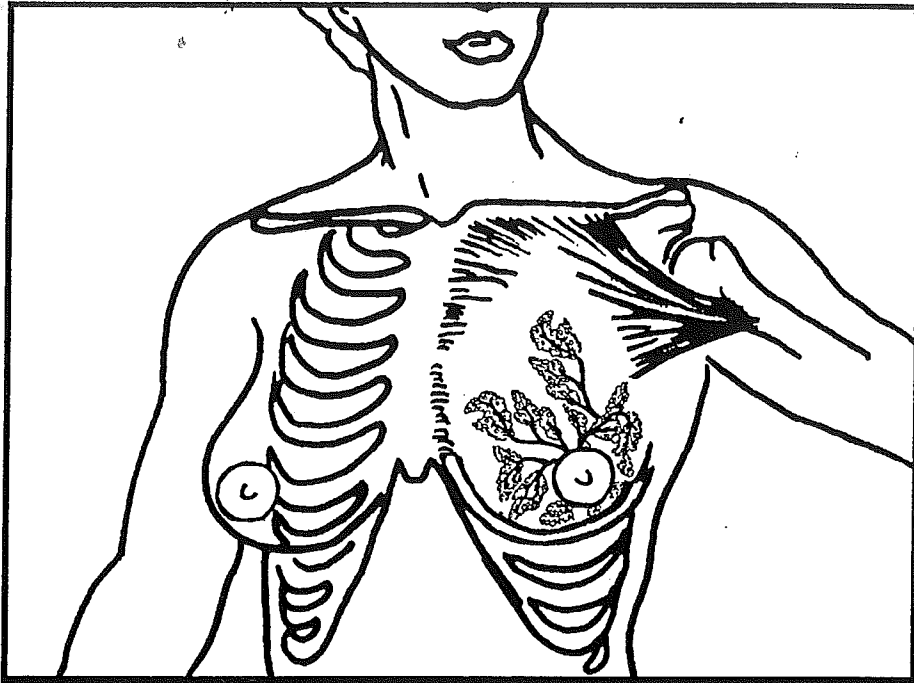
AREA TO EXAMINE

Show Overhead 4

Breast examination should include the breasts, nipples, and the surrounding structures.

Diagram 1

Anatomy



The area to examine starts at the collar bone and extends to the bra-line at the bottom. Then from midway between the breasts to an imaginary line down from the middle of the armpit. Breast tissue extends into the armpit and this called the tail of Spence

The breast is comprised of different tissues; glandular tissue, fibrous tissue and fatty tissue which is why some women's breasts normally feel lumpy.

The glandular tissue is organised into 12-25 lobes in a circular pattern around the nipple. These lobules contain milk producing glands, they have a duct that terminates at the nipple. The breasts also contain fibrous tissue (Cooper's ligaments) which connect the skin and fascia to the pectoral muscles. The variation in breast size is a result of the amount of fat and glandular tissue present.

An intricate network of lymph vessels drain tissue fluid from the breast into the lymph glands. These filter systems are found in the armpit, around the collar bone, and behind the ribs where they join the breast bone (sternum). The lymphatic system within and surrounding the breasts frequently serves as a vehicle for the spread of cancer.

Group discussion

Reinforce the need to examine the whole area.

Emphasise that breast lumps and breast changes occur not only in the breast but also in the surrounding structures.

Normal breast changes

Breast size may vary with age, menstrual cycle, and pregnancy.

The areola is the pigmented area surrounding each nipple. Colour may vary from pink to brown and may change during pregnancy. The size of the areola vary greatly, they may enlarge during pregnancy and remain enlarged.

Many women experience breast swelling and tenderness following ovulation due to swelling in the cells of the milk glands in response to increased hormone levels. Hormone levels fall when menstruation occurs and the symptoms subside (eg. early sign of pregnancy may be swelling and tenderness of the breasts).

Fibrocystic disease

Fibrocystic disease is a term which has been used to describe symptoms, which are associated with cyclical changes in the normal breast structure. These symptoms may include an increase in breast size, breast tenderness, increased lumpiness, and nipple sensitivity and usually subside with the onset of menstruation.

In some women the lumpiness persists throughout the cycle and for these women it is especially important to be breast aware. Always seek medical assessment when unsure.

BSE TECHNIQUE

BSE is performed in two ways.

- Visual examination
- Physical examination

Visual examination

Arms should be by the side initially, then raised above the head with hands pressed together.

Observe breasts, nipples, and surrounding area.

Diagram 3

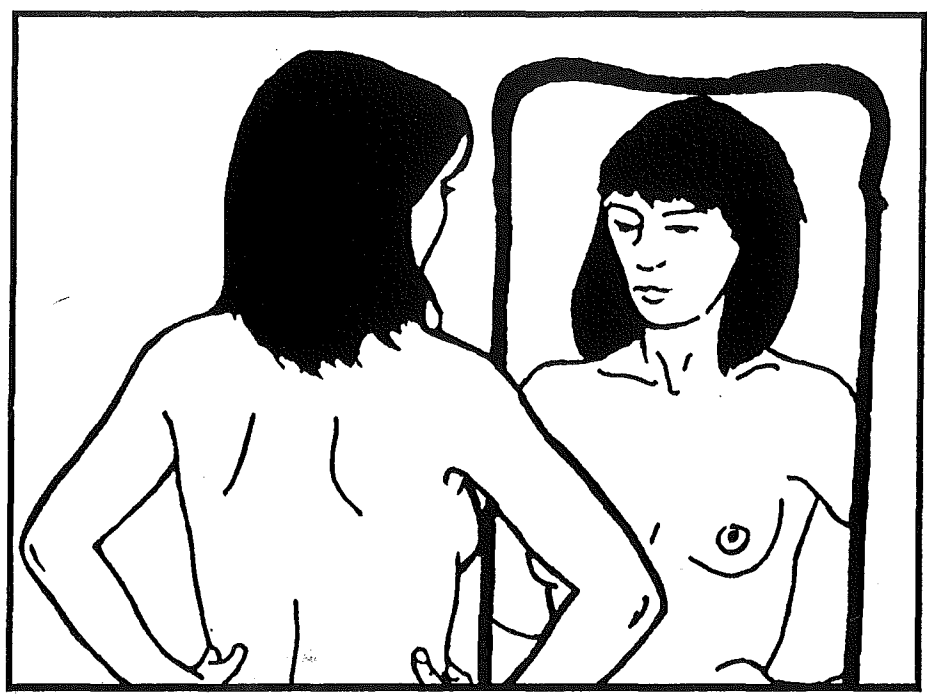


Diagram 4



Observe the breast for any of the following persistent changes.

- irregularities in the breast size or shape.
- swelling or shrinkage of part or all of the breast.
- inflammation, redness, or 'hot spots'.
- any dimpling, puckering or flattening of the skin.
- enlarged pores or orange peel texture.
- any persistent rash, ulcer or sore on the breast.

Observe the nipple areas for any of the following persistent changes.

- nipple retraction
- any change in nipple direction.
- any spontaneous discharge (except breast milk for those women who are pregnant or breast feeding).

Physical examination

Must include both breasts, nipples, and surrounding structures.

The physical examination is best performed lying down, hand behind the head. This helps to flatten the breast tissue making it easier to feel the deeper structures.

Use the flat part of the fingers and press firmly with a circular movement. Start at the outer edge of the breast and cover all areas of the breast tissue finishing at the nipple.

Diagram 5

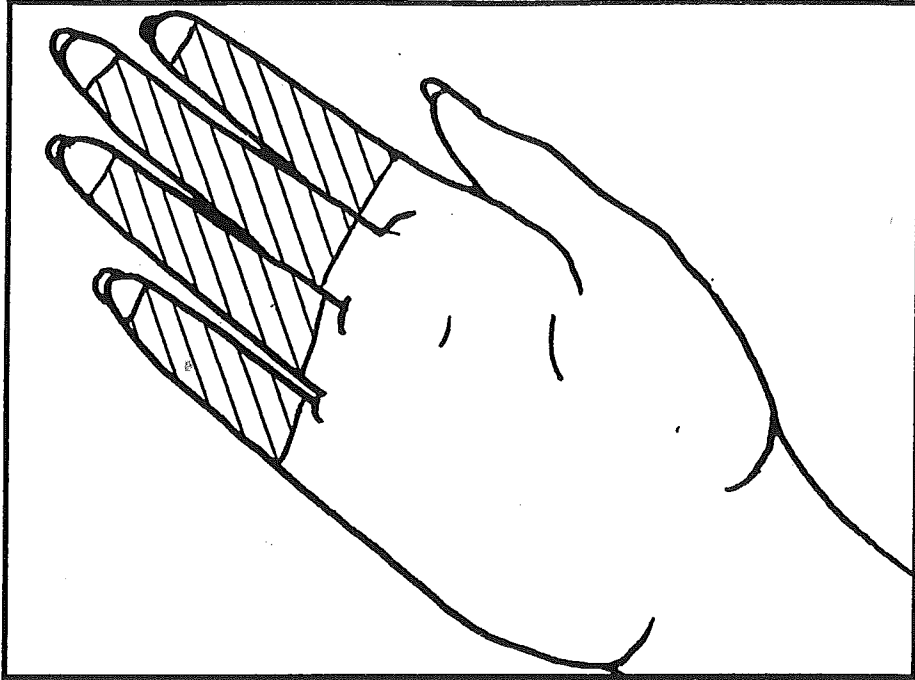
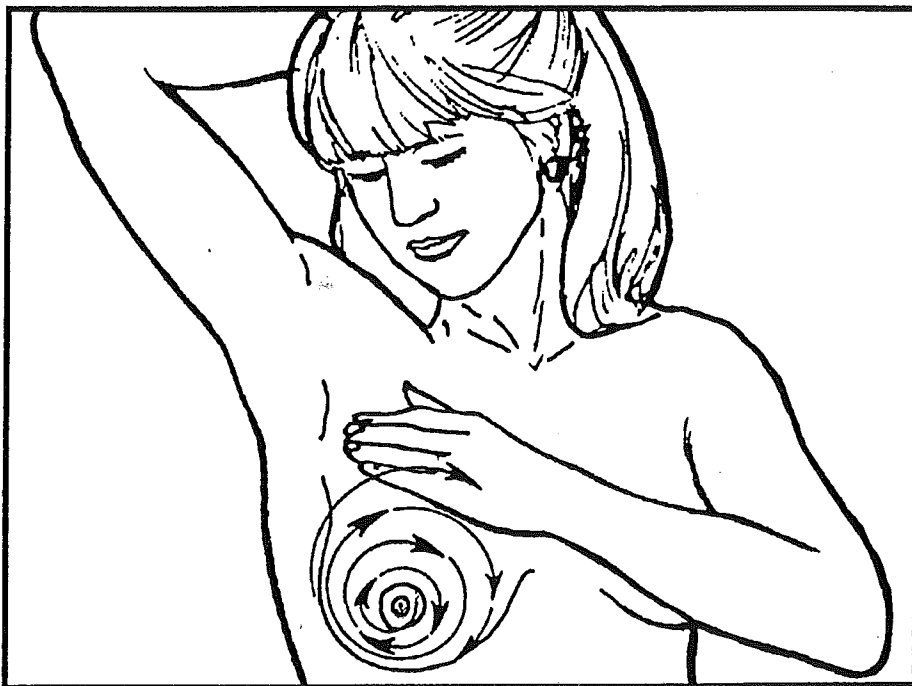


Diagram 6



Check the nipple area carefully. A small hollow will be felt in the area directly behind the nipple-this is normal.

Examine the side of the chest wall and continue up into the underarm and armpit. Check the area surrounding the collar bone and ribs.

Note the following changes from the physical examination.

- A lump or thickening in the breast or underarm.
- Any swelling, tenderness or pain in upper arm or underarm.

Always compare any changes in the same position on the other breast.

Group discussion

It is important to know that not all of these signs and symptoms will occur.

If any of these persistent changes are noted they need to be assessed by a doctor as soon as possible.

A HEALTHY APPROACH

Breast cancer has attracted a lot of interest in the audio, visual and print media in recent times. While this has had many benefits in regard to raising the profile of breast cancer, and attracting more funding for early detection and research, it has also had a negative effect-fear!

For many women in the community discussion on breast cancer has left them feeling that they have little or no control over the incidence of the disease. Early detection is something that women can have control over. Regular breast care, maintaining a healthy lifestyle and remaining positive are other positive ways for women to take responsibility

Healthy lifestyle factors

Group discussion

Resource list

- whiteboard/markers
- blackboard/chalk
- butcher's white paper/pens

Self care is very important.

A healthy lifestyle requires time, planning and motivation. Look at what is possible. Be realistic!

Suggested discussion points

Diet

Increased weight appears to be a risk factor in the development of breast cancer.

Discuss the five food groups-*healthy food pyramid*.

Stress importance of a balanced diet.

Women need to have a calcium rich diet for osteoporosis prevention. Discuss the availability of low fat dairy and soy products.

Assess caffeine intake. (less than three per day is recommended)

Avoid or reduce smoking.

Exercise

Regular moderate physical activity is beneficial to a healthy lifestyle. Exercise helps in the prevention of osteoporosis, promotes cardiac fitness, is effective in reducing stress and keeps weight under control.

Some suggestions for healthy physical activity.

- walking each day for 30-45 minutes
- aquaerobics
- gardening

Some more active suggestions

- bike riding
- swimming
- tennis
- jogging

The enjoyment of these activities may be enhanced by encouraging friend(s) to participate.

Stress management

Stress management doesn't have to be time consuming. It is often just a matter of getting started and developing good habits.

Some strategies for stress reduction

- listening to music/relaxation tapes
- reading
- walking
- meditation
- yoga
- hobbies/crafts
- extra sleep
- socialising with friends

SUMMARY

This Breast Care Teaching Package has been designed to assist health professionals in the facilitation of workshops and group discussions on breast care.

It is our hope that the ideas expressed in this manual are helpful and raise awareness of breast care in your community.

For further information contact Women's Health Care House.

Phone: (09) 227 8122 or 008 998 399 (freecall)

Fax: (09) 227 6615

BREAST CARE RESOURCES

A variety of resources are available and can be used to complement your talk.

Pamphlets

Breast Self Examination Fact Sheet

Available from Women's Health Care House

Other pamphlets are available from

Women's Cancer Screening Service

Cancer Foundation of Western Australia

Health Department of Western Australia

Models/ displays

Description	Cost	Item Number
Group BSE Model	\$450	BB26547
Breast Vest Model	\$419	BB26545
Breast Care Folding Display	\$115	BB79308
Breast Lump Display	\$111	BB26803
Mini Breast Models	\$76 (per 12)	BB26900

Available from:

Mentone Educational Centre

24 Woolrayl st CARNEGIE

Victoria 3163

Phone: (03) 563 3488

Fax: (03) 563 4567

Breast Care Teaching Package

Special Thanks

Dr Stella Wiese
Senior Medical Officer
Women's Cancer Screening Service

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A Healthy Approach

Producer David Crewes

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Duration: 14:24

Validation:

Audience: Health Professionals

Synopsis: This package has been designed to guide health professionals in the facilitation of workshops and discussion groups promoting breast care for women. The package consists of: a video, which provides information on breast care, breast self examination technique, breast cancer - associated risks, signs and symptoms; a teaching manual, to complement the information in the video, with suggested strategies for breast care presentations; overhead transparencies, included as a teaching aid.

Producer: David Crewes

Client: Margaret Imeson

School/Org.: School of Nursing and the Women's Health Care House

Talent: Various

Music: Composed by Paul Zanetti

Restrictions: Nil - Music cleared - composed by own Media Production Audio Officer

Marketing: Hospitals, Community Health Centres, Doctors' Surgeries, Student Nurses etc

Distribution: As above

URICA: CH Library, and BU Library

Notes:

Breast Self Examination

Practising Breast Self Examination (BSE) is an important step toward taking responsibility for your own health.

Breast care has become more important for women due to the increase in the incidence of breast cancer.

Your breast care regime should include;

- monthly BSE
- yearly breast examination by your doctor.
- two yearly mammography if over 50
- annual mammography if your mother, sister or daughter have had breast cancer

You can get to know your own breasts and what is normal for you by examining them once a month a few days after your period ends.

If you no longer have a period then choose a day that is convenient for you, for example, the first day of the month, and examine your breasts on or around that day each month.

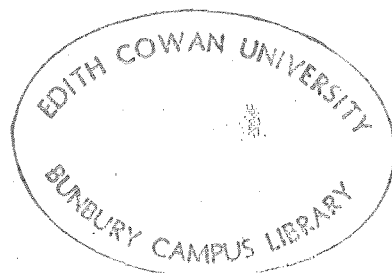
The purpose of BSE is to become familiar with the appearance, shape and feel of your breasts so that you will notice **ANY CHANGE FROM THE NORMAL YOU.**

A change may be a lump or thickening of the breast tissue which you hadn't felt before, or it may be a visual difference in the appearance of your breasts.

WHAT TO LOOK AND FEEL FOR

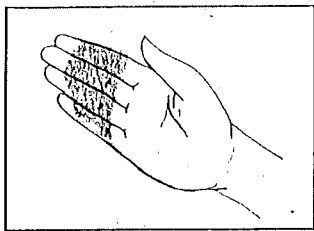
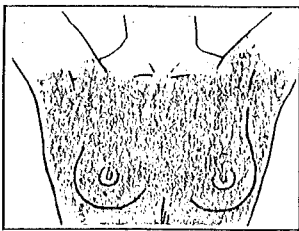
There are certain signs to look for whilst doing BSE.

- change in the shape or size of the breasts
- inflammation, redness or hot spots
- ulcers or sores which don't appear to be healing
- change in the direction of the nipple
- pulling in (retraction) of the nipple
- discharge from the nipple (not breast milk)
- any persistent rash on the breasts
- dimpling, puckering or flattening of the skin of the breast
- any lump or thickening not felt before
- swelling or shrinkage of part or all of the breast
- lumps or thickening in the armpit
- swelling or pain in the upper arm
- orange peel texture to the skin of the breast



HOW TO DO BREAST SELF EXAMINATION

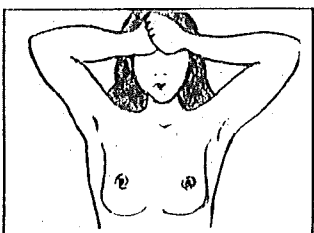
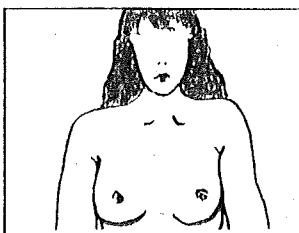
BSE is done in two ways, **VISUAL** and **PHYSICAL**



VISUAL EXAMINATION

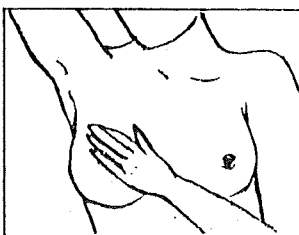
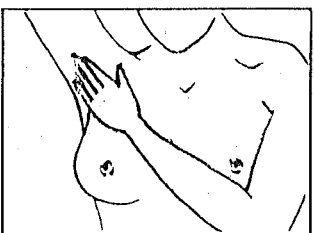
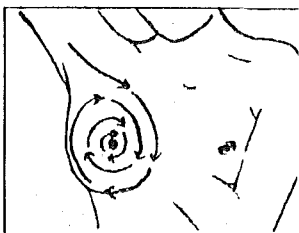
Remove your upper garment and stand in front of a good sized well lit mirror.

Keep your arms by your side and **LOOK** at your breasts. **LOOK** at the shape and size of your breasts. **LOOK** at the nipple area. **LOOK** at the skin texture. Raise your arms and press the palms of your hands together. This will flex your chest muscles and make your breasts move. **LOOK** at how they move, especially for any dimpling of the skin. Lean forward and check the position of the nipples and the movement of your breasts.



PHYSICAL EXAMINATION

You can do a superficial examination of your breasts in the bath or shower. Many women find it easier when the skin is wet and soapy. Use the following technique.



LYING DOWN

All women need to BSE while lying down to enable them to feel the deeper parts of the breast.

Decide which breast you are going to check first.

Lie down on your bed and place a small firm pillow under your shoulder and upper part of your chest. This helps to spread the breast tissue.

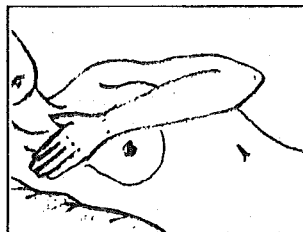
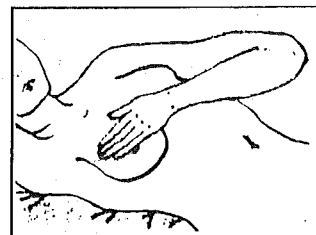
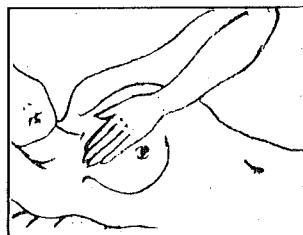
Imagine your breast has an ever decreasing circle commencing on the outer edge of the breast and finishing at the nipple.

With the arm on that side behind your head, and using the flat part of the fingers of the opposite hand, check your breast beginning at the outer edge and working in toward the nipple. Keep your fingers flat and use a circular movement with firm pressure. Cover all of the breast finishing at the nipple.

Check the nipple, being careful to feel behind it. It should feel a little hollow. Any discharge from the nipple should be checked by your doctor unless it is breast milk.

Now carefully examine the side of the chest wall and continue up into your underarm. Check your underarm with your arm raised behind your head then, keeping your hand in your underarm, bring your arm down by your side and feel the chest wall. It is important to keep your hand flat so that you do not dig into your breast with your fingertips.

Repeat procedure for the other breast.



At first until you become used to doing BSE it may seem to take too long. It will get quicker as you become more familiar with your breasts and the technique.

IMPORTANT

It is essential to see your doctor and have your breasts examined if you notice any changes and/or you are worried about your technique.

If you feel anxious or concerned about BSE please consult your doctor or nurse practitioner.



BREAST SELF EXAMINATION

(B.S.E.)

OVERHEAD 1

Associated Risk Factors

- past personal history
- diet high in animal fat
- increases in weight
- having your first child at an older age
- not having children
- smoking

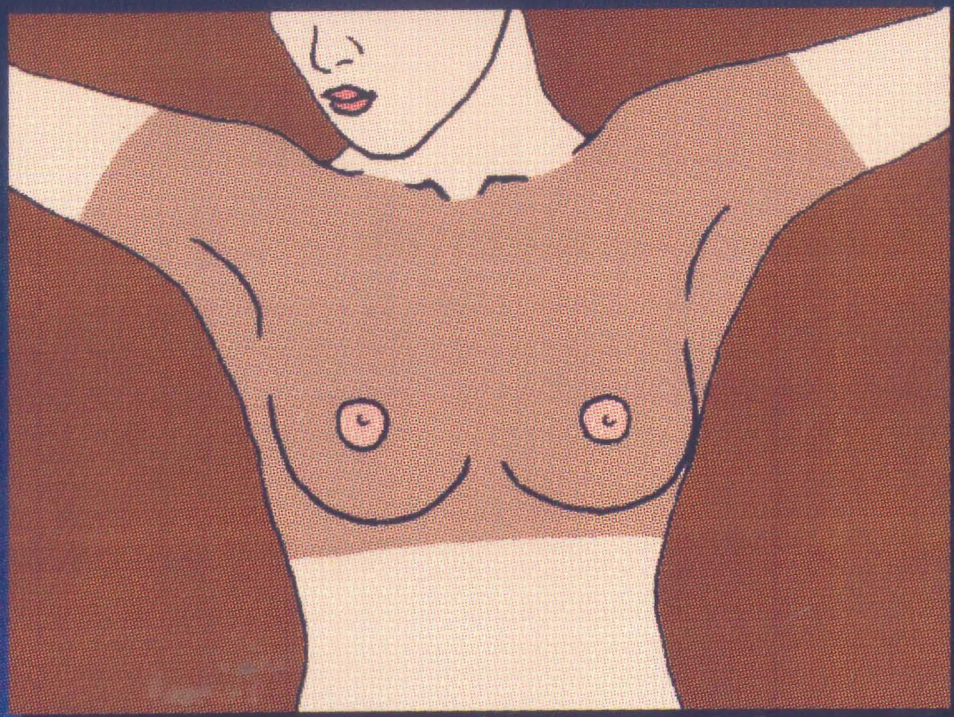
OVERHEAD 2

Breast Care

- **monthly B.S.E.**
- **yearly breast examination by a doctor**
- **mammogram every 2 years if over 50**
- **mammogram every year if strong family history or previous personal history**

OVERHEAD 3

Area to be Examined



OVERHEAD 4

B.S.E. Technique

- **Visual examination**
- **Physical examination**

OVERHEAD 5

Note Persistent Changes

- **Breast**
- **Nipple**
- **Surrounding structures**

OVERHEAD 6

Take A Healthy Approach

- **Eat well**
- **Be active**
- **Have fun**
- **Start being breast aware**

OVERHEAD 7