Assessment and Management of Patients With Breast Disorders

Shu-Yi (Emily) Wang, PhD, RN, CNS

Denver School of Nursing
Anatomy of the Breast
Breast Self-Examination

- Stand in front of a mirror
- Check both breasts for anything unusual
- Look for discharge from the nipple and puckering, dimpling, or scaling of the skin
Breast Self-Examination (con’t)

- Watch closely in the mirror as you clasp your hands, bend your head, and press your hands forward.
- Note any change in the contour or your breasts.
Breast Self-Examination (con’t)

- Next, press your hands firmly on your hips and bow slightly toward the mirror as you pull your shoulders and elbows forward.
- Note any change in the contour of your breasts.
Breast Self-Examination (con’t)

- Raise your left arm; using 2 or 3 fingers, feel your left breast carefully and thoroughly
- Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast
- Gradually work toward the nipple
- Cover the whole breast
Breast Self-Examination (con’t)

- Feel for any lumps or masses
- Repeat on the right breast; step 4 should be repeated lying down
- Lie flat on your back with your left arm over your head and a pillow or folded towel under the left shoulder
- Use the same circular motion
- Repeat on the right breast
Distribution of Where Breast Cancer Occurs

Figure 52-5, pp. 1350
Palpation

Breast exam with the woman in a supine position. The entire surface of the breast is palpated from the outer edge of the breast to the nipple.
X-ray of the breast
American Cancer Society recommends: Women (asymptomatic) 40 years of age and older should have a mammogram every year

Mammography

Breast lump
Fibroadenoma

Rubbery, circumscribed, freely movable benign tumor

Intraductal papilloma

Bloody discharge
Epithelial overgrowth
Small mass of tissue in breast duct

Copyright ©2003 Lippincott Williams & Wilkins
Breast Reconstruction With Tissue Expander

Mastectomy incision line prior to tissue expansion

The expander is placed under the pectoralis muscle and is gradually filled with saline solution through a port to stretch the skin enough to accept a permanent implant.

Figure 52-10, pp. 1363
Breast Reconstruction With TRAM (transverse rectus abdominis myocutaneous)

A breast mound is created by tunneling abdominal skin, fat, and muscle to the mastectomy site

Figure 52-11, pp. 1363
Breast Reconstruction—Latissimus Dorsi Flap

The latissimus muscle with an ellipse of skin is rotated from the back to the mastectomy site.
POST MASTECTOMY
NURSING CARE

- Elevate affected side with distal joint higher than proximal joint.
- No BP, injections or venipunctures on affected side.
- Watch for S & S of edema on affected arm.
  (edema may occur post op or years later)
- Lymphedema can occur any time after axillary node dissection.
- Flexion and extension exercises of the hand in recovery
- Abduction and external rotation arm exercises after wound has healed.
- Assess dressing for drainage.
- Assess wound drain for amount and color.
- Provide privacy when client looks at incision.
- Chemotherapy.
- Radiation therapy.

Psychological concerns:
Altered body image
Altered sexuality
Fear of disease outcome
Exercises After Breast Surgery

Wall climbing

Rope turning

Rod lifting

Pulley tugging

Read pp. 1359