Breast Health

Many women experience breast conditions such as breast lumps, breast cysts or painful breasts. Although breast cancer effects over 200,000 women annually, far more women with a breast condition are not diagnosed with cancer. **It is always important to consult your health care provider should any breast condition exist.**

**Mammography Saves Lives**

Here at Gentle Gynecology we are dedicated to helping our patients live long healthy lives. That's why we encourage our patients to begin annual screening mammography at age 40. Mammograms may reveal cancers when they are small - often before you or your health care provider notice. If cancers are found early, less invasive treatment methods may be used with better overall outcomes.

The following organizations also support annual screening mammography beginning at age 40:

- American Cancer Society
- American College of OB/GYN
- American College of Radiology
- American Society of Breast Disease
- Society of Breast Imaging

We encourage putting you and your health at the top of your priority list. As always, please consult with Dr. Augustino before making an appointment to ensure the most appropriate test is ordered for you.
Breast pain

What Does Breast Pain Feel Like?
Breast pain may range from mild to severe in intensity, and from an overall ache to a sharp or tingling pain. The breasts may feel full or heavy, and it may be uncomfortable to sleep on your stomach or wear a bra. Tenderness, swelling and lumpiness may come and go with the menstrual cycle. These symptoms are usually felt strongest just before menstruation and improve during or immediately after the cycle.

Why Do Women Have Breast Pain?
As many as 50% to 70% of women experience breast pain. The most common complaints are premenstrual breast discomfort and lumpy breasts. These are often related to fibrocystic tissue in the breast. This does not increase your risk for developing breast cancer and no treatment is required.

Breasts are affected by changing hormone levels during the menstrual cycle and sometimes during emotional stress. Changes in estrogen and progesterone levels can cause the breasts to feel more lumpy, painful and/or swollen. Lumpiness and/or pain increases in many women as they get older. This may be because women become more sensitive to normal female hormones as they age.

Breast pain may also be caused by cysts, or small pockets of fluid in the breast. Cysts can usually be seen on a mammogram or ultrasound. Most women with lumpy or painful breasts do not have cysts. Their mammograms and ultrasound examinations are usually normal.

What Can Be Done About Breast Pain?
- Some women find that making certain lifestyle changes can relieve breast pain. Here are some tips:
- Wear a supportive bra, such as a sports bra, 24 hours a day, or when the breasts are most sensitive. This may relieve pain caused by movement of your breasts. Change to a larger bra size if you have breast swelling.
- Heat, such as from a heating pad, warm compress or a bath can provide relief. For some women, using an icepack or cold compress may help.
- Maintain a healthy weight.
• Eat more fruits and vegetables and follow a low-fat diet.
• Reduce the amount of salt you eat, and drink 8 to 10 glasses of caffeine-free fluids a day. This may reduce swelling in your breasts.
• One of the best ways to relieve breast pain is to reduce or eliminate caffeine from your diet (see chart). Eliminate caffeine from the diet for at least 3 to 4 months to see if pain improves.
• Take daily calcium (1,000mg to 1,500mg) and vitamin E (800 I.U.) supplements.
• Take aspirin or Tylenol™.
• Try stress-relieving measures such as regular physical exercise, relaxation techniques and massage.

There is no proven remedy for cyclical breast discomfort. However, the good news is that it is not a sign of breast cancer and usually disappears when menopause begins.

Breast pain that occurs in one particular area and does not change throughout the month can be a danger sign and should not be ignored. Check with your doctor to see if a complete breast examination and mammogram are necessary.
Breast Density

Breast basics
A woman’s breasts are made up mostly of fat and breast tissue. Breast tissue is the network of lobules (sacs that produce milk) and ducts (canals that carry milk from the lobules to the nipple openings during breastfeeding). Connective tissue helps hold everything in place.

What is breast density?
Breast density is a way to describe the composition of a woman's breasts. This measure compares the area of breast and connective tissue seen on a mammogram to the area of fat. Breast and connective tissue are denser than fat and this difference shows up on a mammogram. High breast density means there is a greater amount of breast and connective tissue compared to fat. Low breast density means there is a greater amount of fat compared to breast and connective tissue.

- **Grade 1.** The breast is almost entirely fat (less than 25% glandular)
- **Grade 2.** There are scattered fibroglandular densities (approximately 25% - 50% glandular)
- **Grade 3.** The breast tissue is heterogeneously dense, which could obscure detection of small masses (approximately 51% - 75% glandular)
- **Grade 4.** The breast tissue is extremely dense. This may lower the sensitivity of mammography (greater than 75% glandular)

The assignment of a breast density grade by a radiologist when your mammogram is interpreted is often a “subjective” determination and could change from year-to-year with little actual change in density.
BREAST CALCIFICATIONS

What are breast calcifications?
Calcifications are calcium deposits found within breast tissue. These deposits are seen as white spots on mammograms. They are extremely common and are usually benign. In a few cases, calcifications can sometimes be a very early sign of breast cancer. For this reason, radiologists carefully evaluate all calcifications they see on a mammogram.

How are calcifications evaluated?
Calcifications are usually evaluated with X-ray magnification views. With these magnified X-rays, the radiologist can better tell the size, shape and number of calcifications. These are special mammographic views that better define a questionable area. Using this information, the radiologist categorizes the calcifications as:

- Benign
- Probably benign
- Suspicious

Benign calcifications are of no medical concern and will be evaluated on future mammograms by comparing images from year to year.

Probably benign calcifications are more than 98% likely to be benign.

Suspicious calcifications may be seen in either benign or malignant (cancerous) situations. In our experience, only one out of every four to five patients with suspicious calcifications has a breast cancer and those are usually at a very early stage.

What is a biopsy?
A biopsy is the removal of a small amount of tissue for laboratory analysis. Biopsies are done to determine whether the calcifications seen on a mammogram are benign or malignant.

Breast biopsies for calcifications can be performed in one of two ways.

Surgical biopsy: A surgeon takes a sample of breast tissue containing calcifications in the hospital operating room under local or general anesthesia. First, a localization procedure is usually done by the radiologist to mark the area of calcifications for the operating surgeon. The radiologist places a needle into the area of calcifications and then injects blue dye to mark the tissue. The needle or a very thin wire is left in place by the radiologist to mark the area of calcifications. The tissue is then removed by the surgeon and sent to the laboratory for examination.

Stereotactic core needle biopsy: For some patients, depending upon the location of the calcifications, their appearance, and the size of the breast, the radiologist can remove small slivers of tissue containing the "suspicious" calcifications through a thin, hollow needle. This procedure is done using a special table and computer guidance device. A stereotactic core needle biopsy requires only local anesthesia and the tissue can be sent to the laboratory for analysis without surgery.
Breast Calcifications

How are probably benign calcifications followed? Do they ever become malignant?

"Benign" calcifications in the breast do not become malignant. Malignant calcifications are malignant from the time they first appear. When the radiologist assigns calcifications to a "probably benign" category, the risk of malignancy is considered to be less than 2%. Close monitoring is recommended and includes:

- Follow-up diagnostic mammogram in three to six months.

- If no changes are seen at the six month follow-up and the patient is over age 40, usually a diagnostic mammogram of the opposite breast is recommended in another six months.

- Magnification views are usually taken at each follow-up visit to accurately determine any change in the size, shape or number of calcifications.

After a full year of follow-up in which no changes are seen, generally patients are then monitored by having mammograms once a year. In some instances a diagnostic mammogram and ultrasound may be recommended for yearly follow up.
Breast Cysts

What are breast cysts?

Cysts are fluid-filled sacs that grow inside the breasts. These sacs form when normal milk glands in the breast get bigger. A woman can have a single cyst or many cysts at a time. Breast cysts range in size from smaller than a pea to larger than a ping pong ball.

Breast cysts are common, particularly in women age 35-60. Although larger cysts can sometimes be felt as "lumps," many cysts cannot be felt by physical examination. Cysts that cannot be felt may be found during a mammogram or ultrasound.

When a mammogram shows a possible cyst, a breast ultrasound is usually done. An ultrasound shows whether the lump is a fluid-filled cyst or a solid lump. It also shows whether a cyst is a "simple cyst" or "complex cyst." Breast ultrasound is the best way to identify and diagnose breast cysts because it is accurate 95 to 100% of the time.

Do cysts lead to cancer?

Almost all breast cysts identified as "simple cysts" by ultrasound are benign and never become cancerous. It is estimated that one in 1,000 cysts contain a tumor (but they are usually benign). These tumors can be identified by ultrasound in most cases. Women with cysts are not at greater risk for cancer although this risk may be slightly higher if there is a family history of breast cancer (mother, sister, or daughter).

Do cysts need to be aspirated (drained)?

When a breast lump is found your doctor may use a simple and effective technique called needle aspiration to find out what is in the lump. If the lump is a fluid-filled cyst, the needle can remove the fluid which usually makes the lump disappear. If no fluid is found, the lump is not a cyst and whatever material is aspirated is sent to the laboratory for analysis.

When a cyst is discovered by ultrasound, aspiration is not generally recommended unless the cyst looks unusual on the ultrasound image. Aspiration may also be done if the patient wants to relieve physical or emotional discomfort caused by the cyst. If the ultrasound shows that the cyst may contain material other than fluid, the doctor may recommend aspirating the cyst. This is done using ultrasound guidance to make sure the cyst is completely drained. We will refer you to a breast specialist for this.

Does cyst fluid need to be analyzed in the laboratory?

Normal benign cyst fluid is usually yellow, green or gray and does not need to be analyzed in a laboratory. Studies of breast cyst fluid from thousands of women show that analysis of fluid is important only when the color of the fluid suggests previous bleeding.

What will happen if a cyst is left alone?

Breast cysts often change in size. Breast cysts can look different or disappear entirely on mammograms from one year to the next. This is why we recommend diagnostic rather than screening mammograms for our patients with "cystic breasts" and changing lumps. Diagnostic mammograms allow the doctor to complete an ultrasound at the same appointment as the mammogram to make sure the changes are actually due to cysts and not solid lumps.
Breast Lumps and Lumpy Breasts

The term "palpable" is used to define anything that can be felt by the health care provider or the woman herself. Such "palpable" findings may be normal or abnormal.

The Lumpy Breast
"Lumpiness" is a term commonly used to describe the texture of the breast in many women. The lumpiness is usually due to normal structures in the breast. These structures are most noticeable in the upper-outer area of the breast, but may be felt in any area of the breast. Such findings are often cyclical, which means they change during the menstrual cycle along with the changing levels of female hormones (estrogen and progesterone).

Such lumpiness may be associated with breast pain.

At least half of all women are affected by lumpy breasts at some time in their lives. For many years, women with lumpy breasts have been diagnosed with "fibrocystic disease." This term is misleading because mammograms and ultrasounds of lumpy breasts usually show normal results. There is no effective treatment and none is needed for these normal changes in breast texture.

We recommend that all women become familiar with the normal texture and cyclical changes of their own breasts. Breast self-examination (BSE) is a way for women to learn how their breasts normally feel so they can report any unusual changes to their doctor. The Breast Health Center offers personalized training in breast self-examination.

The Breast Lump
A breast lump, as distinct from the "lumpiness" discussed above, will feel different especially to the woman doing the breast self-examination. Lumps will usually stand out from the surrounding tissue. They may be of any size and shape, may be fixed or movable and may be different in firmness. They are more easily felt if they are close to the skin. Lumps which remain unchanged during one or two menstrual cycles require further investigation. In their office, many doctors can insert a thin needle into a breast lump called a fine needle aspiration biopsy to find out what it is. If the lump is a fluid-filled cyst, this procedure can both diagnose and treat the lump by removing the cyst fluid and causing the lump to disappear. If no fluid is taken out, the needle contents can be sent to the laboratory for analysis (fine needle aspiration cytology).

Breast ultrasound can both find lumps and distinguish between fluid-filled cysts & solid lump. When a woman is referred to a Breast Health Center with an undiagnosed breast lump, an ultrasound examination will usually be done.

For many young women a mammogram may not be appropriate, so an ultrasound may be the only test needed. Older women may benefit from both a mammogram and an ultrasound.

What Ultrasound and Mammograms May Show
Mammograms may show the lump in question and provide more information about its nature. A metallic BB is taped to the skin of the breast over the lump and special mammogram views are taken of the area to help the doctor look at that particular spot. More importantly, the mammogram allows the doctor to look closely at all the tissue in the breast to find any abnormal areas that can not be felt. Breast ultrasound often gives more information than a mammogram when evaluating a breast lump. If an ultrasound shows a simple cyst, no further diagnosis or treatment is usually necessary.

Sometimes complex cysts and solid lumps are hard to identify on an ultrasound image. These require further testing by removing a small amount of tissue for laboratory analysis. If the area can be seen clearly with a mammogram or ultrasound, the radiologist uses these images to guide a needle into the lump and remove small pieces of tissue for analysis. The entire lump can also be removed with a surgical operation.

The Palpable Lump With a Normal Mammogram and Ultrasound
Sometimes a palpable lump can not be seen on either the mammogram or ultrasound. This suggests that the lump may be a "pseudo lump" formed by normal breast tissue. However, on occasion, a real breast lump may also not be seen with either mammograms or ultrasound. Although these normal tests are reassuring, it is important for the woman and her doctor to continue to monitor the lump.

Examination by a breast surgeon is recommended for any lump that does not disappear or gets larger despite normal mammograms and ultrasound tests.

Needle biopsy guided by palpation (touch) may give useful information when a breast lump is felt, but mammogram and ultrasound tests are normal. Your doctor may perform this test or refer you to a breast surgeon for this procedure.
STEREOTACTIC BREAST BIOLOGY

What is a Stereotactic Breast Biopsy?
A stereotactic breast biopsy uses computer-guided imagery to position a biopsy needle within the breast. In this special type of biopsy, the radiologist takes a sample of breast tissue so that the patient can avoid surgery. Plan to stay for 1½ hours.

Note: Aspirin, Vitamin E, Advil (ibuprofen), Aleve (naproxen), and anticoagulants (blood-thinning medications) should be stopped for at least 3 days before the biopsy. Please tell the Breast Health Center if you are taking any prescription anticoagulants.

On the Day of Your Procedure
• You may eat and drink normally before the procedure.
• Arrive 15 minutes before your scheduled appointment to register.
• You can come alone or bring family and/or friends. They can wait in the assigned waiting area during the procedure.
• You sign a consent form stating that you understand the procedure.

During Your Procedure
• A staff member brings you into a private room where you change from the waist up and put on a robe.
• You lie face down on a table and place the affected breast through an opening to make it accessible to the X-ray and biopsy equipment.
• The technologist asks you to lie still which may make your neck feel slightly stiff and uncomfortable.
• After X-rays of the affected breast are taken, the radiologist gives you a local anesthetic and then makes a ¼-inch cut so that the biopsy needle can be guided easily into your breast. The procedure is painless for most women, although you may feel some vibration or pressure when the samples are taken.
• Using the computer images as a guide, the radiologist gets several tissue samples through the needle.
A tiny clip may be inserted through the biopsy needle to mark the area being sampled.
• After the biopsy is done, the technologist applies antibiotic ointment, Steri-trips® (incision tapes), a Band-Aid®, and an ice pack.
Caring for Yourself at Home

• You may drive home alone after the procedure.

• Before you go, your technologist tells you how to care for yourself at home and gives you written instructions and supplies, if needed.

• Keep the ice pack on your skin for 20 minutes, remove it and place it in the freezer for 10 minutes. Repeat for 1 to 3 hours, depending on how easily you bruise. Placing the pack within your bra is the easiest way to keep it in place.

• You are encouraged to go home and rest. If you must return to work, you may. However, you should avoid any heavy lifting (no more than 10 pounds) or physical labor.

• Your biopsy results will be available within 5-7 business days. You may get the results from the Breast Health Center nurse, the radiologist, but more than likely it will come from our office.
Needle Biopsy

What is a Needle Localization Breast Biopsy?
A needle localization breast biopsy is done when a mammogram, breast exam, ultrasound test, or needle biopsy of your breast shows something that does not seem normal. The biopsy takes about one hour. A wire is placed next to an abnormal area in the breast. The surgeon removes the wire and the abnormal area in the operating room.

Before Your Procedure
Call to schedule your appointment & Instructions will be given to you on how to prepare for your scheduled procedure. The scheduler explains:

- how to prepare for your biopsy,
- whether you can eat or drink on the day of your procedure,
- any tests you may need (EKG, chest x-ray, or blood test).

You may not drive yourself home after the procedure. Make sure someone can pick you up after your biopsy. You should NOT drive until the next day.

On the Day of Your Procedure
Arrive early.

You can come alone or bring family and/or friends. They can wait in the assigned waiting room during the procedure.

You sign a consent form stating that you understand the procedure.

You may get medicines to help you relax during the biopsy and a local anesthesia to numb the area. Please tell the staff if you have any pain.

A technologist takes a mammogram or ultrasound image of your breast.

A radiologist puts a wire through a thin needle into the breast tissue next to the area to be biopsied. The blue dye is injected through the needle to color the area.

You are brought by wheelchair or gurney (bed with wheels) to the Operating Room to have your Needle Biopsy done.

After Your Procedure
After the biopsy, you return to ambulatory recovery. You may stay for 30 minutes to several hours, depending on how you feel.

Your nurse gives you both verbal and written instructions about how to care for yourself at home.

You may not drive yourself home after the biopsy. Make sure someone can pick you up after your biopsy. You should NOT drive until the next day.

Results
Results may take up to 10 business days. You may get the results from the Breast Health Center nurse, the radiologist, but more than likely it will come from our office.
Summary

The information provided is to help you better understand breast conditions, diagnostic imaging and procedures used to determine a diagnosis.

Every woman is evaluated on an individual basis and your plan of care and treatment may differ from what has been described.

Also, depending on the outcome of your diagnosis you may be referred to a breast specialist for continued care and treatment. We encourage our patients to begin annual screening mammography at age 40. Mammograms may reveal cancers when they are small - often before you or your health care provider notice. **If cancers are found early, less invasive treatment methods may be used with better overall outcomes.**

Please feel free to contact our office at 954-436-7667 ext: 404 if you have any questions in regards to your breast results.