How to do a breast exam

Early discovery of a change from what is "normal" is the main idea behind breast self-examination.

1. Stand before a mirror. Inspect both breasts for anything unusual such as any discharge from the nipples, puckering, dimpling or scaling of the skin.

2. Watching closely in the mirror, clasp hands behind your head and press hands forward.

3. Next, press hands firmly on hips and bow slightly toward shoulders and elbows forward.

4. Raise your left arm. Use three or four fingers of your right hand to explore your left breast firmly, 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. Be sure to cover the entire breast. Pay special attention to the area between the breast and the arm-pit, including the armpit itself. Feel for any unusual lump or mass under the skin.

5. Gently squeeze the nipple and look for a discharge. Repeat the exam on your right breast.

6. Steps 4 and 5 should be repeated lying down. Lie flat on your back, left arm over your head and pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same circular motion described earlier. Repeat on your right breast.

Breast cancer screening should begin with a detailed information-gathering session in which the physician or nurse practitioner records a woman's age, her past disease and health profile, her parents' and grandparents' medical profiles and any other factors that might affect the likelihood of her getting breast cancer.

Mammography detects cancer

By PATRICIA CHAMBERS

Advertiser Correspondent

"It's like getting a breast caught in the wringer part of an old washing machine," says a young woman waiting at St. Mary's Imaging Center in Lafayette. She's describing a breast x-ray, known as a mammogram.

It's true that having a breast x-ray doesn't rank right up there with many of life's pleasant sensual experiences, but for many women, a few minutes of discomfort may keep them enjoying life itself.

One in every 11 women will develop breast cancer at some point in their lives, current statistical data shows. Mammography is one diagnostic tool used to catch breast cancer in its earliest stages.

Mammography involves taking an x-ray of breast tissue, showing what often cannot be felt — and never can be seen — during the course of a woman's monthly breast examination routine.

The World Health Organization Committee on breast imaging technologies in breast cancer recommended "the risk of screening mammography for women age 40 and older is negligible" when breasts are subjected to x-ray exposure during a mammography procedure.

While there is some physical discomfort involved in the procedure, mammography is relatively simple, and the level of discomfort often varies, due to a variety of factors — not the least of which is fear of the "unknown" about the mammography procedure itself, and its results.

A trained radiologic technician (often another female), making the process a little less stressful for the modest, has the patient undress from the waist up.

Two views of each breast are taken, one from the side and one from the top. For each picture, the breast is squeezed briefly between two gel surfaces, while the patient usually stands close to the shield-like surface. The technician also holds the patient in proper placement with minimal discomfort for the mammogram.

While mentally, such a descriptive image may seem extremely painful, the discomfort is momentary and does not linger after the procedure.

St. Mary's Imaging Center's technicians may show a patient the finished films, but the evaluation of the film is ultimately left up to a staff radiologist.

The pictures, with a bluish cast, outline the breast exterior and show clear images of the breast interior. White spots which appear among various twisted vein-like structures can be interpreted to mean a lump, a cyst, a small calcium deposit, or a tumor — either benign (non-cancerous) or capable of spreading. It is important to allow for readings by a trained physician so that the images seen by the patient are understood.

A breast examination by the radiologist (a specialized physician) may also be performed. This is done by "palpating" or applying pressure with the tips of the fingers by the physician to check for lumps in breast tissue.

Mammograms are nothing to fear in terms of discomfort, either, and breast size doesn't determine the degree of discomfort.

There are no strict before-mammogram instructions. Patients can eat and drink normally before and following the procedure.

The American Cancer Society, along with other groups such as the American College of Radiology, recommend that women between the ages of 35-40 have a baseline mammogram done.

Baseline mammograms provide for future reference for detection of breast tissue changes — a guard against possible cancer cell growth.

Mammograms are recommended to be done every one or two years until the age of 50, and annually thereafter.

Mammograms are not perfect as a method of detection, but while other methods are under study and development, mammography is one of the technological developments currently available to allow for earlier detection of breast cancer.

Breast cancer is second only to lung cancer in the number of women who develop cancer.