



(A PROJECT OF NEW LIFE HEALTH CARE SOCIETY KARACHI)

**UNIT 09:
ASSESSMENT OF THE BREAST,
AXILLA & GENITALIA**

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Acknowledge:

Myung-Hee Pak, RN, MSN, CNS

Learning Objectives

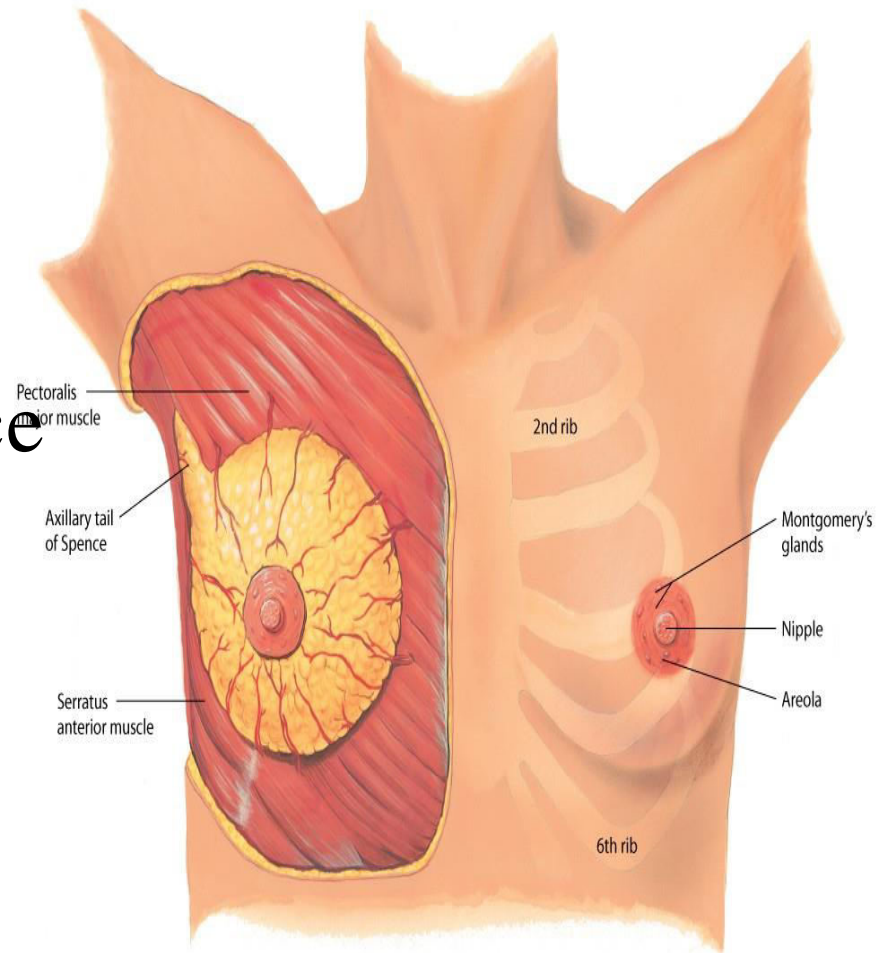
- By the end of the unit, learners will be able to:
- Discuss the history questions pertaining to male and female breast and Genitalia assessment.
- Perform a breast examination including axillary nodes and interpret findings.
- Discuss components of a genital exam on a male or female.
- Review components of a comprehensive reproductive history.
- Document findings.
- List the changes in breast, male & female genitalia that are characteristics of aging process.

Anatomy of the breast

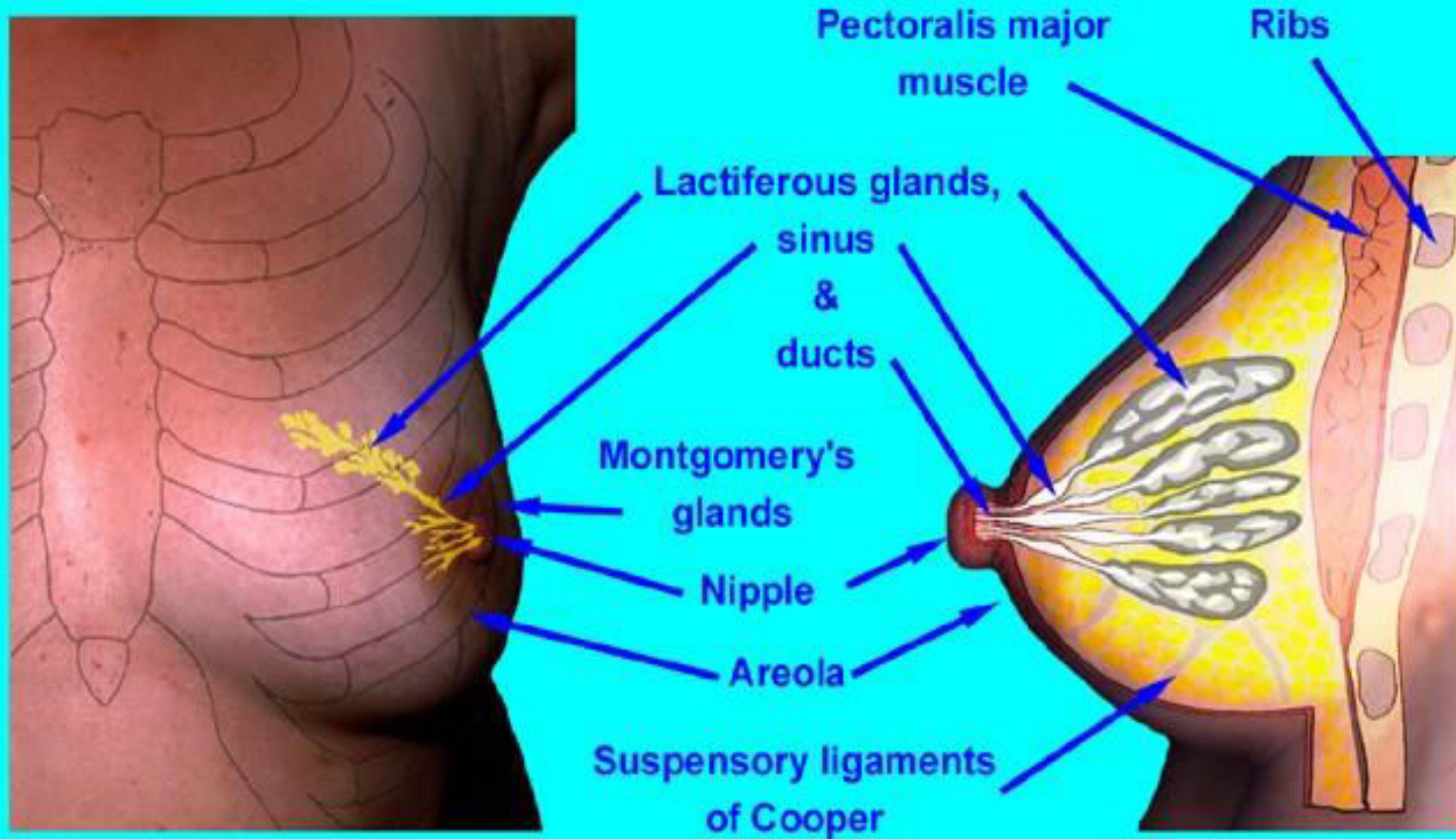
- Composed of :
 - Muscles
 - Ligaments
 - Glandular tissue
 - Fatty tissue
 - Lymphatic tissue

Structure and Function

- Surface anatomy:
- Location of breast
 - on chest wall
- Axillary tail of Spence
- Nipple and areola



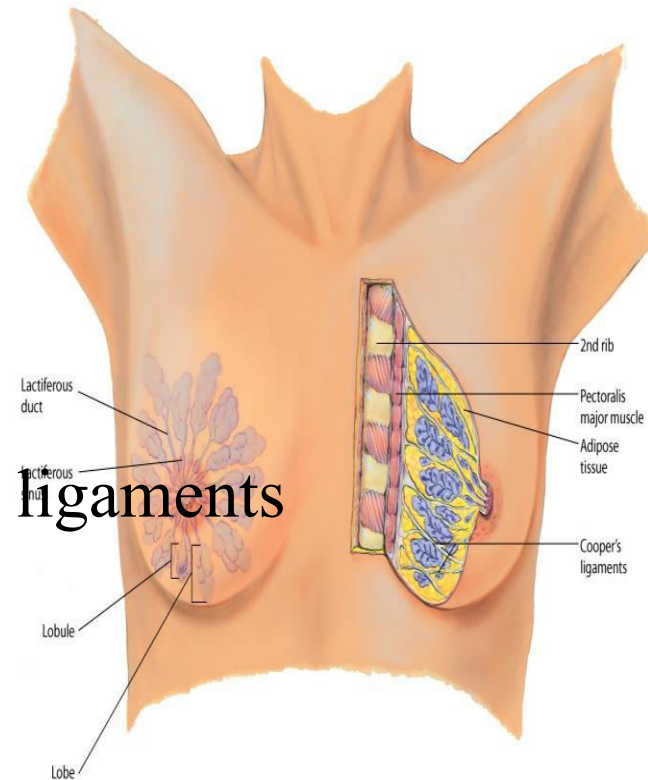
Breast Anatomy

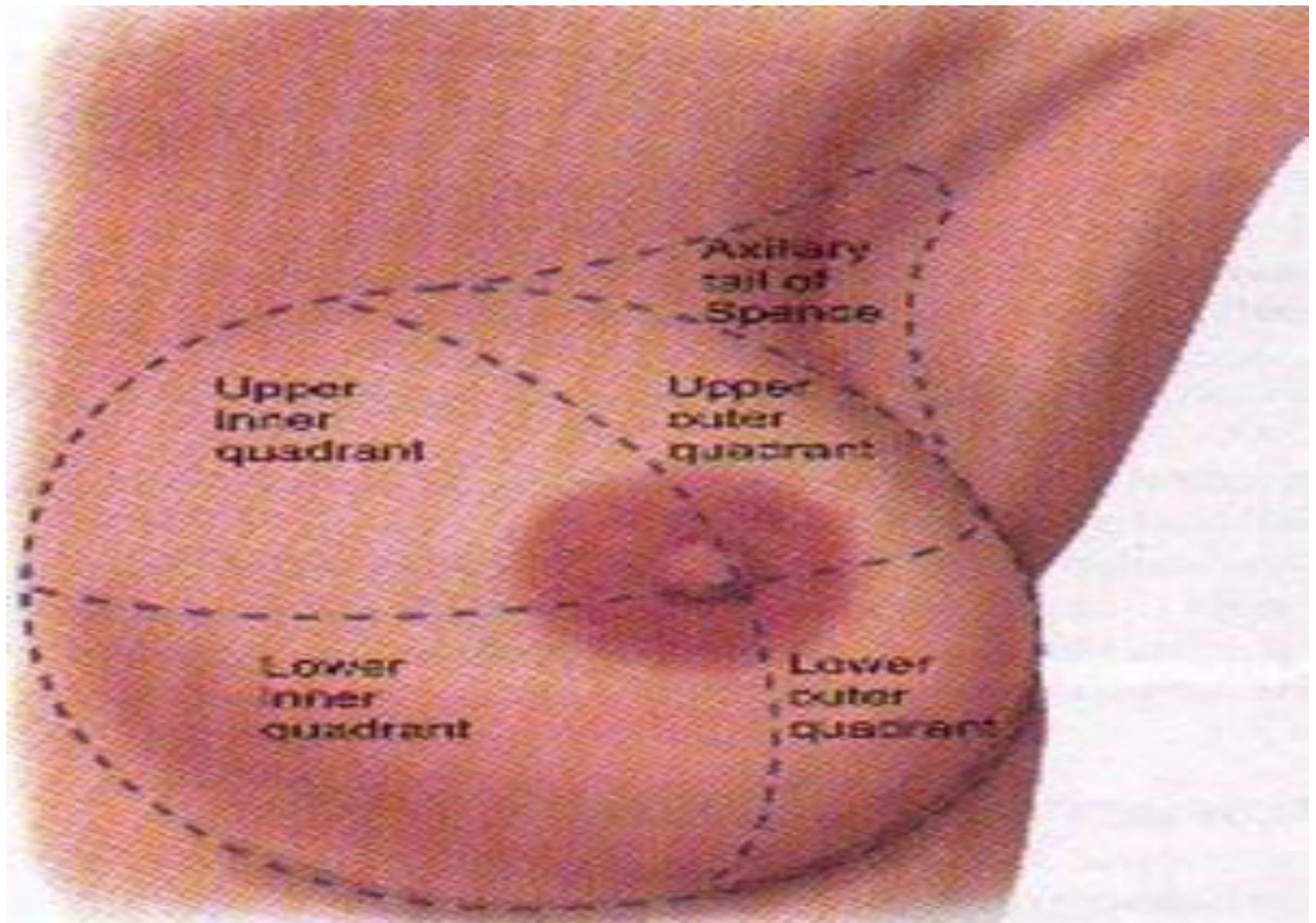


Structure and Function

(cont.)

- Internal anatomy
- Glandular tissue
 - Lobes, lobules, and alveoli
 - Lactiferous ducts and sinuses
- Fibrous tissue
 - Suspensory ligaments or Cooper's ligaments
 - Adipose tissue
- Four quadrants of the breast

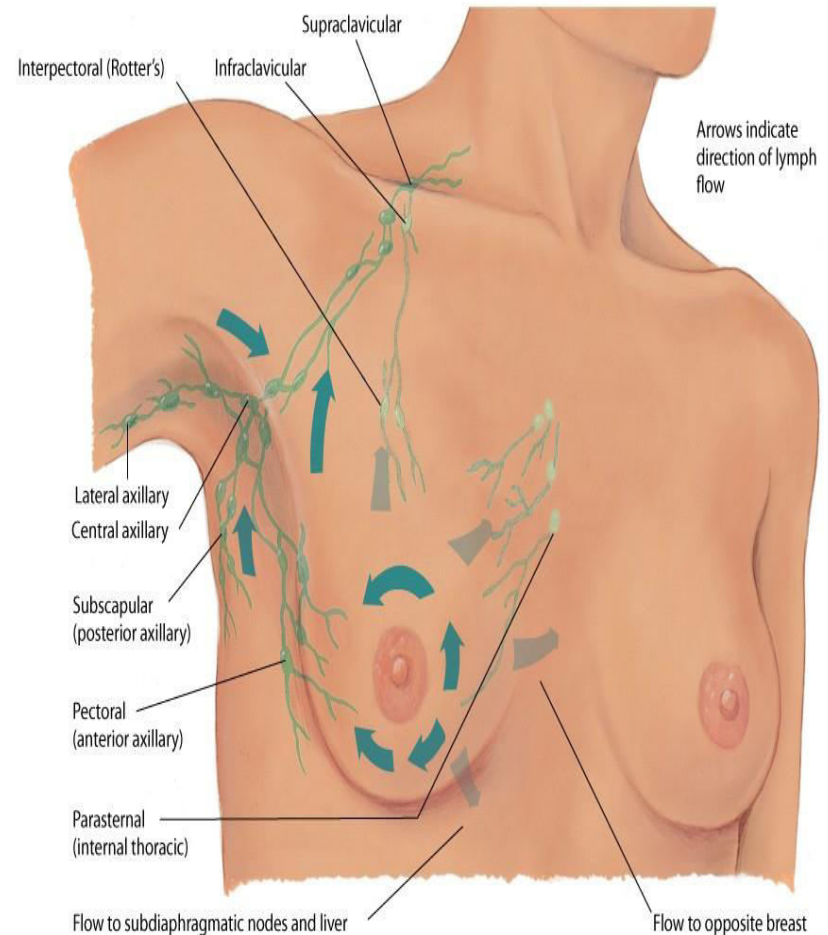




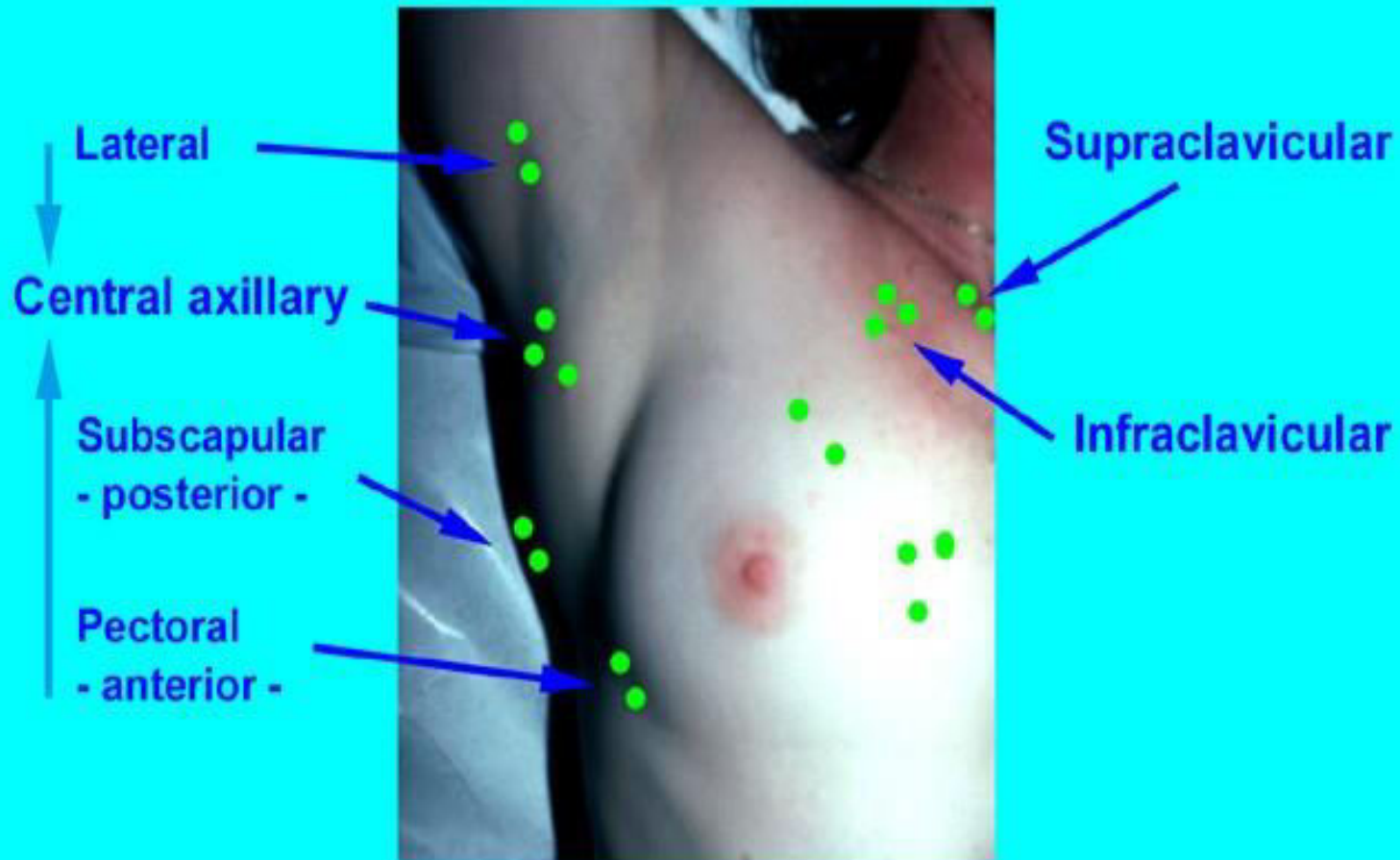
Structure and Function

(cont.)

- Lymphatics
- Axillary nodes
 - Central
 - Pectoral (anterior)
 - Subscapular (posterior)
 - Lateral
- Drainage patterns



Breast Lymphatic Drainage



Assessing: Subjective Data

- History of Breast Disease and or Surgery
- Lumps or thickening
- Discharge/Rash
- Swelling/Trauma
- Pain
- Does pt. perform self breast exam monthly
- Axillary tenderness, lumps swelling, rash

Assessing: Objective Data

- Inspection- patient sitting, disrobed to waist
- Note symmetry, size and shape
- Skin normally smooth and even in color.
- Observe the axillary and supra clavicular areas for any bulging, discoloration or edema
- Nipples- symmetrical? Flat? Inverted?
Discharge? Bleeding?

Inverted nipple



Conti....

Orange peel

Peaud'orange



Peaud'orange



Screen for Retraction

- Ask patient to:
- Lift arms slowly above head. Both breast should move up symmetrically
- Push hands into hip.
- Push palms together
- Lean forward.

Breast Tissue Retraction



Inspect and Palpate Axillae

- While patient is sitting, lift and support the arm so patient's muscles are relaxed
- Use the right hand to palpate left axillae
- Reach fingers high into axillae
- Move fingers firmly down in four directions:
 - Down the chest wall, along the anterior and posterior borders of axillae and around the inner aspect of the arm
- Move arm through ROM to have access to areas.

Breast Palpation

- Supine position with small pad/pillow under side to be palpated
- Arm raised over head
- Use pads of fingers and make gentle rotary movement on breast
- Use a pattern of concentric circles or laterally, like spokes of wheel.
- Palpate all areas of breast, clockwise fashion
- Make sure to include tail of Spence.

Bimanual Breast Palpation

- For pendulous breasts
- Patient sitting, leaning forward
- Support inferior part of breast with one hand.
- Use other hand to palpate breast tissue against supporting hand.

Examination of Nipples

- Performed after breast palpation.
- Palpate nipple, noting any indurations or mass.
- Use thumb and forefinger to apply gentle pressure to note any discharge.

Characteristics of Breast Lumps

- Location- use breast as clock face to describe distance from nipple in centimeters (use diagram to locate).
- Size- in centimeters
- Shape: oval, round, lobulated or indistinct
- Consistency: soft, firm, or hard
- Movable: freely movable, fixed to chest wall
- Tenderness
- Nipple: displaced, retracted, dimpled?

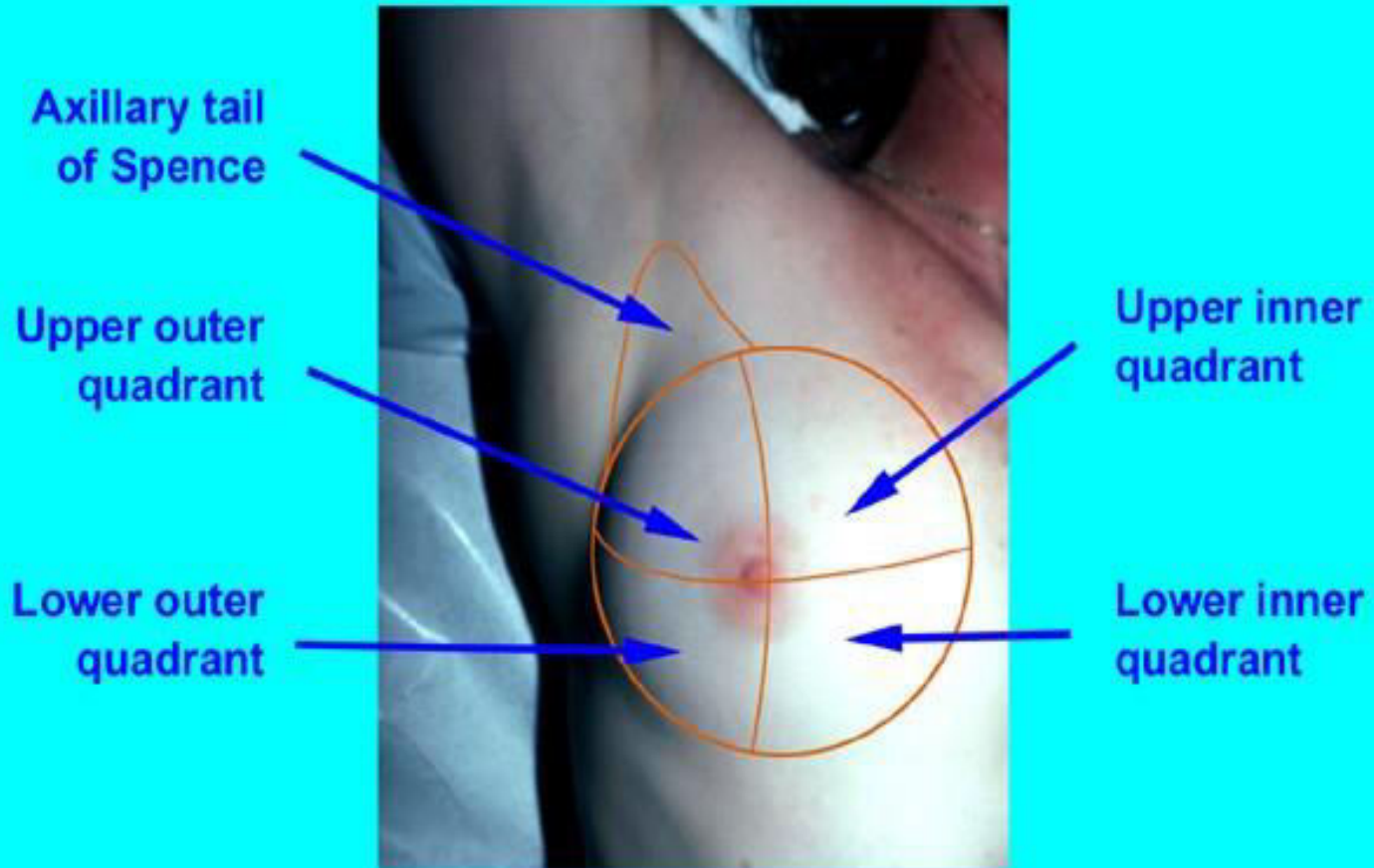
Teaching (Self Breast Exam)BSE

- Assist patient to establish a schedule
- Regular monthly exams
- Majority of women never get breast cancer, majority of lumps are benign
- Early detection is important.
- In non-invasive cancer, survival is close to 100%

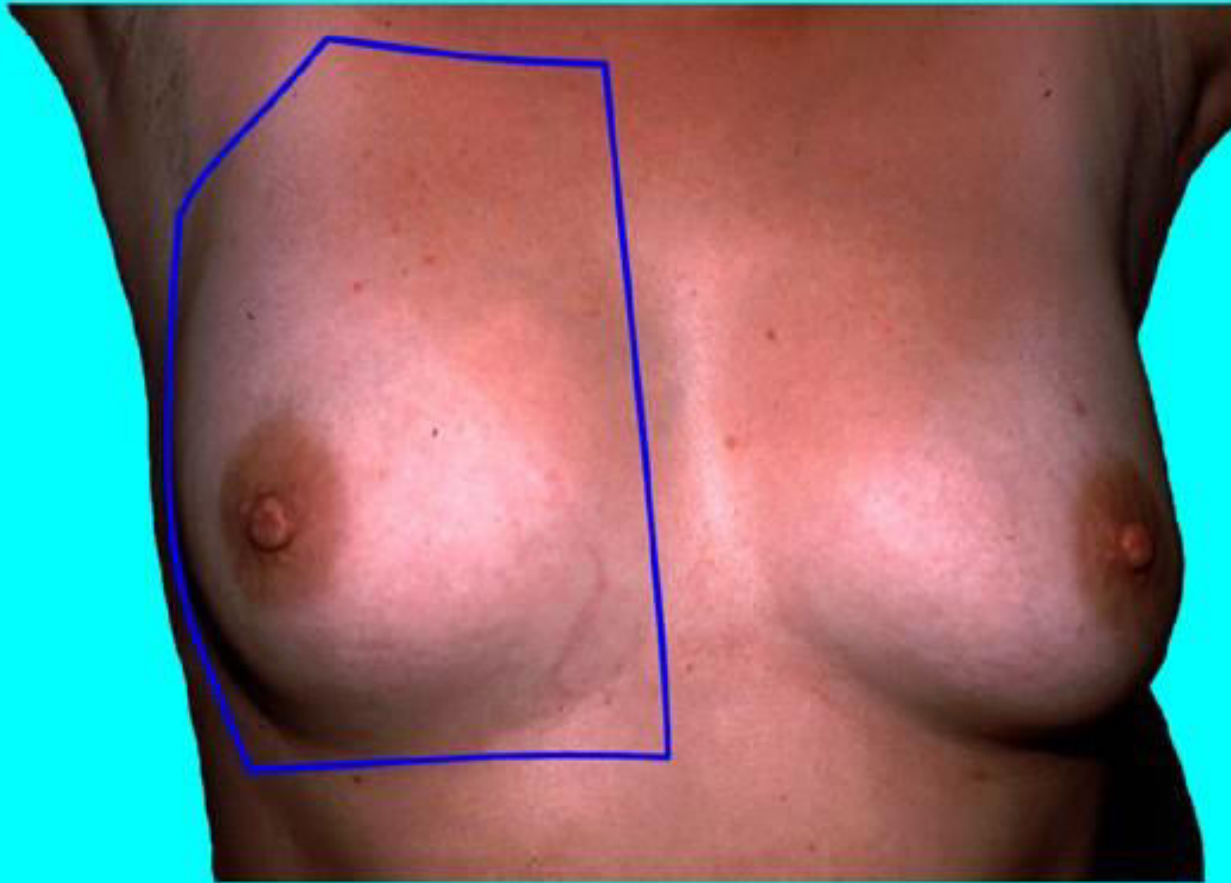
Self Breast Exam

- Teaching positions:
 - 1. Standing in front of mirror
 - 2. In the shower – soap and water assist palpation
 - 3. Supine
- Keep teaching simple
- Demonstrate to patient and use return demonstration

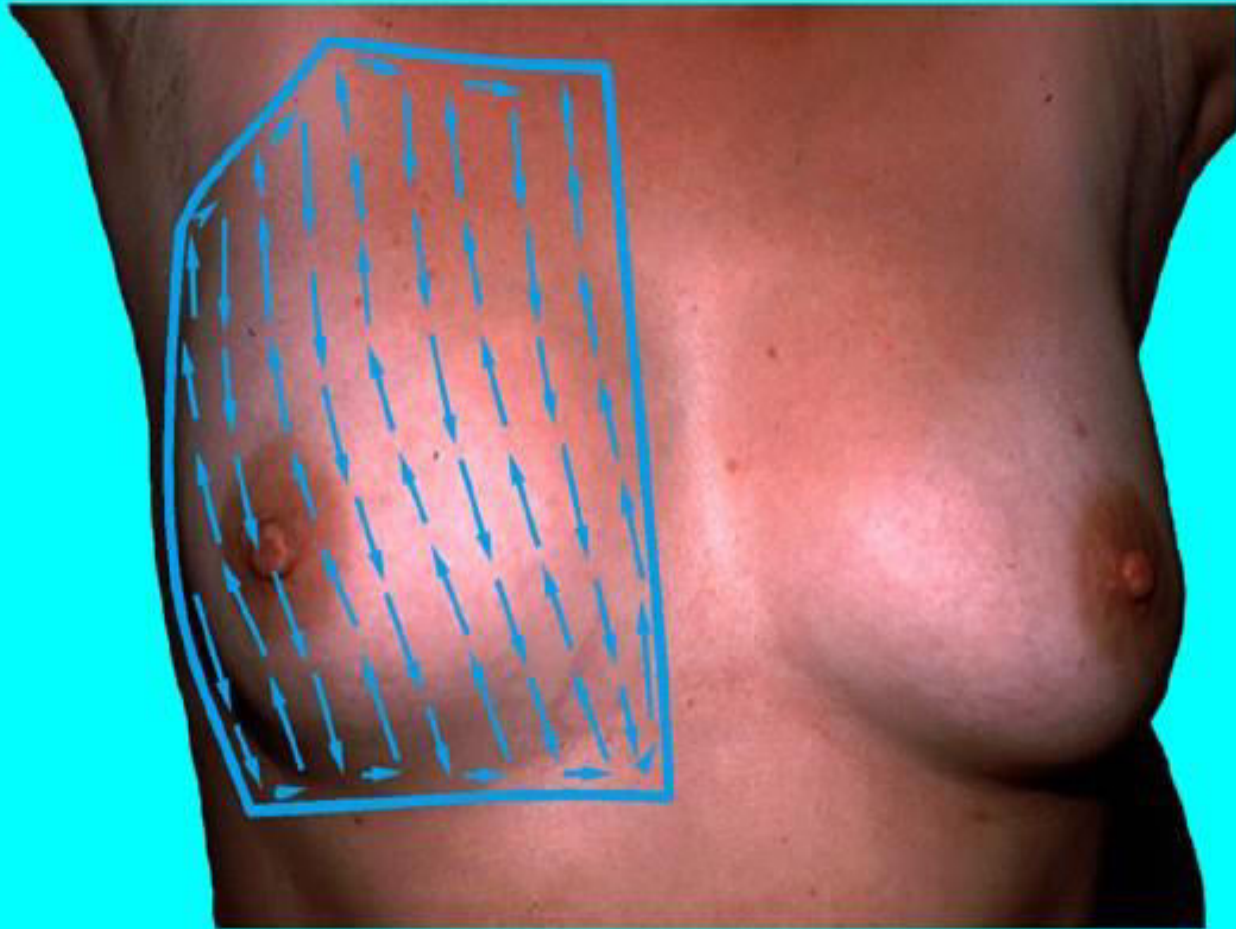
Breast Quadrants



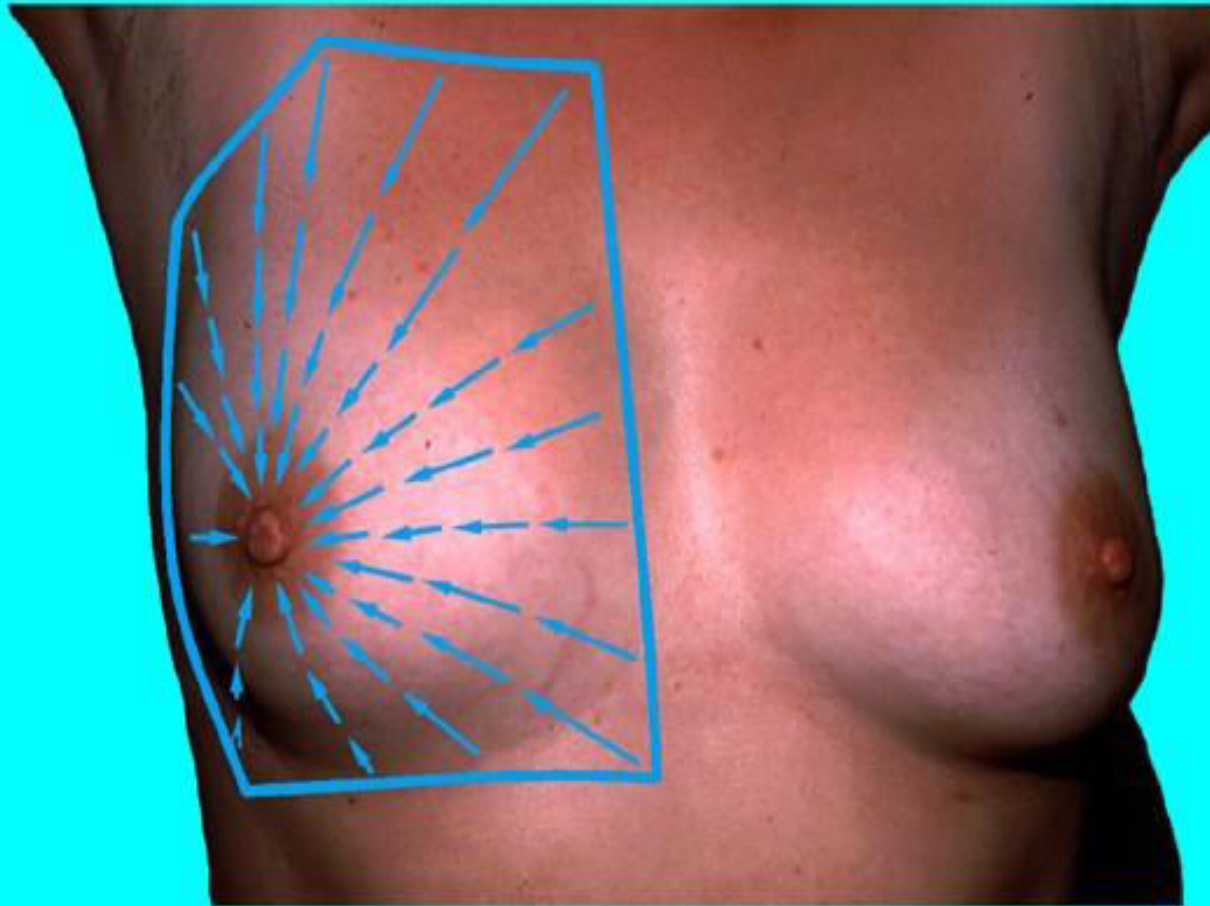
Perimeter of Breast Tissue



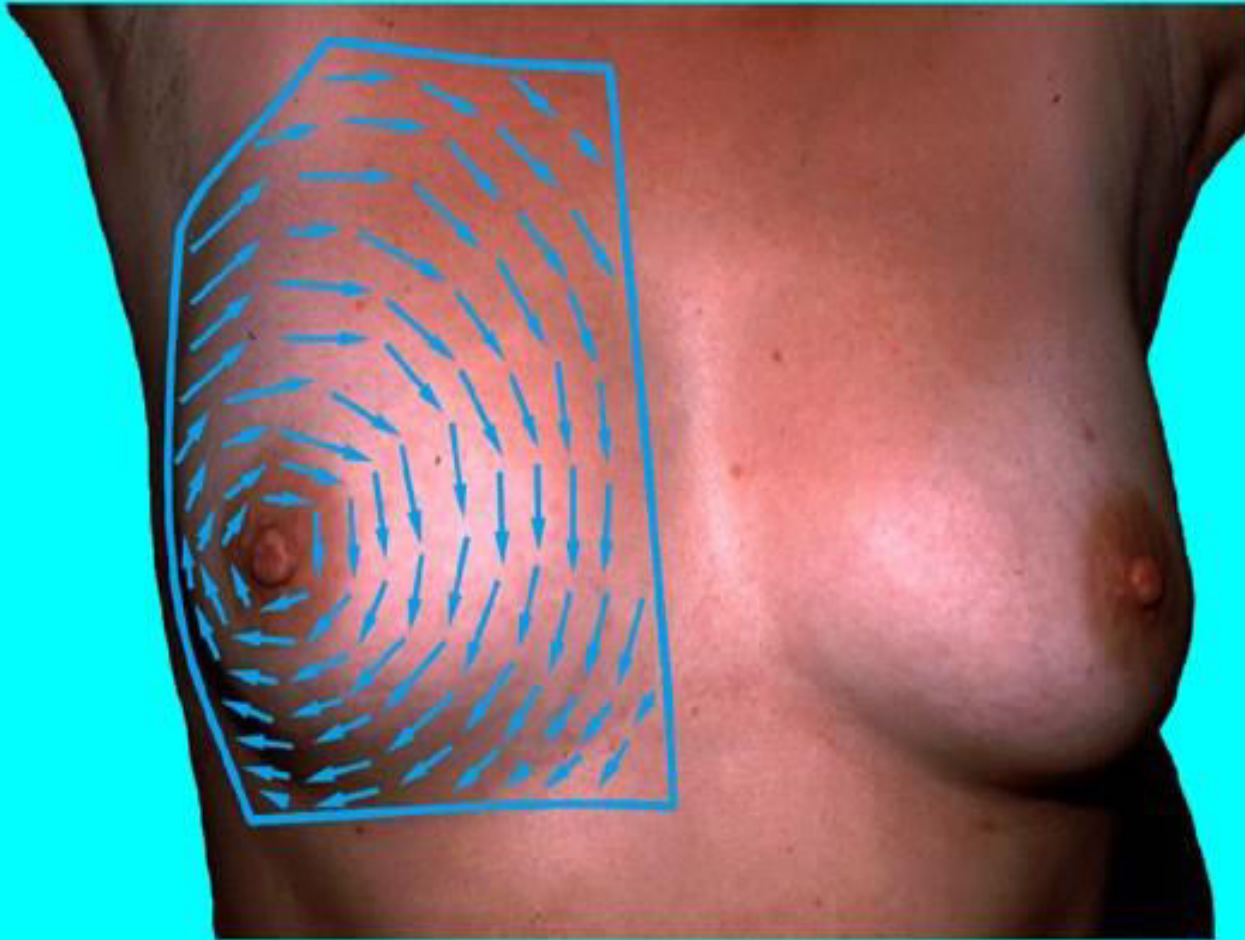
Palpation - Strip Method



Palpation - Wedge Method



Palpation - Circle Method



The Male Breast

- Examination can be abbreviated but not omitted.
- Inspect the chest wall noting skin surface and any lumps or swelling.
- Palpate nipple area for lumps or enlargement.
- Normal male breast has a flat disc of undeveloped breast tissue beneath the nipple. Should be even with no nodules.

Gynecomastia



Documentation: Female

- S- Denies breast pain, lump, discharge, rash, swelling, trauma. Denies past history of breast disease or surgery. States performs monthly breast exams.
- O- Inspection: Breasts symmetric. Skin smooth with even color. No dimpling or retraction elicited. No nipple discharge. No lesions.
- Palpation: Breast contour and consistency firm and homogeneous. No masses or tenderness. No lymphadenopathy.

Documentation: Female

- A- Healthy breasts bilaterally with no S/S of abnormalities
- P- Reinforce BSE (patient performs BSE monthly), follow up with MD for referral for mammogram

Summary

- Assessing the breast includes:
- Take into account developmental level
- Remembering to assess both females and males
- Inspecting & palpating breasts, nipples, lymph nodes and axillary
- Teaching BSE

References

1. Bickley, L. S., Szilagyi, P. G., & Bates, B. (2007). *Bates' guide to physical examination and history taking (11th Edi)*. Philadelphia: Lippincott Williams & Wilkins. Chapter No.06 & 07 p.n 171-250
2. Weber, Kelley's. (2007). *Health Assessment in Nursing, 3rd Ed: North American Edition*. Lippincott Williams & Wilkins. Chapter No.14 &15 p.n 239-294