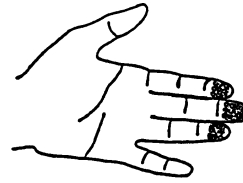


Palpation Technique

- ⊙ Use three middle fingers, held together.
- ⊙ Concentrate on palpating with the **flats** or **pads** of those fingers.
- ⊙ The palpation motion should consist of small circles, about the size of a dime.
- ⊙ The circular motion should be smooth and well-controlled.
- ⊙ For each area of breast tissue examined, a series of three distinct pressure levels should be used.
 1. The first circle at each spot should be made with **very light** pressure.
 2. The second circle should press midway down into the breast.
 3. The third circle should press down as firmly into the breast tissue as possible without causing discomfort. This will probably allow more pressure than you might think!
- ⊙ Palpation pressures should always be directed straight down, against the plane of the chest wall.

Finger Techniques for the CBE



- A** Use the pads of the three middle fingers.



- B** At each spot, make three small circles about the size of a dime.

- C** Use light pressure for the first circle.



- D** Use medium pressure for the second circle.

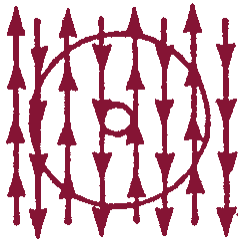


- E** Use deep pressure for the third circle.

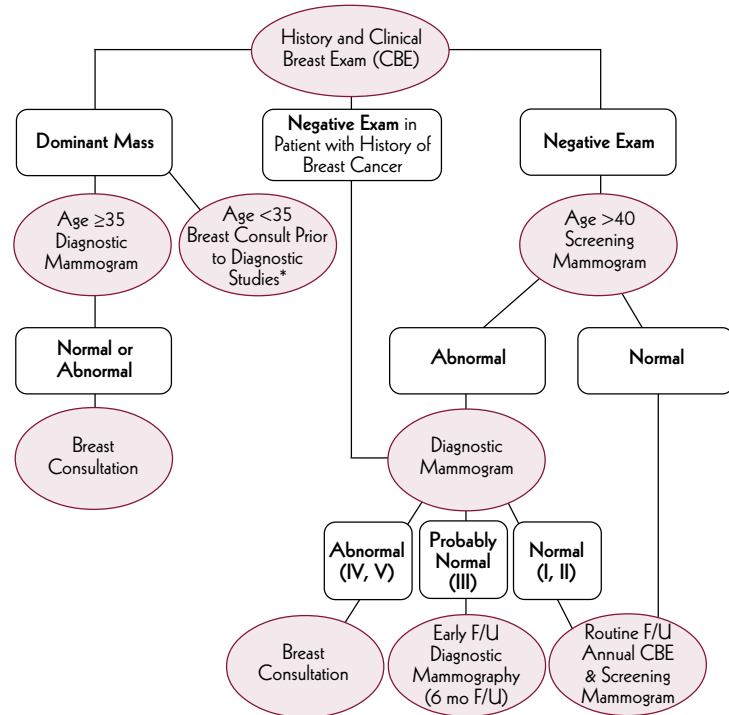


The Search Strategy

- ⊙ In order to distribute breast tissue as evenly as possible, the client should be positioned on her side for examination of lateral tissue and in a supine position for examination of medial tissue.
- ⊙ The breast tissue to be examined includes a roughly rectangular area. This rectangle begins laterally with the mid-axillary line and is bounded by the clavicle, the sternum, and approximately the fifth rib. All tissue within this rectangle should be examined thoroughly.
- ⊙ The recommended search pattern involves arranging palpations in vertical strips, transversing the entire breast area. Optimally, palpations and strips should overlap slightly to ensure thorough examination of all tissue.



Clinical Breast Exam Flow Chart



Definitions

ACR (American College of Radiology) Lexicon: I=Normal, II=Benign, III=Probably benign, IV=Suspicious, V=Highly suspicious of malignancy

Screening Mammogram: Study done on patient without breast symptoms. Study consists of two views of each breast. Report is usually either normal (I, II), probably benign (III), need six-month follow-up, abnormal (IV, V), or incomplete assessment (VI), return for additional evaluation. Except for very obvious find, surgical consultation often is not recommended until the diagnostic mammogram is done.

Diagnostic Mammogram: Study done on patient with a significant breast finding (mass) or abnormal screening mammogram (IV, V, VI), to characterize the abnormality. The study involves additional mammography views and often ultrasound.

Breast Consultation: A general surgeon or physician experienced in breast evaluation decides on further work-up in the setting of an abnormal exam or mammogram.

* Under age 35, the usefulness of mammography is assessed on an individual basis by the breast consultant.