Breast clinic — breast consultation and follow-up

01 What is it?

The breast clinic consultation is devoted to your breasts. At the practice, it is provided by Dr Sabah, generally on Saturdays: a first consultation, then, if needed, follow-up consultations.

This sheet, given to you by Dr Sabah, is intended to complement the explanations provided during your consultation. Do not hesitate to ask him if you have any questions.

It includes a discussion and an examination of the breasts. Depending on what the examination shows, a sample may be taken at the practice: a fine-needle aspiration, a cyst aspiration or a nipple biopsy.

This sheet is based on the recommendations of the CNGOF "Les tumeurs bénignes du sein" (2015) and on information from the Institut national du cancer (the French National Cancer Institute), adapted to the practice of the clinic. The description of cyst aspiration is based on a foreign source: the Programme québécois de dépistage du cancer du sein (the Quebec breast cancer screening programme, Canada).

02 Why this procedure?

It is normal for the appearance of the breasts to change over the years. A consultation is nevertheless useful as soon as you notice an unusual change:

- a lump or a mass in a breast or under the arm;
- skin that pulls inwards (retracts), reddens, swells or takes on an orange-peel appearance;
- a nipple or areola (the area around the nipple) that pulls inwards (retracts), changes colour, oozes or leaks fluid;
- a change in the shape of a breast.

Breast pain is also a common reason for consultation.

A mass felt in a breast most often corresponds to a benign abnormality, that is, one that is not a cancer. It must nevertheless be examined.

You can also consult for an abnormality seen on a mammogram or an ultrasound scan, or for the result of a sample.

Finally, it is recommended to have your breasts examined once a year from the age of 25, by a doctor or a midwife.

03 How does the procedure take place?

The discussion covers what brings you to the consultation and since when, your medical history and that of your close family (breast disease, cancers), any hormone-based treatment (oestrogens or progesterone, including an intrauterine device), the menopause and your other treatments.

The examination begins by looking at both breasts: their shape, the skin, the nipple and the areola. The doctor then feels each breast, then the armpits and the hollow above the collarbones. You may be lying on your back, with your arm raised: this makes the breast easier to feel.

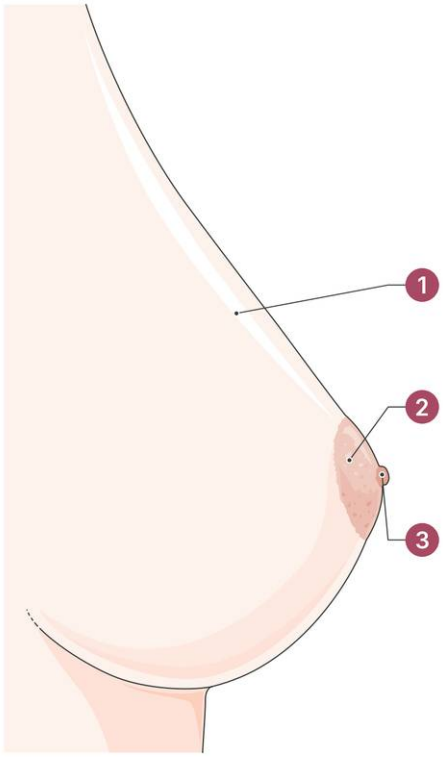

FIGURE 1 — The breast: the skin, the nipple and the areola (diagram, side view).

1. Skin
2. Areola (the area around the nipple)
3. Nipple

The breast seen from the side.

Image adapted from Servier Medical Art (https://smart.servier.com/), licensed under CC BY 4.0 (https://creativecommons.org/licenses/by/4.0/).

If the examination finds a mass, breast imaging is recommended: at least an ultrasound scan, with a mammogram depending on your age, your history and the examination.

Mammograms and breast ultrasound scans are not carried out at the practice.

If a sample is useful, it can be taken at the practice:

- Fine-needle aspiration: a few cells are taken from the abnormality, through the skin, with a fine needle and a syringe. It is quick and not very painful; it requires neither a local anaesthetic nor a hospital admission.
- Cyst aspiration: a cyst is a pocket filled with fluid. When it can be clearly felt on palpation, a fine needle is used to draw off the fluid, which empties the cyst and relieves the pain. If the fluid contains blood, it is analysed.
- Nipple biopsy: after the skin has been disinfected and numbed with a local anaesthetic, a small fragment of skin is taken. A stitch is often placed.

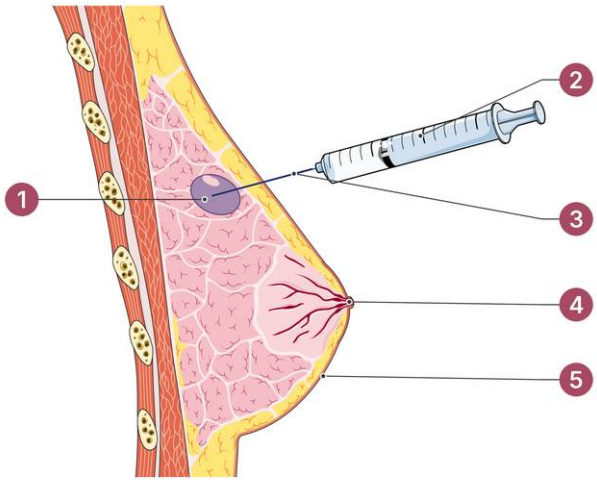

FIGURE 2 — Cyst aspiration: a fine needle is used to draw off the fluid (diagram, side view).

1. Cyst: a pocket filled with fluid
2. Syringe
3. Fine needle
4. Nipple
5. Skin

The breast seen from the side, in cross-section.

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The sample is sent to the laboratory, where it is analysed under the microscope.

04 What the procedure does not guarantee

Examining the breasts is not enough, on its own, to tell whether a mass is benign or not: this is why imaging is recommended.

A fine-needle aspiration is generally not enough to establish the diagnosis. Taking a fragment of tissue, called a biopsy, may then be necessary; it is most often performed by a radiologist, guided by ultrasound or mammography.

A skin biopsy does not always make it possible to reach a diagnosis.

After aspiration, a cyst may come back.

05 Risks and complications

Breast examination is quick and painless.

Fine-needle aspiration is not very painful.

After a nipple biopsy:

- the injection of the anaesthetic may cause a burning sensation, which passes very quickly; the anaesthetic also has its own effects;
- any biopsy leaves a scar, even a minimal one; its appearance depends on how your skin heals;
- an infection of the scar may occur; it is generally easily treated with an antibiotic ointment or antibiotic tablets;
- you may feel unwell while the sample is being taken (feeling of warmth, sweating, feeling that you are about to faint): tell the doctor at the first signs.

06 Alternatives

- A simple cyst, recognised on ultrasound, does not need any further tests. If it is not painful, there is no need to aspirate it.
- Breast pain with no abnormality on examination does not require any imaging other than screening imaging, nor any particular monitoring. A crop-top style bra may be suggested to reduce it, as well as an anti-inflammatory gel.
- Redness of the nipple or areola that suggests eczema may first be treated with a cortisone cream, then re-examined. A skin sample is recommended if the redness persists.

07 Contraindications

It is important to tell the doctor about your medical history, both personal and family, and about all the treatments you are taking.

Before a nipple biopsy, report any allergy, in particular to local anaesthetics.

08 Before the procedure

Keep the images and the reports of your breast examinations carefully: they make it possible to compare with the following examinations and to spot a change more quickly.

If you are consulting for pain, noting on a calendar the days when it occurs can help you describe it.

09 After the procedure and your instructions

Analysis in the laboratory generally takes a few days, sometimes several weeks. It is generally the doctor who discusses the result with you. The practice does not give any result by e-mail or by telephone, unless agreed in advance between the doctor and the patient.

Depending on the result, the doctor may offer you simple monitoring, a further examination, or refer you to a specialist team.

Breast surgery is not carried out at the practice.

For certain cysts, described as "complicated" on ultrasound, a follow-up ultrasound scan is recommended every 6 months for 2 years.

After a nipple biopsy, the skin heals in 5 to 15 days. Have the stitches removed as prescribed by the doctor. Protect the scar from the sun with a high-protection sunscreen for the following year.

For your follow-up, it is still recommended to have your breasts examined once a year. From 50 to 74 years of age, the Assurance maladie (the French national health insurance) invites you every 2 years for organised screening, which combines a mammogram and a breast examination. If your risk of breast cancer is higher than average, the doctor offers you suitable follow-up.

10 When to seek medical advice without delay

See a doctor without delay if you notice a new lump in a breast or under the arm, a change in the skin, the nipple or the areola, or a discharge.

After a nipple biopsy, inform your doctor if the scar does not close normally or if it seems to be becoming infected.

11 Your questions for Dr Sabah

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.