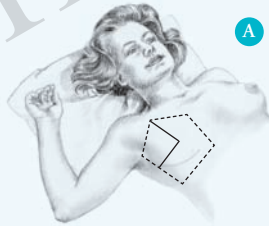


USING THE MAMMA CARE® METHOD to Examine Your Breasts After Surgery

Area to be Examined —

The breast area extends beyond the breast mound. It covers a large portion of the chest wall. Fifty percent of cancers occur in the upper, outer quadrant of the breast and eighteen percent under the nipple. Examine these areas carefully.



Finger Positions —

Use the flat pads of your **three** middle fingers, from the first joint down to the tips. Place flat pads of fingers in a bowing position on the breast tissue.



Pressures —

Three levels of pressure will be used when examining each spot on your breast:

Light—barely moves the top layer of skin

Medium—goes halfway through the thickness of the breast

Deep—goes to the base of the breast next to the ribs



Do not lift your hand or release the pressure from your breast as you make these three circles.

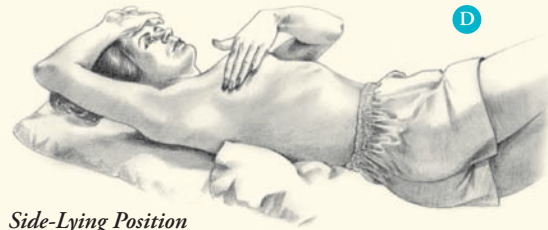
Using the three levels of pressure allows you to carefully examine the full thickness of the breast and not displace small lumps into fibrous tissues or into your rib area.

Pressures do not injure your breast tissue.

[STEP ONE] Side-Lying Position

Use the following techniques to examine the lumpectomy breast or the mastectomy site:

- Lie down on the bed, roll onto your left side to examine your right breast (D).
- Pull your knees up slightly, rotate your right shoulder to the flat of the bed.
- Place your right hand, palm up, on your forehead. Your nipple should point directly toward the ceiling. Use your left hand to examine your right breast. You may place a small pillow under the arch of the back to increase comfort.

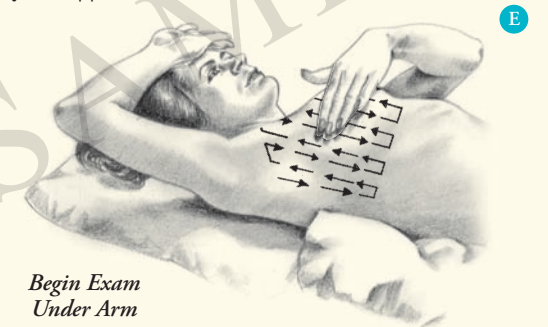


Side-Lying Position

This position allows you to examine the outer half of the breast by spreading out the tissue. Fifty percent of all cancers occur in the area of the breast which extends from the nipple to underneath the arm. The side-lying position prevents breast tissue from falling into the underarm area.

[STEP TWO] Side-Lying Exam

- Using the flat pads of your three middle fingers in the bowing position (B), begin your exam under the arm. Make dime-sized circles using the three levels of pressure in each spot (C), following the up and down pattern of search (E). Do not release the pressure as you spiral downward. Ten to sixteen vertical strips will be needed. Continue the pattern of search until you reach your nipple area.



Begin Exam Under Arm

[STEP THREE] Back-Lying Exam

- When you reach your nipple area, roll onto your back; remove your hand from your forehead and place this arm alongside your body on the bed (F).
- Continue the exam of the nipple area using the same pressures (C). Do not squeeze the nipple.



Back-Lying Position

Report any discharge from your nipple not associated with the onset of a menstrual period, hormonal medications, sexual stimulation or excessive manipulation of the breasts. A bloody discharge or a discharge from only one breast needs to be reported promptly.

- Examine the remaining breast tissue with the same pressures and pattern of search until you reach the breastbone.

Repeat steps 1-3, examining the opposite breast.

[STEP FOUR] Lymph Node Exam

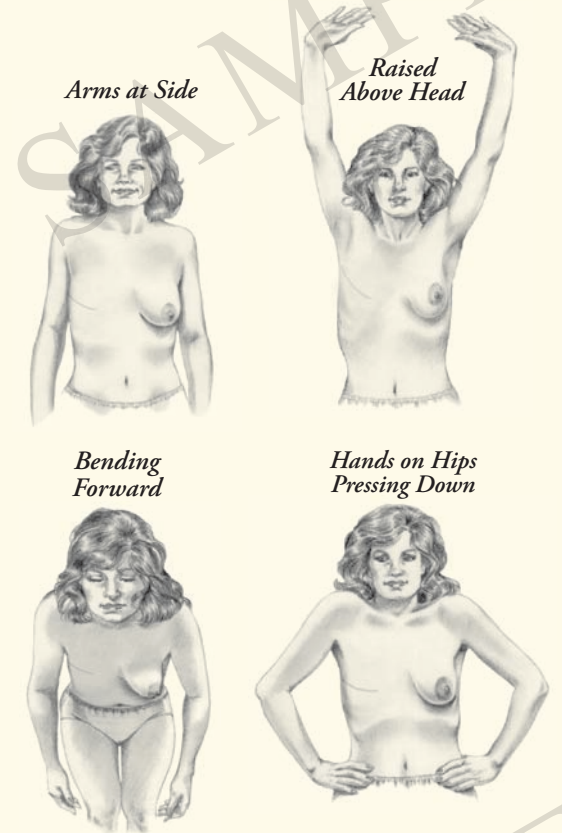
- Make a row of circles **above** and **below** your collarbone on each side (G).
- While standing, check the depressed area near your neck by rolling your shoulders upward and turning your face toward the side you are examining. With the opposite hand, place your fingers in the formed depression and check carefully.
- Feel under each arm for axillary lymph node enlargement.

Lymph nodes are soft to hard, pea-like areas in the lymphatic system. They may become enlarged from cancer or infection. Enlarged lymph nodes do not always indicate cancer, but you should report any lymph node enlargement to your healthcare provider.



[STEP FIVE] Visual Exam

A visual inspection of your breast(s) is important. Some cancers do not form a hard lump. The first indication of cancer may be one you can see and not feel. Looking into a mirror, closely examine your breast(s) in these four positions:



Carefully observe your incision. It is normal for it to be raised and red in the beginning. The color will gradually begin to fade to a light pink and the scar area will flatten out. A lumpectomy scar area may have a depression or sinking in of the tissues. Look for the following changes in the remaining tissues surrounding your scar and the non-surgical breast:

- Texture of your skin for an orange peel appearance
- Color changes in breast tissues
- Swelling or decreased size of the non-radiated breast
- Dimpling, bulging or pulling in of the skin
- Inverted nipple (not normally inverted)
- Crusty material or irritation around nipple
- Open sore or bump
- Difference in vein pattern over one breast (much larger veins or increased number of veins in one breast)

What Cancer Feels Like

Ninety percent of cancers form a stony hard lump, feel anchored in the surrounding tissues, are usually painless, and do not change in degree of hardness during a menstrual cycle. Ten percent of cancers do not form a lump, but may cause visual changes in the breast. Therefore, a manual exam and a visual exam are needed each month to ensure your best surveillance of your breast health.

Self-Exam After Surgery

When you complete your monthly exam, congratulate yourself for taking an active part in guarding your health. Then forget about it until the next month.

Mammogram

After breast cancer, a yearly mammogram of the remaining breast is recommended. However, some healthcare providers may recommend more frequent mammograms of the lumpectomy breast the first several years after cancer surgery.

When Going for Your Mammogram:

- Schedule your mammogram at the end of your period when your breast(s) are least filled with fluid.
- Do not wear deodorant, perfume or powders to the exam. They may show up as debris on the film.
- If a past mammogram was uncomfortable, stop caffeine intake several weeks prior to exam to reduce discomfort. You may also take ibuprofen several days prior to your exam.
- If you change facilities for your mammogram, obtain your old film for comparison prior to your scheduled exam.

One of the greatest tools against recurrent breast cancer is an informed woman practicing regular breast self-exam, going for regular clinical exams by a healthcare provider, and having mammograms on a regular basis.

THE ART OF BREAST SELF-EXAM AFTER SURGERY



“IT’S TIME TO PLACE YOURSELF IN TRAINED
HANDS . . . YOUR OWN.”

After breast cancer surgery, there is an increased risk that you may have cancer in the remaining breast or a recurrence in the surgical breast. Therefore, breast self-exam (BSE) is an important part of monitoring your health. Monthly self-exams combined with regular clinical exams by your healthcare provider and mammography will ensure a vigilant guard over your breast health. It is important to remember that women find most suspicious lumps and that finding them early increases the chances for successful treatment. Early detection is the best weapon we have against breast cancer.

Many women report that it is difficult to perform a breast self-exam after having surgery for cancer. If you find this difficult, make an appointment with your healthcare provider for a clinical breast exam and ask your healthcare provider to explain what is felt in your breast tissue. This normal routine exam can help you begin your breast self-exams knowing that what you feel in your breast is not suspicious, but normal breast tissue.

Normal Nodularity

Your goal in BSE is to carefully check your breast(s) to learn what is normal for you. Hormones produced by the body cause women’s breasts to feel different at different times of the month. Before a menstrual period, hormones cause the breast cells to increase and also cause an increase in the amount of fluid in breast tissues. This may cause tenderness. Often the breast will feel lumpy because of this stimulation on the breast tissues, referred to as **normal nodularity**. After checking your breast(s) regularly, you will discover a normal nodularity pattern. During BSE, you will be feeling for unique changes in your tissue, especially new lumps or areas of thickening. Report any changes to your healthcare provider.

When to Check Your Breasts

Check your breast(s) when they are least filled with fluid:

- **Menstruating women** should check their breast(s) the last day of the menstrual period or several days past.
- **Menopausal or pregnant women** should select the same day of the month.
- **Women receiving treatment**, who are not having a regular menstrual period, need to select the same day of each month.

When to Begin Your Exam After Surgery:

- **Mastectomy patients** should begin their exam of the surgical area after complete healing of the incision, usually two to three months after surgery.
- **Lumpectomy patients** should begin exams of their surgical area after complete healing, two to three months, or at the completion of radiation therapy.
- **Reconstructive surgery** patients should begin exams when their incision is completely healed, from two to three months after surgery.

Normal Changes After Surgery

You need to become familiar soon after surgery with how your incision area feels. It will feel different from surrounding tissue; the scar will feel firm to your touch. Occasionally an area in the incision will be slightly firmer. This is scar tissue formation. Areas where drains were placed may also feel firm. This firmness is normal. Breast cancer occurring in the scar area the first few months after surgery is very rare. Knowing what your normal scar feels like will help you recognize suspicious changes should they ever occur.

A sporadic pain, like a shooting sensation in the area of the incision, is not uncommon during the healing process. This sensation can occur for months, especially in breast conserving surgery.

Normal Radiated Breast Changes:

- Color change, generalized darkening of the skin
- Swelling (edema) of breast tissues for up to a year
- Gradual decrease in swelling and a firmness of the radiated tissues, feeling lumpy to touch
- Skin thickening, greatest in the area of the nipple and areola
- Slight decrease in the size of the radiated breast when edema subsides

Monthly exam of the radiated breast allows you to become familiar with normal changes and prevents misinterpretations of post-radiation changes. You will notice most of the changes within the first six months, but changes may continue to occur eighteen months past treatment.