

What are Breast Cysts?

Breast cysts are benign (non-cancerous) fluid-filled sacs that form in the breasts and may feel like a lump.

- A woman can have a single cyst or multiple cysts in one or both breasts. Cysts are most common in women aged 35 to 50. A year or two after menopause, cyst formation usually stops unless estrogen or estrogen-like substances are prescribed.
- Cysts are usually relatively soft, round or oval in shape and moveable in the breast. When feeling the cyst, it will move freely, as if it could slip from under your fingers. If the cyst has been in the breast a long time, the wall of the cyst may become thicker and feel very firm.
- The size of cysts varies from very small (microcysts) to large (macrocyts) which can reach the size of a large egg. They can fill quickly with fluid, causing a lump that was not present at your last exam. Cysts are usually painless, unless they become large and begin pressing on a nerve. Before a menstrual period, cysts may increase in size and cause pain.

How are Cysts Diagnosed?

Your healthcare provider will examine your breast. Ultrasound (a diagnostic test using sound waves) may be used to distinguish the cyst from a solid mass. Ultrasound can quickly confirm the diagnosis of a cyst because of the round, smooth appearance and its fluid make-up.

Once your healthcare provider diagnoses a cyst, a fine needle may be used to aspirate (withdraw) the fluid from the cyst to confirm the lump is fluid-filled.

Aspiration of the fluid prevents the cyst from hiding another change that could occur in the breast. It can also reduce the pain sometimes associated with cysts. Your healthcare provider will help you understand which cysts need to have aspiration performed.

How are Cysts Treated?

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Do Cysts Put Me at a Greater Risk for Breast Cancer?

Cysts are no longer considered a risk factor for breast cancer. Cysts result from the normal aging process of the ducts in the breast, the result of filling and emptying over many years.

What if I Find Another Cyst?

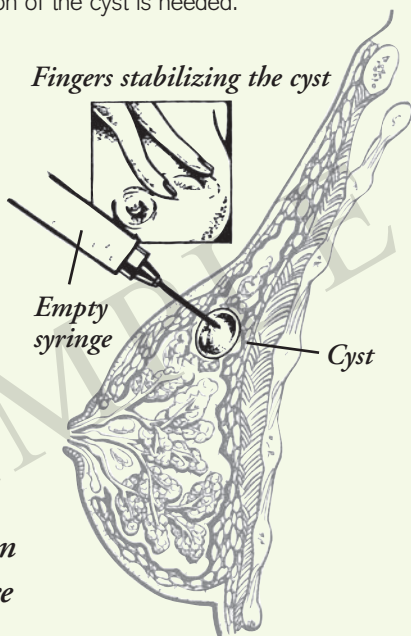
Women who have had a cyst are more likely to have additional cysts in the future. It is important that any new lump in the breast be evaluated by a healthcare provider if it does not get smaller or disappear after a menstrual cycle. Your healthcare provider can recommend the best combination of treatment and observation to maintain your good breast health.

What is the Aspiration Procedure Like?

For an aspiration procedure, you may or may not be given a numbing medication. The procedure is uncomfortable but not very painful. A small needle with an empty syringe is placed into the cyst. The healthcare provider stabilizes the cyst with the other hand to prevent movement. The plunger of the syringe is retracted, and the fluid in the cyst is drawn into the empty syringe. This procedure may or may not be performed under ultrasound guidance.

If the withdrawn fluid ranges from clear to dark yellow, or has a green, brownish or even a bluish tint, the fluid is usually discarded. These are normal colors of breast fluid. The longer the fluid has been in the cyst, the darker the color. If the lump created by the cyst disappears completely and does not recur in six to eight weeks, no further evaluation is needed. If the fluid obtained has signs of blood (may be red from fresh blood or a brownish chocolate color from old blood), further evaluation of the cyst is needed.

Follow-up may include re-examination in several weeks, a mammogram, an ultrasound, or a biopsy of the area.



The Aspiration Procedure

BREAST CYSTS



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