



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
GYNECOLOGIC PROBLEMS
FAQ026

Detecting and Treating Breast Problems

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What causes changes in the breasts?

Your breasts respond to changes in levels of the hormones **estrogen** and **progesterone** during your menstrual cycle. Your breasts are made up of glands, fat, and fibrous (thickened) tissue. Hormones cause a change in the amount of fluid in the breasts. This may make fibrous areas in the breasts more painful.

Your breasts also change during pregnancy, breastfeeding, and menopause. You may notice changes in your breasts if you use hormonal contraception, such as birth control pills, if you use **hormone therapy (HT)**, or if you have **breast implants**.

What are some symptoms of breast problems?

Most breast problems, especially in younger women, are benign (not cancer). Common symptoms include

- lumps (which may be felt in one exact place or throughout the breast)
- discharge from the nipple
- tender areas

What are some common benign breast problems?

- **Fibrocystic changes**—These changes cause a woman's breast to feel lumpy and tender. Symptoms of fibrocystic changes include pain, itching, swelling, and tenderness. These symptoms often occur in both breasts.
- **Cysts**—A cyst is a small sac filled with fluid. It can be almost any size. Often cysts will vary in size, changing with the menstrual cycle or at the time of menopause. Cysts occur most often in women aged 25–50 years. They also can occur after menopause in women who take HT.
- **Fibroadenomas**—These solid, benign lumps are another common type of breast change. They occur most often in young women.

Most women who have fibrocystic changes, cysts, or fibroadenomas do not have a greater chance of getting breast cancer. However, you should always inform your health care provider of any symptom of breast problems right away.

Why is screening for breast problems important?

Breast cancer is a leading cause of death from cancer in women. If it is found and treated early, most women can be cured. This is why routine breast self-exams, mammography, and checkups by your health care provider are important.

What are the most common ways to screen for breast problems?

Three of the common tests for breast problems include

1. **mammography** (see the FAQ [Mammography](#))
2. clinical breast exam by a health care provider
3. breast self-exam

For the best results, all three tests should be done. If any one of these tests shows a problem it should be checked out.

Who should have mammography?

Women aged 40 years and older should have mammography done every year. If you have an increased risk of breast cancer, your health care provider may suggest that you have this test done more often or before age 40 years. Risk factors for breast cancer include the following:

- Certain **genes** (**BRCA1** and **BRCA2**) passed on from your parents
- Breast cancer in the family, especially mother, daughter, or sister
- Personal history of cancer of the breast, endometrium, ovary, or colon
- Older age
- No pregnancies or pregnancy later in life (aged 30 years or older)
- Early menstruation (younger than age 12 years)
- Late menopause (aged 55 years or older)
- Never breastfed a child
- Postmenopausal obesity
- Alcohol intake
- Recent hormone therapy
- Recent use of birth control pills

What happens during a clinical breast exam?

Your health care provider will examine your breasts during your routine checkups. Most women should be examined at least once a year.

A breast exam by a health care provider takes only a short time. The breasts are first checked for any changes in size or shape. The health care provider also looks for puckers, dimples, or redness of the skin. You should tell your health care provider if you have seen any changes in your breasts at any time. He or she will review when you first had symptoms and how long they have lasted. Then your health care provider will ask questions about your medical history to check for other factors that could point to an increased risk of breast cancer.

How can breast self-exams help me detect breast problems?

Self-exams help you learn the normal shape and feel of your breasts. They also make it easier to notice changes (see the FAQ [Breast Self-Exam](#)).

What tests are performed if a lump or other problem is found on a mammogram?

If you have felt a lump, it should be checked even if your last mammography result was normal. If your exam shows a lump or if the results are not clear, more tests will be needed. The following tests may be done:

- **Ultrasonography**—Sound waves are used to create pictures of the inside of body organs or tissues, such as the breast. This method can show whether the lumps are solid or filled with fluid, such as with a cyst.
- Fine-needle **biopsy**—In this procedure, fluid or tissue is drawn through a needle to be examined. Ultrasonography may be used to help guide the needle. A fine-needle biopsy often can be done in a health care provider's office.
- Surgical biopsy—Part or all of the mass may be removed through a surgical incision. This type of biopsy most often is done in a clinic or a hospital.

Glossary

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

BRCA1 and **BRCA2:** Genes that increase your risk of breast cancer and certain other types of cancer.

Breast Implants: Sacs filled with saline or silicone gel that are placed in the breast or chest area.

Estrogen: A female hormone, produced in the ovaries, that stimulates the growth of the lining of the uterus.

Fibrocystic Changes: Formation of benign cysts and lumps of various sizes in the breast.

Genes: DNA “blueprints” that code for specific traits, such as hair and eye color.

Hormone Therapy (HT): Treatment in which estrogen, and often progesterin, is taken to help relieve some of the symptoms caused by the low levels of hormones produced by the body.

Mammography: A procedure in which X-rays of the breast are used to detect breast cancer.

Progesterone: A female hormone that is produced in the ovaries and prepares the lining of the uterus for pregnancy.

Ultrasonography: A procedure in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ026: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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