

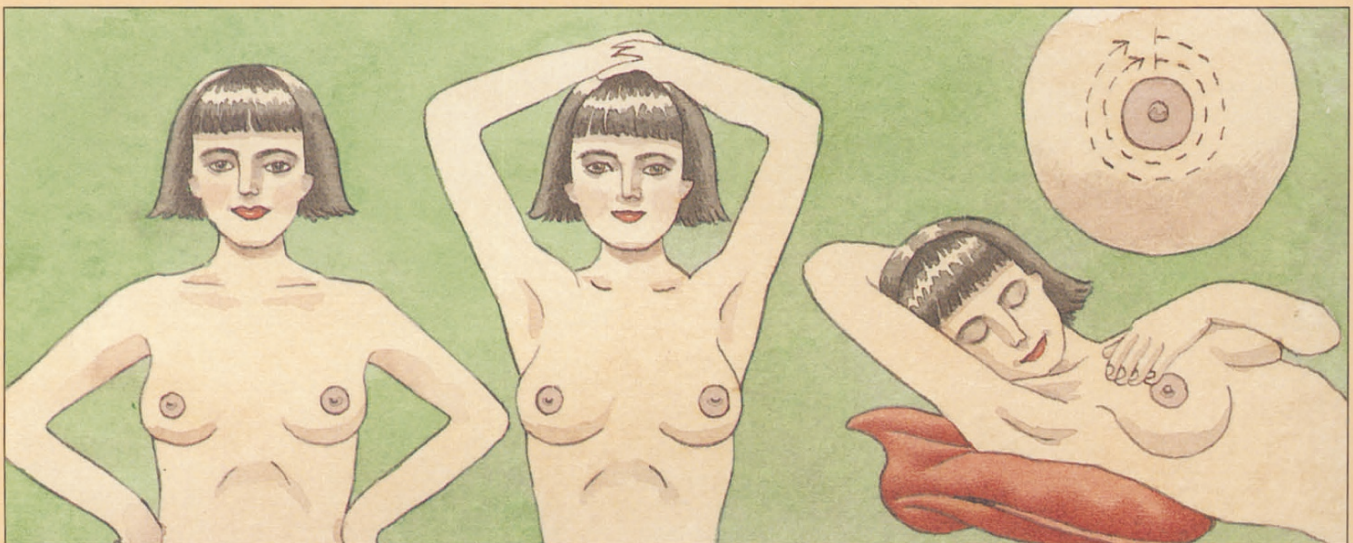
BREAST AND TESTICUL

WHO MAY PRESENT?

- Women or men attending a clinic or surgery who express concern about cancer owing to a personal or family history of the condition or who mention it as a result of heightened awareness of breast or testicular cancer
- Clients attending well-women or well-men clinics
- New patients registering at a general practice.

BREAST SELF-EXAMINATION TECHNIQUE

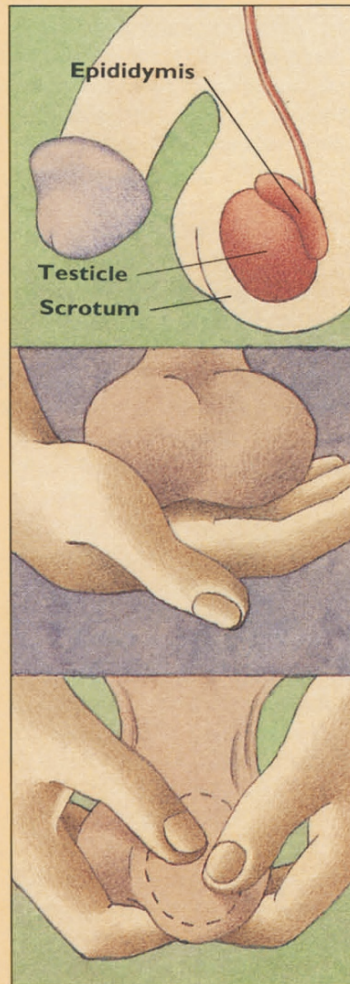
- Breast examination should be undertaken after menstruation, as pre-menstrually there is uncharacteristic swelling and lumpiness of the breast. It can also be tender and painful to handle. This timing serves as a regular reminder to be 'breast aware'.
- The patient should be encouraged to identify what is normal for her and be familiar with the areas of the breast and axilla. Most women can expect one breast to be larger than the other.
- She should stand with her hands by her side in front of the mirror and look at the breasts from the front and while rotating the upper body from side to side.
- With the palms of hands resting on the hips she should press down firmly and pull back the shoulders. This will cause flexing of the chest muscles and allow for checking of the breasts from side to side.
- With hands on her head, she should look carefully for any dimples, swelling or 'orange peel' appearance on the breast or in the axilla.
- Placing the hands over the head will enable the patient to look carefully under the breasts and at the nipple areas.
- Next she should lie down with a pillow or folded towel under her non-dominant shoulder and that arm raised and held behind the head. It is easier to do the initial palpation with the dominant hand.
- Using the flat surface of the fingers, she should press gently on the breast tissue, moving around in a circle, as if following a clock face. She should start at the 12 o'clock position at the upper part of the breast, commencing at the nipple and working back round to the start. She should move out by two finger-breadths and repeat this circular motion, radiating out until the whole breast has been examined.
- Finally she should feel up into the tail of the breast and axilla. Then she should gently pinch the nipple between thumb and finger to ensure there is no secretion.
- She should repeat this sequence on the other breast.
- The client may find the procedure more comfortable and easier to do while in the bath, using a wet, soapy hand that slides over the breasts.
- Abnormalities will manifest as:
 - Alteration in shape of the breast
 - Nipple changing direction, turning inwards or at an unusual angle
 - Lumps on or within the breast tissue or axilla
 - Thickened areas of tissue or a hard knot
 - Bulging or swelling on the breast surface or axilla
 - 'Orange peel' skin, as if there is an area of tethering under the surface
 - Dimples or puckering
 - Areola swelling or puckering
 - Discharge from the nipple, either serous or blood.
- Mastitis will manifest as tenderness and a feeling of heaviness in the breast; there may be a discharge of pus from the nipple as a result of bacterial infection.



AR SELF-EXAMINATION

TESTICULAR SELF-EXAMINATION TECHNIQUE

- Examination should take place in or after a bath or shower when the scrotal sac is warm and relaxed, with the testes hanging loose.
- The patient should understand the normal composition of the scrotum, the testes and the epididymis.
- He should be taught to cup the scrotum and support it in the palm of the hand to note the size and weight of the testes. One testicle can be expected to hang below the other and one will feel slightly larger.
- He should gently palpate each testicle. Using both hands, the testicle should be rolled between the thumb and forefingers.
- The testicle should feel egg-shaped, smooth on the surface and firm. The epididymis, along the top and behind the testicle, will have the texture of soft rope or cord. If the scrotum is warm and relaxed the epididymis will easily separate from the testicle.
- If an irregularity is suspected, the other testicle will serve as a comparison.
- Abnormalities will manifest as:
 - An increase in the size or weight of the testes or a heaviness in the scrotum
 - Lumps or swellings
 - A non-smooth, irregular surface
 - Alteration in the firmness of the testes
 - A dull ache in the lower abdomen or groin
 - Possible swelling of the male breasts (gynaecomastia).
- This cancer occurs most commonly in younger men and is readily amenable to a cure if treated early.
- Other conditions that manifest as changes in appearance and feel of the scrotal sac include hydrocele, orchitis and epididymitis.



GENERAL ADVICE

- Clients should be taught constant self-awareness, rather than obsessive self-examination.
- Encourage clients to be familiar with the natural feel and contours of their bodies so they are alert to changes.
- It is helpful to explain and demonstrate the examination procedure, point out normally occurring lumpiness in breast tissue and the epididymis in the testes. A professional examination will establish and confirm a normality baseline. A model breast is a useful aid.
- Nurses must be aware that clients may be embarrassed to perform and to be observed performing these self-examination techniques.
- Abnormalities are often detected by sexual partners.
- Breast cancer is not unknown in men.
- Testicular self-examination should, ideally, be introduced into school health education.

ALTERATIONS FROM NORMAL

- Clients detecting any change from their norm must be advised to seek medical advice as soon as possible, but remember that fear of cancer is still prevalent. Try to dispel this fear. Most changes will not be caused by cancer, but this needs to be excluded. In fact nine out of 10 breast lumps prove to be benign.
- It is crucial to emphasise that early detection and prompt treatment offers the greatest chance of successful cure for any type of cancer. While continuing to reassure, advise clients not to wait to see whether the symptoms disappear but to get them checked out.

NOW YOU SHOULD FEEL COMPETENT TO:

- Advise clients on how to perform breast or testicular self-examination.

RESOURCES

McCormack Ltd, Church House, Church Square, Leighton Buzzard, Bedfordshire LU7 7AE. Tel: 01525 851313.
 Northamptonshire Health Promotion, Beaumont Villa, Cliftonville, Northampton NN1 5BE. Tel: 01604 35681.
 Yorkshire Regional Cancer Organisation, Cookridge Hospital, Leeds LS16 6QB. Tel: 01132 673411.
 All the above provide leaflets on testicular self-examination.
 Imperial Cancer Research Fund, PO Box 123, Lincoln's Inn Fields, London WC2A 3PX. Tel: 0171-242 0200. Provides leaflets on breast self-examination.