Breast/axilla

Year 1	Year 2	Year 3
Do 1.Inspect Breast • With patient seated and arms at sides assess breasts for size and symmetry. • Assess contour with special reference to masses, dimpling, or flattening. • Appearance of skin including color, thickening, and venous pattern. • Nipples for rashes, ulcerations or discharge • Ask patient to raise arms over head and then press hands against hips to bring out any subtle dimpling. 2. Palpate Breast (with patient lying down and resting arm of examining side overhead) • Using the pads of your three fingers palpate in rotary motion pressing against chest wall • Use uniform pattern to assure entire breast is examined- clavicle to inframammary fold and midsternal line into axilla for tail of breast. • Palpate nipple and compress along with adjacent areola to assess for discharge. 3. Inspect axilla 4. Palpate axilla • Cupping fingers reaching deep, pressing and sliding along chest wall (use R hand in L axilla and L hand in R axilla while supporting patients arm) Know: • Palpation of the male breast may be brief but should not be omitted	Do • Nodules should be described with the following: location (clock method with distance from nipple), size (cm.), shape, consistency, delimitation with respect to surrounding tissue (well circumscribed or not), tenderness, and mobility. • Know: • Normal variations of breast tissue include firm elasticity of the young breast to lobular feel of glandular tissue and the somewhat stringy feel of some older breasts. • Premenstrual fullness, nodularity and tenderness are common. • Especially in large breasts a firm transverse ridge of compressed tissue may be present along the lower edge of the breast. • Enlarged axillary lymph nodes may be enlarged during lactation, or due to infection of ipsilateral arm, hand, and chest wall. • Changes in breast and lymph nodes are seen during pregnancy and lactation.	•