

MODERN MANAGEMENT OF BREAST PAIN

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CLINICAL LEAD FOR BREAST SURGERY

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BREAST PAIN



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- Breast pain is very common in women of all ages.
 - Breast pain can cause a lot of anxiety, and many women worry that they have breast cancer.
 - Breast pain alone is not usually a sign of breast cancer and is much more likely to be either a benign breast condition or chest wall pain due to other factors.
 - Having breast pain doesn't increase the risk of breast cancer.

THERE ARE 3 MAIN CATEGORIES OF BREAST PAIN

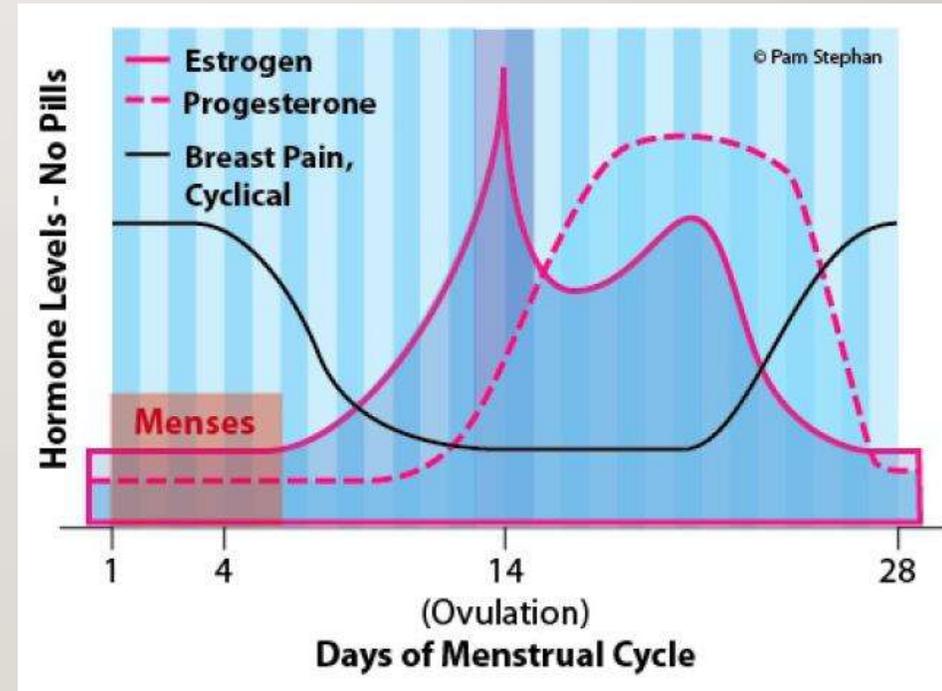
- Cyclical Breast Pain
- Non Cyclical Breast Pain
- Chest Wall Pain

DIAGNOSIS

- Examine the breasts and take a history of the type of pain you have and how often it happens.
- To check how long the pain lasts and how severe it is or if the pain is linked to menstrual cycle.

CYCLICAL BREAST PAIN

- Pain linked to the menstrual cycle 2/3 women will experience it in their lifetime.
- can affect either one or both breasts and can spread to the armpit, down the arm and to the shoulder blade.
- Usually stops after the menopause.
- However, women taking hormone replacement therapy (HRT) after their menopause can also have breast pain.
- Pain can also be due to starting to take or changing contraception that contains hormones.



NICE RECOMMENDATION

- Do not routinely recommend the following treatments for cyclical breast pain:

Stopping or changing other medication, including combined oral contraceptives.

Evening primrose oil.

Progestogen-only contraceptives.

Diets low in fat or low in caffeine.

Antibiotics.

Diuretics.

Pyridoxine also known as vitamin B6 and Pyridoxol

Tibolone works by mimicking the activity of the female sex hormones, oestrogen and progesterone. It also has some male hormone (androgen) effects.

Vitamin E.



LIFESTYLE CHANGES

- Eating a low-fat diet and increasing the amount of fibre
- Reducing caffeine and alcohol
- Increasing the amount of fresh fruit and vegetables the patient eats.
- Taking regular exercise to help maintain a healthy weight
- Wearing a supportive and correctly fitting bra during the day, during physical activity and at night.
- smoking cessation?
- Aromatherapy, acupuncture relaxation therapy.....

ANTI INFLAMMATORY MEDICINE

Oral paracetamol and/or ibuprofen, or a topical nonsteroidal anti-inflammatory preparation, as required



Research has shown that anti-inflammatory pain relief (like ibuprofen) can help breast pain



HORMONE DRUGS

- The drugs that are mainly used to treat breast pain are **Danazol and Tamoxifen**.
- These drugs have side effects, so will only be recommended after a discussion about the benefits and potential risks.

GAMOLENIC ACID



- There is evidence that having low levels of an essential fatty acid called gamolenic acid (GLA) can contribute to cyclical breast pain.
- However, research has shown that taking additional GLA does not help the pain. we sometimes may suggest to try evening primrose or starflower oil (which contain GLA), as some women have found it helps them to feel better generally.
- Evening primrose oil doesn't usually cause any side effects, patient may feel sick, have an upset stomach or get headaches.
- It's best not to take it if pregnant or trying to get pregnant.
- People with epilepsy are usually advised not to take evening primrose or starflower oil.

NON CYCLICAL BREAST PAIN



- It can result in continuous pain or pain that comes and goes and can affect women before and after the menopause.
- It can be related to certain benign breast conditions, previous breast surgery or injury to the breast, having larger breasts or side effects from other drug treatments.
- Some antidepressant drugs and some herbal remedies (for example, ginseng)
- Non cyclical breast pain tends to settle down by itself in about half of women

POST SURGICAL BREAST PAIN

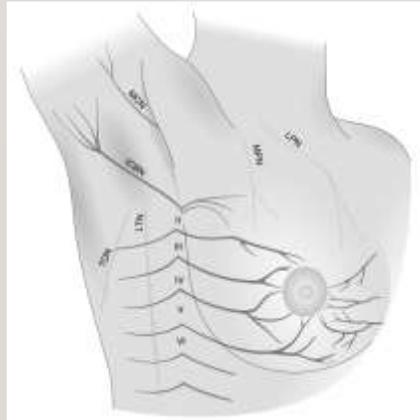


- in the UK in 2005–6 20–50% of patients experienced pain after mastectomy that is around 18 000 patients BJA: British Journal of Anesthesia, Volume 101, Issue 1, 1 July 2008, Pages 77–86

PAIN AFTER SURGERY

IMMEDIATELY AFTER SURGERY

- Most of the time described as burning and numbness in the scar area and under the arm.
- This can be well managed with regular standard pain killers like NSAID and Paracetamol

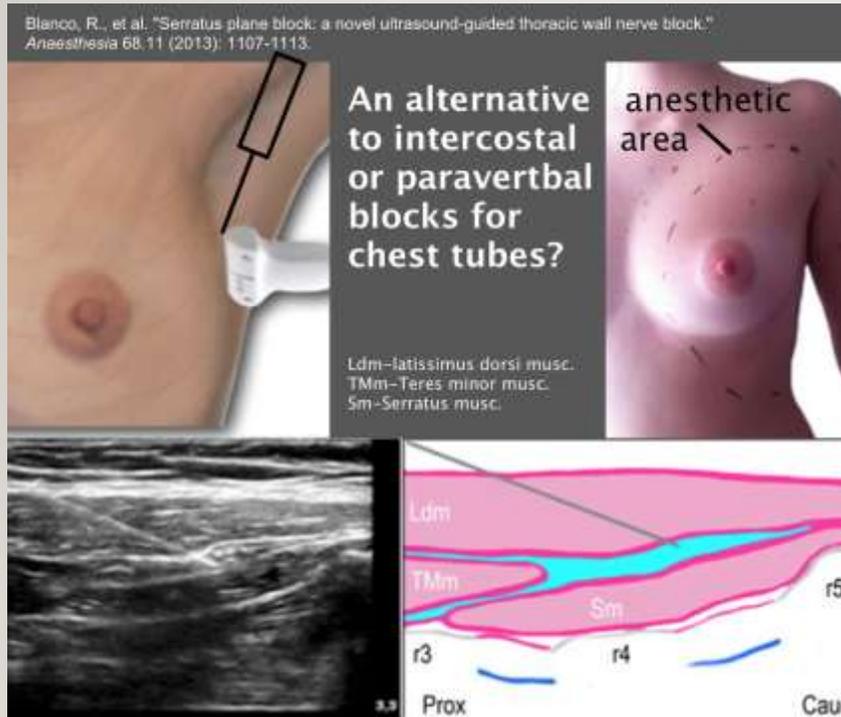


CHRONIC BREAST PAIN AFTER SURGERY

- Long-term pain is often associated with nerve fiber injury.
- Often describe this type of pain as shooting, burning, tingling, pressure sensations or numbness in the upper arm, chest area and axilla.
- More common in people who have had their lymph nodes removed
- Phantom breast and nipple pain
- Cording

BREAST BLOCKS

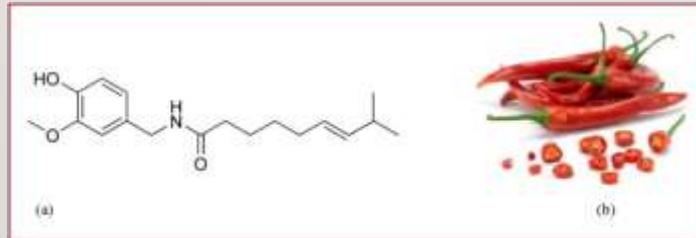
PARAVERTEBRAL BLOCK, PEC 1 AND PEC 2



provides significant immediate postoperative analgesia after breast cancer surgery and reduces the prevalence of postoperative chronic pain. *Anesth Analg.* 2006 Sep;103(3):703-8.

TREATMENT OF CHRONIC BREAST PAIN AFTER SURGERY

- Gabapentin one of its side effects is breast swelling
- Qutenza patches (capsaicin)?



- Nerve blocks, Lignocaine Patches
- Opioids
- Referral to chronic pain team

CHEST WALL PAIN

- Musculoskeletal pain
- Costochondritis
- Tietze's syndrome - inflammation of the costal cartilages and swelling.
- Angina
- Gall Stones



CHEST OR BREAST PAIN

- Lift the breast and examine the muscle and chest wall.
- Ask patient to lean forward during the examination. This can help them assess if the pain is within the breast or in the chest wall.



WHEN TO REFER TO THE BREAST CLINIC

- First Line treatment:

A better-fitting bra during the day.

A soft support bra at night.

Oral paracetamol and/or ibuprofen, or a topical nonsteroidal anti-inflammatory preparation, as required.

- Nice Guidance:

Consider referring to a breast specialist if the pain is severe enough to affect quality of life or sleep and does not respond to first-line treatment after 3 months.

WHAT THE PATIENT NEEDS TO KNOW

- Breast pain is very common Breast pain alone is not an indicator for breast cancer.
- Adenoid cystic carcinoma and inflammatory breast cancers can cause pain but they are extremely rare.
- No need to send patient with only breast pain for mammography.
- Breast pain can be managed safely in the community if unsure please refer to breast clinic

FUTURE PLANS

- as the number of referrals of patients with breast pain is increasing In the future we are planning to pilot one stop breast pain clinics at the Spire.
- The Breast team at the Spire Yale and Spire Abergele consulting rooms :



Heather Stephens,
Specialist breast care nurse at Spire Yale Hospital



Mr. Walid Abou Samra
Consultant oncoplastic breast surgeon

Dr. Meena Powell
Clinical Radiologist