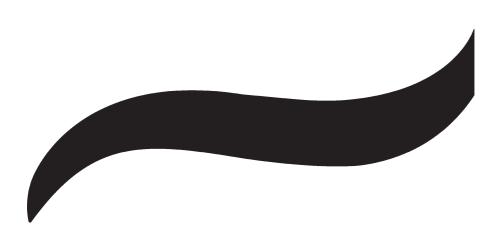




Breast Pain Management Advice

Information for patients



This leaflet contains information on breast pain, and some tips on how to manage your pain.

BREAST PAIN

Breast pain is a very common symptom for women.

You can get pain anywhere in your breast. The most common place to feel pain is towards the outer (lateral) part of the breast on each side, and this can pain can spread into the underarm. It is common for the pain to be on one side only, or worse in one breast than the other.

Generally, women with breast pain and no breast lump do not need to worry. It's not likely to be breast cancer if you only have pain in your breast and nothing else.

Cyclical breast pain:

Cyclical (hormonal) breast pain affects women in their teens, 20s, 30s, and 40s, while they are still menstruating. This pain occurs toward the end of the menstrual cycle in the week or so before you get your period. The breasts are often painful, tender, and swollen at this time, but symptoms improve at other points in the cycle. The pain usually affects the outer and upper parts of both breasts, and it might involve your underarm area as well.

Noncyclical breast pain:

This type of pain doesn't bear any relation to the patterns of your menstrual cycle. It often feels like a sharpness, burning, or soreness in one area (or areas) of the breast instead of a generalized feeling of pain and tenderness. This type of breast pain is more common after menopause. The pain may be constant or it can come and go.

2 Having breast pain doesn't mean you will develop breast cancer

WHAT CAUSES BREAST PAIN?

Breast pain is very common when hormone levels are changing. It is most common in women in their teens or early 20s; in early pregnancy; around the menopause; and after starting an oral contraceptive ('the pill') or hormone replacement therapy (HRT).

However, it can happen at any age and often we don't know why some women have breast pain.

Other causes include:

- Injury. Any trauma to the breast can cause localized pain that may last for many weeks. Occasionally, trauma causes inflammation that results in pain and swelling.
- Medications. Some prescription medications can also cause pain in the breast area. Check your medicines information leaflet for list of side effects.
- Support problems. Heavy, pendulous breasts may stretch ligaments and tissues in the breast, causing pain in the shoulders, back, neck, and breasts.
- Strain in the pectoralis major muscle, which lies directly beneath and around the breast, can cause pain that feels as if it's coming from inside the breast. Activities that strain the pectoralis muscle include raking, shoveling, and lifting.
- Costochondritis. Inflammation of the cartilage that joins your ribs to your breastbone. This is also termed Tietze's syndrome. When the cartilage in the joint where your ribs connect to your breastbone — your costochondral joint — is irritated. This irritation leads to inflammation around the joint and causes chest pain and swelling.

HOW CAN I MANAGE BREAST PAIN?

- 1. Wear a comfortable, well-supporting bra. It doesn't matter if it has an underwire or not as long as it feels comfortable and gives you good support. Ensure that it is not too tight around your ribs, however. You might find it helps if you tighten the shoulder straps of the bras you have. You may wish to try a 'firm support' sports bra, and also try wearing this at night for several weeks.
- 2. Try not to drink too much caffeine (eg coffee, tea, cola, Irn-Bru). There is some evidence that women with breast pain who drink smaller amounts of caffeine find that they don't get as much breast pain. Decaffeinated drinks can contain similar chemicals and so you may wish to cut back on these too or look for naturally decaffeinated brands..
- 3. Try rubbing a topical ibuprofen or diclofenac gel on your skin around the area where you're having the pain. Brands include lbuleve, Neurofen and Voltarol gel, and you can also find non-branded versions in most pharmacies.
- 4. Painkillers: try swallowing ibuprofen and/or paracetamol tablets if you are able to.
- 5. Some women find gamolenic acid (GLA) in starflower oil or evening primrose oil capsules can help with their breast pain. You can buy these in pharmacies or health food shops (your GP cannot prescribe them). Look on the box to see how much GLA there is in the capsules, and take 240mg daily (maximum 320mg) of GLA for 3-6 months. Once your pain is better you may want to carry on taking a smaller dose each day: 80mg per day may be enough
- 6. Some women find that Vitamin E supplements (take 2 tablets with 200 international units (IU) each day) help their breast pain.
- 4 Having breast pain doesn't mean you will develop breast cancer

Please note: You should always read the information leaflet that comes with the medicines to make sure it is safe for you to take them. If you are not sure then please speak to your local pharmacist.

BREAST SCREENING

In Scotland, women between the ages of 50 and 70 are offered breast screening every 3 years.

Contact your local screening centre on 0141 800 8800 or email qqc.wosbs@nhs.scot if you:

- haven't had your first invitation by your 53rd birthday
- have moved house or GP practice and not had an invitation in • the last 3 years

FAMILY HISTORY OF BREAST CANCER

Some people have a higher risk of developing breast cancer than average because other members of their family have had particular cancers (including ovarian, pancreatic and prostate). This is called a family history of cancer.

If your mum, sister or daughter (this is called a first degree relative) or a male in your family has had breast cancer this can sometimes mean you have a higher risk of getting breast cancer. If you have a number of close relatives who have had breast cancer, or they got breast cancer under the age of 40 then this risk could be higher. Most women who have a close relative with breast cancer will never develop it though.

If you are worried about your family history please contact your GP and ask to be referred to the clinical genetics team. They will assess your family history and tell you if you have a higher risk of having breast cancer.

WHEN SHOULD I SEEK MEDICAL ADVICE AGAIN?

You should see your GP as soon as possible if you notice any changes in your breasts or armpits such as

- a lump
- thickening where your breast feels lumpy or hard
- skin redness;
- dimpling or puckering on the skin
- fluid coming from your nipple
- your nipple turning inwards;
- change in the shape or size of one breast.
- Breast pain that lasts more than 3 months even after you've tried the suggestions above.

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk NHS Lanarkshire General Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland. www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation. Services@lanarkshire.scot.nhs.uk

Pub. date: August 2022
Review date: August 2024
Issue No: 01a
Department: Oncology
Clinical lead:



www.careopinion.org.uk