**Breast Cancer**

Etiology and Pathophysiology

■ Development of malignant cells due to hormonal, genetic and/or environmental

factors

■ Localized or invasive

■ May affect lobules (lobular carcinoma) or ducts (ductal carcinoma)

■ Ductal carcinoma associated with an itchy, scaly nipple lesion (Paget’s disease)

■ Stage 0 (in situ), Stage 1 (tumor \_2cm), Stage 2 (tumor 2-5cm), Stage 3

(tumor \_5cm), Stage 4 (metastasis)

Risk Factors

■ ↑Age, female gender, family history, BRCA-1 and -2 genes

■ No or late 1st pregnancy, estrogen replacement, early menarche, late menopause

■ Alcohol, obesity, cancer in other breast

Signs and Symptoms

■ Hard, nontender mass; often superior lateral breast

■ May attach to underlying tissue (fixed)

■ Recent inversion or flattening of nipple

■ Unilateral venous prominence

■ Orange peel appearance of breast tissue (peau d’ orange)

■ Enlarged axillary nodes

■ Diagnostic tests: Mammogram, sonogram, MRI, tumor biopsy, node biopsy (identifies primary axillary node for breast drainage and need

scans and tumor markers (Ca 15–3, Ca 125, carcinoembryonic antigen)

determine progression

Treatment

■ Based on stage

■ Surgery (lumpectomy, mastectomy, nodal dissection)

■ Reconstruction surgery involves progressive addition of saline into

temporary implants to expand tissue before insertion of final implants;

patient’s own muscle flaps from abdomen or back are used to simulate

breast tissue; tissue from inner thigh or labia is used to create nipple;

tattoo to simulate areola

■ Radiation, chemotherapy, hormonal therapy, bone marrow transplantation.

**Nursing measures**

■ Monitor S&S

■ Teach monthly breast self-examination (BSE):

■ Systematic light, medium, and deep palpation with finger pads over

breasts and axilla once a month

■ 5–7 days after start of menses in premenopausal women and same day

every month in postmenopausal women

■ Inspect for symmetry, dimpling, or nipple inversion

■ Care related to chemotherapy see Pharmacology

■ Radiation: Manage fatigue, protect skin from irritation and sun, no

ointments, lotions, or powders

■ Postoperative:

■ Provide for pain management

■ Maintain self-suction drainage device to ↓edema

■ Teach postmastectomy exercises (wall climbing) to ↑muscle strength,

↓contractures, ↓risk of lymphedema

■ Protect extremity: No BPs or IVs, wear gloves for gardening, avoid

lifting or carrying heavy items, use electric razor for axillary hair

■ Provide support of patient and partner; refer to Reach to Recovery