

△ GENERAL INFORMATION

There are a number of names for this very common problem, and “fibrocystic disease” is not one of the better ones because it is not a disease. It is a variation of the normal changes that occur in the breast with menstruation. As such, it is being referred to increasingly as *fibrocystic changes*.

Probably, some imbalance of hormones produces an exaggerated response in the breasts. It is seen most commonly in women aged 20 to 55 years.

COMMON SIGNS AND SYMPTOMS

- Usually fibrocystic change occurs in both breasts but not necessarily equally. Mostly, it appears in the upper outer part of the breast (Fig. 1).
- It may be characterized by pain or a lump in the breast or tenderness in many locations. The tenderness can be mild or very disabling. Many women can't sleep on their abdomen before their menstrual cycle. Some find even wearing a brassiere is too uncomfortable.
- The clear-cut lumps usually are large cysts.
- Sometimes the lump is made up of a number of small cysts bunched together (like a bunch of grapes).

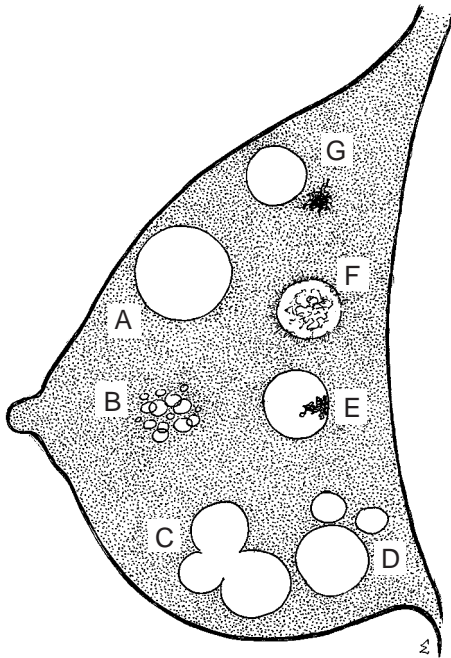


Figure 1. Fibrocystic changes in the breast can present in a number of ways. Some examples are as follows: Simple cyst (A) that could be drained easily with a needle. A grouping of small cysts (“soap bubbles”) (B) that would be difficult to aspirate. Multiple cysts that connect with one another (C); a draining needle in one of them would drain all of them. Disconnected grouped cysts (D); help would be needed (for example, with ultrasound) to see them accurately and make a decision on drainage. A cyst with a growth (possibly cancer) in it (E). A cyst that is inflamed and has thick fluid in it, making it more difficult to drain (F). A cancer “hidden” by an innocent-feeling cyst over it (G).

- The cyst may appear somewhat suddenly and stay that way, or it may go away with the next menstrual cycle.

DIAGNOSIS

- It is necessary to remember that both fibrocystic change and cancer are common and that they can both occur in the same age group of patients before their menopause.
- The most important concern is not to mistake a cancer for fibrocystic disease; they both can appear as lumps.
- **Mammography:** This is a very valuable way to pick up a cancer even in a breast with fibrocystic change.
- **Ultrasound:** Harmless sound waves are aimed at the area of your breast. The sound waves bouncing back (the echoes) from this area are seen as a picture on a screen. Ultrasound is a convenient, painless, and harmless way to examine tissues inside your breast. It can do the following:
 - Demonstrate whether a lump is filled with fluid (called a *cyst*).
 - Help the surgeon guide a needle to a small cyst that cannot be felt so that the fluid inside it can be removed and examined in the laboratory.
- If the mass is solid, the nature of it can be determined in one of the following ways:
 - A fine needle is used to remove a few cells for examination (called *fine needle aspiration biopsy*).
 - The skin over the lump is made numb with an anesthetic. A larger needle is inserted through the numbed skin and down to the lump. A sliver of tissue, the size of the lead in a wood pencil, is removed (a *core biopsy*) for examination in the pathology laboratory.

○ TREATMENT

- A single lump that can be felt can be aspirated with a needle and syringe. If the fluid is clear, straw colored, or pale green, it is rarely cancer.
- A *biopsy* is advised if, with aspiration, a needle is placed in the mass and one or more of the following occur:
 - No fluid can be withdrawn.
 - The fluid is bloody.
 - The mass does not go away completely.
 - The mass goes away but comes right back. If this happens several times in close succession, it arouses concern that it might be a cancer causing the fluid to form.
- If there is any question about the diagnosis, then removing the lump (an *excision biopsy*) is wise.
- The biopsy may show only fibrocystic disease. There should be no regrets or apologies for this. This is the only way to be certain a suspicious mass is not cancer. If it is a cancer, an early diagnosis and treatment greatly improve the chances for cure.

PREOPERATIVE PREPARATION

- Usually the biopsy is performed under local anesthesia along with some medicine to make you feel drowsy.
- You may have a routine examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.
- You may shower as usual the morning of the operation.

□ OPERATION

- The breast will be painted with an antiseptic solution and draped with sterile towels.
- Local anesthesia: A very thin, short needle will be used to inject an anesthetic in the skin over the lump. The area will become numb.
- The incision will be selected carefully and made in a cosmetic fashion so that it will show as little as possible.
- During the operation, you may feel some tugging but not pain.
- The incision will be closed in a cosmetic fashion.
- Usually the operation takes about 1 hour.

POSTOPERATIVE CARE

- You will be taken to a recovery room. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.
- Arrangements will be made for your medicine,

follow-up office visit, stitch removal, and a discussion of the laboratory findings.

- As with any operation, complications are always possible. Although uncommon with this type of operation, they can include bleeding, infection, and possibly others.

⊕ HOME CARE

- Resume your usual activities.
- Unless instructed otherwise, you may shower as you wish and with any dressings on or off.
 - There may be narrow strips of tape across the incision. It's all right if they get wet. They will be removed in the doctor's office.
 - After you dry yourself, replace any dressings with clean, dry ones.
- Take medicine as prescribed for your pain.
- Wearing a loose bra at bedtime—mostly to keep your breasts from moving around too much as you shift during sleep—will make you more comfortable.
- Do not drive a car if you cannot move your arm freely or are taking pain medicine that may decrease your alertness.
- You may return to work when you feel up to it.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.