

△ GENERAL INFORMATION

Fibroadenoma is a common noncancerous tumor of the breast seen most often in young women. There may be a relationship between fibroadenoma and some hormonal event. Fibroadenoma of the breast has nothing to do with fibroids of the uterus.

COMMON SIGNS AND SYMPTOMS

- The tumor feels like a smooth, rubbery mass that is freely movable. It feels like a “slippery olive.”
- It usually does not hurt.
- It rarely changes in size with the menstrual cycles. It is different from fibrocystic changes of the breast. The latter are areas of nodularity or thickening that cause the breast to feel tender or painful and that change with the menstrual cycle.
- There may be more than one lump in a single breast or in both breasts.

DIAGNOSIS

A detailed history and physical examination by an experienced doctor can make the diagnosis accurately about 85% of the time. Methods that can help establish the diagnosis include the following:

- **Ultrasound:** Harmless sound waves are aimed at the breast. The sound waves bouncing back (the echoes) from structures inside the breast are seen as pictures on a screen. This is a convenient, painless, and harmless way to look at certain kinds of lumps inside the breast.
- A mammogram may be ordered. It can show not only the nature of the tumor but also possibly another abnormality that cannot be felt (in either breast).

If there's any question about the diagnosis, further evaluation may be necessary. Sometimes it is necessary to confirm the clinical diagnosis of a mass by examining a small amount of it (a *biopsy*) under the microscope. This can be done in one of several ways:

- **Fine-Needle Aspiration Biopsy:** This method is most suitable for women younger than 20 years of age. The breast is painted with an antiseptic solution, and then the skin over the mass is made numb with an anesthetic. A fine needle will be inserted through the numbed skin and into the mass. A few cells will be drawn off and sent to the laboratory for examination. A fine-needle aspiration biopsy is 85 to 95% accurate.
- **Core Needle Biopsy:** A slightly more accurate type of needle biopsy involves preparing the breast in the same manner but using a somewhat larger needle to core out a piece of tissue for the diagnosis. The ultrasound may be used to help aim the needle and to confirm that the tissue being sampled is really from the tumor.

○ TREATMENT

- Removing the mass (even if proved by biopsy to be fibroadenoma) is often advisable. At other times it may be reasonable to observe it for a while or even not to treat it at all.

Reasons for an Early Operation

- If a woman is trying to become pregnant. Breast examination and follow-up during pregnancy and breast-feeding is more difficult with a fibroadenoma present. Also, removal of an enlarging mass from a pregnant breast is much more difficult, and the wound heals less well.
- If it appears to be growing rapidly. A small percentage of fibroadenomas grow to a large size.
- If this tumor can be felt, it may be a continuous source of concern for a patient.

Reasons to Wait

- If on physical examination, ultrasound, or mammography, the mass appears to be a fibroadenoma and fine-needle aspiration supports this diagnosis, it is reasonable to observe this mass at regular intervals.
- The mass has been present for a period of time and has not grown at all.
- The person is young. The possibility that this is a fibroadenoma is high, and the risk of cancer is low.
- Incisions in locations other than the areola on a young, still-growing breast can be prone to form thick, wide scars.
After taking all of the above factors into consideration, the recommendation is that your tumor be removed.

PREOPERATIVE CARE

If you are younger than 35 years and are not going to have this operation under general anesthesia, only physical examination and blood count will be necessary. Otherwise, you will have a routine examination of your blood, urine, and lungs (chest x-ray).

- You may be given medicines that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- Depending on how deep the tumor is in the breast, the operation can be done under local anesthesia, along with medicine to make you feel drowsy, or under general anesthesia. Usually, the incisions for deep lesions can be a little shorter if the patient is asleep, or they can be placed more easily on the edge of the areola (which causes less scarring). The choice of the anesthetic will be discussed with you.
- The place of incision will be selected carefully and made so that it will show as little as possible.

- The entire specimen will be sent to the pathology laboratory for examination.
- There will be a cosmetic closure. You will have a scar. The size of the scar depends on how your skin heals. The operation generally takes 45 minutes.

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 accompanied by a responsible adult.
- As with any operation, complications are always possible. Although they are uncommon with your type of operation, they can include bleeding, infection, and possibly others.
- Arrangements will be made for your pain medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- Resume your usual activities.
- You may shower if you wish after 24 hours 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.
- 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.

📞 CALL OUR OFFICE IF

- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 101°F.
- You have any questions.