

Breast Pain (Mastalgia)

Breast pain is a common problem, occurring in up to two thirds of women. Sometimes women also have lumpy breasts as well as the breast pain. Breast pain is not usually a sign of breast cancer. However, you should always perform a clinical examination and order appropriate imaging if the breast pain is a new symptom.

Initial management

Triple Assessment

- History + examination
- Radiological imaging
 - Women < 35
 - ▶ Ultrasound
 - ▶ Mammogram only if suspicious palpable mass or ultrasound mass
 - Women > 35
 - ▶ Bilateral mammogram + breast ultrasound
- Biopsy – indication based on radiology and clinical assessment

Once triple assessment has ruled out any sinister cause of the pain and has also not identified any incidental lesions then treatment of the breast pain can be initiated.

When to refer

- Suspicious palpable mass
- Suspicious imaging
- Nipple retraction
- Bloody or serous nipple discharge
- Red swollen breast
- Uncertain correlation of triple assessment
- Unresolved breast pain and patient request

Types of breast pain

Cyclical Breast Pain

Cyclical breast pain changes with the monthly cycle, the pain is usually worse before the next period, and then usually goes away once the period has started. Often women say that their breasts feel heavy or ache or throb. For some women the pain may make the breasts become sore and tender to touch and interfere with normal activities of daily living or sleep, and limit activities such as sports.

Non-Cyclical Mastalgia

Some breast pain is not related to periods. Why some women have this type of breast pain is not always known. This pain may be intermittent, fluctuate or be continuous. In fact, this type of pain could be related to the chest wall musculature.

How is breast pain treated?

Most women feel they do not need any treatment for this problem if the pain is not very troublesome and if they have had the reason for the breast pain explained. Remember, breast pain is a common problem for women who are having regular periods. Some studies have shown two thirds of women may have this problem and need reassurance and simple advice from their doctor.

Many women are happy to be told that the pain is not a cancer and can live with the discomfort they have. In many cases, the breast pain will disappear after a few months without any treatment being needed. However, your patient feels as though the breast pain is bad enough to need treatment, there are several treatments you may try.



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Some simple things to help control breast pain are:

- Minimise intake of tea, coffee or cola each day. Try using a decaffeinated brand instead (caffeine can make breast pain worse).
- Smoking cessation
- Ensure they wear a well fitted bra.
 - A bra that is too small will feel uncomfortable, squash the breasts and make any breast pain worse.
 - A bra that is too big will not offer good support to breast tissue and may make any breast pain worse.
- If they use the oral contraceptive pill, consider stopping the pill and using a different type of birth control, or trying a different type of pill
- If they use Hormone Replacement Therapy, consider stopping or changing the HRT
- Evening Primrose Oil (3g / day). This needs to be taken regularly for at least 8 weeks to see its affects. Not recommended for women whom may become pregnant.
- Vitamin B1 & B6 50mg daily for at least 3 months
- Gamma linolenic acid (or (GLA or Gamolenic acid), 240 – 320 mg daily). The capsule contains essential fatty acids, and needs to be taken for at least four months, every day, to get best results.
- Non-steroidal gel (Voltaren) applied to the affected area may help
- There are drug treatments that can be used to treat breast pain; but they can have unpleasant side effects. They should only be considered if the mastalgia is affecting their quality of life. These medications include tamoxifen and danazol and need monitoring due to the side effects.



Dr Joel Symonds

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Breast Surgery, Breast Cancer

Dr Joel Symonds is a specialist breast and oncoplastic surgeon. He offers expertise in the treatment of women with breast cancer and benign breast related conditions. Dr Symonds has extensive specialty training in breast surgery having completed three years of post-fellowship surgical training programs. Dr Symonds was appointed by Professor Hugh Carmalt to take over his private practice upon retirement. He also has a VMO appointment with BreastScreen NSW.

Special Interests

- Breast Cancer
- Genetic Mutations
- Oncoplastic Breast surgery techniques
- Therapeutic Mammoplasty (Lumpectomy with breast reduction)
- Post mastectomy Implant based reconstruction
- Nipple reconstruction
- Lipomodelling
- Benign breast conditions
- Work-up of imaging abnormalities

Contact

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