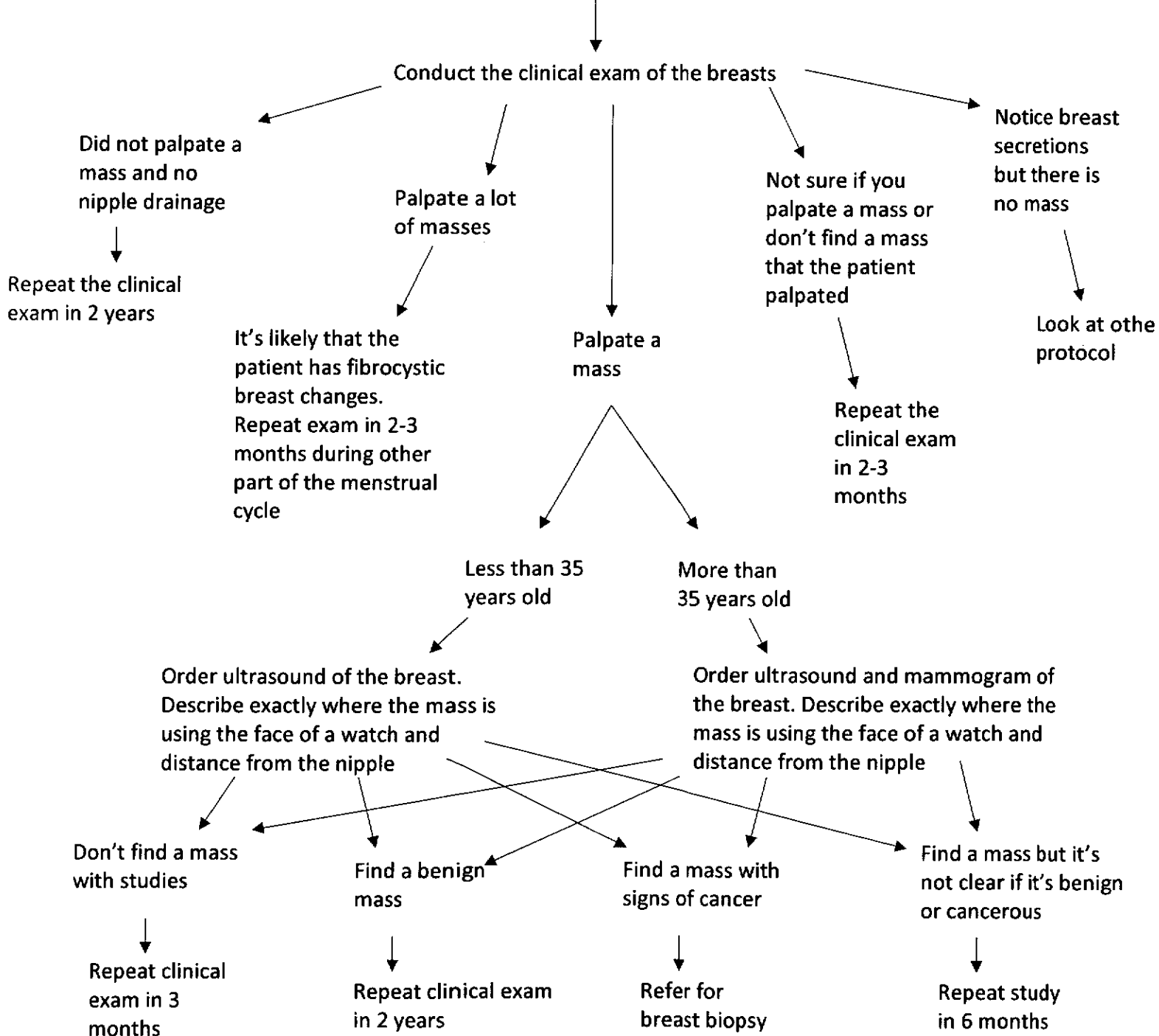


Protocol for breast exam: Breast mass

Conduct the interview including the question, has the patient noticed a small mass in the breasts or nipple drainage?



Protocol for breast exam: Breast secretion

Conduct the interview including the question, has the patient noticed a small mass in their breasts or nipple drainage?

Conduct the clinical exam of the breasts

Palpate a mass

Look at the other protocol

Secretion (in exam or history) has 1 or more signs of pathologies:

- Only on one side
- clear or with blood
- spontaneous
- Comes from only one duct
- Occurs with a mass

Secretion has benign signs:

- from the nipples
- similar to milk or yellow color, green, black, or gray
- Only comes out with contact
- Comes from many ducts

Less than 35 years old

More than 35 years

Order ultrasound of the breast. Describe exactly from what duct the liquid is coming from

Order ultrasound and mammogram of the breast. Describe exactly from what duct the liquid is coming from

Refer for breast surgery in a national hospital

Do pregnancy test

Positive

Negative

Assure that the secretion stops after the pregnancy

Look for a cause:
- are there signs of infection (mastitis)?
- are they taking a medicine that could cause secretion?
- does she or her partner touch her breasts often?

No cause found

Found a cause

Give advice to the patient how to stop the secretion

Re-examine in 4 months

Stopped

Observe

Check TSH and Prolactin

Abnormal

Normal

Speak with doctor

Observe

Continues

Advice for stopping physiological secretions

- stop or change medication that can cause nipple secretion
- hypertension: methyldopa, verapamil
- stomach: metoclopramide, cimetidine
- reproduction: contraceptive pills, estrogen cream
- psychiatric illness: amitriptiline, fluoxetine, haloperidol, and others
- do not touch breasts a lot
- use a bra with a lot of support