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Breast Lumps

Finding a lump in your breast can cause a lot of anxiety. Most **breast lumps**, particularly in younger women, are not caused by cancer. They may be non-cancerous (benign) lumps (such as cysts) or infection. You should make an appointment with your GP as soon as possible if you find a breast lump. They will then decide if you need referral to a specialist breast clinic for further tests.

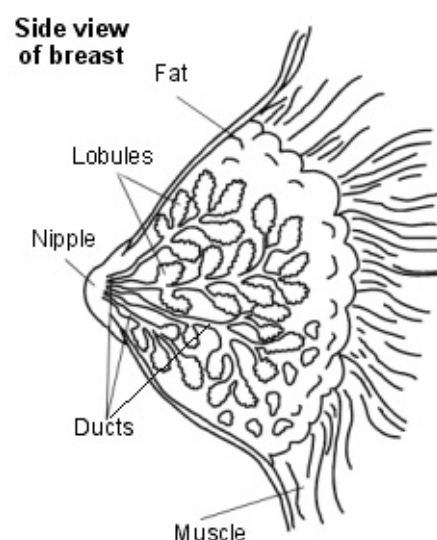
A normal breast

This diagram shows a normal breast.

The breast is connected to muscles on the wall of your chest. It is made up of fatty tissue. Within the fatty tissue are lobules or milk-forming glands. Milk drains from these glands into breast ducts during breast-feeding. Milk then leaves the ducts through your nipple.

The glands and ducts can decrease or increase in number and size. This will depend on whether they are needed.

Breast lumps can involve any of these different tissues, or components, that make up your breast.



Common causes of breast lumps

Normal (physiological) swelling and tenderness

Your breasts change throughout your menstrual cycle each month because of your hormones. At least half of all women who have periods will have some pain, tenderness and lumpiness in their breasts at some time in the month. This is usually most obvious in the week before your period. It quickly goes when your period starts.

When this pain and lumpiness cause problems it is known as fibrocystic change. Pain and lumps (nodules) may occur which are severe enough to need checking by a doctor. It is more common in women aged 30-50.

Fibroadenoma

This is a non-cancerous (benign) breast lump that usually occurs in women under the age of 40. It is most common in women in their 20s. It is the most common type of benign breast lump.

These lumps occur as a result of excess growth of the glands and connective tissue in the breasts. They usually feel like round, firm and rubbery lumps. They usually move slightly under the skin when they are pressed. They are not usually painful.

Sometimes they can disappear of their own accord or they can be removed. They tend to go after the menopause.

Breast cysts

A cyst is a fluid-filled lump. **Cysts are more common in women approaching menopause**, although they can occur at any age. They are usually oval or round lumps that are smooth and firm. They tend to move slightly when pressed. It is common for them to appear within two weeks prior to your period and then go away (resolve) soon after the period.

Cysts cannot turn into cancer and do not always need treating once the diagnosis has been confirmed. Where treatment is needed, it typically involves draining the fluid from the cyst. This is done by using a thin needle inserted into your breast by the doctor. After draining, some cysts will refill with fluid but can be drained again. Usually this is done by a specialist doctor in a breast clinic.

Infection

A lump caused by infection is fairly common in **women who are breast-feeding**. The ducts that carry the breast milk can become blocked. Germs (bacteria) can enter through cracks in the nipple. This can lead to the development of a **collection of pus (abscess)** in the breast. Warm compresses, paracetamol and/or antibiotics may be needed. Infection can also cause lumps in women who are not breast-feeding.

Fat necrosis

Injury or trauma to the fatty tissue in your breast can cause a lump. These lumps usually heal and go away of their own accord. However, if they persist then they can be removed.

Lipoma

A **lipoma is a fatty growth that develops within the fatty tissue of your breast**. It is non-cancerous and usually does not need any treatment. However, it can be removed if it is large or causing any symptoms.

Breast cancer

The vast majority of breast lumps are **not** caused by breast cancer. However, breast cancers are a cause of lumps in the breasts.

See separate leaflets called **Breast Cancer** and **Breast Cancer - Hereditary Factors** for more details.

What should I do if I find a breast lump?

If you find a lump in one of your breasts, you should make an appointment with your GP as soon as possible. When you see your GP, they may start by asking you some questions. It is a good idea to think about these questions before your appointment.

Questions may include:

- When did you notice the lump?
- Do you have any breast pain?
- Do you have any nipple discharge?
- When was your last period (if you still have them)?
- Are you taking a hormone medication such as the contraceptive pill or hormone replacement therapy?
- Have you had breast lumps before?
- Do you have any history of breast problems in your family?

Breast examination

Your doctor may then suggest that they examine your breasts. A male doctor should always offer for a chaperone to be present during the examination. Sometimes female doctors will also offer a chaperone. You will be asked by the doctor to remove your top and bra. They may want to examine your breasts, with your arms in the air and then by your sides. They may also want to examine your breasts when you are sitting and then lying down. They may also want to examine underneath your arms to feel for any enlarged lymph glands. Your doctor may ask you to point out the lump to them. If you have had any nipple discharge, your doctor may ask you to demonstrate this yourself by asking you to squeeze your nipple.

There is more than one right way to examine the breasts and doctors may differ in their approach.

What happens next?

This will depend on what your doctor finds when they examine you. If you are under 30 years old, are still having periods and have only just noticed the lump, your doctor may suggest that you return for another examination after your next period.

In most cases, the doctor will suggest they refer you to a specialist breast clinic. Here you will see a doctor who has special expertise in dealing with breast problems. This is to check that your lump is not cancer. Most breast lumps are NOT cancer but it is important to be certain by doing some tests.

You can usually expect an appointment at the clinic within a short space of time. However, waiting times can vary depending on how busy the clinic is and how urgent your GP feels the problem is. The aim is that any woman with a breast lump should be seen in a specialist breast clinic within two weeks. If your doctor feels that you are more likely to have one of the non-cancerous (benign) causes of a breast lump, it may take longer than two weeks for you to be seen.

Even if you are referred urgently, you should remember that your lump may still turn out to be benign. The majority of people referred to a breast clinic do **not** have breast cancer.

What to expect if you are referred to a breast clinic

Usually there is a specialist breast nurse who works in a breast clinic. This nurse may be present during your appointment with the doctor and is usually available for any questions afterwards. In some clinics, the specialist nurse runs the clinic and you may only see the nurse.

In most clinics you will firstly be asked about your symptoms. You may be given an information sheet to fill out. This may include some of the questions that are listed above. After this, the breast specialist doctor or nurse will examine your breasts in a similar way to the examination by your GP. They may then suggest that you have some further tests.

These can include a mammogram and/or an ultrasound scan of your breast (see below). Often investigations are carried out on the same day that you attend the clinic. Sometimes you may be given an appointment to come back for a test.

The breast specialist may also suggest that they take a sample (biopsy) of the lump. There are two common ways of doing this, either by fine-needle aspiration or a core biopsy (details below). They are both straightforward procedures. Sometimes ultrasound scanning is done to guide the procedure. The specialist uses the scan to identify exactly where the lump is so that they can take the sample. The sample may be taken on the same day in the breast clinic or you may be given an appointment to come back for the procedure.

What is a mammogram?

A mammogram is essentially an X-ray of your breasts. A person trained in taking X-rays (a radiographer) will ask you to remove your top and bra. The mammogram is generally done with you standing up. Each breast is pressed between two X-ray plates. This may feel a little uncomfortable but the discomfort should only last for a few minutes. Two images of each breast are taken in different positions.

What is an ultrasound scan of the breast?

An ultrasound scan of the breast uses the same technique **as an ultrasound scan that women have when they are pregnant**. It is a painless test which uses sound waves to create images of structures inside you, in this case the inside of your breast. Again, you will be asked to remove your top and bra. Some gel will be spread on to your breast. The ultrasonographer will then move the scanning probe over the surface of your breast. The high-frequency sound waves allow them to produce an image of your breast. They should be able to see any lumps in your breast.

You may have both an ultrasound scan and a mammogram. Women under the age of 40 may only have an ultrasound scan. This is because it is difficult to obtain a clear picture of younger women's breasts using a mammogram.

Some women may have a magnetic resonance imaging (MRI) scan. This can show different detail of the breast tissue than a mammogram or an ultrasound test.

What is fine-needle aspiration?

Fine-needle aspiration cytology (FNAC) is a procedure where a small, fine needle, with a syringe connected to it, is used to take a sample of breast cells from the lump. This sample is then sent to the laboratory and is examined under a microscope. It is usually a quick procedure and may be a little uncomfortable. Local anaesthetic is not usually used, as this would mean using two needles (a needle to give the local anaesthetic first) instead of just one. Your breast may feel a little sore for a short period afterwards.

It may take one to two weeks for the results, or sometimes longer depending on the clinic. You will generally be given another appointment to come back for the results. The results can show if the lump is cancerous (malignant) or non-cancerous (benign). Sometimes not enough cells are present in the sample to give a definite answer. In this case you will need further tests.

What is a core biopsy?

For a core biopsy, a larger needle is used to take a sample of tissue from your breast lump. You will usually be given a local anaesthetic to numb the area before the biopsy is taken. A small cut may be made in the skin. More than one biopsy may be taken. The tissue that is taken is sent to the laboratory and is examined under a microscope.

You may need to wear a dressing on the area afterwards and your breast may feel a little sore. Painkillers usually help the soreness. You may have some bruising in the area of the biopsy. It may take one to two weeks for the results, or sometimes longer depending on the clinic. You will generally be given another appointment to come back for the results. Again, the results can show if the lump is cancerous (malignant) or non-cancerous (benign).

Other advice

If you do have to go back to a breast clinic to receive your results, it may be a good idea to take a partner, relative or friend with you. In this way you will have someone present to give you support if you need it. However, remember that for many women who have these tests, the results show that they do NOT have cancer. They may have one of the non-cancerous (benign) breast problems that are discussed above.

You should also remember that even if your tests do come back as benign, you should still continue to be vigilant and be breast-aware. If you feel anything in your breasts that is not normal for you, see your doctor as soon as possible.

See your GP if you are worried about any new breast pain, lumps or nipple discharge.

Breast cancer screening

If you are between 50 and 70 years old, you will be called for regular breast cancer screening using mammography. You should continue to attend this. You will automatically be sent an appointment for a mammogram every three years.

This screening may be extended to women who are 47-73 years old. In some parts of the UK, women in this age range are invited for screening. This is part of a study to find out if extending the screening age would be valuable.

If you are over the screening age you can still arrange to have a mammogram every three years if you wish by calling the screening service. If you have a family history of close relatives with breast cancer, you may need early screening. Discuss this with your GP if it applies to you. Whatever your age, if you have specific worries, see your GP, who can refer you to the breast clinic if need be.

Further help & information

Cancer Screening Programmes (England)

Web: <https://www.gov.uk/topic/population-screening-programmes>

Health Screening Programmes (Northern Ireland)

Web: <https://www.nidirect.gov.uk/information-and-services/health-services/health-screening-programmes>

Screening Scotland

Web: <https://www.nhsinform.scot/healthy-living/screening/screening-in-scotland>

Public Health Screening Programmes (Wales)

Web: gov.wales/topics/health/protection/public-health-screening/?lang=en

Breast Cancer Care

5-13 Great Suffolk Street , London, SE1 0NS

Tel: (Helpline) 0808 800 6000, (General) 0345 092 0800

Web: www.breastcancercare.org.uk

Further reading & references

- [Suspected cancer: recognition and referral](#); NICE Clinical Guideline (2015)
- [Willett AM, Michell MJ, Lee MJR](#); Best practice diagnostic guidelines for patients presenting with breast symptoms, Association of Breast Surgery UK (2010)
- [Breast cancer - recognition and referral](#); NICE CKS November 2015 (UK access only)
- [Breast pain - cyclical](#); NICE CKS, September 2012 (UK access only)
- [Breast screening](#); NICE CKS, December 2011 (UK access only)
- [Breast cancer - managing FH](#); NICE CKS, December 2013 (UK access only)
- [Walker S, Hyde C, Hamilton W](#); Risk of breast cancer in symptomatic women in primary care: a case-control study using electronic records. *Br J Gen Pract.* 2014 Dec;64(629):e788-93. doi: 10.3399/bjgp14X682873.

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