

Referral Support Service

BO6

Mastalgia / Breast Pain

Definition

Unilateral or bilateral breast pain with **NO** associated signs or symptoms other than ill-defined mild to moderate breast tenderness

Exclude Red Flag Symptoms and consider the following:

- If associated breast lump, swelling, distortion or skin change follow **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form**
- If associated with lumps in axilla or above clavicle use **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form**
- If associated nipple discharge which occurs spontaneously and persists for more than 6 weeks follow **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form.**
- If associated nipple distortion/skin change/ retraction, follow **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form.**
- If features of inflammation present, consider the possibility of inflammatory cancer if failure to resolve with antibiotics and refer as **2WW** if necessary. Also consider the possibility of evolving abscess: flag as **suspected abscess** and use **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form**
- If pain related to breast implant or previous breast surgery use **York Hospitals Trust 2WW Suspected Breast Cancer Referral Form**
- **If previous breast cancer refer via York Hospitals Trust 2WW Suspected Breast Cancer Referral Form**

General Points

Cyclical breast pain is related to the menstrual cycle and is not associated with specific underlying breast disease. It affects up to two thirds of women and one in ten experiences moderate to severe symptoms.

Breast pain – cyclical or non-cyclical – is **NOT** associated with an increased risk of breast cancer in the absence of any other symptoms/signs and women should be reassured that it is not evidence of breast cancer.

Suggested Management

- Reassurance that there is no underlying disease may be all that is required. (Studies identify no increased risk of breast cancer in women with breast pain alone)

- Check for any medication that could be a contributing cause (e.g. hormonal treatments, antidepressants, anxiolytics and antipsychotics such as **sertraline**, **venlafaxine** and **haloperidol**, anti-hypertensive and cardiac medication such as **spironolactone**, **methyldopa** and **minoxidil** and antimicrobials including **ketoconazole** and **metronidazole**) and consider alternatives
- Signpost to breast pain leaflet or link, for example:

<https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain>

- Consider
 - a better fitting bra during the day
 - a soft supporting bra worn at night
 - topical NSAID as required
 - oral paracetamol or ibuprofen as required
 - use of Starflower Oil/Evening Primrose Oil Capsules with high GLA content (patient should purchase, do not prescribe) for at least 3 months
 - reduction of caffeine intake (there is no evidence base but local experience suggests it can be helpful).

Confirm simple treatments for breast pain have been in place for 3 months before referral to Breast Pain Clinic.

Referral Information

Information to include in referral letter

- History and duration of complaint.
- Outline treatments already advised and tried.
- Family history of breast/ovarian cancer.
- Relevant past medical / surgical history
- Current regular medication

Please examine the patient prior to referral to confirm the absence of any other breast signs

Patient Information Leaflets/ PDAs:

www.patient.co.uk/health/breast-pain

www.breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain

References

- NICE Clinical Knowledge Summaries Health Topics
- BJGP Article: Clinical Practice: Breast Pain, Hubbard Ferguson, British Journal of General Practice, August 2020 419
- NICE Suspected cancer: recognition and referral (NG12)

Developed by

Miss Jenny Piper

Consultant Oncoplastic Breast Surgeon.

York & Scarborough Teaching Hospitals NHS Foundation Trust

Miss Jenny Smith DM FRCS

Consultant Oncoplastic breast Surgeon

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Dr Dan Cottingham

CRUK GP and Primary Care Lead for the Humber and North Yorkshire Cancer Alliance