

**S230.41 Advanced Patient Care
Breast Palpation Bra**

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INTRODUCTION

Breasts come in all shapes and sizes and do not remain the same throughout the life of an adult woman. There are variations due to the course of menstrual cycles, childbirth, breast feeding, age, and the use of birth control pills or other hormone-related drugs.

Breast self-examination should be done monthly, preferably at the end of a menstrual period. The post-menopausal woman should examine herself on a chosen day, or on a monthly basis. If a lump, dimpling of the nipple, or discharge from the nipple is noticed, the physician should be contacted immediately.

INSTRUCTIONS FOR USE

Both basic and sophisticated breast examinations, including palpation of the axilla, the subclavian area, and the internal mammary chain, may be practiced.

Breast examination should be done with the torso in a semi-upright position. Place the desired breast(s) in place and attach the skin. Feel the left breast with the right fingers and the right breast with the left fingers. Move the fingers in a circular movement around the breast. Move from the periphery toward the center until you reach the nipple. Raise the nipple gently. It should lift up without resistance.

BREAST #1: Demonstrate and practice the movement of the mammary gland on the surface of the pectoralis major muscle, which lies directly under the breast.

BREAST #2: Note the six (6) discreet nodes on one side, a somewhat larger node on the other side of the breast, and the very discreet puckered area around the nipple. This breast represents (**in a slightly exaggerated form**) various stages of fibrocystic disease (**chronic mastitis**), which is due to an endocrine imbalance and may be found in many normal women. Also note that the larger node may be felt either as a hard node or as a cystic mass or swelling.

BREAST #3: There is a solitary tumor in this breast. It is well circumscribed and has a stalk. The tumor can be moved, and is not adherent to breast tissue. It is benign and usually occurs in younger women.

BREAST #4: Attach the Velcro on the nipple to the Velcro on the inside of the skin. This breast shows a retracted nipple and on careful palpation, a mass may be felt immediately under the nipple. This breast represents a carcinoma in one of the milk ducts and also shows the so-called "orange skin" effect on the entire nipple area.

BREAST #5: This breast shows a comparatively rare but easily palpable tumor: a giant sarcoma (or giant mammary myxoma) of which the wildly growing masses (the largest one shown in the ulcerated form) can be easily felt and seen.

BREAST #6: This form of breast cancer (scirrhous carcinoma) is one of the more commonly encountered malignant tumors of the breast. When palpating, note the infiltrating nature of the growth. It has no well-defined borders and cannot be moved within the breast.

BREAST #7: This replica of the lymphatic drainage of the left breast outlines the various pathways along which breast tumors metastasize. The auxiliary pathway, subclavian pathway, and internal mammary pathway are shown and are easily palpable. Initially, the instructor may find it worthwhile to examine and palpate the various pathological breasts without the bra strap in place. The strap should be pulled over the torso, taking care that it is properly centered, so that it does not "pull" excessively toward either the left side or the right side.

For further information regarding breast self-examination and cancer, please contact your local chapter of the American Cancer Society.

CARE OF THE SIMULATOR

The skin of the simulator can be cleaned with a mild detergent, or with soap and water.

Indelible marks made with ballpoint pens, ink, or markers will remain.

Do not wrap the simulator in newsprint.

Do not clean the simulator with an iodine-povidone solution.

When not in use, please keep the simulator in the carrying case provided.

**If you have any questions pertaining to the SIMA simulator described in this manual,
please call the Customer Service Department at (800) 882-6655
for additional assistance.**

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